Swiss TPH
Swiss Tropical and Public Health Institute
Schweizerisches Tropen- und Public Health-Institut
Institut Tropical et de Santé Publique Suisse

Associated Institute of the University of Basel

Report from Community and Country Level Consultations on GMAP2 "Action and Investment to defeat Malaria (AIM)" in the Côte d'Ivoire 9th - 13th July 2014

Prepared for

Roll Back Malaria Partnership

Submitted by:

Swiss TPH **Swiss Tropical and Public Health Institute**

Deloitte. **Consulting LLP**

23rd August 2014

Abbreviations

ACT	Artemisinin-based Combination Therapy
AIM	Action and Investment to defeat Malaria
CSRS	Centre Suisse de la Recherche Scientifique
FCFA	Franc des Colonies Françaises d'Afrique
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GMAP	Global Malaria Action Plan
LLIN	Long Lasting Insecticide Treated Nets
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
RBM	Roll Back Malaria Partnership
TB	Tuberculosis

1. Introduction

The consultation in the Côte d'Ivoire was convened and organized by the *Centre Suisse de la Recherche Scientifique* (CSRS), a well reputed research institution core funded by the Swiss and Ivorian governments.

The country consultation was facilitated by Nicolaus Lorenz, of the SwissTPH/Deloitte AIM Consultants' Team. Dr. Gilbert Fokou, researcher at the CSRS, facilitated the focus group discussions in two rural communities. In total 60 community members participated in the focus group exchanges. A total of 19 representatives of different stakeholder groups participated in a formal meeting organized on the premises of the CSRS.

1.2 Malaria Situation in the Côte d'Ivoire

This text builds on a briefing note of the CSRS.

Malaria is a major public health problem in Côte d'Ivoire, because it is common, potentially fatal nature and last but not least for its socio-economic impact. The disease represents 50% of the outpatient visits, 46% in the paediatric services, and almost a third of hospital deaths. In the Côte d'Ivoire, transmission is continuous in the forest zone and seasonal in the savannah zone. The predominant parasite is Plasmodium falciparum (91% of cases), but *Plasmodium Malariae* (8% of cases) and *Plasmodium Ovale* (1%) are also found.

Since early 2007 reacting to resistance against the then used antimalarials was identified and a policy to use ACT was introduced. In governmental health facilities all ages should receive it for free. Quinine is in use for severe malaria. Long lasting insecticide treated nets (LLIN), are widely distributed and IPT is recommended to prevent malaria in pregnant women.

Major external support comes from the GFATM. The portfolio value is around 100 million US$.

There are a number of national and international research institutions in the Côte d'Ivoire dealing with malaria. There is room for improvement in the national exchange of results and experience, but there are efforts to create a national platform to facilitate exchanges and interaction between the different constituencies, including local communities.

1.3 Community Consultation Overview

Two communities, Tiassalé 90 km, and Taabo 120 km north of Abidjan were visited. In each community three groups of 10, consisting of 10 men, 10 women, and 5/5 group of young adults were discussed with. The background of people was farmers, retired people, small scale business people, and pupils/students, also some unemployed individuals.

Taabo district has around 42'000 inhabitants living in a small town and 13 villages and some 100 hamlets around. The community has its origins in the construction of a large dam, which generates a third of the Ivorian electricity. The dam has broadened the economic basis of the region, which has created upstream quite a busy fishing and vegetable gardening opportunities, which make the community comparatively affluent.

Tiassalé has around 15'000 inhabitants and is an administrative and commercial centre located on a – former – strategically and commercially important crossroad. In former times it was a centre where African and European traders exchanged their goods. Today large banana, pineapple, cocoa and coffee plantations are the main economic activities. There are chicken and cattle farms and due to the good rainfall numerous small scale vegetable gardening. Linked to the plantations there is fruit juice plants, and a small scale wood processing and furniture production.

1.3.1 Community Consultation Objectives

The main objectives of the community level consultation were to:

- Gain a first-hand understanding of community level priorities
- Better understand the impact of poverty and disease in the context of household vulnerabilities and learn more about family coping strategies
- Create a shared understanding of the contribution of community development workers to basic service provision, including in the fight against malaria
- Find ways to support community development workers to play their role more effectively
- Use malaria as an entry point to gain insights on ways to strengthen governance and accountability for the consequences of non-availability of services
- Enable community level stakeholders to set the agenda for the next iteration of the Global Malaria Action Plan

1.3.2 Summary of key themes emerging from the discussions and implications for AIM

Community priorities and how malaria features. Two rural communities were visited. In both focus group discussion took place with three groups (men, women and young adults) producing remarkably similar results. The major concern of both communities is poverty. Linked to it is unemployment which is rampant particularly among young people. Environmental problems, general poor hygiene, lack of basic infrastructure (transport, electricity, drinking water) are points of concern. In general the difficult economic situation is mentioned, which offers little income generating activities. In terms of health problems, malaria is considered to be the most important health problem. However other infectious diseases like typhoid, Buruli ulcer, but also non-communicable diseases like diabetes and hypertension are mentioned to be common health problems in the communities.

> *"It makes you not only bodily but also financially tired"*
>
> **Female, young adult community member**

Long lasting Impregnated Nets have been distributed in both communities, however, some members complain that there had been shortages, and not all families had received adequate numbers of nets. (The district medical officer, who is present, confirms that there have been problems). There is consensus that some environmental issues have their roots in the behaviour of people and could also be solved by the people. Examples of small scale community activities to get rid of stagnant water are mentioned. Leadership in these exercises of the municipality administration is considered essential – albeit absent at this point in time.

The cost of malaria treatment is considered to be partly beyond the financial reach of the majority of communities. Self-medication is common. The costs are around 5'000 FCFA (~10 US$). Although there is in theory free diagnosis and treatment for specific groups (under five children and pregnant women) it is common that they partly have to prohibitive payments, have to be made. On the positive side there is some sensitivity about mono-therapy and the need for adequate treatment schemes is recognized. Comment on productive days lost vary. Many community members recall 2 episodes per year, with an average of 10 days per episode, which make work impossible. However, there are a number of self-employed participants who consider that are being handicapped only for 3-4 days. There is little help from neither administration or from other external organizations. However, in both communities there are some local associations and

> *"Treatments are supposed to be free for children and pregnant women, but in reality they have to pay just as everybody else"*
>
> **Male Community Member**

NGOs. For example there is in one of the communities a “platform” for young people, which provides advice, albeit no financial support.

- **Implications for AIM**: **The direct and indirect costs of malaria are a heavy economic burden on the communities. Unemployed and poor persons are particularly disadvantaged. The AIM has to highlight the relationship of fighting malaria in the context of the reduction of poverty and the wider development agenda.**

2. Overview of the Consultative Meeting at national level

2.1 Objectives of the consultative meetings

The main objectives of all consultative meetings were to:

- Enable country stakeholders to help set the agenda for the next iteration of the Global Malaria Action Plan
- Help to better position malaria within the country’s broader development context
- Learn how other programs have successfully engaged communities e.g. polio, HIV/AIDS, TB, MCH etc.
- Create a shared understanding of the current status of the country’s response to malaria
- Identify high priority actions for progress towards control/elimination goals
- Sensitize country stakeholders for the future implementation of AIM
- Network, build relationships, and identify new opportunities for partnership

2.2 Key national opportunities and challenges prioritized for discussion

Stakeholders participating in the event had a Civil Society, governmental and private sector background. There were also two media representatives and scientists of the CSRS, who participated as observers. The event took place on public holiday, which had been announced at short notice, which made a changing of date impossible. This led to the absence of academia and research stakeholders and to a reduced participation of government representatives, in particular there was no participation of the National Malaria Programme.

The format and the methodology of the consultation has been similar to the other country consultations. RBM was briefly presented. Then the core elements of the Global Technical Strategy were presented, and the AIM process was talked about. A summary of the focus group discussion at community level was then presented and briefly discussed. Results of the Regional Consultations in Brazzaville and Harare were presented and discussed.

Priorities for the Côte d’Ivoire were then discussed and a priority ranking was voted. The group considered the need to increase community participation in fighting Malaria as essential for stepping up the fight against malaria. Monitoring and measuring performance was considered as second most important aspect. Participants considered as almost equally important the need to increase domestic funding.

2.3 Summary of key points emerging from the consultative meeting

> *"….you have to ask the communities if you want to do a good job in malaria control"*
>
> **Participant with a Civil Society Background**

Community Participation: Côte d'Ivoire has a legal framework for community participation, however the performance of community based organizations and structures are not always up to the expectations. The involvement of communities and health workers has been promising and the utilisation rate of LLIN has increased. There is potential to involve existing village communities by sensitizing them for the need to fight malaria. For example the impact of malaria on school absenteeism should be made more widely known. This is necessary as there are still misconception about malaria, but also Although poverty is widespread in the Côte d'Ivoire, people still have resources (almost everybody has a mobile phone!), and there is a potential to mobilise resources which are available at community and household level. Mass media may have a more important role to play in sensitising communities in getting more engaged in fighting malaria, and to raise awareness of communities and political decision makers.

Performance monitoring: Measuring performance is an issue in the Côte d'Ivoire. The creation of the Directorate of Information, Planning and Evaluation of the Ministry of Health has improved data availability. However, there is still a need to increase the quality of data collected and to make it widely available and accessible. The Côte d'Ivoire has a number of research institutions, which have an interest and reputation in malaria research and can be involved in assessing performance and progress. There is some experience in using modern mapping tools to visualize who is intervening where. Promoting such approaches in a more structured would help to maximise the impact of the interventions of external and national funding bodies.

Strengthening Domestic Funding: Participants agree that it is necessary to diversify the funding sources for fighting malaria. This would help to become less dependent on external funding sources.

Domestic public funding has gone up and for example health workers have not only been trained but have also been recruited by the public sector, which was not always the case in the recent past. There are sometimes shortcomings on the national side in honouring commitments which have been made in bi- and multilateral agreements. There is a need to demonstrate that it is worthwhile in investing in fighting malaria.

The private sector is very active in the Côte d'Ivoire. There is national coordination platform which brings together major private enterprises, which address malaria in their working environment. In this context workers and managers have been sensitized and "malaria focal points" in companies have been trained. However there have been significant Corporate Social Responsibility contributions in terms of the provision of commodities for the National Malaria Programme (LLIN). Equipment (LLIN) for hospitals and school sensitisation campaigns has been funded over several years.

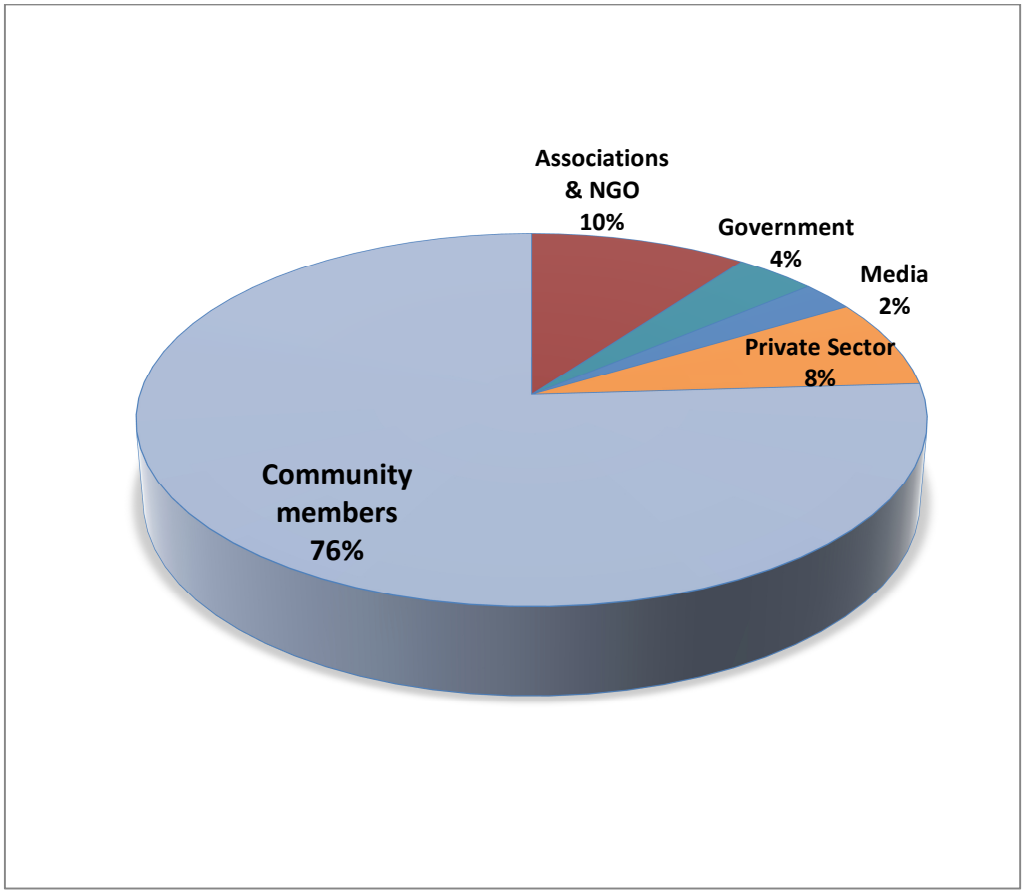
A shortcoming is the lack of coordination between the different stakeholders. The creation of an exchange platform where civil society, the public and private sector cold interact would be a promising option. The private sector has already established such an exchange platform, which has helped tremendously to sensitise the private sector that it pays off to invest in fighting malaria.

- **Implication for AIM: The Partnership framework between the public and the private sector needs to be further strengthened and appropriate exchange channels and platforms need to be established.**

- **The mass media is interested in malaria, and it would be good to establish national plans to engage the media in the fight against malaria**

3 Assessment of the success of the consultative process

The country consultation was successful in bringing together a comparatively balanced group of the different constituencies. Community members represent 76% of the people who were involved in the country consultation.



A formal evaluation of the country consultation for the formal consultation is underway, but results are not yet available at the time of writing this report, but numerous participants expressed their satisfaction with the meeting.

4 Conclusion and Recommendations

The consultation went very well, thanks to the excellent local preparation and organization. It paid off to go for a non-governmental convener.

It was possible to reach out to 79 individuals, more than three quarters from the community level. Two articles appeared in the popular journals **FRATERNITE MATIN** (Tuesday 29 July 2014) and **L'INTER** (Tuesday 29 July 2014)

The report of the consultation is in English, but a French version will be posted on the RBM website.

Annexe 1

Community Engagement visits in Tiassalé and Taboo, rural communities both around 125 km north of Abidjan on 22 and 23 July 2014

1. What are the most pressing concerns/priority issues in this village?

   a) Tiassalé:

   - Adult men: Health is mentioned as a key issue, cleanliness and environmental hygiene, analphabetic populations, poverty, housing, unemployment, security, are mentioned. Also change in the social cohesion is an issue of concern.

   - Adult women: Poverty, general difficult economic situation, Housing (there were landslides in the community); general cleanliness of the city, health issues, waste management, Health problems (Malaria, hypertension, diabetes, thyroid problems, buruli ulcer, asthma)

   - Mixed group of young adults: Cleanliness of the villages, poor water quality, poverty, poor sanitation quality, absence of electricity, poor transport facilities, education infrastructure, … and health issues.

   b) Taboo:

   - Adult men: Poverty, poor hygiene and cleanliness of the environment, health care expenditure , Malaria, drug resistance, the old and cheap drugs do not work;

   - Adult women: Water and sanitation, mosquitos, cleanliness of the community, housing, cost of health, unemployment

   - Mixed group of young adults: Health problems, water and sanitation, housing, slow economic development,

2. What are the implications of the mentioned problems for families (probes: costs in social and economic terms etc.). How do households try and cope with the problems?

   a) Tiassalé:

   - Adult men: The social cohesion is breaking down and has consequences on family relations. The old ones have difficulties to understand the youth.

   - Adult women: Problems are frustrating and block thinking and initiatives, finally they block development in more general terms.

- Mixed group of young adults: problems block the development of the community, it leads to criminality.

b) Taboo:

- Adult men: Because of the costs of health services, self-medication is very common. It is a pity that the indoor spraying which was done in former times has stopped

- Adult women: These problems are prevalent in the whole "sous-prefecture" and are obstacles for development.

- Mixed group of young adults: Unemployment, difficulties in making economic progress, for the community, but also at the individual level.

3. How much of a concern is malaria for families in this village?

a) Tiassalé:

- Adult men: Malaria is considered as a major problem. "It makes you not only bodily but also financially tired". Some middle aged men raise the question if it is really mosquitos which transmit the disease and they say that it is rather the exposure to the sun which is the reason for malaria. Others contest this point of view, and seem to be very well aware and knowledgeable about the disease.

- Adult women: Malaria is major problem, there are many mosquitos. Mosquito nets are available, long lasting, problems with numbers being not adequately distributed.

- Mixed group of young adults: Malaria is important, poor hygiene and stagnant water in the community leads of the development of malaria. Malaria is a "killer" in the community, "Malaria keeps me from delivering good results at school", one or two spells of malaria are common, and out of pocket payment of between 40'000 and 50'000 FCFA is required.

b) Taboo:

- Adult men: Malaria is a big concern. There are one to two episodes per year. Costs are around 25'000 FCFA/episode £(≈ 50 US$) , leading to a incapacity to work of around one week. One does not only lose money for paying the drugs, but it also leads to a loss of income. One should sensitize people about malaria, and encourage them to do the testing.

- Adult women: Malaria is a major concern, but so are typhoid fever, haemorrhoids, and hypertension. Usually there are around 2 malaria episodes per year, which puts

them out of work for one week, and creates costs of 5'000 – 15'000 FCFA (≈ 10 – 30 US$) . Malaria is a major problem for children.

- Mixed group of young adults: It is of major concern, however there are other health problems as well; typhoid fever, burns, HIV/AIDS,Tb, sleeping sickness. Malaria makes other diseases more harmful. There is consensus that each individual experiences two spells of malaria per year. Malaria leads to an inability to work between three days and two weeks. Out of pocket costs are around 7'000 FCFA, but can up to 30'000 FCFA. This leads to frequent self-medication.

4. What actions are ongoing at community level to provide basic services, build a safety net to stop households falling further into poverty and to fight malaria?

a) Tiassalé:

- Adult men: complain that DDT is no more in use, and that mosquitos have become resistant to other insecticides. Health education is mentioned as a way to fight malaria. Nets are available in the community. Stagnant water in ness and environmental hygiene, analphabetic populations, poverty, housing, unemployment, security, is mentioned. Also change in the social cohesion is an issue of concern.

- Adult women: we need more jobs; the costs of malaria should be reduced; it costs also money to accompany a sick child to the health post.

- Mixed group of young adults: Not much, in one community of the village young people regularly clean the water drainage channels to reduce stagnant water. Most importantly employment opportunities are required.

b) **Taboo:**

- Adult men: Nets have been distributed. One should raise the awareness of the population that environmental hygiene is important to prevent malaria. One should encourage the population to collaborate with the municipality

- Adult women: Nets have been distributed and some health education takes place. Unfortunately the outdoor spraying which was done in former times was stopped. At the hospital they have only generic drugs, I do not like that.

- Mixed group of young adults: Nets have been distributed; sensitization of people could have been better, as people tend to be ignorant are have sometime wrong conceptions

5. Which other people or organizations support you in this work? If so, how and how could they support you more effectively?

    a) Tiassalé:

    - Adult men: There is not much around. You either help yourself or nobody helps you. There are a number of associations and NGOs around, which bring young people, women and retired people together to undertake development activities. Not much happens though.

    - Adult women: Nobody. Of course there are these exemption programmes for pregnant women, and small children, but if the required drugs are not available you get a prescription, for which you have to pay. If stagnant water could be reduced, one could reduce breeding sites. But nobody cares, and the community administration does not pay for it.

    - Mixed group of young adults: there are some associations, the most active one is "Platform for Young People", where they can hang out and have a good time, but the association does not have any resources and provides only moral support.

    b) Taboo:

    - Adult men: Nobody helps us.

    - Adult women: In former times the administration did the spraying and also kept the environment clean. They have stopped that. The former times were better. The bednet distribution was not well done. Not all received the number they are needing.

    - Mixed group of young adults: There is little formal help. For young people there are simple schemes, where one can get agricultural tools and the like to start some activity.

6. If someone here falls sick what are the possibilities to get help quickly? (probes: explore options e.g. community health workers, local drug shop or pharmacy, public health centre, private facility, traditional healer etc).

    a) Tiassalé:

    - Adult men: The traditional chefs do not help a lot, however, they could be involved in sensitization efforts. The main issue is an absence of commitment.

    - Adult women: Health centre, hospital both public and private are available, but they are costly. It is always, and wherever you go around 5'000 FCFA/treatment (≈10US$).

- Mixed group of young adults: There is no social security, either you have the money or you do not get diagnostics and treatment; financial access can be a real challenge. LLIN are widely available, one person refers to the nets not changed for 4 years, however, one could buy a net on the market.

b) Taboo:

- Adult men: distance access to health facilities is not an issue, rather the costs are the main problem. Often drugs are not available at the health facility.
- Adult women: The hospital is available, but the costs of getting diagnostics and treatment are high.
- Mixed group of young adults: Health centre and hospitals are the preferred first contact. Costs make it sometimes difficult, and people tend to go for self-medication.

7. What needs to happen to increase access to basic services in this village?

a) Tiassalé:

- Adult men: Not much.
- Adult women: No solution. The traditional chefs don't do much. The administration has to get involved. The administration could involve prisoners in the cleaning of some of these drainage. In general terms the government should take its responsibility. In former times that was possible.
- Mixed group of young adults: governmental commitment, drugs are too expensive, and their price needs to go down. A health insurance might be an answer.

b) Taboo:

- Adult men: The administration should become more active.
- Adult women:The government should do more, there should be cheaper drugs, and jobs need to be created.
- Mixed group of young adults: People should be involved, otherwise it is difficult to achieve progress in fighting malaria. The government should do more about it, in particular the costs of drugs should be reduced.

8. What role do you expect your local politicians and village leaders to play? What further steps could you take as a community? What would need to happen to be able to take those steps?

a) Tiassalé:

- Adult men: Not much. We have a young mayor, and he tries to do something about the cleanliness of the city.
- Adult women: Politicians do very little.
- Mixed group of young adults: Little hope.

b) Taboo:

- Adult men: Traditional leaders do not have the habit to get involved in this type of activity.
- Adult women: "They should set examples, but they do not do it".
- Mixed group of young adults: The traditional chiefs and the politicians could do more in sensitizing the population. The village is dirty, you can smell the urine behind the house, and something could be done about it, also by the people. The way the health workers are treating patients is not always polite.

9. Are you consulted by ward/district managers when they undertake their planning for e.g. community development, health etc? How extensively are community representatives involved in the governance of nearby health facilities, schools and other public institutions?

a) Tiassalé:

- Adult men: Not really.
- Adult women: Depends on the head of the administration. In former times it happened more often. Former mayor would walk around and check for garbage. He would say that he would come by again in one hour, and would like to see everything cleaned up. People did it. He had authority.
- Mixed group of young adults: Never.

b) Taboo:

- Adult men: Not really.
- Adult women: No, unless we are told to come in masses to greet some VIP, they never communicate with us.
- Mixed group of young adults: There is no consultation whatsoever. However, it would be important if our voices would be heard, malaria is a point of concern of everybody.

10. Do you think sufficient resources are allocated to tackling community concerns? Where would you like to see more 'investment' (of attention, funds and other resources)?

    a. **Tiassalé:**

    - Adult men: No.
    - Adult women: No comment
    - Mixed group of young adults: No comment.

    b. **Taboo:**

    - Adult men: No comment
    - Adult women: Drugs should be available and really free of charge. Jobs should be created.
    - Mixed group of young adults: No comment.

11. Do you have any lessons learned on any aspects discussed (positive or negative) that could be shared with other villages or communities?

    a. **Tiassalé:**

    - Adult men: No.
    - Adult women: ….we want the old times back.
    - Mixed group of young adults: the youth initiative to do once a week the cleaning of the neighbourhood could be easily replicated elsewhere

    b. **Taboo:**

    - Adult men: No
    - Adult women:
    - Mixed group of young adults:

Annexe 2: Consultation at National Level

Civil Society

Strengthening community participation

> Assist communities to organize themselves
> Identify groups which have already organized themselves and train them and strengthen their capacities
> Introduce committees fighting malaria
> Elaborate action plans for community using the approach participative research
> Sensitize and lobby with communities
> Coordinate the activities of NGOs and local organizations in the fight against malaria
> Take the point of view of communities into account when fighting malaria

How to do performance assessments

> Follow-up and evaluation of activities in fighting malaria
> Evaluate the quality of the tools used in the fight against malaria (LLIN etc.)
> Priority Actions
> Create an exchange platform where civil society, the private and the public sector can interact
> Strengthen activities of BCC, strengthen lobbying of communities to get engaged in fighting malaria
> Use and mobilise resources, which are available at community level.

Obstacles

> Too different interests of various stakeholder groups
> Cultural expectations and behaviours
> Non-appropriation of health problems by communities

Positive experiences

> Installation of community based committees fighting malaria
> Consultations on the market square with (free) Rapid Diagnostic Tests

Government

Community Participation

> The National Health Development Programme has made experience in integrating the fight against Malaria
> Legal texts: Decree regulating Polychlorinated biphenyls (PBCS), free care, have provided a reference framework
> National Malaria Programme: Coordination of activities
> Involvement of communities in the distribution of LLIN, and community health workers

Motivations.

> Malaria is the first cause of mortality in children
> Sensitizing community for malaria prevention

> Training of Community Health Workers

Effectiveness:

> There has been in increase in the utilisation of health facilities
> The utilisation rate of LLIN has increased

Performance

> Creation of the Directorate of Information, Planning and Evaluation of the Ministry of Health
> Geographical Information Systems
> Training and Research on Malaria (Public Health Institute, Training and Research Unit of Natural Sciences of the University of Abobo-Adjamé, National Institute for the training of Health Workers
> There has been a continuous progress of data collection system
> Health services have become more accessible
> There has been a revision and adaptation of the national treatment guidelines for malaria.

Increase of investments

> Budget of the programme has gone up, both from the government as well as from development partners
> The training of health workers has increased, and these have been recruited
> Government encourages partnership
> There are public private partnerships through contracts
> …however there are sometimes deficiencies on the Ivorian side in honouring the agreed upon national contributions.

Priority Actions

> Put in place a coordination platform, where the different constituencies can meet
> Strengthening the partnership framework between the public and the private sector for fighting malaria
> Elaborate a plan to involve national media in the fight against malaria

Obstacles

> Absence of regulating texts
> Absence of funding
> Poor distribution of intervening partners

Private sector

Community Participation

Investment:

> Budget for establishing a Master Plan for Health of workers, their families and neighbourhood
> IEC Activities in close collaboration with the Civil Society
> Donations for Communities (LLIN, Pharmacy boxes), equipment of health centres
> Environmental protection

Motivation

> Absenteeism
> Economic impact, reduction of profits
> Absenteeism of pupils at school
> Social and community mobilization in the context of Social and Environmental Responsibility

Priority Actions

> Lobbying activities
> Mobilise and involve economic decision makers
> Strengthen coordination mechanisms
> Pooling the means of resources for action

Effectiveness of actions

> LLINs distributed in public hospital: nets for 1’500 beds were provided
> 60 million FCFA worth of commodities (drugs, nets) have been distributed in the private sector
> 7.7 million individuals were reached in the schools and sensitized for problems related to malaria
> Establishment of a coalition of private enterprise in Côte d’Ivoire getting engaged in fighting malaria

Performance Aspects

Investments

> Production of instruments to measure performance (indicators)
> Regular reports
> Study and research (KAP-studies were financed)
> Strengthening of capacities was supported (training of workers, managers)
> Publishing (Sharing experience)

Motivation

> Traceability
> Cost Effectiveness
> Consistency of actions

Priority Actions

> Elaboration of M&E tools
> Address difficulties to multi-sectorial collaboration
> Get bottlenecks out of the way
> Establish a coordination platform

Effectiveness of actions

> Number of enterprises mobilised is increasing
> Already 6 national sensitisation campaigns in schools
> 15 medical meetings on the roll out of national guidelines (support provided to the National Malaria programme)

Increase of finance resources

Investments

> Funding of sensitization missions
> Contribution to the organization of key meetings

> Support of mass campaigns

Motivation

> Diversifying funding sources
> Promotion of a vision of multi-sectorial collaboration

Priority Action

> Strengthening the framework of Public Private Partnerships
> Facilitation of synergistic action

Efficacy of actions

> Can be measured, if the funding sources diversify
> Can be measured if the available resources increase

Summary.

Priority Actions

> Map the interventions and different partners intervening in these areas
> Elaborate an integrate M&E tool which is used by all partners
> Intensify lobbying in the area of public – private partnerships

Obstacles

> There is a lack of coordination and a problem of leadership

Good experience

> Platform for the private sector (Coalition of Ivorian enterprises)
> Focal of malaria in each major enterprise
> School activities in preventing malaria

Annexe 3

Participants' List along the different meetings:

a) National meeting in CSRS, Abidjan

NOMS ET PRÉNOMS	INSTITUTION
FOKOU Gilbert	CSRS
MOUHAMADOU Chouaïbou	CSRS
KONE Inza	CSRS
DAO Daouda	CSRS
TOMEKPA Vincent	CHCI
AGUI Zadi Gui Célestin	ROLPCI
TETCHI Ekissi Orsot	INSP
BERY Emma	BAYER ES / ALM AO
GOBOU Vincent de Paul	SANOFI
KOFFI Paul Agenor	CECI
LATH Elysée	L'Inter
BLÉ Hervé	MSLS
ADJA A. Franchise	FEMAD
MANIGA Wohi Aimé	ONG Action de vie
COULIBALY Jack	LABOREX CI
DJÉZOU Casimir	FRAT MAT
YAO Ablaha Christelle	CARE International CI
BONFOH Bassirou	CSRS
KAMAGATÉ Elhadji Diéoua Ali	URPCI
KOUAMÉ Tanoh Antoine	PSI-CI
YAPO Edwige Prisca	Group 3H /Représentant Commercial Vestergaard Frandsen

ADJA Akré Maurice	SECI
KOUAKOU Nouaman	FSUCOM Adiopodoumé/ District sanitaire Yopougon Ouest-Songon
BINKRO Dayogo	REMCI/ARSIP
Benié Henri	Pfizer
Koffi Sylvain	CSRS
Kouakou Boris	CSRS
Soro Awa	CSRS
Tanon Mangoh	CSRS
Kohi Victor	CSRS

b) Tiassalé community members

Hommes adultes Tiassalé

Noms et Prénoms	**village**
N'guesson Kadjo	Tiassalékro
Kamlan Kadjo Jonas	Tiassalékro
Etmma Etien René	Niomané
Coulibaly Nibon	Tiassalé
Tanoh Kassi Ambroise	Tiassalékro
Ekon Kacou	Tiassalékro
Abou Kpékplé K	Tiassalékro
Etien Batché	Tiassalékro
Ablé Kouamé Koffi	Tiassalékro
Boni Kouassi Auguste	Tiassalékro

Femmes adultes Tiassalé

Noms et Prénoms	**village**
Seroy Bayaki Cyriaque	Tiassalékro
Etoumou Essou hot	Tiassalé
Koua Akassi Cilvin	Tiassalé
M'bra Kouadio bla	Tiassalé
Yao Amenan	Tiassalé
Tanoh Marie Louise	Tiassalé
Aka Aminata	Tiassalé
Tchetche Amenan ch	Tiassalékro
Komenan N'goran	Tiassalé
Tiasse Yaba	tiassalé

Jeunes Tiassalé :

Noms et Prénoms	**village**
Seroy Bayaki Cyriaque	Tiassalé
Etoumou Essou hot	Tiassalé
Koua Akassi Cilvin	Tiassalé
M'bra Kouadio bla	Tiassalé
Yao Amenan	Tiassalé
Tanoh Marie Louise	Tiassalé
Aka Aminata	Tiassalé
Tchetche Amenan ch	Tiassalékro
Komenan N'goran	Tiassalékro
Tiasse Yaba	Tiassalékro

c) Taabo, community members.

Hommes adultes Taabo

Noms et Prénoms	**village**
Traoré Karim	Taabo
Gbahou Bombet	Taabo
Adagahara Joseph	Taabo
Aboulaye Youssouf	Taabo
Kouadio Casmir	Taabo
Achou Agnissan	Taabo
Coulibaly Adama	Taabo
Aboulaye Diallo	Taabo
Broyo Bolou	Taabo
Tre Sea Fabrice	Taabo

Jeunes Taabo

Noms et Prénoms	**village**
Adjaratou Kassabara	Taabo
Aholie Françoise	Taabo
Kouadio Ahou C	Taabo
Kouassi N'guessan V	Taabo
N'depo Rose	Taabo
Silué Issouf	Taabo
Yao Yao Gerard	Taabo
N'goran Bah Denis D	Taabo
Cerah N'depo	Taabo
Kokoua Yapi Jacob	Taabo

Femmes adultes Taabo

Noms et Prénoms	**village**
Mme Kouamé née Sessie	Taabo
Abou Yaba Marie C	Taabo
Ablab Pokouya	Taabo
Kouon EPSE kei J	Taabo
Dahouin Edwige	Taabo
Aka Ehouman Odette	Taabo
Safiattou Yusouf	Taabo
Fatoumata Tamboura	Taabo
Fatoumata N'golba	Taabo
Bouah Nathalie	Taabo