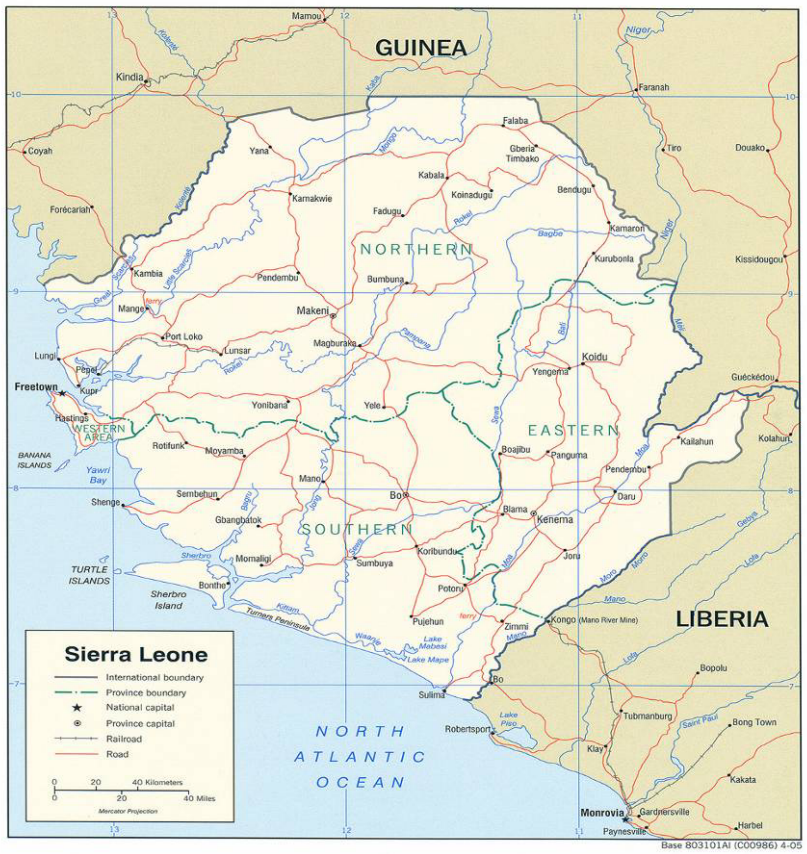
REPORT OF

The West African RBM Network (WARN) Joint Mission to Sierra Leone

Freetown, 15 to 22 September 2008



1 Introduction:

Malaria is endemic in Sierra Leone with high transmission throughout the year. It carries a high disease burden and accounts for 47% of out-patient morbidity amongst children under 5 years, 37.6% of all hospital admissions with 17.6% case fatality.

The goal of the National Malaria Control Programme (NMCP) as stated in the Malaria Control Policy and National Strategic Plan (2004-2008) is to reduce malaria morbidity and mortality, with special reference to children under five and pregnant women.
The key intervention areas include disease management (including ITNs and IPT), advocacy, information, education and communication, partnership strengthening and programme management support as well as operational research and monitoring and evaluation.
Recognising the importance of improving access to key strategies at community level which is the key challenge, the NMCP and partners designed the National Strategic Plan to Scale Up Community-Based Interventions for Malaria Prevention and Control (2007-2012) which is a subset of the National Strategic Plan for Malaria Prevention and Control which is due for review and renewal.

Sierra Leone obtained a grant during the GFATM Round 4. The programme implementation started in June 2005. The amount of the grant was US$14,855,611 of which US$8,886,123 was allocated to phase 1 and only US$3,985,298 was disbursed (44.8%).
In November 2006, it was highlighted by the CCM that there were problems of project implementation and monitoring and evaluation. One of the outstanding problems has been case management and strategy implementation. The PR accepted that there were bottlenecks but that was resolved with support from RBM partners.
During November 2006, a mass distribution of ITNs was conducted under the Malaria-Measles Partnership and was considered very successful (report available).
The phase 2 of Round 4 assessment was conducted late January to early February 2007. The LFA reviewed country progress of the grant against planned activities and due to various reasons the second phase was not approved by GF.
Sierra Leone submitted another proposal to the GFATM Round 6 and failed to secure funding but was awarded a Malaria grant under Round 7. The prospective PR – Sierra Leone MoHS, Department of Disease Prevention - following assessment is required to strengthen its M&E capacity to fulfil its function under the grant. To assist the PR in rapidly building up this capacity a short/long term consultant is required right at the start of grant implementation.

The country also wants to apply for GFATM Round 9, the Malaria Strategic Plan needs to be renewed for the next 5 years and an RBM Needs Assessment is recommended.

Based on that background and with an invitation from MOHS Sierra Leone, the West African Roll Back Malaria Network (WARN) organised a joint mission in the country from 15th to 22nd September 2008.

2 Objectives and methodology:

2.1 Specific objectives:

- To review malaria control progress against strategic/operational plan
- To review the requirement to strengthen the M&E capacity for G F Round 7
- To plan the Needs Assessment and Malaria Business Plan
- To orient the country for round 9 proposal submission to Global Fund.
- To make recommendations and suggest a plan for bottlenecks resolution if identified
- To re-dynamise the RBM partnership in Sierra Leone

2.2 Methodology

- Documentation review
- Participative meeting with key stake holders in malaria and RBM Partners
- SWOT analysis
- Drafting and agreeing Plan of Action/Next Steps with NMCP

3 Outcomes:

3.1 SWOT Analysis

For effective control of malaria in Sierra Leone, six programme areas have been identified: (i) case management, (ii) vector control, (iii) malaria in pregnancy, (iv) Communication (IEC and BCC), (v) management and partnership, and (vi) monitoring and evaluation.

3.1.1 Malaria case management

The objectives in the National Malaria Strategic Plan in this area are:

- To increase access to early diagnosis and prompt treatment of all malaria cases to 60% by 2008

Artesunate + amodiaquine became national policy as the first line treatment of uncomplicated malaria in 2004, and procurement and distribution of the drugs have been effected. Health worker trainings and community sensitization on the use of ACTs are also ongoing.

Strengths	***Weaknesses***
• Availability of a national malaria policy, treatment guidelines and training manuals including for community-based interventions • Availability of malaria drugs • Pharmacovigilance system	• Inadequate trained human resources at all levels • Inadequate diagnostic facilities • Irregular supervision and monitoring at all levels • Unavailability of community treatment charts/algorithm for HMM.
Opportunities	***Threats***
• Tax waiver on all antimalarial products • Availability of trained CORPS at village/ community level. • Use of RDTs for HMM implementation. • Support from Global Fund Round 7, WHO, EU and other partners	• Repeated complaints about the safety of the first line anti-malarial drugs (Art +AQ) resulting in poor compliance • Difficulties in controlling the importation of substandard / fake anti-malarial drugs. • Poor involvement of the private sector and high cost of combination therapy

Recommendations

Case Management:

- Continuous support for drug efficacy and safety studies of antimalarial drugs.
- Refresher courses in malaria case management for different cadres of health workers.
- Collaboration with training institutions to ensure that pre-service training curricula for health personnel are consistent with the national malaria policy
- Strengthening the capacity of the case management focal person especially for HMM
- Encourage the collaboration of the private sector in the implementation of the new treatment policy.

HMM:

- Develop with manufacturers simple, age-specific blister packaging with graphics
- Create a pharmacovigilance system at community level
- Identify appropriate storage facilities for drugs at community level
- Develop non-cash incentives for community based providers

Laboratory:

- Strengthening supervision and monitoring of laboratory activities at all levels.
- Training of laboratory technicians on the new developments in malaria diagnosis
- Finalise, print and distribute laboratory manuals nationwide.

3.1.2 Prevention

a. Nets promotion and vector control

The objectives in the National Malaria Strategic Plan in this area are:

- To increase the percentage of children under 5 sleeping under ITNs in all the districts by 2008 from 6.6% to 30%
- To increase the percentage of pregnant women sleeping under ITNs in all the districts by 2008 from 2% to 40%

In November 2006, there was an integrated measles-malaria campaign which included the distribution of LLINs to all under 5s across the country. A post-campaign survey found a coverage of 98.8% for the LLINs. Currently, Sierra Leone has no plans to implement IRS on any significant scale.

Sierra Leone plans to submit a proposal to Global Fund Round 9 to provide LLINs to achieve universal coverage in line with the RBM target for 2010.

Strengths	***Weaknesses***
• ITN National policy guideline reviewed • Reasonable quantity of bed nets available for the target population – especially for distribution through HCFs. • Distribution of ITNs going to scale in some districts - M&M campaign Nov 2006 (870,482 LLINs delivered). • Local council members orientated on LLINs.	• LLINs not always readily available because of delays in procurement and production. • Distribution aims at target groups (vulnerable populations) leaving out a huge proportion of at risk population. • Low uptake in utilization - inadequate sensitization at community level. • No comprehensive national plan for ITN distribution hence duplication of efforts, fragmented and uncoordinated activities. • Inadequate human resources for monitoring net use
Opportunities	***Threats***
• Existence of community structures for social mobilization (CHRITAG, ISLAG, etc) • Involvement of local councils in LLINs distribution and use. • Provision of ITNs Global Fund Round 7 • GF round 9 chance to request additional LLINs to achieve universal access	• Delays in distribution due to logistics, transportation, poor roads and other constraints • Misuse of ITNs (improper handling) • Possible vector resistance to insecticide

Recommendations

- Quantify and mobilise LLINs needed to achieve universal access/sustain coverage for the next 5 years.
- Agree on strategy to distribute LLINs (mass distribution campaign – target households).
- Revise Strategic Plan to target universal access (also revise GF Rd 9 proposal as necessary to reflect points above)
- Review PSM to identify and resolve bottlenecks.
- Establish an efficient and effective distribution system (personnel, transportation, fuel and labor).
- Massive community sensitization with IEC/BCC on use benefits of LLINs.
- Monitor and manage vector resistance to insecticide

b. Malaria in pregnancy

The objectives in the National Malaria Strategic Plan in this area are:

- To attain 60% coverage of pregnant women receiving IPT by 2008

In the eight Global Fund-supported districts, 50% (230 out of 460) of antenatal clinics fully implement IPT.

Strengths	***Weaknesses***
• Integration of IPT into programmes such as RH, nutrition, EPI, IDSR. • IPT guidelines and training manuals available at national and PHU level • Training of health workers and CORPs in the implementation of IPT • Number of staff trained on IPT 1013 • Using DOT strategy	• Delay in starting IPTp at community level • Training manual on IPT for community based distributors not available • Monitoring and supervision tools for community based IPTp interventions not available
Opportunities	***Threats***
• High utilisation of antenatal care services • Ongoing community sensitization on the use of IPT • Involvement of RBM partners on IPT	• Emerging drug resistance of anti-malarial drugs used • Unfounded fears of miscarriage / teratogenicity
Recommendations • Develop strategy to promote IPT at community level as prevention measure among pregnant women • Develop training manual on IPT for CORPS • Develop monitoring and supervision tools for community based IPT interventions	

c. IEC/BCC

The objectives in the National Malaria Strategic Plan in this area are:

- To secure commitment from policy/decision makers, partners and key stakeholders on a continuous basis for more resources to roll back malaria in Sierra Leone
- To influence positive behavioural change through increase in awareness and improved knowledge on malaria prevention and control

There are social mobilisation officers appointed in all 13 districts and a new IEC strategic plan developed. At the moment, 28% of households can recognise the signs and symptoms of malaria.

Strengths	***Weaknesses***
• Strong political commitment in the campaign against malaria. • Increased number of radios at district level. • Commemoration of World Malaria Day has become a regular national activity. • Availability of malaria communication strategy. • Availability of District social mobilisation officers in all the 13 districts.	• Limited human and financial resources to implement IEC and advocacy activities • Inadequate IEC/BCC materials at community level. • Poor coordination among health workers and partners at community level.
Opportunities	***Threats***
• Community health workers trained on IEC • School Health Programme • Strong civil society • Availability of funds from Global Fund Rd 7	• High illiteracy level especially among the girl child-Literacy 29%. • Limited RBM commodities (ITNs and drugs) to generate demands through IEC and advocacy. • Limited decision-making power of women in most communities.
Recommendations	
• To develop a National Communication Strategy for the Ministry of Health and ensure malaria component is incorporated. • To support communities to carry out social mobilisation activities. • Improve human capacity in IEC/BCC	

3.1.3 Management of the Programme

The objectives in the National Malaria Strategic Plan in this area are:

- To improve the institutional and managerial capacity of NMCP by 2007

In early 2007, the programme manager was replaced and this has resulted in some significant changes in the programme management.

Strengths	***Weaknesses***
• Highly dedicated and motivated staff with the basic technical ability in respect of their various functions • Availability of various sources of funding for the National Malaria Control Programme • Regular consultation and staff meetings to coordinate the implementation of programme activities.	• Weak capacity of malaria staff • Lack of partnership management skills • Inadequate coordination/integration among partners • No new national strategic plan for 2009-2013
Opportunities	***Threats***
• Existence of many potential partners • Access to more sources of funding • Availability of technical assistance to increase programme staff capacity	• Possibility of suspension of funds if miss targets
Recommendations	
• Resolve bottlenecks currently identified • Work closely with partners to achieve targets in Global Fund Round 7 • Write new strategic plan for 2009 – 2013	

3.1.4 Monitoring and Evaluation

The objectives in the National Malaria Strategic Plan in this area are:

- To establish a functional monitoring and evaluation system by end of 2007
- To monitor the RBM implementation and evaluate the effectiveness of malaria control interventions using RBM indicators by 2008.

Provision of an M&E specialist has been made a condition for continued disbursement of Global Fund Round 7 to Sierra Leone.

Strengths	***Weaknesses***
• Availability of National M&E Plan • Existence of M&E Officers at all levels • Integrated protocol for Inter-agency/Inter-sectoral supportive supervision at district and community levels • Data collection tools developed for both health facility and community level • Existence of Health Metric Network database both National (NMCP/DPI) and District.	• Late and incomplete reporting by districts. • Government and partners funding for M&E is inadequate. • No M&E working group • No internet connectivity • Old computers for data management and storage
Opportunities	***Threats***
• Existence of an IDSR Unit in the MoHS • Developed Regional RBM Guidelines for M&E and clear regional core indicators identified.	• Introduction of conflicting existing data collection tools by partners. • Computer viruses
Recommendations	
• Procure computers and accessories, external hard drives • Set a GMP Database for Malaria Control Programme • Procure vehicle, motorbikes and bicycles for effective monitoring • Internet connectivity • Establish and support M&E working group • Support study tours for NMCP staff (M&E Officers)	

3.2 Progress in Global Fund Implementation:

3.2.1 Global Fund Round 7:

Summary

The GF rd 7 grant was signed in July 2008. However, the signing date was back-dated to May 2008 because the Global Fund agreed to use Rd 7 grant resources to fund a shipment of ACTs that was ordered under the GF rd 4 phase 2 grant (which was subsequently cancelled). As a result of this back-dating the GF rd 7 grant is already behind schedule in terms of activities and meeting targets. The first disbursement has not yet occurred at the time of this mission. However, the PR/NMCP is optimistic that they can rapidly catch-up with the specified targets if the money arrives in the country by the end of September 2008.

To enable the first three financial disbursements from the grant, the Global Fund required the PR to meet several conditions. For the first disbursement the PR needs to:

- establish a separate bank account for the grant disbursements;
- hire a fiduciary agent to manage the financial resources and provide training to the NMCP and SRs; and
- designate grant signatories that will authorize disbursements.

These conditions have nearly been met. The PR has issued a call for proposals for the fiduciary agent and is in the process of determining which applicant is the most suitable to provide these services. It is expected that the fiduciary agent will be selected by a CCM subcommittee by the end of September 2008.

RBM has agreed to try to expedite this process by liaising with the PR, NMCP and Global Fund Portfolio Manager when all the requirements have been met.

For the second disbursement the Global Fund requires the following actions to be taken by the PR:

- revise the plan for monitoring and evaluating programme activities and submit this to the Global Fund Portfolio Manager for approval.
- revise the programme budget to accommodate any changes made to the programme activity M&E plan and submit this to the Global Fund Portfolio Manager for approval.
- demonstrate sufficient PSM and programme management capacity by hiring qualified individuals to fulfil these responsibilities.

RBM has agreed to fund a M&E consultant for up to 40 days to work with the PR/NMCP to fulfil the first two requirements above. The consultant will also be contracted to do a 3 month follow-up visit to ensure that recommendations are being followed through. The PR/NMCP believes that the third condition has already been met with the staff they have recently put in place for PSM and programme management.

To receive the third disbursement the PR must submit to the Global Fund its:

- manual of accounting and operational procedures conforming to generally accepted accounting standards;
- evidence on the use of a computerized financial management system with a software package that can easily integrate with the proposed Integrated Financial Information System for the Government Ministries; and
- manual for management of Subrecipients

The PR/NMCP is confident that the fiduciary agent that is selected will be able to help the NMCP meet these requirements to enable the third grant disbursement.

3.2.2 Global Fund Round 9:

Summary:

Sierra Leone developed a proposal for GF rd 8 but ultimately did not submit this proposal although it was completed. Since the GF rd 9 grant proposal will use the exact same forms and guidelines as the rd 8 proposal, Sierra Leone should be able to rapidly update the proposal and submit it for rd 9.

The CCM has already issued an advertisement for potential rd 9 PRs and SRs. Applications for PRs and SRs have been received and will be reviewed by the CCM 24 September 2008. The final selection of PR(s) and SRs will take place at this time.

Before the GF rd 9 proposal is submitted, RBM recommends that the following steps be taken:

- completion of a comprehensive programme needs assessment;
- finalization of the 2009 - 2013 Strategic Plan (based on universal access); and
- development of a comprehensive business/operational plan that clearly spells out rolls and responsibilities of all partners to achieve the strategic plan targets and goals.
- the NMCP works to develop a strong partnership for implementing this proposal which is clearly presented in the final proposal

RBM, through the Harmonization Working Group is prepared to assist Sierra Leone to finalize its proposal with an expected combination of support for in-country processes (funding for an internal consultant, consultative processes); provision of an external consultant; sponsorship of the proposal development team at a mock TRP workshop (similar to rd 7 and 8 workshops - tentative date early to mid-December 2008) and a final remote expert review of the proposal prior to proposal submission.

3.2.3 Global Fund CCM:

The CCM is improving its capacity and the secretariat is becoming stronger. There was a retreat in January for a few days to work with CCM to define by-laws and procedures. USAID will also provide technical assistance for CCM secretariat which was due to arrive the week after the WARN mission. The

mission had a meeting with Mr Christo Forster who is the vice-chair and currently acting chair as the previous chair, the MOHS, has stepped down. Mr Forster comes from the private sector – his business provides equipment to mining companies who have their own hospitals and clinics and want to be partners in malaria control. One of the challenges they have is no funds to have an independent office for the secretariat. Another challenge is that the CCM does not get feedback from the LFAs promptly – the LFAs report back to the Global Fund and only afterwards does the CCM learn of their findings. There are now 25 members of the CCM.

3.3 Procurement and Supply Management:

It is apparently the MOHS PSM Unit that is responsible for all Global Fund procurement activities. However, the drugs which arrived in the country in May 2008 were meant for just the 8 districts which were included in Global Fund Round 4 (see section above). All of these drugs have been distributed to all 13 districts of the country and are expected to last for another 2 months. As the funds from Round 7 have not yet been disbursed, it has not been possible for the MOHS to order more drugs and therefore there is a serious risk of a major stock-out of drugs later this year.
In addition, the stock of RDTs is already finished in the country and further supplies will be significantly delayed for the reasons stated above.

NMCP has already requested support from WARN and RBM secretariat to address this issue.

3.4 Progress in developing new Strategic Plan:

The current National Malaria Strategic Plan will finish in December 2008 and it is vital that the NMCP develops and finalises a new 5 year plan for 2009-2013 before submitted a proposal for Global Fund Round 9. If the Needs Assessment is completed by the end of October this will give important data which can be used to develop the strategic plan.
Currently, the NMCP have developed new strategic plans for community-based interventions, ITNs and IEC/BCC (documents available) and these can be incorporated into the new strategic plan following any necessary revisions.

It is strongly recommended that the NMCP use the drafting of a new strategic plan as an opportunity to engage more with partners and, with them, to further develop an operational plan for achieving the objectives listed in the strategic plan. That new strategic plan will take in consideration the aspect of universal coverage (Global Malaria Action Plan). This process can also work towards mapping all partners' activities and areas of focus in Sierra Leone.

The funds already transferred by RBM to WHO in Sierra Leone can be used to support a consultant for drafting of the new Strategic Plan in November, following the Needs Assessment.

3.5 EU support to NMCP:

A grant was awarded to WHO in Sierra Leone by EU to provide support to the NMCP in the roll-out of the new national treatment policy of ACTs. This grant runs from June 2006 to December 2008 and has a total value of **€844,758**.
The mission had a meeting with two people from the EU – Markus Handke and Bockarie Conteh – who both expressed concern about the final stages of this grant.
Overall, the NMCP has managed to implement most of the activities outlined in the proposal, the majority by the end of 2007. There was provision in the grant for an International Professional Officer (IPO) for the WHO Sierra Leone office but this position was not filled until January 2008. This has meant that the unused salary for 15 months plus that of support staff also not appointed (total €159,950 + €84,475 final payment) needed to be re-programmed for activities to be completed by the end of December 2008. At the time of the WARN mission, agreement had not yet been reached between WHO and NMCP on how this should be done and there is a real danger that the funds will be lost due to lack of time for disbursement and utilisation. By the end of the mission, the re-programming had been agreed and was due to be signed by the WR before submission to EU.

WARN and RBM agreed to alert WHO at HQ and regional levels about the urgency of these funds and to encourage them to ensure speedy delivery of the funds to Sierra Leone.

4 RBM Partners:

4.1 WHO in Sierra Leone:

Since January 2007, there is an IPO who provides technical support to NMCP through EU support (see above) and works with the National Professional Officer who used to cover malaria as well as HIV and TB. The IPO, Dr Monica Olewe, also has a desk at the NMCP and provides technical support for the activities included in the EU proposal. She has worked with NMCP to revise documents for universal coverage including guidelines and policy documents and they have also been gathering data for the RBM Needs Assessment.

4.2 UNICEF in Sierra Leone:

The UNICEF focal person for malaria is Sam Pratt was invited to join the mission but unfortunately was too busy. The mission met Geert Cappelaere – UNICEF Representative and Rumishael Shoo – Chief Child Survival & Development. They want to coordinate an integrated campaign including LLINs in November 2008 and wish to coordinate closely with NMCP but have not yet received any response to their suggestion. UNICEF have already distributed nets in 6 districts achieving 90% coverage and also supply ACTs and IPT.
The mission informed them that on the NMCP side, there was an impression that UNICEF was reluctant to inform NMCP on their activities in the districts. Partly as a result of this feedback, UNICEF requested a meeting with NMCP to discuss communication and to agree a way of working together in the future.

4.3 Plan Sierra Leone:

Met Ibrahim Kamara, focal person for malaria and the Head of Mission, Fadimata Alainchar.
They have a 5 year project with NMCP which is funded by EU and work at district level with DHMTs in Moyamba and Port Loko. The project is now in its second year and the objective is to reduce child mortality and the malaria burden. Do prevention work including IEC/BCC and ITNs and IPT for pregnant women. Provide ACTs for free in all PHUs for under 5s also train local councils for resource mobilisation for malaria. Have a EU-funded programme on child survival and early childhood development running as a pilot in Moyamba and Kilahoun. Have developed a malaria competence tool to increase community involvement – is a scale of 1 to 5 for assessing community awareness. RBM have supported a constellation to pilot this tool in 10 countries.
Plan have resources to support NMCP directly including for Global Fund proposals and funded them to develop a communications strategy.
They both felt not much informed about the progress on the Global Fund Round 7 activities and said that it was difficult to get details of partners' roles.

4.4 MSF Belgium in Sierra Leone:

MSF Belgium are working in Bo district and as well as running a hospital, are implementing a programme of HBMF in the district. The NMCP recently performed an evaluation of this programme. MSF-B are also running a number of operational research studies on malaria including drug efficacy studies, validity of an RDT, adherence studies and a retrospective mortality and malnutrition survey. At the moment, the NMCP wants MSF-B to revise their practices as they are not following national guidelines by not treating RDT-negative under 5s with symptoms of malaria.

5 Recommendations

5.1 To NMCP/MOHS

- Work with partners to prepare for implementation of Global Fund Round 7 activities
- Work closely with WHO to re-programme EU funds and to complete activities by end of 2008
- Ensure requirements for M&E specialist in place to avoid delays in subsequent disbursal of Global Fund money
- Implement the Need Assessment by end of October to inform new Strategic Plan and Global Fund Round 9 proposal
- Develop new Strategic Plan and Operational Plan for 2009-2013 in collaboration with all RBM partners
- Establish good communication and collaboration with RBM partners including mapping of activities

5.2 To the CCM and local partners:

- Mobilize additional resources for the scaling up of interventions by the end of 2010 ;
- Give clear guidance and support to NMCP on requirements for Global Fund disbursements
- Work closely with NMCP to ensure procedures correctly followed in time for submission of proposal for Round 9

5.3 To WARN and RBM secretariat:

- Discuss with Global Fund portfolio manager to ensure rapid disbursement of Round 7 funds
- Alert WHO at HQ and regional levels on need to expediate flow of EU funds to Sierra Leone
- To provide funds for technical assistance for M&E (international consultant)
- To provide support for Needs Assessment and drafting of Strategic Plan

ANNEX 1

ACTION PLAN FOR BOTTLENECKS RESOLUTION IN SIERRA LEONE SEPTEMBER 2008

Problems identified	Activities planned to solve the problems	Responsible	Calendar 2008				
			S	O	N	D	J
Resource Mobilisation							
EU project – need to utilise full budget by end of December 2008, third tranch not yet paid	Re-programming of activities and budget	WHO SL IPO/NMCP					
	Push for fast disbursement of funds by WHO/HQ	RBM Geneva/WARN					
Global Fund Round 7 – start date May 2008 but no funds disbursed yet	Lobby portfolio manager to disburse funds immediately	RBM secretariat					
Requirement of M&E support before second disbursement of Global Fund Round 7 funds	Review of ToR of M&E officer	NMCP /WARN					
	Recruitment of local M&E officer	NMCP					
	Recruitment of international TA for M&E officer – max 40 days and then follow-up after 3 months	WARN					
Need to develop proposal for GF Round 9 by January 2009	Revise Round 8 proposal in collaboration with partners and following CCM procedures	NMCP/RBM partners/CCM					
	Provide consultant for rd 9 proposal writing	WARN					
Planning and Strategies							
RBM Needs Assessment to be done	Recruitment of national, international consultants and implementation of Needs Assessment	NMCP/WHO SL /WARN /UNICEF SL					
National malaria strategic plan finishes in December 2008	Use needs assessment data to work with partners to develop new strategic plan 2009-2013	NMCP					
	Provision of TA for strategic plan development	WARN / NMCP/ WHO SL/UNICEF SL					
Need to map and plan all activities with partners	Develop operational/business plan with all partners including mapping of activities	NMCP/RBM partners					
RBM partnership							
Weak coordination between RBM partners	Create and support regular schedule of RBM partners meetings – bi-monthly	NMCP/MOH/ UNICEF SL					
Limited capacity in NMCP – need for intense support to ensure achievement of targets at end of Year 1 of GF R7	Provide continuous support directly and by phone, email and a series of frequent support visits over coming year	WARN/UNICEF SL/ WHO SL					

ANNEX 2: AGENDA OF THE MISSION

DAY & TIME	ACTIVITIES	PERSONS INVOLVED
Monday 15 September 2008		
Morning	Briefing with the NMCP Briefing with WHO and UNICEF	UNICEF malaria focal point WHO , NMCP
Afternoon	Briefing with the acting WR Working session with NMCP – SWOT analysis	WARN, WHO, NMCP
Tuesday 16 September 2008		
Morning	Meeting with EU Meeting with Plan Sierra Leone Meeting with NMCP and WHO	NMCP, WARN, WHO
Afternoon	Working session with NMCP re Needs Assessment and new Strategic Plan	WARN, NMCP, WHO
Wednesday 17 September 2008		
Morning	Working session with NMCP – Global Fund Round 7	NMCP, WARN, WHO
Afternoon	Working session with NMCP – Global Fund Round 9 preparations Meeting with UNICEF	NMCP, WARN, WHO
Thursday 18 September 2008		
Morning	Working session with NMCP including re-programming of EU funds Meeting with deputy Minister for Health Meeting with CCM acting chair	WARN, NMCP, WHO
Afternoon	Preparation of draft report and presentation	WARN, NMCP
Friday 19 September 2008		
Morning	Meeting with DFID Sierra Leone RBM partners meeting including presentation from mission	WARN NMCP, RBM partners, WARN, WHO, UNICEF
Afternoon	Departure of two WARN members	
Saturday 20 and Sunday 21 September 2008		
	Preparation of the Report of the joint mission	WARN
Monday 22 September 2008		
Morning	Meeting with MSF Belgium Debriefing with Programme Manager, NMCP	WARN
Afternoon	Departure of last WARN mission member	

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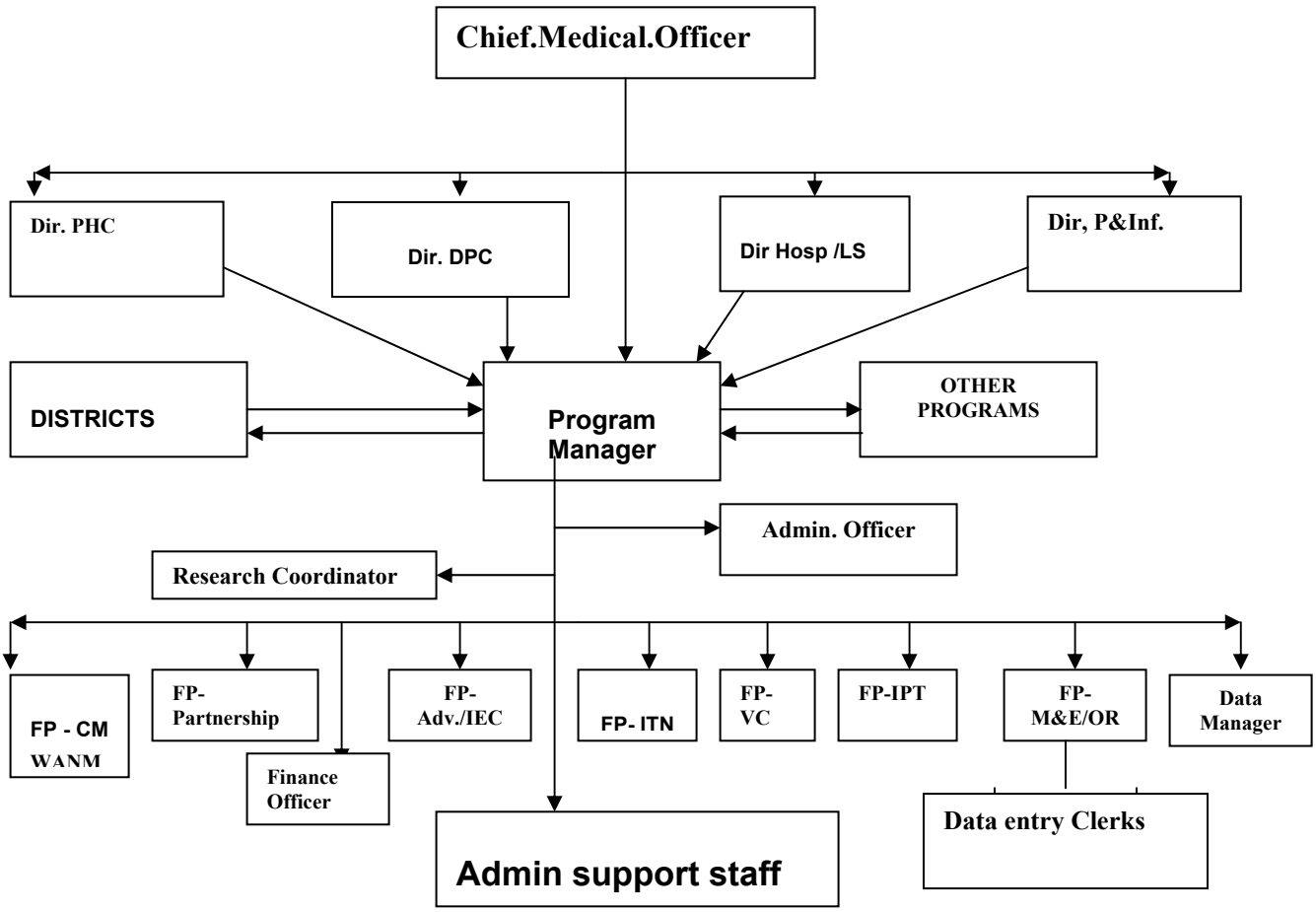
ANNEX 3: Organizational Structure of the National Malaria Control Programme



ANNEX 4: LIST OF PERSONS MET

N°	NAME & FIRST NAME	POSITION	INSTITUTION	ADDRESS
1	*Dr. Samuel .H. Baker*	Programme Manager	Sierra Leone NMCP	sambaker79@yahoo.com
2	*Mr. Samuel .C .Bangura*	Programme Administrator	Sierra Leone NMCP	samillobangura@yahoo.co.uk
3	*Prof. George N. Gage*	Research Coordinator	Sierra Leone NMCP	georgngage@yahoo.com
4	*Mr. Musa Kanu*	Finance Officer	Sierra Leone NMCP	
5	*Sr. Wani Kumba Lahai*	IEC\BCC Focal Point	Sierra Leone NMCP	lahai-wani@yahoo.com
6	*Sr. Anitta R.Y. Kamara*	Case Management Focal Point	Sierra Leone NMCP	anittak2002@yahoo.co.uk
7	*Sr. Cecilia Sandi*	IPT Focal Point	Sierra Leone NMCP	kencellia@yahoo.com
8	*Mr. Musa Sillah-Kanu*	M&E Officer 1	Sierra Leone NMCP	godalumphc@yahoo.com
9	*Mr. Thomas K. Ansumana*	M&E Officer 2	Sierra Leone NMCP	tomansken@yahoo.co.uk
10	*John Seppeh*	M&E Officer 3	Sierra Leone NMCP	johnseppeh@yahoo.co.uk
11	*Mr. Solomon .T.K Johnson*	ITNs Focal Point 1	Sierra Leone NMCP	shenge08@yahoo.com
12	*Sr. Mariama Mansaray*	ITNs Focal Point 2	Sierra Leone NMCP	
13	*Mr. Alpha .S. Swaray*	Efficacy Focal Point	Sierra Leone NMCP	
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15	*Dr Sam Pratt*	Health Officer	UNICEF Sierra Leone	
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18	*Mr Ibrahim Kamara*	Health Advisor	Plan Sierra Leone	
19	*Ms Fadimata Alainchar*	Country Director	Plan Sierra Leone	fadimata.alainchar@plan-international.org

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