

A Partnership Against Malaria in The Gambia

THE GAMBIA'S NATIONAL MALARIA CONTROL PROGRAM DESIGNS, COORDINATES, FACILITATES, MONITORS AND SUPERVISES ALL MALARIA CONTROL PROGRAM ACTIVITIES IN THE COUNTRY. NMCP IS THE COUNTRY'S FOCAL POINT FOR DOMESTIC MALARIA CONTROL RESEARCH AND FOR ALL MALARIA PREVENTION PARTNERSHIPS WITH INTERNATIONAL AND LOCAL ORGANIZATIONS. THIS STRUCTURE HELPS TO ENSURE THAT ALL INTERVENTIONS RELATED TO MALARIA CONTROL ADHERE TO THE GAMBIA'S NATIONAL HEALTH POLICY AND NATIONAL MALARIA STRATEGIC PLAN, MONITORING AND EVALUATION PLAN AND OTHER MALARIA CONTROL AND EVALUATION ACTIVITIES.



Michael Stulman/CRS

INTRODUCTION

From 2004 to 2014, with generous technical and financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria, Catholic Relief Services (CRS) and other partners, The Gambia's National Malaria Control Program (NMCP) under the Ministry of Health and Social Welfare saw the country's malaria parasite prevalence decrease dramatically from 4.0% in 2011 to 0.2% in 2014.¹ Malaria case incidence also fell by 50% across all regions (from 149.1 to 74 per 1,000 population in 2011 and 2016, respectively).² Globally, the incidence of malaria declined by 21% among populations at risk, and by 35% among children under 5 between 2010 and 2015.³

Much like counterparts in other countries with large, vertical malaria programs (e.g., Global Fund, US President's Malaria Initiative), NMCP implemented the full range of evidence-based malaria control measures recommended by WHO: indoor residual spraying (IRS), intermittent preventive treatment for pregnant women (IPTp), distribution and promotion of long-lasting insecticidal nets (LLINs) (especially for pregnant women and children under five), and improved malaria case management. A robust campaign of information, education and communication (IEC) and behavior change communications (BCC) complemented the measures. Given that the country's malaria transmission increases dramatically during the rainy season, The Gambia also adopted seasonal malaria chemoprevention (SMC) for children.⁴ These interventions appear to have been more effective in The Gambia than global or regional averages.

Developed with technical and financial support from CRS' Partnership and Capacity Strengthening unit, this paper seeks to discuss how partnership and capacity strengthening may have influenced the interventions' success, contribute to the existing knowledge base on capacity strengthening, and identify opportunities for replication or adaptation by malaria control efforts in other countries. This paper reflects CRS' commitment to ongoing learning with regard to partnership and capacity strengthening. The discussions that follow reflect data and analysis available as of May 2017. Another malaria indicator survey is planned for late 2017.

¹ The Gambia Malaria Indicator Survey, 2014.

² The Gambia Health Management Information System, 2016.

³ WHO malaria fact sheet (April 2017). <http://www.who.int/mediacentre/factsheets/fs094/en/>. Accessed May 16, 2017.

⁴ SMC can reduce incidence of severe malaria by 75%. (WHO Policy Recommendation: SMC for *Plasmodium falciparum* malaria control in highly seasonal transmission areas of the Sahel sub-region in Africa. March 2012.)



Michael Stulman/CRS.

“INCREASED UTILIZATION OF NETS CAME AS A RESULT OF THE PARTNERSHIP THAT WE HAVE WITH CRS.” – BALLA KANDEH, PROGRAM MANAGER, NMCP

THE PROGRAM

As recipients of Global Fund malaria grants since 2004, the NMCP and CRS are implementing a series of interventions that aim to reduce malaria related morbidity and mortality. The interventions have focused on distribution of LLINs and intensive IEC/BCC related to malaria control and prevention. The program has received \$9,594,349 in Global Fund malaria grants from 2004 to 2017, representing 13% of the Global Fund’s malaria investment in The Gambia.⁵ CRS has further invested \$1.1 million in private funding since 2007. In the first years of the Global Fund grants, CRS was a sub-recipient reporting to NMCP, however, the Agency later transitioned to a principal recipient status, reporting directly to the donor.

CRS works closely with sub-recipient partners — local nongovernmental organizations (NGOs) that implement programs across the country:

- Catholic Development Office (CaDO) in Lower River Region South (LRR South), Central River Region South (CRR South), and Upper River Region South (URR South);
- Health Promotion and Development Organization (HePDO) in Banjul City Council (BCC), Kanifing Municipal Council (KMC) and Kombo Central, Kombo North and Kombo South Districts in Western Coast Region (WCR);
- Agency for the Development of Women and Children (ADWAC) in North Bank Regions West and East, CRR North and URR North;
- Nova Scotia Gambia Association (NSGA) covering all the schools in the country;
- Child Fund in the WCR covering the Foni districts.

See Figure 1 for a program timeline.

KEY OUTPUTS AND OUTCOMES

As of December 2016, the program distributed a cumulative 988,531 LLINs to children under one, 460,007 LLINs to pregnant women and 2,401,873 LLINs to the general population. In total, the program reached 814,338 households with community sensitization messages about malaria prevention and control issues, and trained nearly 33,000 peer health educators who reached more than 210,239 in-school and out-of-school youth. These interventions contributed to improved outcomes including uptake of IPTp (two doses) by 82% of pregnant women (target was 85%), and reported LLIN use (the night before the survey) by 94% of pregnant women and by 95% of children under 5 (target was 85%), and by 83% of other household residents (target was 60%).

⁵ From 2004 to 2017, the Global Fund disbursed \$73,582,066 (cumulative) for malaria in The Gambia. (Source: The Global Fund Gambia, Disbursements by Components. Available at: <https://www.theglobalfund.org/en/portfolio/country/?loc=GMB&k=6a035503-7fc3-41bf-85f8-757fcb9e2773>. Accessed July 03, 2017.)

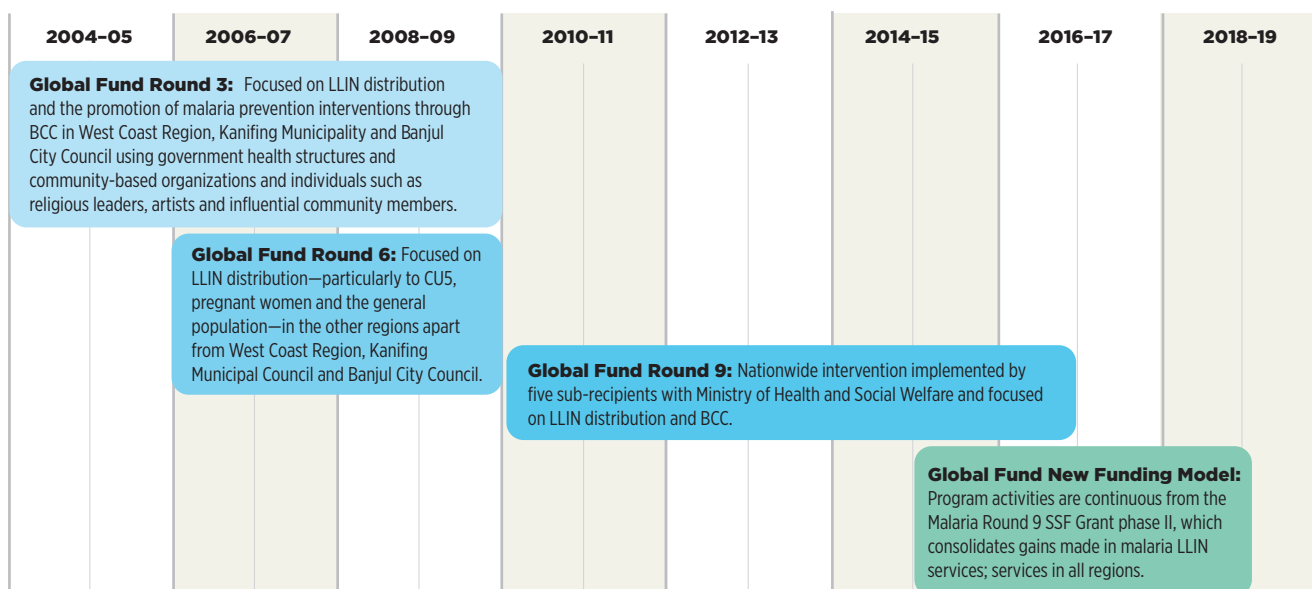
“WE HAVE OUR OWN AREAS OF EXPERTISE. WE HAVE OUR OWN AREAS OF SPECIALIZATION. IT IS PUTTING THOSE PIECES TOGETHER THAT HELPS US TO ACHIEVE.” —ABDOULIE MAM NJIE, EXECUTIVE SECRETARY, GLOBAL FUND COUNTRY COORDINATING MECHANISM (CCM) FOR THE GAMBIA

THE ROLES OF CRS

CRS implemented activities related to IEC/BCC (e.g., training community volunteers for drama groups and traditional communicators (sometimes called *storytellers*) to promote health behavior change) and the distribution of LLINs. The Agency also provided to NMCP technical assistance related to LLIN distribution and IEC/BCC, and supported NMCP to strengthen its organizational capacity.

With private funding, CRS provided technical and financial support for proposal development (for ongoing Global Fund applications) and opportunities for NMCP representatives to participate in face-to-face learning exchanges with other African malaria control programs.

Figure 1: Malaria program timeline



CRS supports local sub-recipient partners to strengthen their financial management through provision of accounting software, computers and accessories; staff training; quarterly supervision and monitoring. The Agency also works with these partners to improve their technical capacities related to LLIN distribution, including tools for distribution, data collection, monitoring and reporting; IEC/BCC; peer health education among students, and positive deviance (promoting behavior change through community members who have successfully modeled the desired change). Material support from CRS to sub-recipients included computers, vehicles/motorcycles, fuel, and routine maintenance.

At least in part related to CRS capacity strengthening, NMCP and other government agencies are replicating CRS’ approach to behavior change in other sectors, and many government and local NGOs have



Michael Stulman/CRS.

institutionalized the use of monitoring and reporting as part of project implementation (e.g., with CRS supported quarterly review meetings). This helps them to better track their projects. CRS supplements Global Fund grants (for malaria and HIV/AIDS) with private funds that support local partners to conduct routine project monitoring and supervision.

CRS' CAPACITY STRENGTHENING MODEL

Firmly committed to the principle that people and organizations, in their own context, are best suited to identify and address their development needs, CRS has improved the lives of beneficiaries by working with local organizations in nearly 100 countries since 1943. Having learned and demonstrated that strong partner institutions contribute to a vibrant society—that, in turn, helps lead a country toward good governance and social transformation—CRS has made partnership and capacity strengthening one of its own institutional and competency priorities since 2014. Simply put: Stronger local and connected institutions and systems can better address the needs of the populations they serve.

Over time, CRS has honed its model of local capacity strengthening, comprised of three primary components:

- **Capacity building** is focused on individuals or teams, enhances or develops new knowledge, skills, and attitudes (KSAs) so people or teams function more effectively.
- **Institutional strengthening** is focused on an organization, enhances or develops the systems and structures needed to function, work towards sustainability, and achieve goals. Efforts assist in developing or improving sound business processes.
- **Accompaniment** combines consistent coaching and individualized mentoring to individuals and teams after interventions such as workshops, organization design, or on-the-job training.

To be truly successful, changes brought about through the capacity strengthening process should be sustained by the organization after the interventions conclude and even after involved personnel leave their positions or the organization. An objective of capacity strengthening is to help an institution become more resilient, adapting in the face of inevitable change.

CRS' THEORY OF CHANGE

While more-functional institutions help to ensure that funding recipients are accountable to donors, comply with the laws and regulations of countries and donors, and create a better work environment for employees, a well-run organization is not an end in itself. Because government has a responsibility to serve its citizenry



Paul Eagle/CRS.

and because civil society institutions are inherently expressions of local communities and constituencies, CRS believes that institutional changes in public and civil society sectors should have a cascading effect, producing an authentic, meaningful shift in the lives of beneficiaries.

DISCUSSION: SOME CHARACTERISTICS OF SUCCESS

DEMOGRAPHICS & GEOGRAPHY

The Gambia is the smallest country in continental Africa, narrowly following the path of the Gambia River and populated by an estimated 1.9 million people. The country's small population and area likely make bringing any effort to scale an objectively smaller task than it might be in a more populous or bigger country.

LONG-TERM TRUST AND COMMITMENT

CRS began operating in The Gambia before independence in 1964. During a period of extreme food insecurity in the 1980s, the Agency provided a substantial amount of food relief and remains a “household name” in much of the country—including among current leaders who shared positive memories of CRS’ school feeding programs from their youth. Total CRS program expenditures from FY1994 to FY2017 is \$68.2 million, and the Agency continues to implement health, agriculture and food security programs in close collaboration with public-sector actors such as the Development Assistance Program (2002 to 2006) which had a budget of \$8,853,779 plus \$590,390 from CRS private funding.

Through the nearly continuous implementation of a wide range of projects, CRS’ has nurtured and reinforced cordial relationships with multiple government actors across multiple sectors for decades. CRS has made funding available to public-sector entities both directly and through donor-funded projects, and has reliably responded to ad hoc government requests when possible and reasonable. “CRS is my first port of call,” says Mr. Njie.

It is difficult to overstate the extent to which CRS is a part of the fabric of Gambian development. “[CRS] is almost a domestic name in Gambian society,” said Balla Kandeh, an NMCP program manager. All interviewees emphasized that this long-established trust and commitment fuels a productive working relationship between NMCP and CRS, as well as between CRS and local NGO partners.

A WEB OF RELATIONSHIPS

Through the course of one-on-one stakeholder interviews, it became clear that The Gambia’s small population and public health and infectious disease communities were great assets to CRS and NMCP



Dominique Guinot/CRS.

“NO MATTER WHAT AMOUNT OF CONFLICT WE HAVE, THERE IS ALWAYS ONE UNDERSTANDING THAT WE ARE ALL EATING AT THE SAME TABLE.... WE ALL HAVE ONE OBJECTIVE.” — BALLA KANDEH, PROGRAM MANAGER, NMCP

stakeholders. Many of the stakeholders have long known one another, professionally and personally, which has enhanced productive partnerships in combatting malaria. “We are very few, we almost [all] know each other,” said CRS Malaria Program Manager Baba Balajo, “We know how to manage each other.”

Many stakeholders in The Gambia’s health system grew up together and were educated in the same schools, and migration among public and NGO sectors is common. As a result, some CRS staff working on the malaria program previously worked with the Ministry of Health and Social Welfare. This affords partners intimate knowledge of each other’s organizational dynamics and priorities, and a mutual understanding that appears to reinforce trust and facilitate collaboration. Good relationships also facilitated scale-up and expansion.

MUTUAL RESPECT

When asked about challenges in the decade-long implementing partnership with CRS, NMCP and CCM staff members cited common frustrations with co-implementation (e.g., different organizational systems or financial requirements). Each also stressed how readily conflict is resolved due to the trusting and trusted relationship, and respect for each other’s commitment to the work. For example, NMCP staff sometimes were frustrated by seemingly burdensome protocols which required CRS headquarters in Baltimore to validate certain documents or processes. While such a protocol may not be changeable (e.g., due to other requirements with which CRS must comply), respectful and clear communication helped all actors better understand the circumstances.

Interviewees noted a “level of maturity” among all parties that allowed for effective resolution of any problems encountered (e.g., late reporting or disbursement requests).

OPPORTUNITIES FOR REPLICATION

While malaria control in The Gambia undoubtedly provides a unique set of circumstances—namely the country’s small size, close network of stakeholders and CRS’ exceptional reputation across the country and sectors—The Gambia’s success might be replicable in other settings.

Interviewees suggested that the effective working relationships cultivated in The Gambia’s malaria control efforts could be expanded to other aspects of domestic health system strengthening, improvements in agricultural practices and youth employment, and good governance and peacebuilding work. They also expressed hope that the partnership continue so that The Gambia could continue progress toward overcoming malaria, “This relationship must be strengthened further to ensure that we reach elimination,” said Mr. Njie.

PARTICIPATORY RESEARCH ELIMINATES THE DICHOTOMY OF A RESEARCHER AND ITS OBJECT(S) OF INQUIRY. THERE IS NO KNOWLEDGE TO BE “EXTRACTED” FROM KEY INFORMANTS; RESEARCH FACILITATORS AND PARTICIPANTS TOGETHER EMBARK ON A SHORT JOURNEY OF INQUIRY IN PURSUIT OF EVIDENCE-BASED UNDERSTANDING AND ACTIONABLE LEARNING.

In other countries, implementers may consider leveraging the power of existing relationships and CRS’ commitment to partnerships at a district or similar administrative level where actors may tend to know and trust one another. Programs can also deliberately recruit staff with experience and existing relationships in relevant line ministries to construct a “web” like that in The Gambia. Furthermore, the reach of the Church is an enormous asset for CRS programs (even in predominantly non-Christian countries such as The Gambia) and Church structures can reveal broad-reaching relationships and connections with civic, faith, educational and other secular institutions.

ANNEX A: METHODOLOGY

GUIDING PRINCIPLES

The qualitative contributions to this paper were conducted in keeping with the principles of participatory research (see box). CRS engaged key stakeholders from the Global Fund malaria programming to identify, collect and illuminate heterogeneous data. Previously agreed-upon learning questions (also called “learning agenda”) guided the process.

By design, the data set include quantitative, descriptive, qualitative, ethnographic, and interpretive information such as:

- Notes and recordings from stakeholder interviews.
- A wide range of quantitative technical project reports and assessments.
- Financial resources invested by Global Fund and by CRS during project implementation.

LEARNING AGENDA

Learning questions were designed to provide insights on how partnership and capacity strengthening (both intentional, planned or circumstantial) may have impacted malaria control programming in The Gambia since 2004. The learning questions that follow guided interviews:

- Interview objective: Looking at the 2004 to present work in malaria reduction, the scope of this research is to capture technical expertise on how to partner with a government institution (e.g., Ministry of Health) to implement successfully a public health program.
- Background: What is your current role regarding malaria in The Gambia? What was your role during the intervention period [2004 to present]? How long were you in that role?
- Please describe how you experienced the approach used in this program (i.e., summary of goals, objectives, intermediate results, outputs and activities).



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- The partner relationships (CRS and MOH): Please share moments of success and/or challenges you are aware of.
- What are the insights to consider if a similar partnership is to be replicated in another sector or country?
- What changes regarding partnership and capacity did you observe in your capacity as during the study period?
- Results achieved programmatically and in terms of institutional capacity of the government units involved in the program.

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CATHOLIC RELIEF SERVICES

Mass LLIN Distribution Voucher - 2017 Campaign



GM-0983824

LLIN Member Registration

Camera

Age in years (Put 0 if it is a child under 1 year)
+ 22

Phone Number (Put household head phone if beneficiary doesn't have one)
0

Gender + Male

Pregnant + Yes

Is this person

 **Mass LLIN Distribution**



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For more information, visit www.ics.crs.org, or contact partnership@crs.org.