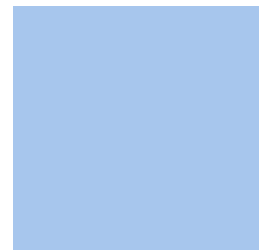
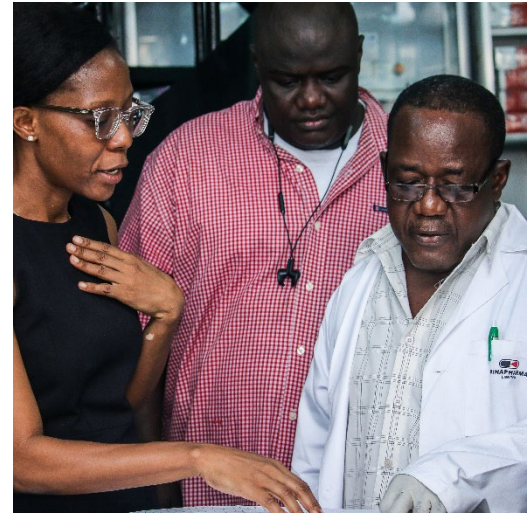
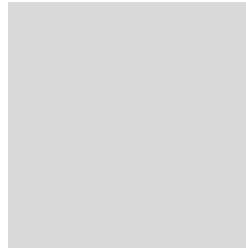


Capacity Building for Malaria

Sierra Leone Legacy Report | March 2019



Global Framework

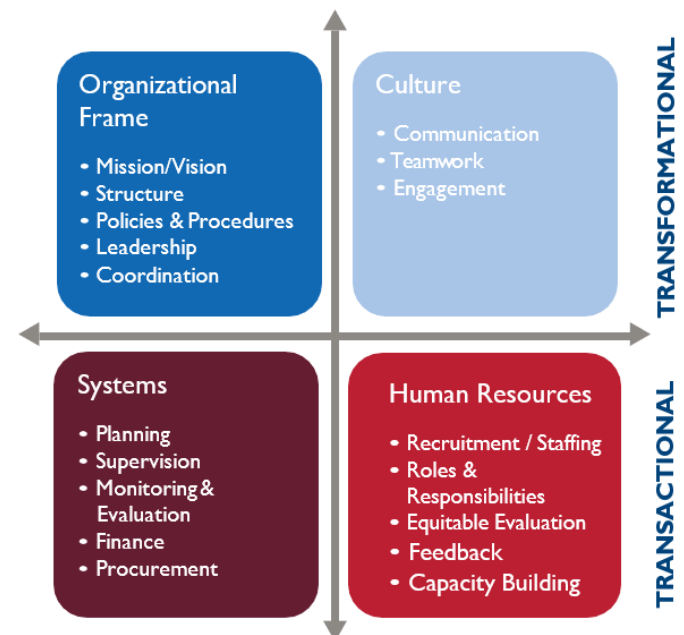
The HRH2030 (Human Resources for Health in 2030) program is a five-year global cooperative agreement that builds on USAID's investments to improve and increase the sustained availability, accessibility, acceptability, and quality of the health workforce. The Capacity Building for Malaria (CBM) activity within HRH2030 embeds long-term technical advisors (LTTAs) into National Malaria Control Programs (NMCPs) to help countries make the best use of their Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM) grants and U.S. President's Malaria Initiative (PMI) resources towards effective anti-malaria activities. HRH2030-CBM provides a framework and community of practice to help advisors identify obstacles that prevent countries from achieving their malaria control and elimination goals.

HRH2030-CBM in Sierra Leone

From December 2017 to February 2019, the HRH2030-CBM program has been assisting the Sierra Leone NMCP through the support of their LTTA, Mr. Kwabena Larbi. Using the Capability Maturity Model (CMM), Mr. Larbi was able to measure the NMCP's capacity in the areas of Monitoring & Evaluation (M&E); Strategic Planning; Supply Chain; Leadership, Management, and Governance; and Human Resources. The results of these

NMCP CAPACITY ASSESSMENT OBSERVATIONS & FINDINGS

Assessment findings were presented by thematic area, as defined by the Organizational Development Model. Findings were drawn from semi-structured interviews with the NMCP, MOH, and partners, as well as relevant points from an Engagement Survey.



exercises enabled Mr. Larbi to develop systematic, evidenced-based capacity-building support tailored to the Sierra Leonean context.

After the completion of HRH2030's initial CMM assessment in June 2018, HRH2030-CBM identified key opportunities for maturation in the areas of strategic planning, monitoring and evaluation and human resources. This new strategy suggested focusing Mr. Larbi's efforts towards improving: the NMCP's capacity to plan and coordinate malaria control activities with multiple partners, the quality and use of data, and NMCP staff's capacity to effectively implement evidence-informed malaria control interventions in Sierra Leone.

Interventions and Achievements

Objective 1. Strengthen the NMCP's institutional capacity to ensure effective implementation of high-quality malaria control services at all levels of the health system.

The NMCP was awarded a GFATM grant of \$29 million USD to implement malaria control activities in line with Ministry of Health (MOHS) guidelines from July 2018 to July 2021. During the grant negotiations process, Mr. Larbi worked closely with co-principal recipients Catholic Relief Services (CRS), GFATM in-country teams, and the NMCP, to ensure all donor concerns were addressed prior to their approval.

He encouraged the NMCP M&E team and CRS partners to set realistic, achievable, and measurable performance targets, and in doing so also developed the concept, tools, and budget for a new model of improving health workers' performance. This model is based on on-the-job coaching and supportive supervision from an experienced team of both national and district-level health workers, and was successfully included in the new grant -- a timely response to GFATM's recently expressed interest in replacing traditional off-site health worker training with a more innovative and efficient model.

Mr. Larbi also assisted in the revision of the NMCP's long-lasting insecticide-treated net (LLIN) strategy to include new channels of distribution and revised their malaria treatment guidelines to consider new WHO recommendations on use of artesunate suppositories. He also worked closely with Vector-Links Project and WHO consultants to support the revision of the NMCP insecticide resistance monitoring and management strategy in light of new country specific entomological information.

Mr. Larbi supported re-training of 1,840 traditional birth attendants on distribution guidelines for malaria prophylactic treatment for pregnant women in hard-to-reach communities, encouraged attendance of ante-natal clinics, and supported the NMCP in planning and revising training materials.

Mr. Larbi also worked closely with the NMCP case management team to prepare training manuals and session

plans needed to train health care workers in primary health units on how to treat and prevent malaria. This training was timely as the health workers in attendance had not been updated on malaria case management since 2015.

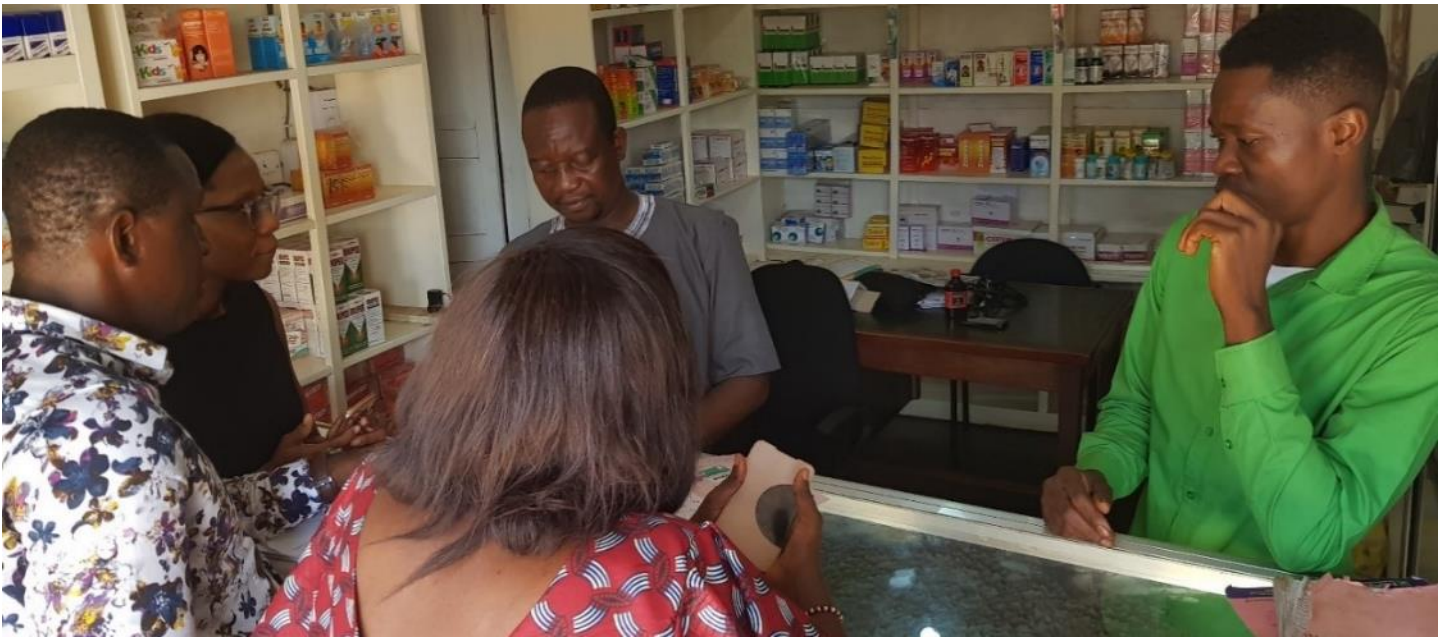
Objective 2. Strengthen NMCP's leadership, health workforce, and procurement and supply management to support successful implementation of PMI-supported and GFATM's new funding model-funded activities.

To align PMI activities to NMCP needs, Mr. Larbi worked closely with both organizations to develop the 2018/19 Malaria Operational Plan (MOP) and supported the revision of six (6) PMI implementing partners' (IP) workplans to ensure alignment with the MOP. The Malaria Operational Plan development team included NMCP and Ministry of Health and Sanitation (MOHS) management, PMI teams from Washington DC, USAID IP Vector Links, and Mr. Larbi himself. Drawing on his prior experience working with PMI countries in Ghana and Liberia, Mr. Larbi guided the NMCP and the MOP development team throughout the MOP exercise, shared guidance on how to more effectively identify key targets and gaps, lobbied for staff capacity building, and worked with PMI IPs -- ensuring that IP's respective workplans included a plan and budget for NMCP staff capacity-building activities.

Mr. Larbi successfully recommended the establishment of a malaria commodity-monitoring working group to ensure year-round availability of malaria commodities. This group comprises of the NMCP, the PMI supported Chemonics GHSC-PSM project, and the National Medical Supply Agency. During these quarterly meetings, the working group assessed stock levels of malaria commodities in-country, identified gaps and risks to expiration, and made appropriate recommendations to resolving problems.



The Malaria Operational Plan Development Team includes: NMCP and MOHS management, PMI team from Washington DC, Vector Links Implementing Partner and the CBM HRH2030 Senior Technical Advisor. Photo credit: HRH2030 CBM



NMCP officers interviewing private pharmacy staff on their experience using RDTs with their patients. Photo credit: HRH2030 CBM

Using experience from his work in other countries, Mr. Larbi developed the tools, materials, and memorandum of understanding (MOU) that govern the NMCP and the Pharmacy Board of Sierra Leone's strategy to identify and train 250 private pharmacies in Freetown and major cities in Sierra Leone on how to correctly perform malaria testing and treat positive cases in line with NMCP guidelines. The deployment of malaria Rapid Diagnostic Tests (mRDTs) now enables private pharmacies to conduct quality diagnosis of suspected malaria, which now exhibit a current uptake rate of over 80% and has prompted several pharmacies that had initially declined to participate to opt-in at a later time.

Objective 3. Strengthen LTTAs and NCMP technical knowledge and experience, and M&E management in malaria control.

To further improve the entomological capacity of the NMCP, Mr. Larbi drafted terms of reference for the recruitment of a consultant entomologist responsible for insecticide resistance and entomological monitoring activities.

Mr. Larbi also proofread an abstract which was accepted for presentation by the M&E lead at the American Society of Health and Tropical Medicine, and reviewed documents that were presented by the NMCP representative at the Malaria and Pregnancy Technical Working Group Meeting in Maputo in February of 2019.

Mr. Larbi coached and mentored the NMCP M&E unit through their monthly health facility data reviews and trained them to use their findings to review service delivery, data quality, and completeness, as well as to inform subsequent facility supervision.

In December 2018, Mr. Larbi and NMCP Director Dr. Samuel Juana Smith participated in the HRH2030 CBM Semi-Annual Meeting in Crystal City, Virginia. The HRH2030-CBM semi-annual meeting provided a platform to discuss these challenges and map out responses that are replicable but also flexible to meet countries' needs no matter where they are in the various stages of the malaria elimination continuum (control, pre-elimination, elimination). Over the course of three days, malaria control managers, experts, and donors from 10 countries in Africa and Asia – including representatives from USAID/PMI, the USAID-funded Maternal and Child Survival Program (MCSP), and our HRH2030-CBM team – deliberated, shared lessons-learned, and gained insights into the malaria control/elimination situation.

One major takeaway from this meeting was the how critical the roles of USAID-funded long-term technical advisors (LTTAs) embedded in NMCPs are in supporting NMCPs to strengthen their own ability to fund, manage, and lead themselves as they work toward malaria elimination. This is particularly true as donors demand that, and countries begin to, work towards increasing national contribution towards malaria control efforts. This was aptly captured by the USAID representative Roman Napoli during his presentation at the semi-annual meeting. He shared USAID's vision for how NMCPs and embedded advisors can spur positive "disruption" and "innovation" within government.

How to Achieve Success as a Senior Technical Advisor

“It is so very critical to support not only the senior management, but also the middle-level staff, because they are basically the ones that execute and implement the program. I have learned that it actually pays to support middle-level management in addition to of course, supporting the senior management.”

– Mr. Kwabena Larbi

Lessons Learned, Challenges, and Next Steps

Improving the capacity of malaria control programs to plan, implement and monitor malaria control activities requires tact, patience and a high degree of competence in all malaria control-related subject areas. The lessons learned from the HRH2030-CBM and NMCP partnership in Sierra Leone have reinforced the need for advisors to gain the confidence and trust of their NMCP counterparts before engaging in any capacity building. Having an open mind, sharing experience and guiding the NMCPs to arrive at a solution takes more time but is also more sustainable.

Requiring measurable results in a context where the bulk of LTTA effect is best measured qualitatively can be challenging. Whilst LTTA support can be linked to NMCP's achievement of targets and results, the LTTAs cannot and should not claim to be the sole reason for these successes.

Another important lesson learned is that capacity strengthening should go beyond the NMCPs, down to the sub-national level. District-level health management teams are the implementers of health services, including malaria response, and it is crucial that they are supported to deliver their mandate.

Finally, it is important to work with partners for a broader and deeper impact of CBM work. Technical consultations through working groups, coordination mechanisms and donor meetings are crucial to ensure decisions are evidence-informed, owned by all, and funded in the most effective and sustainable manner.



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