



**Elizabeth Glaser
Pediatric AIDS Foundation**
Fighting for an AIDS-free generation

Evidence to Action (E2A) Webinar Series:

Innovation in Technical Assistance:

Strengthening Local Capacity for Sustainable,
Responsive, and Resilient Public Health Systems

Tuesday, April 25, 2023 | 9:00–10:00 AM ET

Agenda

Welcome, Agenda, and Housekeeping (9:00 — 9:10 AM ET)

- Tsitsi Vimbayi Chatora, Technical Advisor, External Technical Assistance, EGPAF in Zimbabwe

Panelist Presentations (9:10 — 9:50 AM ET)

- Ivan Teri, Associate Director, Program Optimization, EGPAF
- Ts'epang Mohlomi, Country Director, EGPAF in Lesotho
- Maime Nkhotho, 'Mamohau Hospital Nursing Services Manager, CHAL
- Jane Macha, Technical Advisor, Systems Strengthening, EGPAF in Tanzania

Q&A (9:50 — 10:00 AM ET)

Housekeeping

- Please introduce yourself using the chat feature at the bottom of your screen.
- Please submit your questions and comments using the Q&A feature at the bottom of your screen. The panelists will respond during or after the webinar.
- This E2A is being live streamed and recorded, and EGPAF will share the recording at the conclusion of the webinar.



Elizabeth Glaser
Pediatric AIDS Foundation
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Improving the effectiveness and efficiency of HIV programs and services through program optimization

Ivan Ezra Teri

Associate Director Program Optimization

EGPAF



Introduction

- **The Elizabeth Glaser Pediatric AIDS Foundation (EGPAF)** is a proven leader in the global fight to end HIV and AIDS, and an advocate for every child to live a full and healthy life into adulthood
- For more than 30 years, EGPAF has been a leader in meeting urgent needs in pediatric HIV and AIDS in the world's most affected regions
- To reach epidemic control in a complex and evolving context, EGPAF recognized a need for optimizing programs and services to maximize their quality (efficiency and effectiveness) and impact
- EGPAF applies various standardized and iterative approaches that use evidence and improvement science to enhance program design, implementation, quality, and sustainability

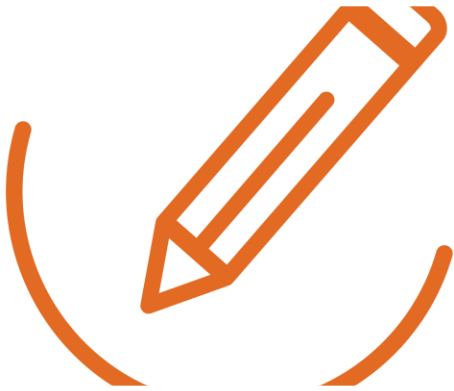
Leveraging national, regional and global expertise and resources

- Global network of staff experts and technical resources to provide highest quality support
- 11+ EGPAF country teams implementing comprehensive optimization programs in support of national HIV/TB programs
- Dedicated Quality Improvement (QI) and Program Optimization Approach (POA) leads in eight countries
- 500+ EGPAF staff trained in QI/POA
- Tailored, yet adaptable, locally-led approaches and resources to maximize responsiveness and effectiveness



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Accelerating Efficiency and Effectiveness in HIV Programs and Services



Quality Assessments



Quality Improvement



Client Satisfaction & Engagement



Program Optimization



Quality Assessments (QA)

- Support healthcare providers to routinely assess quality of care by utilizing a two-fold approach:
 - **Analyzing routinely collected** aggregate data to identify strengths, gaps and areas requiring further investigation and intervention.
 - **Abstracting patient-level data** on internationally recognized quality of care indicators, assessing performance in those indicators using various tools, and implementing quality improvement projects.

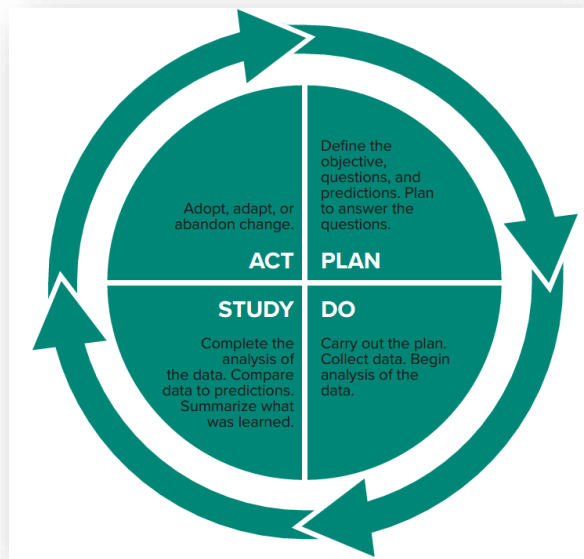
The screenshot displays the EZ-QI web application interface. The top navigation bar includes 'DHIS 2' and 'Search apps'. The main content area is divided into several sections: 'Enrollment' (Selected program: Koali HIC, Enrolling organisation unit: Koali HIC, Dates: 2023-04-19), 'Other programs' (No active enrollments exist), 'Indicators' (empty), 'Timeline Data Entry' (2023-04-19, Koali HIC, PNEP), 'Date of Entry' (2023-04-19), and 'Part I' (Is this client part of a priority population/risk group for PrEP? Yes, Which priority population/risk group do they identify with? Select or search from the list, Did this client initiate the request for PrEP? Yes). A 'Feedback' section is also visible on the right side.

The screenshot displays the EZ-QI mobile application interface. The top navigation bar includes 'Care & Treatment' and '12/17'. The main content area shows a list of clinical indicators for assessment, each with a radio button for 'Yes', 'No', or 'N/A'. The indicators include: 'Does the patient visit the clinic in the 6 months review period?', 'Does client's record show documentation of HIV status of all biological children?', 'Does client's record show documentation of HIV status of all sexual partners?', 'Has the patient been screened for TB (screening results in the medical file) at least once during the review period?', 'Is the patient found to have symptoms suggestive of TB (presumptive diagnosis)?', 'Is the patient eligible for cotrimoxazole?', 'Did the patient receive a CD4 test (and results available in the patient file) during the review period?', 'Is the patient eligible for isoniazid (INH)?', and 'Was the patient on ART before start of the review period?'. The bottom navigation bar includes icons for home, search, and other functions.

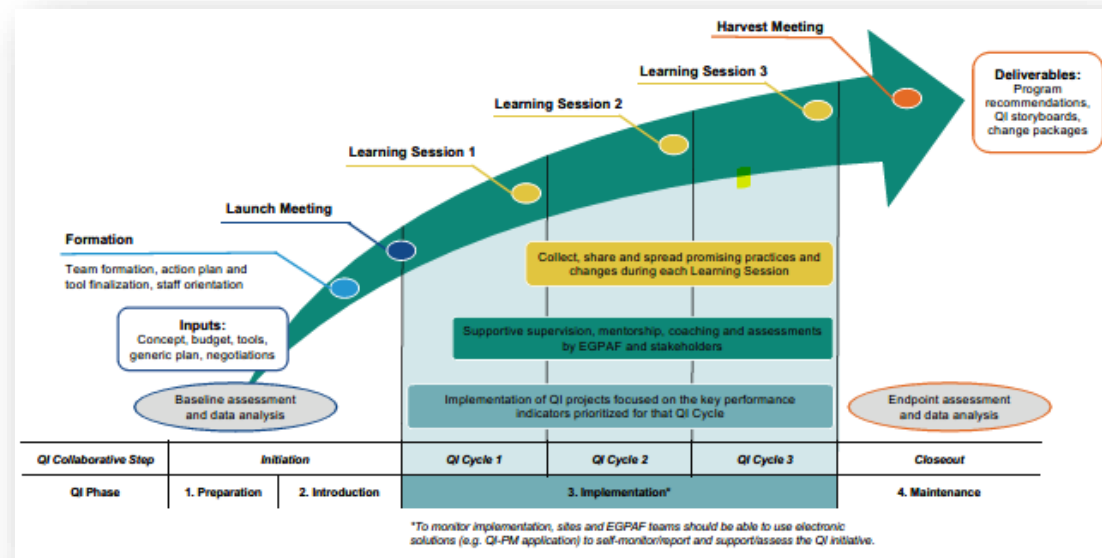
EGPAF's EZ-QI App – a DHIS2-based Quality Assessment web and mobile application to assess clinical quality of care

Quality Improvement (QI)

- Support national MoH QI/QA programs through capacity strengthening, mentorship, coaching, tool development, results analysis, feedback, and dissemination
- Use the Plan-Do-Study-Act (PDSA) approach, QI Projects, and QI Collaboratives (more [info](#))
- Strengthen facility, district, regional/provincial, and national capacity through tailored technical assistance (TA) to sustain a high-quality, locally owned QI-driven response
- Identify health system challenges, co-create QI-based solutions at multiple-levels, including alongside partners, and accelerate those solutions to scale using learning collaboratives



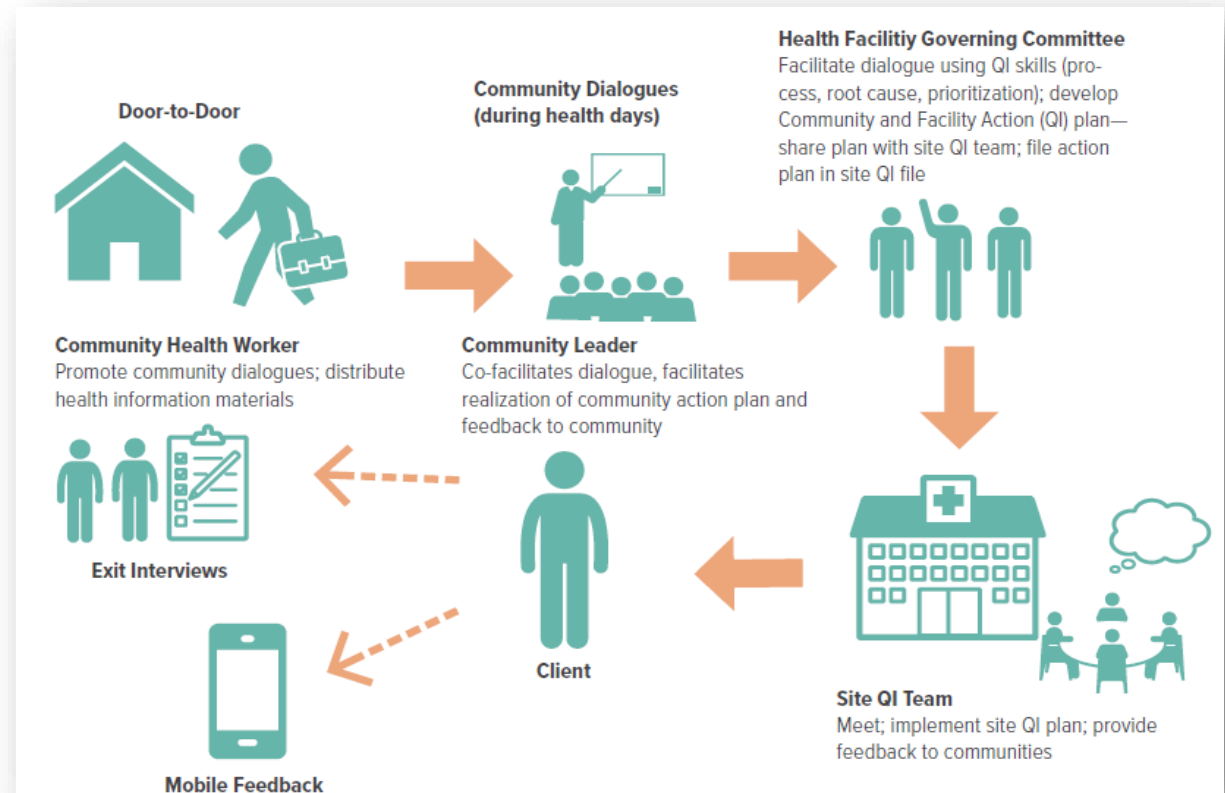
Plan-Do-Study-Act – a four-stage problem solving model



Improvement Collaborative – group of health facilities, districts or regions working together to accelerate strengthening of health services to build resiliency

Client Satisfaction (CS) and Community Engagement (CE)

- EGPAF appreciates the intersectionality of CS/CE and QI
- Approach to quality includes a commitment to the engagement of communities in the quality assurance and improvement processes, drawing on human centered design principles
- Work side-by-side with health care providers and managers to listen to clients/community and respond to their needs
- Strengthen client and community feedback mechanisms facility-by-facility, linking with facility QI team and management

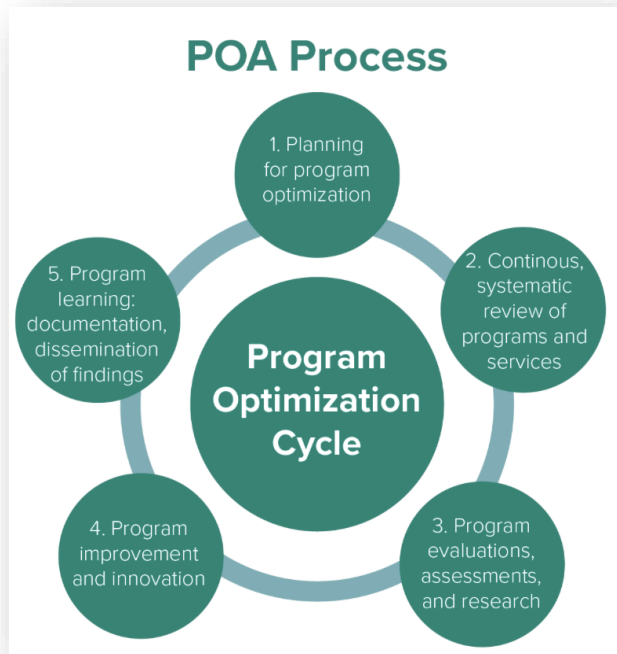


EGPAF's *Enhancing the Patients' Voice in Quality Improvement (EPVQI) Model* (more [info](#))

Empowered clients = collective voices as drivers for action = stronger quality of services = improved health outcomes

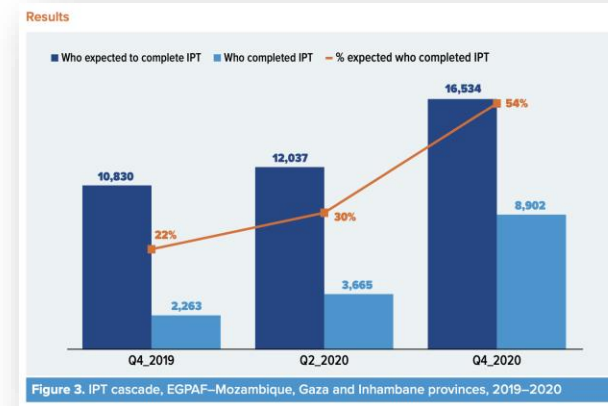
Program Optimization Approach (POA)

Program Optimization Approach (POA) is an **iterative process** with five core steps to be applied to programs, activities and services implemented or supported by EGPAF at the **global, country, or project** level.

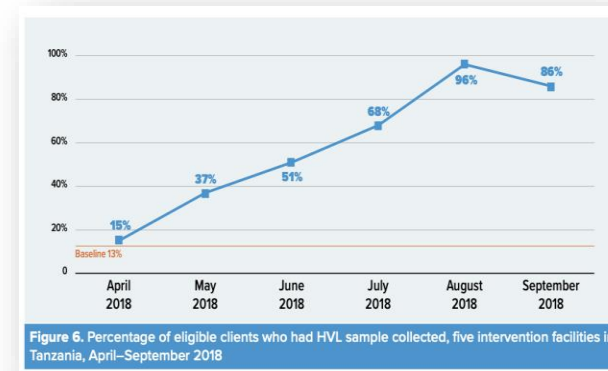


Advance tailored, partnership-driven solutions in collaboration with local stakeholders that advance **equity, ownership, and accountability**

Using POA to Improve Isoniazid Preventive Treatment Coverage and Completion in Gaza and Inhambane Provinces, **Mozambique**



Using a POA Approach to Increase Access to HIV Viral Load Testing at Spoke Sites in **Tanzania**



Digitizing Quality Improvement, Program Optimization, & Technical Assistance

Four of EGPAF's Web & Mobile App Solutions

Integrate technology and improvement science to better understand and strengthen services for children, mothers, and families affected by HIV.

Download Issue [Brief](#)

	EZ-QI App	QI-PM App	POA-PM App	DISC App
Function	Quality audits	QI project monitoring	POA project management	TA monitoring
Primary Users	EGPAF Site-level QI teams	EGPAF Site-level QI teams	EGPAF POA Project Implementation teams	EGPAF TA stakeholders
Format	Web app & mobile app	Web app & mobile app	Web app	Web app & mobile app
App Platform	DHIS2	Azure	Azure	Microsoft Power Apps
Online & Offline Capabilities	Mobile app accessible offline and online	Mobile app accessible offline and online	Online only	Online only
Data Visualization	DHIS2 & PowerBI dashboards	Web app, mobile app & PowerBI dashboard	Web app & PowerBI dashboard	Web app & PowerBI dashboard
Key Features in the App	<ul style="list-style-type: none"> • 10-20 question concise modules for key clinical areas • Dynamic skip logic tailors modules to patient's file as data is entered • Multi- or single-select questions only; no typing required 	<ul style="list-style-type: none"> • Track root causes with corresponding project tested changes • Classify tested changes as having led to improvement or not • Run charts tracking key indicator performance 	<ul style="list-style-type: none"> • Track interventions, activities, and performance on key indicators over time • Store project details, data, and documents in one location • Export project information as a Word document to streamline reporting 	<ul style="list-style-type: none"> • Site supervision and mentorship trackers support focused TA • Document action plans to drive follow-up and activity completion • Store issue logs to preserve knowledge on solutions

What's on the horizon?

- Creating efficiencies through service integration: cervical cancer, noncommunicable disease (NCDs), and triple elimination (HIV, syphilis, hepatitis B)
- Global health security: health systems strengthening, epidemic preparedness, and digital health
- Using implementation science to double down on gaps: pediatric HIV and TB, advanced HIV disease (AHD)
- Strengthen the capacity of local partners to support **sustainable leadership, high-quality services, quality and accountability before, during, and after transition**

Health
Systems
Strengthening

Capacity
Strengthening

Technical
Assistance

Transition

Sustainability



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Thank You

Acknowledgments

- *EGPAF Staff*
- *Donors*
- *Ministries of Health*
- *Implementing Partners*



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Capacity Strengthening of Local Partners in Lesotho

**Ts'epang Mohlomi
Country Director
EGPAF in Lesotho**



EGPAF in Lesotho Program

First 95

- HTS at health facility level:
 - Index testing and partner notification
 - HIV self-testing
 - PITC in TB, inpatients, and ANC/PNC
 - EID (including POC EID)
 - Recency testing
 - Intensified pediatric case identification

Second 95

- ART initiation, including PMTCT
- ART optimization
- TB screening, prevention, and treatment
- Nutritional assessment, counselling, and support
- Management of AHD
- Cervical cancer prevention and management
- NCDs and mental Health

Third 95

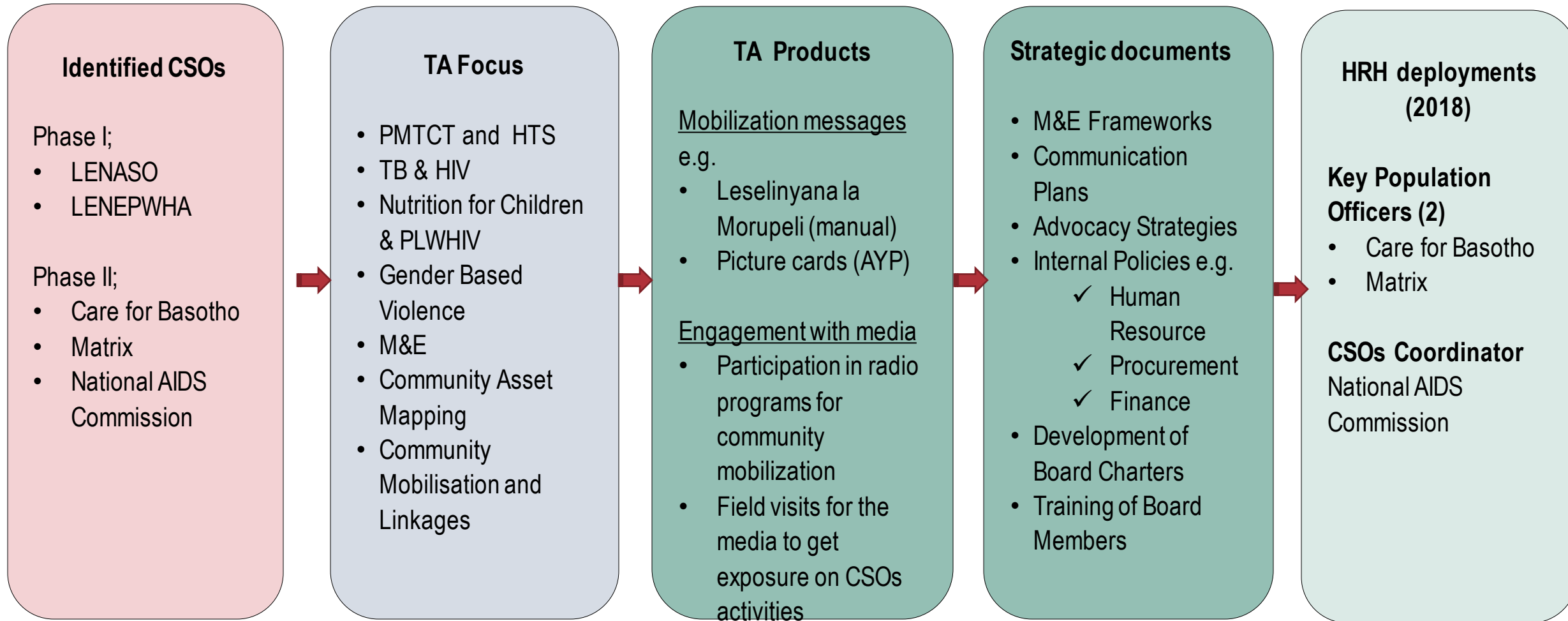
- Renewed focus on retention (retention case managers)
- Community ART groups (CAGs)
- Viral load monitoring (including POC viral load for PBFW)
- Management of treatment failure
- Differentiated care for stable patients (6 mo. MMD, DDD, CAD, migrant-friendly services)
- Renewed focus on children & adolescents

Cross-Cutting Initiatives

- Support to MOH on policy revisions, guideline development, training materials, job aides, and tools
- Financial support for printing of tools, procurement of filing systems, medical supplies, equipment, etc.
- Healthcare worker capacity building through training, mentorship, coaching, and supportive supervision
- SI&E TA to the MOH on data collection, analysis, and data use
- **Programmatic, clinical, QI and SI&E TA to local partners & Christian Health Association of Lesotho (CHAL)**
- Research and program evaluation
- Special initiatives for differentiating models of care: adolescent-friendly services, men's corners, GBV clinical services, factory workplace program, tertiary institution program, key populations services, community ART initiation, border clinics, PrEP, prison services, etc.
- Quality improvement (QI) and the program optimization approach (POA) for services improvement
- COVID-19 (PPE, screening and testing, IPC training, services integration, vaccine deployment etc)

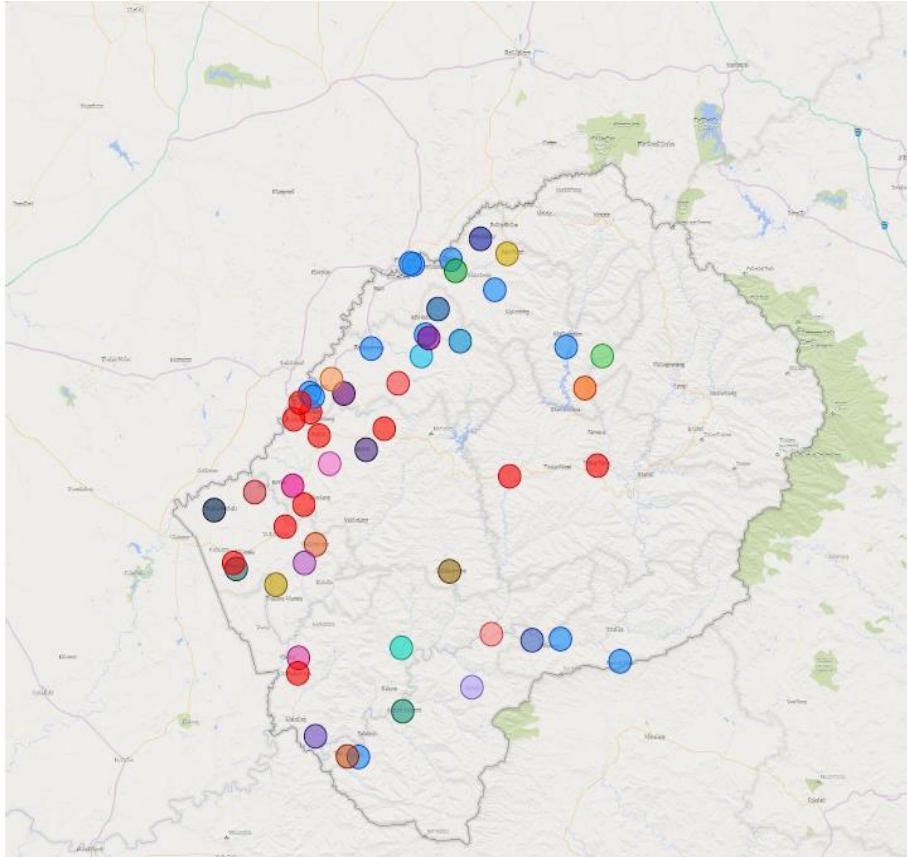


AIDSFree Project (2016-2018): strengthen HIV programming to increase uptake and quality of PMTCT, pediatric, and adolescent HIV services



TA was provided by EGPAF in Lesotho's technical teams with support from EGPAF Global teams

Optimal Project (2020-2022): Accelerating Patient Access to Optimal Antiretrovirals and Health Products



Demand creation activities :

- Conducted trainings for civil society organizations (CSOs) on the importance of early infant diagnosis (EID)
- Conducted a media clinic on EID for reporters
- Developed and printed ART Treatment Literacy Booklet for caregivers
- Trained CSOs and people living with HIV (PLHIV) to advocate on treatment literacy and demand creation for pediatric dolutegravir (pDTG)
- EGPAF's support to the optimal community advisory board (CAB):
 - AFROCAB to support CSOs related demand creation on the use of pediatric optimal treatment
 - Supported CAB members from the CSOs to develop and implement community engagement work plans
 - Supported CAB members to conduct training on revised ART guidelines for CSOs and PLWHIV
 - Supported CAB's pDTG 10mg advert to be reviewed by the Ministry of Health (MOH) and played on one radio station

EGPAF USAID PUSH Project (2016-2024):

Capacity Development and Technical Assistance to Local Implementing Partners, 2019



Provide tailored, evidence-based TA to local implementing partners (LIPs) in Lesotho on clinical, programmatic, and technical capacity

EGPAF supported transitioning of:

- The PMTCT program in the Mafeteng and Mochales'Hoek districts to **m2m** and
- Implementation of the whole HIV program in Mokhotlong and Butha-Buthe to **Baylor**

The TA is conducted to:

- Foster a sustainable response to the HIV epidemic control implemented by local and community organizations
- Realize the PEPFAR journey towards self-reliance



During the first 2 years (2019/20 – 2020/21), technical assistance (TA) was provided to 15 LIPs

Primes:

1. Baylor: OVC, DREAMS & Care & Treatment
2. m2m: PMTCT, Care & Treatment

Sub Awards:

1. Centre for Impacting Lives: OVC
2. Sentebale: OVC
3. LIRAC: OVC
4. SWAALES: OVC
5. Care for Basotho: OVC and KPs
6. Matrix: KPs
7. WLSA: GBV and VAC
8. LENASO: Care and Treatment
9. LENEPWHA: DREAMS
10. Phelisanang Bophelong (KP)

Faith & Community-Based Initiative (FHI360):

13. World Vision International
14. ADRA
15. Touch Roots Africa

In 2021/22, CHAL was added as another partner to be provided with TA. This included CHAL Secretariat and the 8 CHAL Hospitals.



EGPAF PUSH Capacity Development & Technical Assistance (Cont.)

Framework: To implement high-quality, sustainable, and focused TA that is responsive to the diverse roles of each LIP

1. Engage LIPs to ensure common understanding on key deliverables and outcomes of the TA-SOW through legal framework outlining; roles, resources, coordination and program review processes

2. Identify LIPs technical gaps collaboratively and develop customized TA plans to address them

Implement technical capacity assessments to determine LIPs' existing technical/ clinical/ programmatic gaps

Document gap analysis reports and share with the respective LIPs, following which customised capacity building plans are developed

3. Provide high-quality TA towards a sustainable HIV and TB response through:

Develop training toolkits

Implement Capacity building plans

LIPs to facilitate effective implementation of step-down trainings

4. Strengthen LIPs

M&E and QA/QI systems and implement M&E system to assess TA progress and impact

5. Progressively transition and/or graduate LIPs to an independent phase and provide TA to new organizations as identified through;

5.1 Monitor progress of LIPs to graduation and

5.2. Graduate those that meet graduation criteria

5.3 Exit upon full graduation





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EGPAF TA Support to 'Mamohau Hospital

Mr. Maime Nkhotho: Manager Hospital Nursing Services



Introduction

- 'Mamohau is a Roman Catholic Hospital and one of the Christian Health Association of Lesotho (CHAL) health facility.
- It is based in the outskirts and most rural area of Leribe district
- It serves a population of about 9774 people
- 'Mamohau is one of the best performing hospitals in ART and maternal and child health services
- The hospital started working with EGPAF around 2008 supporting the following interventions:
 - ✓ **Implementation** of quality HIV services including PMTCT etc.
 - ✓ **Health Systems Support:** procurement of equipment such as Mpima (POC DNA PCF and BP machines and improvements in the pediatric ward



EGPAF TA Support

- Since October 2021 to date 'Mamohau has been receiving focused Technical Assistance (TA) from EGPAF
- The TA support started with EGPAF engaging with 'Mamohau to:
 - Understand 'Mamohau's scope of work (SOW) and to ensure that we also understand the EGPAF's TA SOW, which is key in building open and honest relationships required in TA provision
 - It is during this stage that the process of TA provision was explained
 - The initial engagements further enabled EGPAF to develop relevant technical capacity assessment (TCA) tools to assess our capacities as a CHAL hospital



Implementation of the TA process

Step 1:

Conducting Technical Capacity Assessment (TCA)

- During this stage, EGPAF shares the TCA tools (following presentation of these tools so we understand how to complete them), we are given a chance to assess ourselves internally before EGPAF comes to do a joint assessment
- This self-assessment gives us a chance to meet with different departments to introspect, and this has improved understanding what is happening in our different departments, our working together and prevention of working in silos.
- During joint assessment, EGPAF reviews the self-completed tool to probe the scores and verifies the scores given and together we agree on to the final score per domain assessed
- Based on this EGPAF develops and shares gap analysis reports with us and together we prioritise how the identified gaps will be implemented
 - ✓ This process facilitates ownership of the entire process from assessment, identification and prioritisation of gaps and addressing them.
- Thus far, two technical capacity assessments have been done and 'Mamohau has attained first level of graduation on M&E including QA/QI

Implementation of the TA process (Cont'd)

Step 2: Addressing Identified Gaps

- To address the identified gaps, EGPAF has used different strategies including: Trainings (face-to-face and virtual), supportive supervisions and mentorship sessions and trainings are conducted using the train-of-trainers approach to enforce step-down trainings
- To date several trainings have been conducted for 'Mamohau by EGPAF, as reflected below

HIV Services

Advanced HIV Disease

Revised ART & eMTCT Guidelines

Exposed Infants Diagnosis

Treatment Failure

Viral Load Suppression

Wraparound Health Services

GBV and Post GBV Services

Cervical Cancer Screening and HPV

Stigma & Discrimination related to HIV

TB Training including Score Card

Nutrition

Implementation of Clinical Standards and SOP Under TB

Customer Care

Project Management

Facilitation & Mentorship Skills

MNCH focusing on Resuscitation of the Newborn

QI/QA and development of QI plans

M&E including data use and visualization

Development of Success Stories

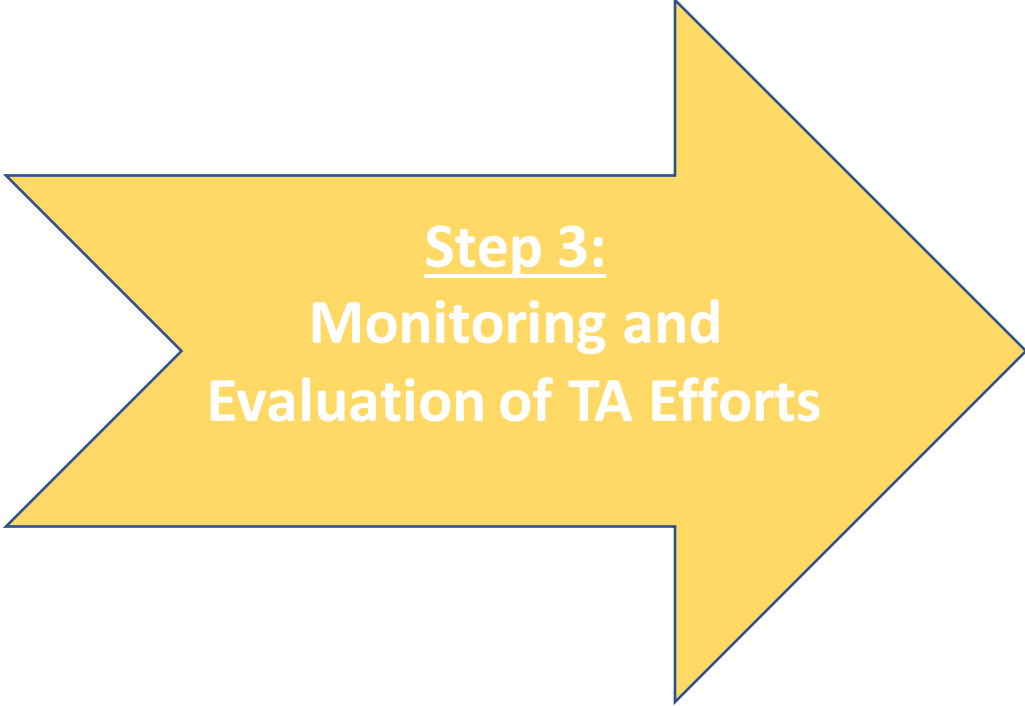
Research Training

Identification of Training Needs & Conducting Step Downs

Development of Appropriate Service Delivery Standards

Emotional Intelligence for Leaders/Managers

Implementation of the TA process (Cont'd)

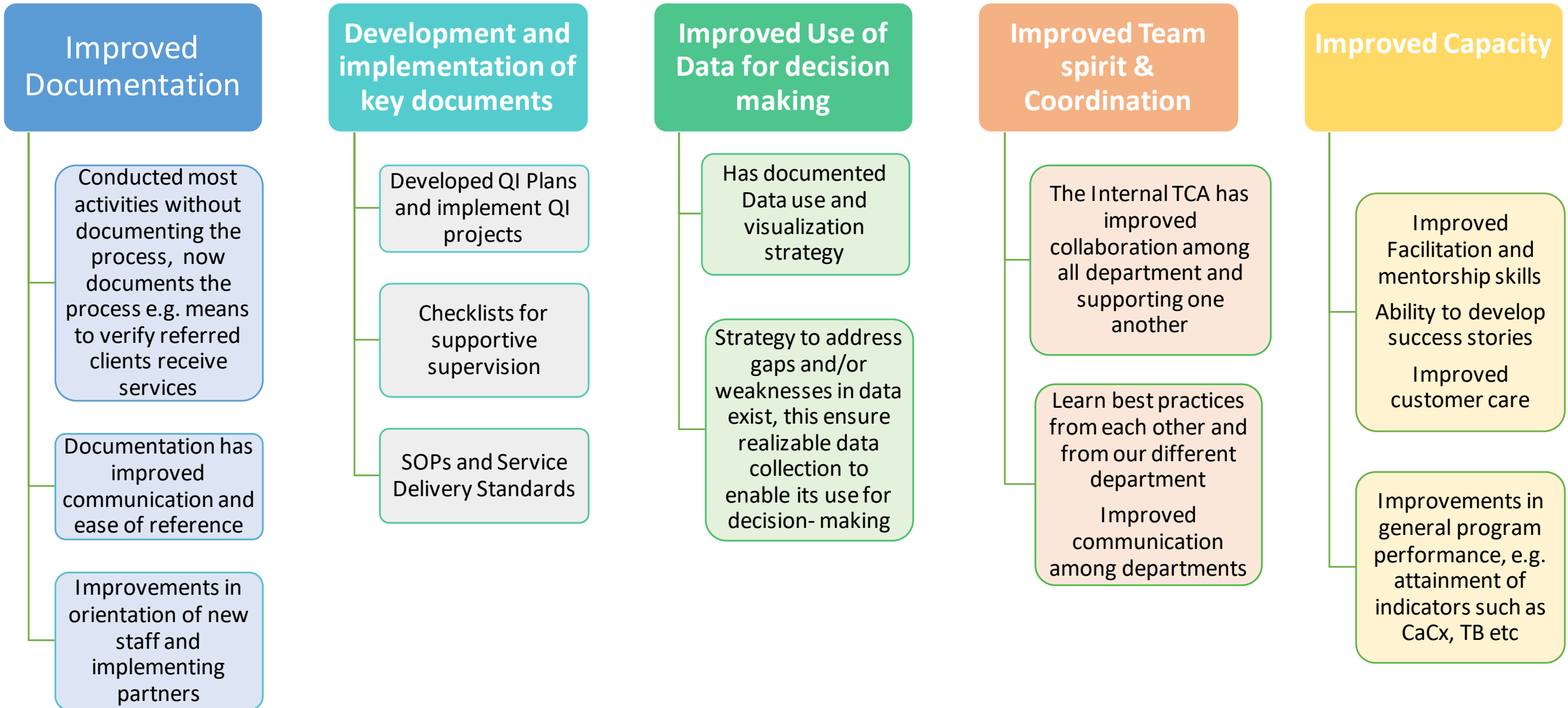


Step 3:
Monitoring and
Evaluation of TA Efforts

EGPAF continues to monitor the TA efforts and their sustainability through:

- **Continuous engagements**
 - ✓ Supportive supervision and mentorship sessions;
 - ✓ Requesting submission of quarterly reports
 - ✓ Conducting one-on-one quarterly review meetings and
 - ✓ Conducting annual TCAs to determine hospitals' transition to graduation level
- ***The EGPAF district based teams provide ongoing support to MH***

Benefits Attained from EGPAF TA



THANK YOU





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Approches to Strengthen Local Capacity

Jane Macha

Technical Advisor, Health Systems Strengthening
EGPAF in Tanzania



Presentation Outline

- ❑ Country Context
- ❑ EGPAF in Tanzania implementation approaches
 - Regional Acceleration Strategy Plus (RAS+)
 - District Approach
 - Engagement with community structure
- ❑ Lessons Learned



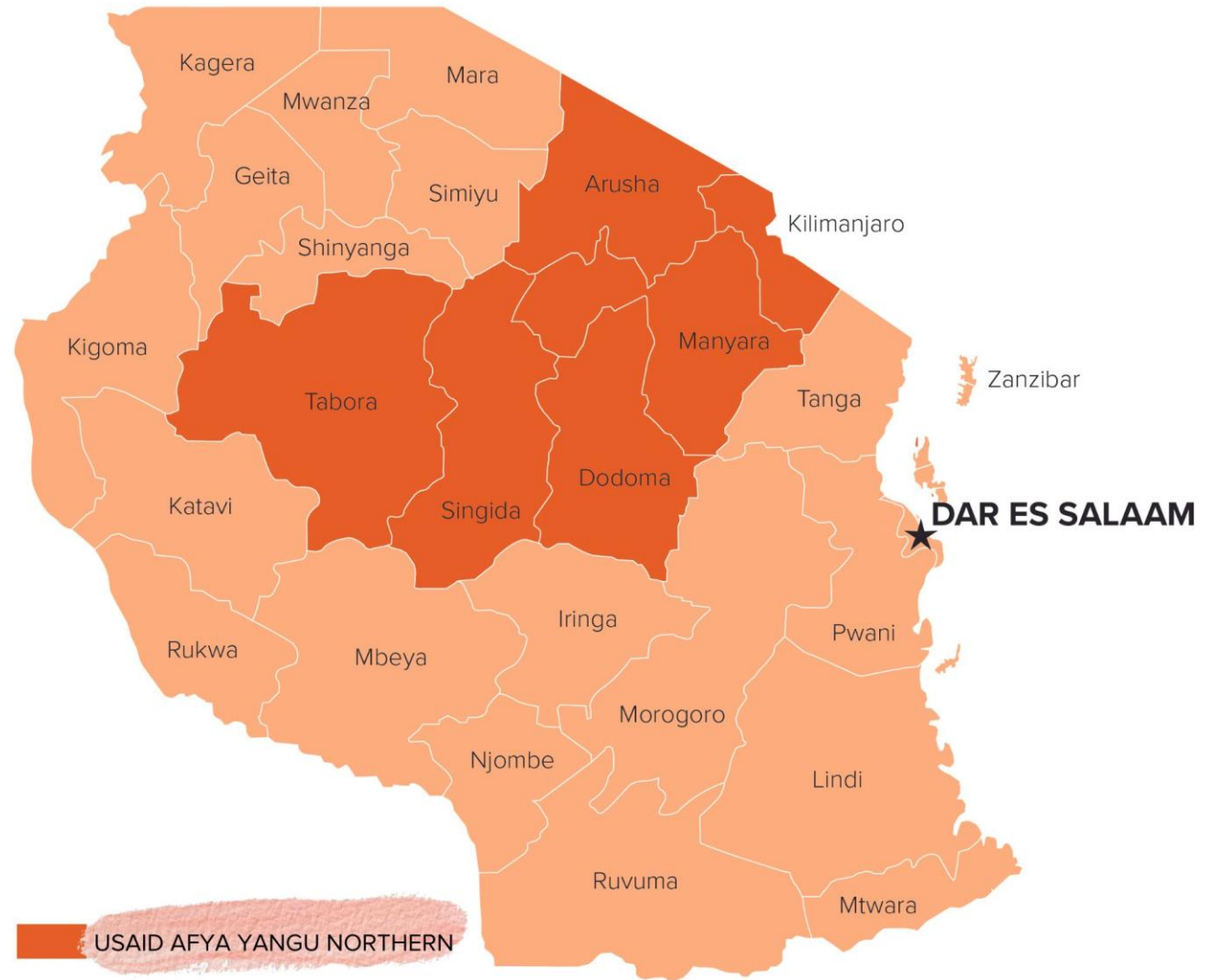
Coverage Map for USAID Afya Yangu Northern Project

Six regions:

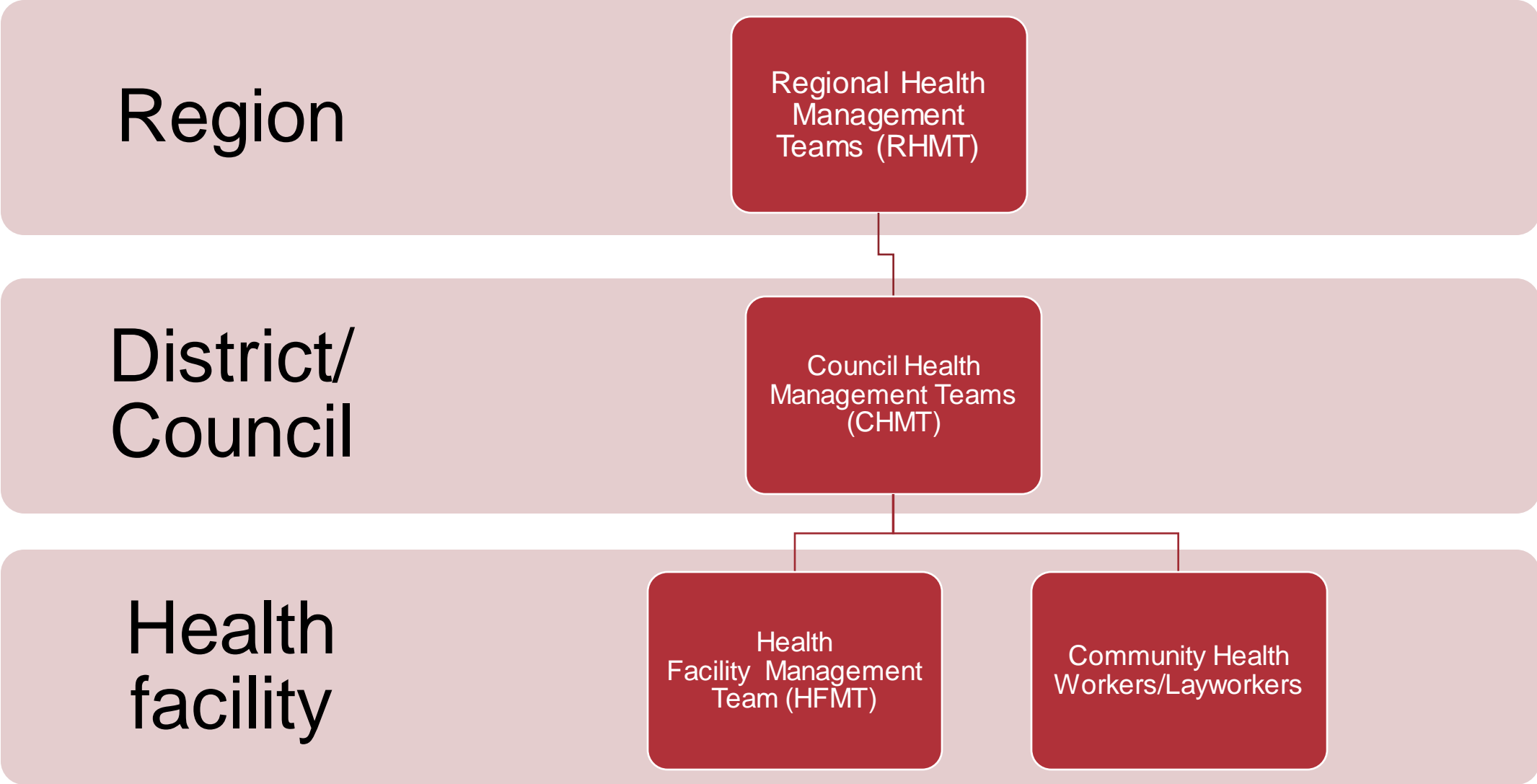
1. Arusha
2. Dodoma
3. Kilimanjaro
4. Manyara
5. Singida
6. Tabora

Scope:

1. HIV
2. tuberculosis (TB)
3. family planning (FP)



Local Government Authority: Health System Structure



EGPAF in Tanzania

**Implementation approaches to
strengthen local capacity and
ownership**

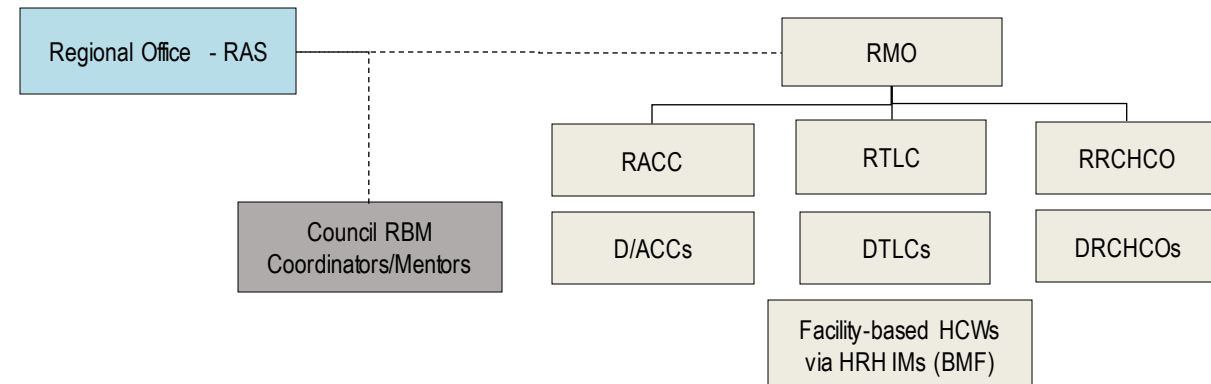
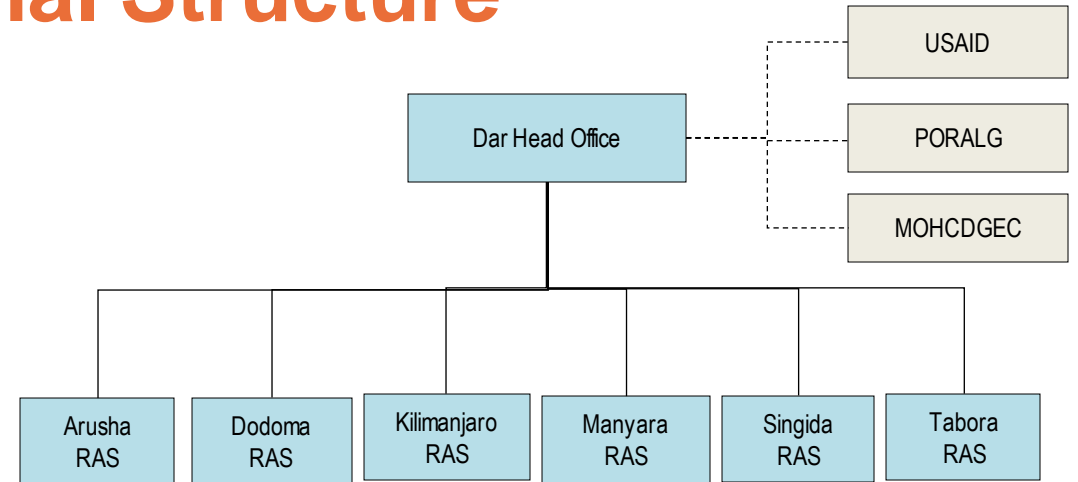


Regional Acceleration Strategy Plus (RAS+)

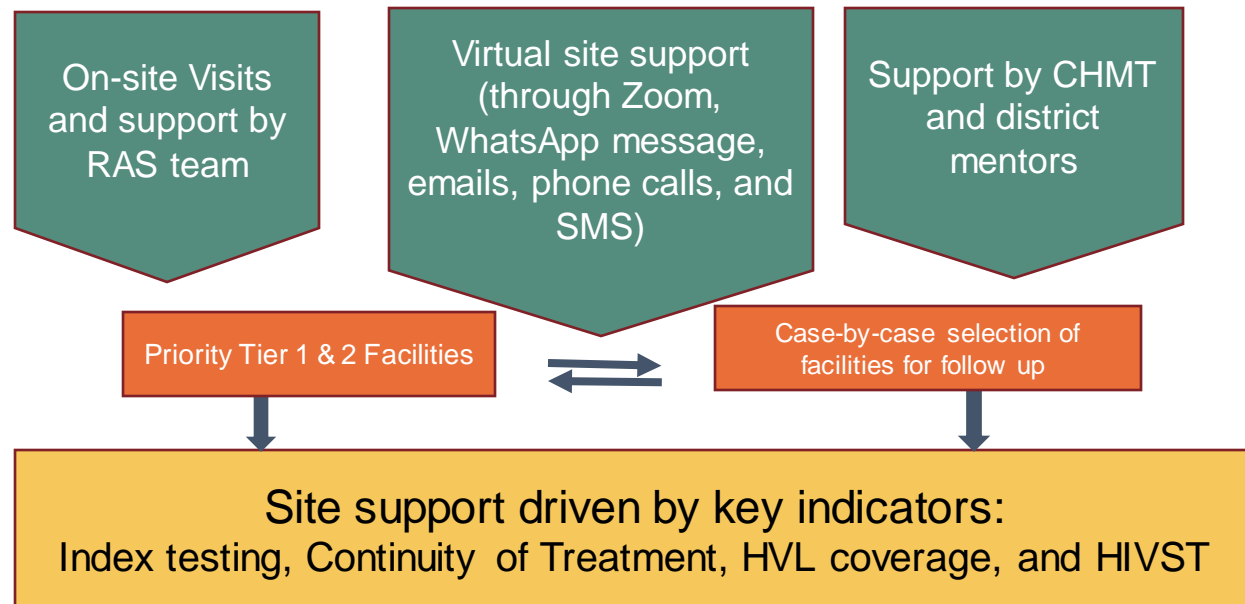
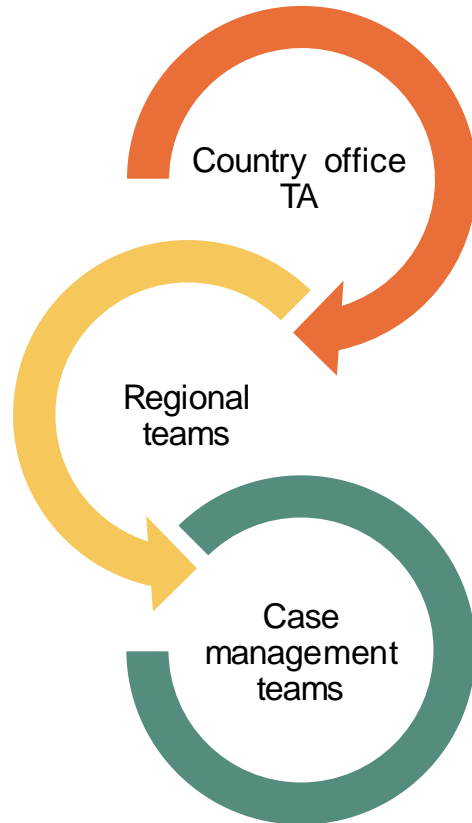
- RAS+ is an **innovative approach** that identifies specific, regional priorities and gaps to develop specific action plans for implementation, monitoring, and reporting
- RAS+ emphasizes greater **involvement of the regional leadership** for
 - ✓ Joint planning of interventions which accelerate results achievements
 - ✓ Joint implementation, monitoring, and reporting of results
 - ✓ Joint review, evaluation, and dissemination/sharing of lessons learned
- It is a mix of enhanced **TA and hands-on** service delivery support, **focused on a case management** approach at site-level
- RAS+ is a **data-driven** implementation approach that focuses where the **need is greatest** to address the quality of integrated service delivery models
 - Conducts weekly meetings (virtual) to discuss performance and provide feedback for key project indicators
 - Conducts monthly meetings to discuss regional performance

EGPAF in Tanzania: Organizational Structure

- Regional Acceleration Strategy (RAS) approach
 - Consortium partners' staff fully absorbed, co-located in offices
 - Planning and implementation through one structure: one team, one plan
- Through USAID Afya Yangu Northern
 - Six regional offices
 - Each region led by Strategic Results Manager – RAS to facilitate project goals in close coordination with R/CHMTs



Structure: RAS Case Management Teams



DISTRICT APPROACH



Why EGPAF Uses a District Approach

- Decentralize **resources and authority** to empower local government authorities (LGAs) through **council health management teams (CHMTs)** to help manage project activities in their respective districts
- Greater **involvement of the CHMT leadership** for collaboratively working with the CHMT teams to support implementation at health care facilities through:
 - Collaborative planning and budgeting of activities
 - Coordinating implementation of various service delivery models
 - Monitoring and reporting of project progress
- The approach promote transfer of capacity, management, and oversight of activities to LGAs
- Promotes efficiency and advances ownership and sustainability of project activities

District Support Through Subagreement Management

Project plans are developed through a Council Comprehensive Health Plan (CCHP)

Project scope, priorities, targets, and one-year budget ceilings are shared during CCHP planning

EGPAF supports R/CHMTs during the planning to incorporate project activities into regional and councils plans

This allows councils to plan for and allocate resources where they are most needed

CHMTs with EGPAF staff prepare quarterly implementation plan (EGPAF supports the implementation of the activities at facility levels)

Finalized and approved plans and budgets are uploaded to the government accounting system, called MUSE (funded through subagreements)



HRH Capacity Building

- EGPAF staff are **co-located** at the district/council level and represent EGPAF within the CHMT level
- **Strengthening capacity of frontline health care workers (HCWs)**
 - Build capacity of frontline HCWs through classroom trainings to ensure that health care facilities provide quality services per national standards and guidelines
 - Develop pool of district mentors (more than 400) to support various interventions, including for HIV, TB, FP, gender-based violence, cervical cancer prevention, and supply chain management, etc., in 44 supported councils/districts

Example of Capacity Building Support to Frontline Health Care Providers

PY1-FY22	# of trainings	# of HCPs trained	HIV	TB	FP	GBV	COVID-19	QI	M&E
TOTAL	34	3,712	1,125	144	272	375	371	527	898

*Table above shows number of trainings conducted (**34**), in which **3,712** health care providers were trained on various key thematic areas. The trainings used national guideline materials.*

Service Delivery

Service Delivery Area:

- Integrated project services into health care facilities, such as:
 - FP in HIV CTCs; HTS in SRH, TB into HIV care and treatment
 - Coordination of project activities by government facility in charge
- Project team supports health care facility staff to take ownership of project interventions
- Link government initiatives/activities with project intervention
 - e.g., star rating of health care facilities and SIMS/site improvement system

Leadership and Management Area

Strengthening Leadership and Management Capacity

- Ensures all efforts/support are endorsed by MOH, regional, and district leadership
- Supports RHMT to coordinate regional partners meetings for experience sharing and coordinating partners' work, including resources
- Works with R/CHMTs to conduct joint supportive supervision to health care facilities with poor performance
- Capacity building to new R/CHMT members on project interventions

Monitoring and Reporting (Health Information Systems)

- Scale up of national reporting systems and update of data reporting systems, including CTC2 data base; equipping facilities with tools; IT support; and capacity building
- Monthly data review meeting

Engagement with Community Structures: Council Multisectoral AIDS Committee (CMACs)

- The EGPAF team is a member in the Council Multisectoral AIDS Committees
- The Committees are responsible to overseeing HIV and AIDS interventions at the community-level, including sensitizing and supporting community to access services
- Collaborate and orient them on various project interventions, such as HIVST and pre-exposure prophylaxis (PrEP) to create awareness on availability of the services
- Support them to reach community with health needs, including HIV services

Engagement with Community Structures: Strengthen Health Facility Governing Committees (HFGCs)

- HFGCs are responsible to ensure availability of quality health care services at the facility level
- EGPAF builds capacity of CHMTs to be mentors and facilitators of Health Facility Governing Committees (HFGCs)
- CHMTs orient members of HFGCs including new members on their roles and responsibilities and monitor implementation

EGPAF in Tanzania's

LESSONS LEARNED



Lesson Learned

- ✓ Local Capacity strengthening is a very dynamic process and needs overtime investment
- ✓ The manpower and leadership at local authorities is dynamic and keeps changing overtime
- ✓ Incorporating activities into CCHP promote ownership and sustainability
- ✓ Collaboratively working with R/CHMT through jointly planning, supportive supervision and mentorship and case management helps to build their capacity of leaders to manage projects.
- ✓ Transparency during project planning and budgeting build trust and strong working relationship with government and other local partners
- ✓ Alignment with National Strategic Plans - HIV/TB/FP helps to meet the national and project objectives/goal

Asanteni





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Q&A





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