Independent Evaluation of the Southern Africa Roll Back Malaria Network (SARN) 2007-2010

Evaluation Report

Dalberg Global Development Advisors

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Abbreviations

ACT	Artemisinin-Based Combination Therapy
AMFm	Affordable Medicines Facility malaria
BMGF	Bill & Melinda Gates Foundation
CARN	Central Africa Roll Back Malaria Network
CHAZ	Churches Health Association of Zambia
CRS	Catholic Relief Services
EARN	East Africa Roll Back Malaria Network
ECC	Protestant Church of Congo
F	Forecast
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HWG	Harmonization Working Group
IFRC	International Federation of Red Cross and Red Crescent Societies
IPTp	Intermittent Preventive Treatment in Pregnancy
IRS	Indoor Residual Spraying
ITN	Insecticide-Treated Net
LLIN	Long Lasting Insecticide-treated Net
LSDI	Lubombo Spatial Development Initiative
MACEPA	The Malaria Control and Evaluation Partnership in Africa at PATH
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MERG	Monitoring and Evaluation Reference Group
MIP	Malaria in Pregnancy Working Group
MIS	Malaria Indicator Survey
MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MSANP	Agence de Médicament de Madagascar
MOZIZA	The Mozambique Zimbabwe South Africa cross-border malaria initiative
MPR	Malaria Program Review
NERCHA	National Emergency Response Council on HIV and AIDS, Swaziland
NGO	Non-Governmental Organization
NMCP	National Malaria Control Program
PATH	Program for Appropriate Technology in Health
PMI	President's Malaria Initiative
PSM	Procurement and Supply Chain Management
PSI	Population Services International
PSMWG	Procurement and Supply Chain Management Working Group
RBM	Roll Back Malaria Partnership
RDT	Rapid Diagnostic Test
SADC	Southern African Development Community
SANRU	Santé Rural
SARN	Southern Africa Roll Back Malaria Network
SFH	Society for Family Health
SRN	Sub-Regional Network

SUFI	Scaling up for Impact
TA	Technical Assistance
TEHIP	Tanzania Essential Health Interventions Project
TRP	Technical Review Panel (of the Global Fund to Fight AIDS, Tuberculosis and Malaria)
UNDP	United Nations Development Program
UNICEF	United Nations Children's Fund
WARN	West Africa Roll Back Malaria Network
WBB	World Bank Booster Program for Malaria Control in Africa
WHO	World Health Organization
WHO IST	WHO Inter-country Support Team

Executive Summary

Introduction

This external evaluation of the Southern Africa Roll Back Malaria Network (SARN) was commissioned by the Roll Back Malaria Partnership Secretariat as a mid-term evaluation of a five year Bill & Melinda Gates Foundation grant from October 2006 to October 2011. It covers the four years since the grant agreement was signed at the end of 2006. It evaluates the performance of the SARN Network including its governance, management, ability to convene, coordinate and harmonize RBM partners and stakeholders, and impact on country level malaria control efforts. It also evaluates the performance of the grant and the degree to which its objectives have been met. The report provides recommendations to improve SARN functioning and performance, and draws out lessons learned for other RBM SRNs more broadly.

Context

The RBM Partnership was formed in 1998 to bring together public and private organizations that are fighting malaria. It plays roles at the global, regional and country levels to add value to its partners' efforts. The RBM Partnership is supported by a Secretariat hosted by the World Health Organization (WHO) and led by a Board. It has created global level Working Groups to address specific thematic issues.

There are four Sub-Regional Networks (SRNs) in Africa, each of which is supported by a Secretariat, at a minimum a single Coordinator, who is based in the sub-region and is a member of the Global RBM Secretariat. The East African RBM Network (EARN) was the first to be established in 2002. The West African (WARN) and Central African (CARN) RBM Networks were established in 2005. SARN was the last to be formally established in 2007.

The Southern African Roll Back Malaria Network (SARN) is a network of global, regional, sub-regional and country level actors from 12 malaria endemic countries: Angola, Botswana, DRC, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe. These countries are working towards a number of objectives laid out in the Global Malaria Action Plan (GMAP):

- Scaling Up for Impact (SUFI) to achieve universal coverage by 2010 of the key interventions
- Sustaining universal coverage through 2015 to achieve near zero preventable deaths
- Preparing for elimination

The Network is supported by a SARN Secretariat that is hosted at the Southern African Development Community (SADC) Secretariat in Gaborone, Botswana. The SARN Secretariat has three staff positions: Coordinator, Finance Officer and Knowledge Manager. The SARN Coordinator reports to the SARN Steering Committee, to the Director of Social and Human Development at SADC and to the Global RBM Secretariat Country Support Facilitation Team. The Network is governed by a Steering Committee chaired by a National Malaria Control Program (NMCP) Manager. The Global RBM Secretariat provides supervision and disbursement support.

Evaluation methodology

SARN's structures (management and governance) and roles were evaluated in terms of relevance, effectiveness, efficiency and impact through a logical framework that links SARN's activities and outputs to malaria outcomes and impact.

In order to assess the performance of the Network, the evaluation team categorized SARN's work plan into four objectives or roles based on the original plan developed by the RBM Partnership for the Bill & Melinda Gates Foundation grant:

- **Knowledge management**:[1] Share best practices, conduct peer learning activities, coordinate efforts across borders and track regional progress.
- **Program implementation**: Strengthen the capacity of countries to implement their strategic and business plans, to resolve bottlenecks and to coordinate scale-up.
- **Program management**: Strengthen the capacity of countries to manage malaria control programs.
- **Resource mobilization**: Strengthen the capacity of countries to secure more resources for malaria control.

The following data sources were used in this evaluation:

- Extensive review of global, sub-regional and country level documents
- 58 stakeholder interviews at the global, sub-regional and country levels
- A visit to the SARN Secretariat in Botswana, and visits to three further countries: South Africa (elimination), Zambia (sustain control) and Mozambique (SUFI).

Evaluation findings: SARN's structures

Governance

- The active involvement of the National Malaria Control Program (NMCP) Managers in the Network, in the Steering Committee and as the Chair of the Steering Committee, is seen to give the Network a high degree of legitimacy and country ownership, and strengthens mutual accountability to commitments made at SARN meetings.
- There is strong support primarily among country and sub-regional stakeholders for the hosting arrangement with SADC, given its legitimacy as the intergovernmental body for the sub-region – this despite the acknowledged difficulties that SADC has had in adjusting to its new role as a provider of services to a separate hosted entity.

Management

- SARN's effectiveness and impact is seen as having been constrained by the delays in recruiting a Coordinator with a fixed term contract of minimum two years. In August 2010 the first two year contract was given to a Coordinator. Since his arrival, stakeholders consistently report an improvement in the functioning of the Network.
- SADC administrative processes have made it difficult for SARN to disburse funding to countries, given the fact that SADC is designed to receive money from countries rather than send money to countries. Over the years SADC has therefore requested

[1] Knowledge management is included in the Bill and Melinda Gates grant as an activity thrust, not an objective. For the purposes of this assessment, Dalberg has considered it as a cross-cutting objective, or role.

the Global RBM Secretariat to keep a portion of SARN's funding in Geneva to transfer to countries to pay for SARN activities.

- Funding processes are neither transparent nor clear. There were several misunderstandings among partners (MACEPA, CHAI, South African NMCP) who thought they were advancing funds which would be repaid, rather than contributing their own funds to Network activities.

SARN's roles: convene, coordinate and harmonize RBM partners

Knowledge management

- The multi-stakeholder annual planning and review meetings and semi-annual meetings of NMCP Managers are seen as effective occasions for knowledge sharing, peer learning and dissemination of best practices. However there is considerable room for improvement in terms of meeting organization, agenda development and follow up between meetings.
- The quarterly Steering Committee meetings are regularly held and well attended. Meeting minutes are available on the website.
- The web-based knowledge sharing platform has not been implemented beyond the SARN webpage in the overall RBM website. A knowledge manager has been recruited and will be in post in January 2011 to work on this activity.
- SARN's ability to support cross border initiatives is seen as valuable and relevant, particularly as eight out of the 12 countries in the sub-region are moving towards elimination.

Program implementation (Technical assistance for strategic plans, capacity assessments and progress tracking)

- SARN is perceived to have performed well in technical assistance for the evaluation and development of strategic plans. Malaria Program Reviews have been funded and supported in 8 SARN countries vs 2 WARN countries, 1 CARN country (Angola, which is also in SARN) and 3 EARN countries (of which 1 is Tanzania, also in SARN).
- SARN has not supported many capacity assessments outside of Malaria Program Reviews but nor have countries requested it.
- Progress is tracked through the NCMP meetings and the roadmap process, and SARN has also funded country participation at a MERG MIS workshop, and supported an M&E workshop with the WHO IST.

Program management (Early Warning System for Global Fund grants, participation in Global Fund and World Bank review meetings, joint missions with the Global Fund)

- SARN's effectiveness in this role has been limited. SARN is not perceived by global stakeholders to be the mechanism that calls attention to problems in countries and asks for help / intercedes on their behalf. While SARN has supported Global Fund grant signature acceleration workshops, SARN could be more proactive at tracking grant performance once the grant is signed and implementation is underway. Many Global Fund malaria grants in SARN countries have experienced declining performance ratings (5 out of 20 grants had a B2 and 6/20 had a C rating in 2009 i.e. over 50% had poor performance ratings. In 2007 there was no SARN Global

Fund malaria grant rated C. This contrasts with WARN countries' improved grant performance between 2007 and 2009.)

Resource mobilization

- SARN's performance in resource mobilization has been mixed. SARN has facilitated good technical assistance for the development of Global Fund grant proposals from the Harmonization Working Group and MACEPA. When it sought to provide technical assistance itself (for the Trans-Zambezi Initiative proposal to the Global Fund) it was not effective.

Relevance

- SARN is considered a relevant body in particular for the facilitation of peer knowledge sharing, cross border initiatives and in future facilitating partner response to program management bottlenecks. Resource mobilization will be less relevant over the next five years as countries work on implementing existing resources more efficiently.
- SARN's set up as a forum comprising different stakeholder groups including the private sector gives it a unique position in the sub-region. There is no other forum that includes all stakeholders.
- SARN's link to SADC due to its hosting arrangement helps SARN to facilitate cross border collaborations.

Efficiency

- SARN has not been able to disburse the funds it had available in the timeframe anticipated. This was mainly due to recruiting challenges which meant that funds allocated to salaries were not spent. Experience from other SRNs, and since August 2010 in SARN, implies that for the price of a dedicated Coordinator the performance of the network increases dramatically.
- Country stakeholders consider the annual meetings valuable opportunities for peer learning, while global stakeholders consider them expensive and inefficient. The evaluation team's visits to Zambia and Mozambique yielded many examples of positive technical changes implemented in national malaria control programs as a result of advice obtained from peers in other countries at the annual meetings. The evaluation team concludes that the annual meeting is an effective activity which could be executed more efficiently (shorter, with better bundling of agenda items to reduce the number of days participants need to attend).
- Technical assistance funding is efficient, especially for MPRs where it has been catalytic (because countries raised all co-funding above the SRN ceiling of USD 45,000). However, given the disbursement challenges, SARN is not considered an efficient pass through mechanism for funding technical assistance activities. The Global RBM Secretariat currently manages pass through funding for SARN, and should continue to do so.

Impact on country level malaria control efforts

- Malaria cases are decreasing in nine of the 12 SARN countries (they are increasing in Malawi and Angola and unchanged in DRC).

- Malaria deaths are decreasing in ten of the 12 SARN countries (they are decreasing in Angola despite the increase in cases).
- Coverage of LLINs has nearly doubled in Southern Africa between 2007 and 2009.
    - Two of the four top performers in moving towards universal coverage of LLINs in Africa are SARN countries (Zambia and Madagascar).
- Eight of the 12 SARN countries are actively moving towards elimination.
- Global Fund financing disbursed for malaria control in Southern African countries has increased dramatically since 2006, with 170M USD disbursed between 2003-2006, and an additional 510M USD disbursed between 2006-2009.

Recommendations

Valuable lessons have been learned through the design and implementation of SARN over the last four years, some of which can be applied to other SRNs. While this evaluation was not able to focus on a full comparison with other SRNs, similar challenges were reported in the 2009 independent evaluation of the RBM Partnership, or were raised by stakeholders that have worked across SRNs.

SRN recommendations

- SARN's effectiveness and impact has been constrained by hosting challenges between 2007 and 2010. CARN has also suffered from hosting challenges and is currently negotiating a new hosting agreement. To facilitate this negotiation we strongly recommend that all SRN hosting MOUs should explicitly describe the service level expected from the host organization including: desk and office space, a computer with internet and printer access, fixed and mobile phone lines with the ability to make international calls and arrange conference calls, and speedy travel authorization processes.
- All SRNs should have sufficient funding designated in advance to support a two year contract for the SRN Coordinator and associated staff. The host organization should commit to providing SRN Secretariat staff with minimum 2 year contracts.
- Increased attention should be paid to the skill set of the SRN Coordinator. Given the fact that this individual is in most cases the only member of the Network who is 100% accountable for implementing the SRN work plan (partners also implement but have separate accountability lines to their own organizations), ensuring that the right individual is recruited for the job is essential. Key competencies include:
    - Good understanding of the complexity of partnerships, and of role as a facilitator rather than a technical advisor (though malaria knowledge is required)
    - Tact and diplomacy to navigate complex hosting arrangements with matrix reporting implications
    - Good organizational skills and persistence in following up between meetings
    - Ability to influence and persuade others to provide support, implement agreed upon actions and make decisions
    - Self-starter who can proactively anticipate country support needs
- SRN funding should be viewed as catalytic and should, to the extent possible, be matched by partners. The MPR process which required countries to raise part of

their own funding increased buy-in for the activity and consequently improved its results.

- Network members should not see themselves as beneficiaries of SRN funding but rather as contributors. Partners should not “lend” money to the Network without getting a signed agreement, and in any case should see themselves as co-contributors rather than creditors. This will make the Networks more sustainable.
- The active engagement of NMCP Managers has led to a high degree of legitimacy and country ownership which strengthens mutual accountability. Country level stakeholders (in addition to sub-regional stakeholders) should be encouraged to participate actively in the SRN, particularly NMCP Managers. RBM’s Operating Framework should be amended accordingly (it currently recommends that SRNs should be for sub-regional rather than country stakeholders).

SARN-specific recommendations

- *Knowledge management:* SARN should focus on improving logistics and efficiency associated with annual planning and review meetings, Steering Committee meetings and semi-annual meetings of NMCP Managers. Specific attention should be paid to streamlining the agenda and giving participants more notice.
- *Program implementation:* Technical assistance funding will continue to be important for strategic planning, capacity assessments and progress tracking.
- *Program management:* SARN should increase the focus on Global Fund grant performance, including by proactively reaching out to NMCP Managers, the Harmonization Working Group and Global Fund Portfolio Managers to track and help resolve program management bottlenecks.
- *Resource mobilization:* The focus to 2015 will not be so much on mobilizing new resources as on spending the existing money efficiently. The suggested reprogramming of the grant to reduce focus on resource mobilization is appropriate.

Conclusion

Overall after a slow start, SARN is now on track to meet its objectives to support countries to ensure effective implementation and better use of resources for malaria control. While there were challenges in the beginning with the hosting arrangement with SADC that limited SARN’s effectiveness, the hosting arrangement is now working well. Now that there is a new Coordinator with a secure 2 year contract in place, SARN is in a good position to move forward. SARN is valued as a multi-stakeholder forum for peer learning and sharing best practices. SARN is uniquely positioned to support cross border initiatives which will become increasingly important as SARN countries move towards elimination. Countries have been able to secure a significant increase in funding in recent years, and so the priority for the remainder of the grant will be to help countries to use this funding efficiently. Global Fund grant implementation and program management support will be key.

1 Introduction

The Southern African Roll Back Malaria Network (SARN) was launched at the Southern African Development Community (SADC) meeting of Health Ministers in November 2007, after having received a five year grant from the Bill & Melinda Gates Foundation (BMGF) in December 2006. The grant's objective is "to demonstrate that effective coordination of RBM partner support to countries can enable twelve malaria-endemic countries of Southern Africa to rapidly scale-up coverage with, and utilization of, existing cost effective malaria control interventions particularly among the poorest communities to achieve impact."[2]

This external evaluation of SARN was commissioned by the RBM Partnership Secretariat as a mid-term evaluation of the BMGF grant. This evaluation covers the four years since the grant agreement was signed. It evaluates the performance of the SARN Network including its governance, management, ability to convene, coordinate and harmonize RBM partners and stakeholders, and impact on country level malaria control efforts.

This document provides the summary of findings from the evaluation: Chapter 2 provides an overview of the malaria profile in the twelve SARN countries and describes the evolution of the RBM Partnership and its Sub-Regional Networks. Chapter 3 lays out the objectives of the evaluation and the methodology. Chapter 4 analyzes the governance and management of the Network. Chapter 5 analyzes how SARN's roles have added value at the sub-regional and country level. Chapter 6 reviews the performance of the grant in terms of financial efficiency. Chapter 7 details conclusions and recommendations to improve SARN functioning and performance, and draws out lessons learned for other RBM SRNs more broadly. The Annex has the list of stakeholders interviewed.

[2] RBM SARN External Evaluation Terms of Reference

2 Context

2.1 Malaria objectives in the Southern African Sub-Region

The 12 SARN countries are: Angola, Botswana, DRC, Madagascar, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe[3]. Eight out of the 12 SARN countries are preparing for elimination. Four SARN countries: Botswana, Namibia, South Africa and Swaziland, have been identified for malaria elimination and are termed the "frontline countries."[4] Four countries neighbouring the frontline countries: Angola, Mozambique, Zambia and Zimbabwe, are required to optimise their malaria control efforts in order for elimination to become a reality in the frontline countries. Together these eight countries are collectively known as the Elimination Eight or E8 countries.

The RBM Partnership and the 12 countries in the SARN region are working towards a substantial and sustained reduction in the burden of malaria in the near and mid-term, and the eventual global eradication of malaria in the long term, when new tools make eradication possible. To reach this vision, stakeholders in the region are working towards their own national strategic plans, the SADC Malaria Strategic Framework 2007-2015, the SADC Malaria Elimination Framework and the Global Malaria Action Plan (GMAP).

The targets of the Global Malaria Action Plan (GMAP) are to:

- Achieve **universal coverage** for all populations at risk with locally appropriate interventions for prevention and case management by 2010 and sustain universal coverage until local field research suggests that coverage can gradually be targeted to high risk areas and seasons only, without risk of a generalized resurgence;
- Reduce global malaria **cases** from 2000 levels by 50% in 2010 and by 75% in 2015;
- Reduce global malaria **deaths** from 2000 levels by 50% in 2010 and to near zero preventable deaths in 2015;
- **Eliminate** malaria in 8-10 countries by 2015 and afterwards in all countries in the pre-elimination phase today; and
- In the long term, eradicate malaria world-wide by reducing the global incidence to zero through progressive elimination in countries.

To achieve these targets, the GMAP outlines a three-part global strategy:

1. Control malaria to reduce current burden and sustain control as long as necessary
2. Eliminate malaria over time country by country
3. Research new tools and approaches to support global control and elimination efforts

[3] There is some confusion in documentation and on the RBM website about exactly which countries are in SARN. This is the correct list.

[4] Idem

Figure 2.1 Overview of SARN countries

Case study countries

Country	Malaria Burden	Progress	Elimination	International malaria financing sources	Language	Also in…
Angola	Medium		Neighbour	GF R3 and R7, PMI	Portuguese	CARN
Botswana	Low		Frontline	-	English	-
DRC	High		-	GF R3 and R8, WBB, PMI	French	CARN
Madagascar	High		-	GF R1, R4, R7 and R9, AMFm, PMI	French	-
Malawi	High		-	GF 2 and GF R7, WBB, PMI	English	-
Mozambique	High		Neighbour	GF R2, R6 and R8, PMI	Portuguese	-
Namibia	Low		Frontline	GF R2 and R6	English	-
South Africa	Low		Frontline	-	English	-
Swaziland	Low		Frontline	GF R2 and R8	English	-
Tanzania	Medium		-	GF R1, R4, R7, R8 and R9, AMFm, WBB, PMI	English	EARN
Zambia	Medium		Neighbour	GF R1, R4 and R7, WBB, PMI	English	-
Zimbabwe	Medium		Neighbour	GF R1, R5 and R8	English	-

Source: World Development Indicators, World Malaria Report 2008 and 2009, SARN Steering Committee Meeting Minutes (September 2009, Boksburg)

Malaria burden and progress in fighting malaria between 2000 and 2008 were summarized in the table using the following scoring system:

Malaria burden:

- Low: Estimated cases/ population ratio: < 20%
- Medium: Estimated cases/ population ratio: 20% – 30%
- High: Estimated cases/ population ratio: > 30%

Progress

• SUFI countries: limited evidence for reduction of malaria cases between 2000 – 2008	
• SUFI countries: limited evidence for reduction of malaria cases between 2000 – 2008 • But wide scale implementation of malaria control activities to more than 50% of the population at high risk nationally or sub-nationally	
• Sustain control countries: reduction in Malaria cases 2000 – 2008: over 50%	

2.2 The Roll Back Malaria Partnership

The RBM Partnership was formed in 1998 to bring together public and private organizations that are fighting malaria, and it plays roles at the global, regional and country levels to add value to its partners' efforts. The RBM Partnership is supported by a Secretariat hosted by the World Health Organization (WHO) and led by a Board. It has created global level Working Groups to addresses specific thematic issues. It has also formed four SRNs in Africa, each of which should be supported by a Secretariat based in the sub-region.

2.3 Overview of Sub-Regional Networks

The East African RBM Network (EARN) was the first to be established, and it was set up in 2002. The West African (WARN) and Central African (CARN) RBM Networks were established in 2005. SARN was the last to be formally established, in 2007.

The independent evaluation of the RBM Partnership in 2009[5] noted that the performance of the SRNs has been mixed, driven by variations in their hosting environments, the

[5] Independent Evaluation of the Roll Back Malaria Partnership 2004-2008

availability of funding to conduct their work, and variable contracting situations. EARN performed effectively in the early years, but has recently been held back by a challenge with recruiting and financing the new Coordinator. CARN has always been held back by a lack of partners in the sub-region, and more recently by a dysfunctional hosting situation. WARN became effective when the current Coordinator was provided with a good hosting setup through UNICEF. SARN too suffered from an inadequate contracting situation for the Coordinator that was only resolved in August 2010. This is discussed in Section 4.1.2.

Since the independent evaluation the RBM Board Task Force 2 developed standardized Terms of Reference for the SRNs in May 2010. These state that a Sub-Regional Network (SRN) has the following functions[6]:

- *Convene:* the SRNs bring together Partners from across the sub-region on a regular basis in order that they can:
- *Co-ordinate:* the SRNs, by bringing the Partners together, constitute a forum for the Partners to co-ordinate their efforts to control and eliminate malaria in order to ensure the resources deployed will be used optimally and to minimise waste. They co-ordinate:
    - *Implementation support:* the response to a particular implementation challenge or barrier, either through the collaboration of members of the SRN between themselves or by technical assistance from the Partnership to a sub-region or individual country
    - *Global implementation barriers:* the sub-regional contribution to the Partnership's response to global implementation barriers
    - *RBM Board constituency:* the SRNs are the platform for co-ordinating the relevant endemic country constituency to the RBM Board
- *Facilitate communication:* by bringing Partners together, the SRNs give a forum for communication and mutual learning.
    - *Peer support and learning:* This is a key success factor in the drive to control and eliminate malaria. In such a forum, common problems can be addressed, shared learning can take place, and conflicts between NMCPs' plans and activities can be resolved.
    - *Consensus statements:* They also allow for the communication of Partnership consensus statements within the SRN and for their utilisation across the SRN.
    - *Best practice dissemination:* They facilitate the translation of global best practice to the countries. They also communicate best practice developed at country and SRN level to a wider global audience.
    - *Regional economic and political organisations:* The SRNs also have an important role in communicating with local economic and political organisations to maintain malaria high on their agendas and retain political support for malaria control and elimination efforts.

[6] RBM Task Force 2 Annex 9: Terms of Reference of Sub-Regional Networks

3 Evaluation scope and methodology

This chapter lays out the objectives, scope and structure of the evaluation, and describes the methodology used to measure progress of the RBM Partnership.

3.1 Objectives and scope of the evaluation

Dalberg was engaged to review the performance of SARN with a focus on:

- Evaluating the performance of the SARN Network including its governance, management, ability to convene, coordinate and harmonize RBM partners and stakeholders, and impact on country level malaria control efforts
- Evaluating the performance of the grant and the degree to which objectives have been met
- Providing recommendations to improve network functioning and performance

3.2 Evaluation approach

The evaluation of the SARN Network was implemented in three phases. In the first phase, the evaluation team visited the SARN Secretariat in Gaborone, Botswana, and conducted country visits to Mozambique, South Africa and Zambia. In the second phase, the evaluation team reviewed documents and interviewed stakeholders at the global level and in countries that were not visited (e.g. Tanzania and Namibia). In the third and final phase, results were analyzed and summarized in this report.

The evaluation of the SARN Network examines how its direct activities and outputs have contributed to partners' efforts in the fight against malaria (its "value added"). It does not assess the efforts of individual partners nor predict the likelihood of meeting either the 2010 or the 2015 overall malaria targets.

The evaluation starts by evaluating SARN's structures, and assessing the governance and management of the Network to provide the context for assessing its ability to convene, coordinate and harmonize RBM partners and stakeholders and impact on country level malaria control efforts.

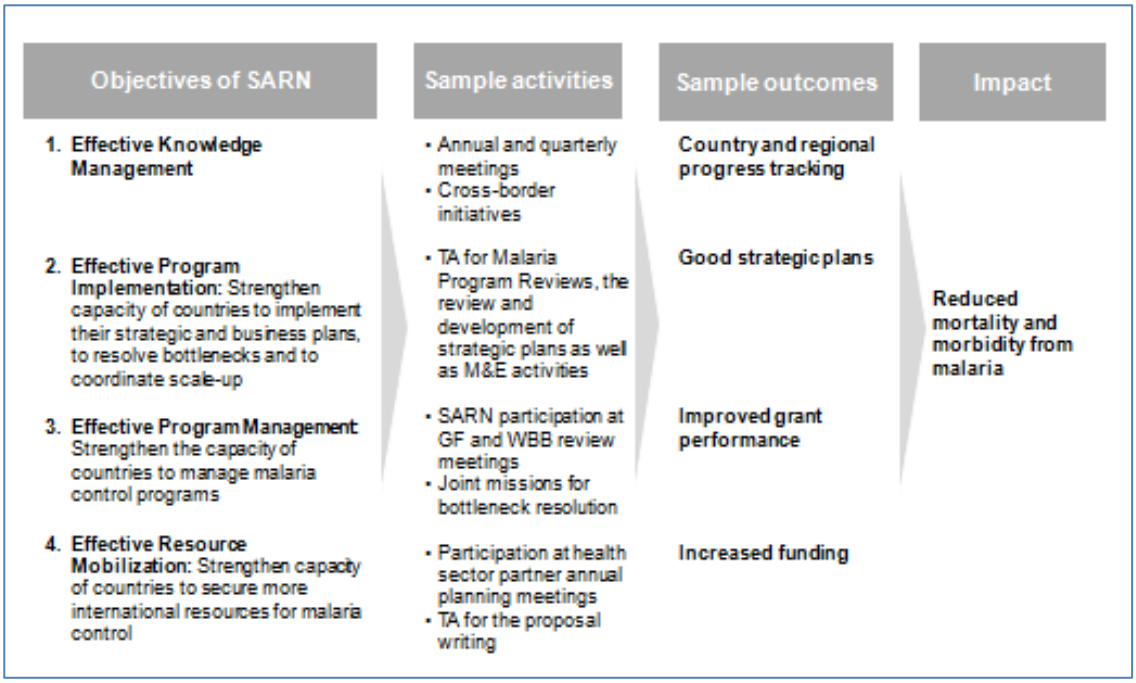
In order to assess the performance of the Network, the evaluation team categorized the SARN Network's activities into four objectives or roles based on the BMGF grant:

- **Knowledge management**:[7] Share best practices, conduct peer learning activities, coordinate efforts across borders and track regional progress.
- **Program implementation**: Strengthen the capacity of countries to implement their strategic and business plans, to resolve bottlenecks and to coordinate scale-up.
- **Program management**: Strengthen the capacity of countries to manage malaria control programs.
- **Resource mobilization**: Strengthen the capacity of countries to secure more resources for malaria control.

[7] Knowledge management is included in the Bill and Melinda Gates Grant proposal as an activity thrust, not an objective. For the purposes of this assessment, Dalberg has considered it as a cross-cutting objective or role.

The activities are linked to outcomes through a logical framework. The impact of the Network is attributed where possible.

Figure 3.1 Logical framework linking roles to outcomes and impact



The RBM Partnership is aiming to reach universal coverage by 2010 and zero deaths from malaria by 2015, and will judge its own performance against those results. This evaluation assesses whether SARN is playing its part in helping the Partnership achieve those results.

3.3 Data sources

The following data sources were used in conducting this evaluation:

- A visit to the SARN Secretariat in Botswana, and visits to three further countries: South Africa (elimination), Zambia (sustain control) and Mozambique (SUFI);
- Approximately 58 stakeholder interviews at the global, sub-regional and country levels;
- Extensive review of global, sub-regional and country level documents.

The evaluation team visited the SARN Secretariat in the SADC Secretariat in Gaborone, Botswana as well as three case study countries. The case study countries were chosen based on feedback from the Global RBM Secretariat to include one high burden SUFI country (Mozambique), one medium burden Sustain Control country (Zambia) and one low burden frontline elimination country (South Africa). The three countries have a mix of malaria financing, ranging from primarily domestic resources in South Africa, to the full package of Global Fund, World Bank Booster Program and PMI financing in Zambia. Two are English-speaking and one is Portuguese-speaking. They are all members of the SARN network only (as opposed to DRC which is also a member of CARN and Tanzania of EARN – both are members of SADC).

The evaluation team reviewed the following key documents: the original grant proposal and all reporting and reprogramming documentation sent to the Bill & Melinda Gates Foundation; all SARN meeting minutes posted online; the SRN annual progress report to the 14th RBM Board; the SADC Malaria Advocacy and Communication Framework 2010-2015; the SADC Malaria Strategic Framework 2008-2015; the RBM Task Force 2 Board submission on the revised Terms of Reference for SRNs; the World Health Organization's World Malaria Report 2009 and the RBM Progress Tracking Series; all Global Fund malaria grant performance reports for all SARN countries (Zambia and Mozambique in detail); the World Bank Booster project data sheet for Zambia; the PMI malaria operational plans FY 2010 for Zambia and Mozambique; the national malaria control strategies for Zambia, Mozambique and South Africa; the October 2010 Lancet series about malaria elimination.

The evaluation team interviewed 38 country level, 8 Southern African sub-regional and 12 global level stakeholders. For more information, please refer to the detailed list of interviewees in the Annex 9.

3.4 Constraints

Given SARN's nature as a network of partners, it is difficult to attribute epidemiological impact directly to SARN vs to individual partners, and also to ascertain whether epidemiological changes would have occurred in the absence of SARN. This means that statements about SARN's impact on malaria morbidity and mortality are indicative, and that the evaluation focuses more on the effectiveness of activities. Also the latest WHO World Malaria Report is still the one from 2009, which has 2008 data as its latest year. The first tranche of funding for SARN was only transferred to SADC in April 2008, though some funds were spent preparing for the launch in November 2007.

A new SARN Coordinator was recruited in August 2010, and before August 2010 the SARN Secretariat had no dedicated office space. This made it challenging for the Secretariat to find Steering Committee meeting minutes or annual meeting attendance lists from before August 2010.

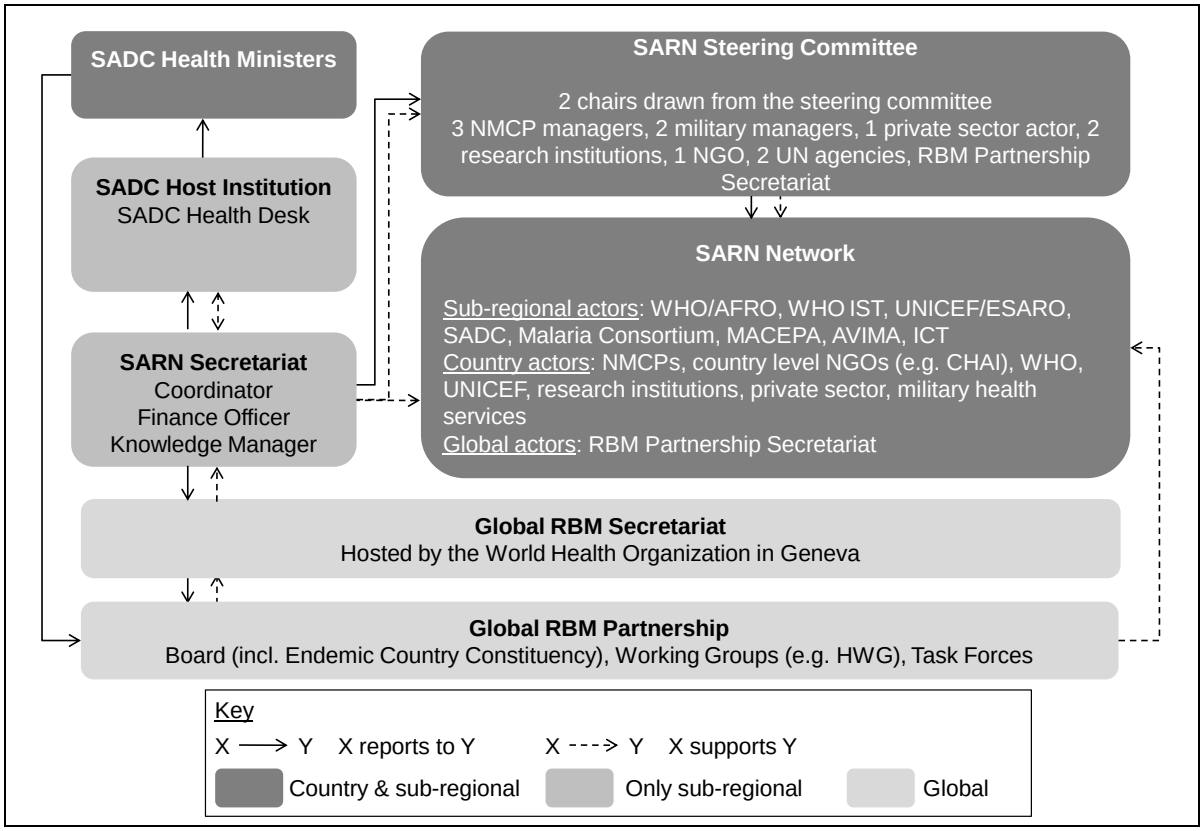
The SARN branding has not been widely used, which makes it difficult to attribute activities in countries. Technical assistance funded from the SARN budget may be provided by other agencies so that country stakeholders might well have received the assistance but not realized that it came from SARN. Likewise the Harmonization Working Group works closely with the SRNs, particularly on activities like Global Fund proposal development and support to grant signing, and so more than one RBM mechanism might be jointly responsible for the success of an activity.

Given these constraints, the evaluation team has incorporated qualitative data from interviews into the assessment alongside quantitative measures. Notwithstanding these caveats, the evaluation team is confident that a comprehensive and accurate assessment has been undertaken.

4 SARN's structures

SARN includes country, sub-regional, regional and global actors. Activities of SARN are coordinated through the Secretariat, hosted at the SADC Health Desk in Gaborone and directed by the Steering Committee. The Secretariat and Steering Committee support the SARN Network, as does the Global RBM Partnership. The organisational structure of institutions involved in SARN activities, reporting channels and support lines are depicted below.

Figure 4.1 Overview of SARN



4.1 Governance

4.1.1 Network and Steering Committee

The SARN Network is the assembly of SARN constituencies. It includes regional, sub-regional and country partners, and is supported by the Global RBM Partnership and the Global RBM Secretariat. It meets at the annual planning and review meetings. The latest meeting in Zanzibar 11-19 September 2010 was attended by 180 SARN stakeholders including NMCPs, WHO, UNICEF, MACEPA, the private sector, the Global RBM Secretariat, research institutions, NGOs, and military health services. The primary goal of the annual planning and review meeting is to jointly develop and adopt an annual work plan and budget for providing technical support, to agree on mechanisms for implementing activities and to share information and experiences on best practices. In addition, NMCP Managers from all countries meet twice a year to follow up on work planning, track country

progress and to prepare progress reports for the SADC Health Ministers who also meet twice a year.

The SARN Steering Committee has overall responsibility for determining the activities and strategic direction of the Network and reviewing and approving support requests from countries, including funding decisions. It meets quarterly. It has a Chair and recently instated a position of co-Chair which will be taken up at the next Steering Committee meeting.[8] Members are elected to sit on the Steering Committee by the represented constituency every year. The Steering Committee includes three NMCP Managers. To date the Chair of the SARN Steering Committee has always been an NMCP. The current Chair is Dr Petrina Uusiku (NMCP Manager Namibia) and the previous one was Dr Simon Kunene (NMCP Manager Swaziland).

The active involvement of NMCP Managers in the Network, in the Steering Committee and as the Chair of the Steering Committee is seen to give the Network a high degree of legitimacy and country ownership, and strengthens mutual accountability to commitments made at SARN meetings.

4.1.2 Secretariat and Host Organization

The SARN Secretariat is the body responsible for coordinating the activities of the Steering Committee and Network. Its role includes convening partners through the annual planning and review meetings, the twice yearly NMCP meetings and the quarterly Steering Committee meetings; facilitating communications between Network members, coordinating with other SRNs and the global RBM Partnership; proactively monitoring the implementation of the annual work plan and responding to queries from partners seeking information or requiring assistance with bottlenecks. Through its working groups and based upon recommendations from the SARN Secretariat, the Global RBM partnership provides support to SARN Network stakeholders (principally NMCP Managers). Such support includes assistance for GFATM proposal writing and mock reviews.

In addition, the Secretariat has a number of reporting duties. The first is to the SARN Steering Committee, which approves SARN annual work plans and budgets. The second is to the Global RBM Secretariat which reviews monthly progress reports and an annual Bill & Melinda Gates Foundation progress report. The third is to the SADC Director of Social and Human Development who registers the annual work plans and budgets in March of every year for budgeting purposes.

The SARN Secretariat is hosted by SADC. In addition to funding its own activities, SARN supports many malaria activities at the SADC Health Desk including the design of a regional malaria strategy (the only one of its kind among all SRNs). This will be increasingly important as countries in the sub-region move towards elimination and embark on regional initiatives to dry up importation of malaria at its source.[9]

[8] The roles and responsibilities of the Steering Committee and Chairs were recently updated in the Roll Back Malaria Partnership Task Force 2 Report to the 18th Board Meeting.

[9] "Operational Strategies to achieve and maintain malaria elimination", The Lancet, 29 October 2010, Dr Bruno Moonen et al

While some individuals believed that any institution could host SARN as long as the Secretariat was able to adequately conduct the activities it was mandated to do, during interviews with country stakeholders there was an overwhelming view that SARN should be hosted by SADC. Reasons given include the strong regional and political ties of SADC, the strong connection of SADC to health ministers (which encourages countries to follow up on their promises), and the view that SADC is the legitimate intergovernmental body for the sub-region. One interviewee stated that the strong attendance at meetings is likely due to the influence of SADC. Another argued that their organisation's interaction with SARN was initiated *because* of the political ties SARN has with SADC.

Recommendations "Governance":

- The Global RBM Partnership has identified the inclusion of NMCPs in the Steering Committee as a best practice and is in the process of implementing the model in other SRNs. This means that the RBM Operating Framework section 4.8 prepared by the RBM Task Force 2 will need to be revised because it currently states under 4.8.2 a) Members that "membership is open to all interested institutional partners operating at a sub-regional level. Partners who only operate at the level of a single country should be involved in the Partnership Network at the country level. Involvement at the SRN level as well is considered impractical simply because of the number of organizations that would need to be involved".

- SADC should continue as the host of the SARN Secretariat.

4.2 Management

4.2.1 Secretariat staffing

Between SARN's inception and May 2008, the Coordinator position was split between the Global RBM Secretariat in Geneva and a part-time SADC employee, due to delays in recruiting a permanent Coordinator at the global level. Though the grant agreement with the Gates Foundation was signed in October 2006 and the SARN Network was launched officially in November 2007, a memorandum of understanding between SADC and RBM was not signed until January 2008. The first funds were transferred from the Global RBM Secretariat to the SADC Health Desk in April 2008.

A Coordinator was hired in May 2008 and remained in office until May 2009 on two six month contracts. After the second six month contract SADC offered her a 1 month contract which did not permit to stay and work in the country given the work permit / visa requirements of a minimum six month contract. SADC was not comfortable offering a longer term contract as they had not followed the "proper" recruitment procedure but rather selected the Coordinator after CV screening only. This abridged recruiting process resulted from the pressure for SADC to recruit a Coordinator quickly given that the Global RBM Partnership had been unable to recruit a Coordinator from Geneva due to challenges with

getting the World Health Organization's Human Resources team to set up interview panels for SRN Coordinators.

From May 2009 to August 2010 a SADC health desk employee, paid by SADC and not from the SARN budget funded by the Bill & Melinda Gates Foundation, provided support to SARN. In August 2010, a new Coordinator, hired through the "proper" recruitment procedure and offered a two year contract, was employed.

In addition to the Coordinator, an administration and finance officer was recruited in 2008 and is still supporting the SARN Secretariat today. A knowledge manager has just been recruited and will be in post in January 2011. The knowledge manager position was advertised in 2008 but no qualified candidates were identified.

Weekly meetings are held between the SARN Coordinator, the SADC Director of the Directorate of Social and Human Development and Special Programs, the SADC Senior Program Officer for Health and Pharmaceuticals and the SADC Health Desk Malaria Coordinator.

Overall, SARN's effectiveness has been constrained by the delays in recruiting a Coordinator, which has only been resolved since August 2010. Since the arrival of the new Coordinator, stakeholders consistently report an improvement in the functioning of the Network. Given the small size of all the SRN Secretariats (not just SARN), the ability of the Network as a whole to convene, coordination and facilitate communication with RBM partners is driven to a large extent by the personality and skills of the Coordinator. It takes a considerable level of coordination skill and diplomacy to be an effective Coordinator. This is reflected in the recent upgrading of the Coordinator role in WARN from a P4 to a P5.

4.2.2 Functional office environment

Until August 2010, the SARN Secretariat did not have dedicated office space or access to a telephone line for international calls. In August 2010, when the Coordinator was recruited, the Secretariat moved into office space with a number of other SADC health related projects. The Secretariat now has a dialling code to make international phone calls. The Secretariat has applied for an external telephone line to improve the quality of international calls.

In order for a Coordinator to be effective (in addition to the individual's core competencies) a functional office environment is needed, with a certain minimum service level being provided by the host organization. The memorandum of understanding (MOU) between the RBM Partnership and SADC did not lay out the minimum service level to be provided. Neither is this specified in the only other hosting agreement available to the evaluation team: the hosting agreement with UNICEF for WARN. The RBM Partnership is in the process of negotiating a hosting agreement for a new host organization for CARN given its dysfunctional hosting arrangement.

This means that ensuring an appropriate working environment for the Coordinator is left to the goodwill of the host organization and the force of personality of the Coordinator rather than being systematically institutionalized. As all host organizations receive a hosting fee, it is reasonable to specify the service level expected in exchange for the fee.

4.2.3 Ability of the Network to disburse funds to countries

SARN has a mandate to mobilize and coordinate technical assistance and other forms of in-country support which requires the transfer of funds to RBM partners. On a number of occasions, SARN has tried to send funding held in the SADC bank account to country partners, but has been unsuccessful. For example, in Mozambique, a capacity assessment was conducted in 2008. SARN reportedly agreed to pay for an external evaluation and related business plans. Country partners completed the internal review but the funding that should have been disbursed for external support was not sent due to challenges with SADC disbursements. Ultimately, the capacity assessment was cut short and the process did not produce the targeted results.

As a result of disbursement challenges in SADC, SADC asked the Global RBM Secretariat in Geneva to hold back a set amount of funding from SARN's annual budget in order to transfer funds to countries on SARN's behalf. There are still a number of challenges with this approach. WHO country offices do not always report on funds received nor do they provide receipts to the RBM Partnership. This is not just a problem in SARN but also in WARN.

The challenge is just with disbursing funds to countries for technical assistance. Funding for the annual planning and review meetings and staff salaries can be managed by SADC, though there is a further challenge that the SARN funds cause the SADC Health Desk to exceed their SADC budget ceiling. SARN funding should be recorded as a separate budget line from SADC health funds.

In some cases, SARN funding procedures are ambiguous. Specifically, procedures related to applying for SARN funding and establishing the eligibility of recipient institutions are not well understood by country partners. Three cases were reported of institutions thinking they were "lending" money to SARN for malaria related activities which was never repaid: MACEPA, CHAI and the South African NMCP. These examples span from 2008 to 2010 and occurred in more than one country. Dalberg was unable to obtain documentation demonstrating a contractual agreement between SARN and the institution to verify the claims. However, the reputation of SARN and the willingness of institutions to assist with funding shortfalls or delays have been negatively impacted.

4.2.4 SARN Secretariat and Global RBM Secretariat

The SARN Secretariat based in Gaborone is in many ways an extension of the Global RBM Secretariat in Geneva. The Global RBM Secretariat has supported the SARN Secretariat in different ways. Until a temporary SARN Coordinator was hired in May 2008, the position was partially fulfilled out of Geneva and partially fulfilled by an acting Coordinator from the

SADC Health Desk in Gaborone. The Global RBM Secretariat in Geneva has worked hard to resolve the hosting challenges with SADC. Furthermore, the Global RBM Secretariat has participated in a number of meetings and missions to countries, e.g. to Mozambique and is the channel for sending funds to the country level.

The support from the Global RBM Secretariat is appreciated by the SARN Coordinator, in particular for working out the details of the hosting arrangement. The WARN Coordinator also highlighted the importance of the Global RBM Secretariat for facilitating communication with senior officials at the country level. While he follows up with NMCP Managers directly, he asks the RBM Executive Director to follow up with Ministers and Presidents.

Recommendations "Management":

- Increased attention should be paid to the skill set of the Coordinator. Given the fact that this individual is the only member of the Network who is accountable for implementing the SRN work plan well (partners also implement but have separate accountability lines to their own organizations), ensuring that the right individual is recruited for the job is essential. Key competencies include:
    - Good understanding of the complexity of partnerships, and of role as a facilitator rather than a technical advisor (though malaria knowledge is required)
    - Tact and diplomacy to navigate complex hosting arrangements with matrix reporting implications
    - Good organizational skills and persistence in following up between meetings
    - Ability to influence and persuade others to provide support, implement agreed upon actions and make decisions
    - Self-starter who can proactively anticipate country support needs

- It is global best practice to detail service level agreements. All SRN hosting MOUs should explicitly describe the service level expected from the host organization: at a minimum, desk and office space, computer with internet and printer access, fixed and mobile phone lines with ability to make international calls and host conference calls, and speedy travel authorization processes for the Secretariat staff so that they can respond to country level bottlenecks quickly.

- All SRNs should have sufficient funding designated in advance to support a two year contract for the SRN Coordinator and associated staff. The host organization should also commit to providing SRN Secretariat staff with minimum 2 year contracts.

- SARN should clarify funding eligibility and ensure that partners do not perceive co-financing or partnership commitments to pay for malaria activities as loans that require repayment. Partners should also be prepared to commit their own funding to SARN activities in addition to the Bill & Melinda Gates Foundation grant to build the sustainability of the Network after the grant ends in 2012 and to contribute to the overall functioning of the Network.

5 SARN's roles: convene, coordinate and harmonize RBM partners

This purpose of this chapter is to establish the value added and impact of SARN. Specifically it answers the following questions about SARN's performance at the sub-regional and country level during the period 2007-2010:

- Effectiveness: in which roles was SARN most effective? In which roles was it less effective?
- Relevance: how aligned were SARN's roles with the sub-regional challenges in malaria?

The four roles described in the BMGF grant inform the analysis:

- **Knowledge management**:[10] Share best practices, conduct peer learning activities, coordinate efforts across borders and track regional progress.
- **Program implementation**: Strengthen the capacity of countries to implement their strategic and business plans, to resolve bottlenecks and to coordinate scale-up.
- **Program management**: Strengthen the capacity of countries to manage malaria control programs.
- **Resource mobilization**: Strengthen the capacity of countries to secure more resources for malaria control.

Over the evaluation period (2007-2010) there was an evolution in the roles of SARN. Initially, the main focus of SARN was on creating momentum in the malaria sector by bringing partners on board and mobilizing resources for the fight against malaria. More recently, the focus of SARN has shifted to encouraging peer learning, helping countries implement activities efficiently to reach global malaria goals and tracking progress towards these goals. Advocacy to place and keep malaria high on the sub-regional public health and development agenda and promoting high level political commitment was a constant objective of SARN throughout the evaluation period.

Effectiveness was rated as follows:

- **Very strong**: results achieved exceed plan at a high level of quality
- **Strong**: at least one major result not achieved, or at least one at less than satisfactory quality
- **Moderate**: several major results not achieved, or several at less than satisfactory quality
- **Poor**: most major results not achieved, or most achieved at a lower quality

The trend over time is shown as follows:

↗ improvement
←→ similar progress
↘ worsening
↘↗ worsening then improvement

[10] Knowledge management is included in the Bill and Melinda Gates Grant proposal as an activity thrust, not an objective. For the purposes of this assessment, Dalberg has considered it as a cross-cutting objective or role.

5.1 Role 1: Knowledge sharing

5.1.1 Relevance

SARN's ability to convene diverse stakeholders and facilitate targeted knowledge sharing is viewed as a primary and necessary role of the Network. SARN's set up as a forum comprising different stakeholder groups including the private sector gives it a unique position in the region. There is no other forum that includes all stakeholders. Its meetings are therefore uniquely positioned to allow for knowledge exchange between different stakeholder groups.

SARN is also considered to be in a unique position to facilitate cross border initiatives due to its close link to SADC. As cross border initiatives become more relevant to countries driving towards elimination, SARN has the potential to play an increasingly valuable regional coordination role.

5.1.2 Effectiveness

Knowledge management is included in the Bill and Melinda Gates Grant proposal as an activity thrust, not an objective. Given its primary relevance to SARN members, the evaluation team considered it as a cross-cutting objective, and called it "role one". Most of the knowledge management activities planned in the proposal have been implemented, as can be seen in the following table.

Figure 5.1 Activity overview for role one

Category	Rating	SARN activities
Quarterly meetings (sub regional partners)	Performance Strong Trend ←→	Regular Steering Committee meetings took place: • 2007: Four quarterly meetings • 2008: Three quarterly meetings • 2009: Four quarterly meetings • 2010: Four quarterly meetings
Annual planning and review meetings (all partners)	Performance Strong Trend ←→	Regular annual planning and review meetings took place: • 2007: Annual planning and review meetings in Dar es Salaam and Maputo pre the official launch of the Network • 2008: Annual planning and review meeting in Lusaka • 2009: Annual planning and review meeting in Windhoek • 2010: Annual planning and review meeting in Zanzibar
SARN website, information center and web-based knowledge sharing platform	Performance Moderate Trend ↗	• SARN website exists as part of RBM website, but with limited content • Information centre has not been established within SARN to date. Web function is fulfilled in the Global RBM Secretariat • However, a knowledge management officer has been recruited and will start work in January 2011 and is expected to start the transfer of the SARN Information Centre from Geneva to the SARN Secretariat in SADC
Cross border harmonization of policies	Performance Strong	• Supported the development of the Malaria Strategic Plan and Malaria Elimination Plan that was approved by SADC Health Ministers in 2007

and strategies	Trend ↗	• 2007-2010: Supported development of the unsuccessful Trans-Zambezi Initiative (TZMI) Global Fund proposal. TZMI is still being supported. Supported study tour to Lubombo Spatial Development Initiative • Supported the creation of a Regional Coordinating Mechanism for GFATM proposal development across countries. The RCM was approved by the SADC Health Ministers • 2008-2010: Supporting the Elimination 8 initiative by funding a study tour to Mauritius, supporting an E8 meeting in Windhoek and organizing an E8 meeting in Maputo • 2009: Supported a Trans-Limpopo Malaria Initiative meeting • 2010: Supporting the Global Fund Round 10 proposal for the MOZIZA initiative between Mozambique, Zimbabwe and South Africa • 2010: Supporting launch of Trans-Kunene Malaria Initiative

5.1.3 Annual Planning and Review Meetings, Quarterly Meetings

Regular annual planning and review meetings and Steering Committee quarterly meetings have taken place since the inception of SARN. The annual meetings in 2009 and 2010 were organized in collaboration with the WHO inter country support team. The SARN budget funds travel and per diems for most participants, as well as venue hire and materials. Some partners such as the private sector and international organizations fund their own travel.

Stakeholders highlight the high participation rates during the meetings (e.g., 179 delegates in 2009), diverse representation (including the private sector, research institutions, the military, NGOs, UN Agencies and development partners) and good engagement of participants as strengths. Interviewees from different stakeholder groups regard the meetings as an effective and helpful tool to foster knowledge sharing and coordination between countries. The example below is anecdotal to the kinds of impact that meetings have on in-country strategies.

Prior to 2007, Mozambique had taken a strategic decision to implement RDTs in order to reduce the cost of ACTs, but was yet to implement their strategy. During the 2007 annual planning and review meeting, Mozambique learned from other countries in the region about the implementation challenges they had faced with cool storage and short expiry dates of RDTs. As a result of advice from countries during the meeting, the NMCP Manager requested a phased approach to avoid expiry of tests. They also incorporated a question into a planned survey about cold storage capacity in districts to assess where to send RDTs and where to build additional capacity. Mozambique held a regional and national training session which highlighted these challenges. South African private sector firms agreed to visit Mozambique to explain the benefits and costs of different kinds of RDTs to ensure the most suitable tests were implemented. With this assistance, Mozambique was able to successfully distribute 1.5 million RDT tests in its first year of implementation. More recently at the Zanzibar meeting, Mozambique learned from Malawi about its use of community

leaders who are trained to conduct RDT testing and give ACT treatments. They are in the process of adapting their program rollout to incorporate lessons learned from Malawi's experience.

Other topics discussed in the annual planning and review meetings and NCMP Manager meetings include free distribution of LLINs, switch from targeting to universal coverage, use of roadmaps, Malaria Program Reviews.

Despite this overall positive feedback on the meetings, a number of factors have limited the effectiveness of the meetings. Interviewees had four major concerns:

- Poor meeting agenda
- Inefficient logistics
- Insufficient content depth
- Not enough follow up

Meeting agenda

The latest meeting was held in Zanzibar from 11-19 September 2010. It started with an NMCP Manager meeting 11-12 September, followed by a meeting on Home Management of Malaria on 13 September (sponsored by MACEPA), followed by a series of constituency meetings 14-15 September (Private Sector, Research and Academia, Military Health Services) and a Surveillance, Monitoring and Evaluation meeting for M&E officers, data managers, program managers and others. The Annual Review and Planning Meeting itself was held on 16-18 September, and the SARN Steering Committee Meeting on 19 September. Given that some NMCP Managers are also in the Steering Committee, that meant they need to spend eleven days out of the office (with a day for travel either side).

Logistics

A number of interviewees criticized the planning and logistics of meetings. The following points were stated:

- Lack of clarity about travel funding arrangements: Of particular concern to delegates is the insufficient notice of meetings as participants require travel authorization from ministries and organisations, and need to schedule their regular work activities around meetings
- Level of information available before meetings: Meeting invitations are sometimes sent without a clear description of the objectives and draft agenda, making it difficult to request travel authorization, decide who to send, and plan presentations or content for meetings in advance
- Lack of clarity of roles: Relevant for meetings that are jointly organised between WHO and SARN. Participants have reported receiving multiple invitations to the same event without clarity on who the key coordinator for meetings is (including who is paying for flights when there are two events back to back)

In WARN, the division of labour has been clarified such that the West African Health Organization (WAHO), which is part of ECOWAS, the West African intergovernmental body that could be considered equivalent to SADC, invites countries to annual planning and review meetings, while WARN invites the partners. WAHO also co-finances the meetings,

contributing 28% of the budget, or USD 50,000 for the recent meeting in Accra in October 2010.

Content
Participants felt that meetings too often remain at a theoretical level without becoming concrete on what is needed in reality to implement the different interventions discussed. They would like meetings to include more discussion of the costs associated with the interventions and how these funds could be raised. Concrete implementation plans and next steps should be established in order to improve the outcomes and actionability of the meetings. Interviewees have however highlighted that there has been a noticeable change since the permanent Coordinator was recruited in August. In particular, the Coordinator is credited with following up on the country roadmaps.

Follow up
Insufficient communication and follow up in between meetings was raised several times as an area for improvement. For example, the SARN homepage only contains a limited amount of meeting reports and minutes. Some meeting summaries contain insufficient content. It was also felt that though the link to the ministerial meetings is positive, it could be strengthened to incentivise countries to contribute to the SARN harmonization process, act on decisions taken at meetings and provide inputs as requested.

Country stakeholders consider the annual meetings valuable opportunities for peer learning, while global stakeholders consider them expensive and inefficient. The evaluation team concludes that the annual meeting is an effective activity which could be executed more efficiently (shorter, with better bundling of agenda items to reduce the number of days participants need to attend).

5.1.4 SARN website, information center and web-based knowledge sharing platform
The SARN website has been set up with some information on meetings and contacts, but overall has limited content. The planned web based knowledge sharing centre has not been developed and the information sharing centre has been organized by the Global RBM Secretariat. Weekly RBM emails are received by many in-country partners. The content is appreciated, although interviewees noted that those partners with slow internet connectivity like to receive information via CD Rom or flash drive. NMCP Managers particularly like receiving CD Roms of meeting content and technical papers to distribute among in-country partners upon their return.

The SARN knowledge management officer position had been vacant since inception. Recruiting for the position occurred in 2008, but there was a lack of suitably qualified applications. The knowledge management officer has recently been recruited and will start in January 2011. There is a question as to whether this is cost-effective and sustainable given that BMGF funding will end in 2012.

5.1.5 Cross border harmonization of policies and strategies

Cross border collaboration and harmonization has been supported in a number of occasions, including the support given to the Trans-Zambezi initiative, the Lubombo Spatial Development Initiative (LSDI) and the MOZIZA initiative. Support has included:

- SARN meeting held for partners and the organization of a study tour to the Lubombo Spatial Development Initiative in 2007 for two participants from each participating country
- Support to the proposal development of the Trans-Zambezi GF Rounds 8 and 9 proposals, including funding of the proposal draft team and funding of participation of the mock TRP in Kenya
- Support to various Regional Coordination Mechanism meetings, including one where MOZIZA was presented.
- Support to Trans-Limpopo meetings.
- Support to Trans-Kunene Malaria Initiative to be launched in December 2010

One of the most expensive activities carried out under this role is the support to the Trans-Zambezi initiative in Global Fund Round 8 and 9. SARN supported the initiative by funding the writing team and coordinating the overall writing. The proposal was not successful in either round. Stakeholders argue that a low quality of the proposal and a lack of coordination and involvement of the partners led to the repeated failure of the proposal. It was recognized that the coordination of different countries was very challenging. Activities for which funding is requested in a cross-border proposal cannot be requested by individual countries, and obtaining sign-off from senior officials in all countries is complex. Furthermore, the development of a Regional Coordination Mechanism was seen as an important achievement and helpful for the development of other proposals.

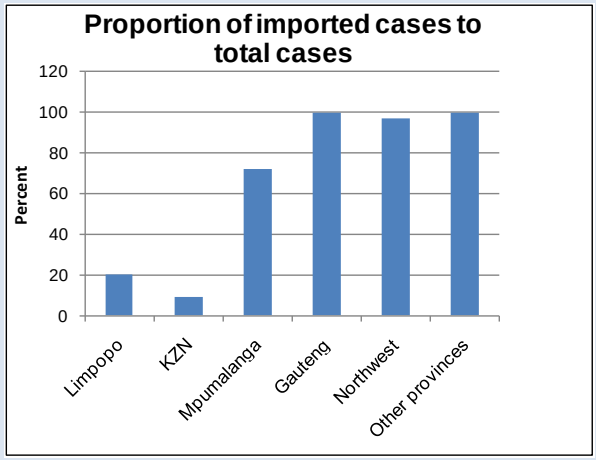
SARN's support in this area is generally well regarded. Stakeholders noted that the guidance SARN provided on cross border collaboration has raised advocacy for this kind of intervention, and since SARN's involvement, discussions about cross border partnerships have become more frequent. There is increased study of cross border parasite dynamics, and countries (Mozambique and South Africa) are co-ordinating IRS spraying along the border. This collaboration is enhanced through frequent meetings of NMCP Managers.

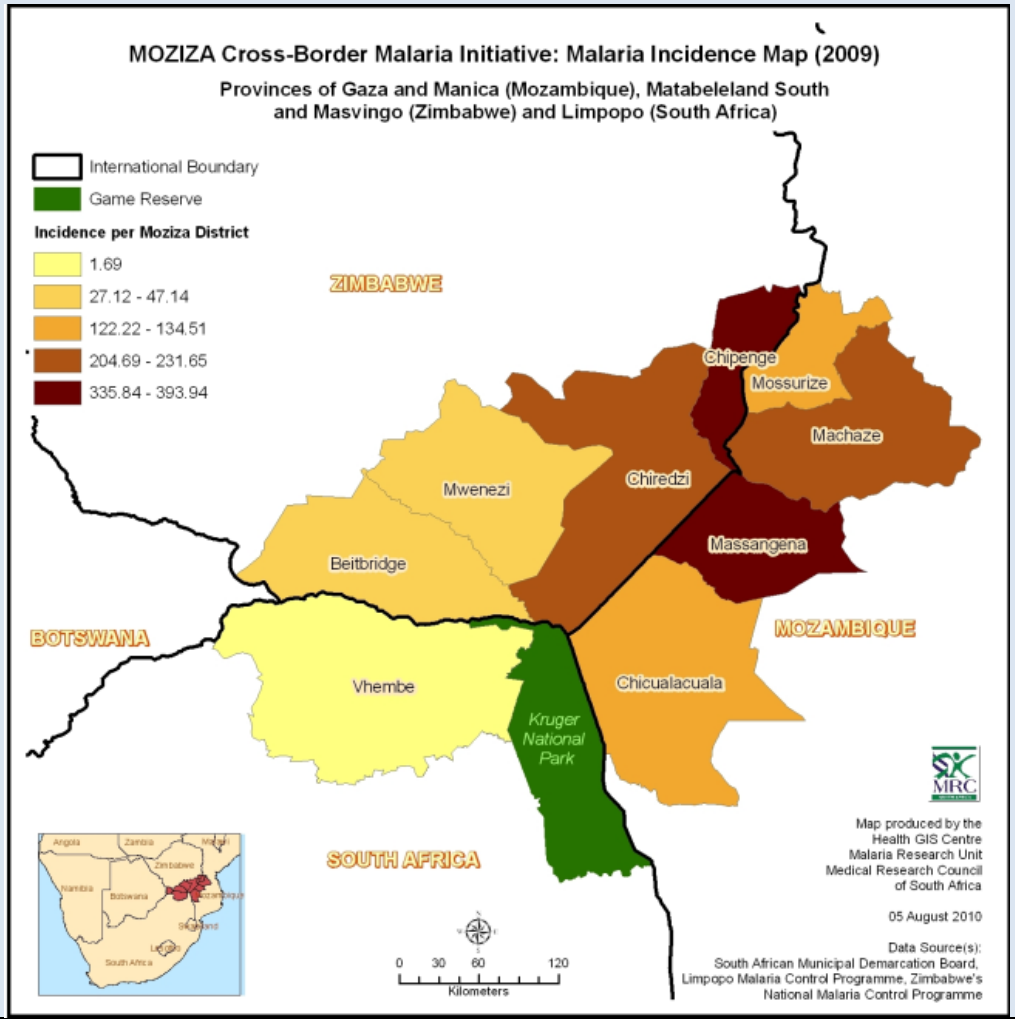
Case study: Cross border initiatives in South Africa

South Africa belongs to the five low transmission countries in Africa that have achieved a reduction of > 50% in cases and deaths since 2000. Decreases have levelled off with numbers remaining at 10- 15% of the 2000 level. The high risk areas in South Africa are primarily located along the borders with Mozambique, Swaziland and Zimbabwe. Given the high number of imported cases, cross border initiatives become increasingly important to achieve zero cases.[11]

[11] Personal correspondence with Dr. Charles Paluku Kalenga-Mbudi from the WHO Inter-country Support Team, East and Southern Africa Malaria Control in 2010.

South Africa has therefore embarked on a number of cross border initiatives including, the Lubombo Spatial Development Initiative, the Trans-Limpopo Malaria Initiative and the MOZIZA initiative. The MOZIZA[12] region stretches along the border of Mozambique, Zimbabwe and South Africa with a population of 2.3 million people within 9 districts. 100% of the population is at risk of malaria. Periodic malaria outbreaks have been associated with frequent cross-border movements of malaria-affected persons within this region. This results in higher malaria morbidity and mortality in the region and is perceived to have halted the progress against malaria in the three countries. Zimbabwe, Mozambique, and South Africa have joined forces in the MOZIZA Cross-Border Malaria Initiative, a multi-country strategy aimed at driving down transmission of malaria in the border districts. Against this background, the initiative has submitted a Global Fund application in Round 10.





[12] The MOZIZA cross border malaria initiative, http://moziza.org/moziza-malaria-cross-border-malaria-initiative/

Stakeholders in South Africa have highlighted the timely support SARN recently provided to the MOZIZA initiative. This included the presentation to the Regional Coordination Mechanism, support for data gathering, and meetings. Interview partners have emphasized the benefits of SARN's close link to SADC and therefore to the political level, which facilitates the communication between the NMCP Managers in their day-to-day work.

Other activities related to cross-border harmonization are the recent Elimination 8 meeting in Maputo, for which SARN provided secretariat services and support for the drafting of a concept note and action plan (in collaboration with the Clinton Foundation) as well as a SARN-organized study tour to Mauritius.

Recommendations "Knowledge Sharing":

- SARN should focus on improving logistics associated with annual planning and review meetings, Steering Committee meetings and semi-annual meetings of NMCP Managers. Specific attention should be paid to:
    - *The agenda*: Streamline meeting agendas to avoid requiring delegates to participate at meetings for more than one week. Try where possible to "bundle" agenda items for constituencies on certain days, to ensure the most effective use of people's time.
    - *Meeting preparation*: Send invitations with detail on the objectives of the meetings and draft agenda sufficiently in advance of the meetings to allow participants to request travel authorization on time and prepare for the meetings.
    - *The depth of discussion*: Make discussions more actionable by developing concrete implementation plans and next steps. Stakeholders asked that technical discussions of interventions also describe the cost, and where possible relative cost-effectiveness.

- SARN should continue to strengthen support for cross border initiatives, given the unique position of SARN to provide this support and the increasing importance of cross border initiatives.

5.2 Role 2: Program implementation

5.2.1 Relevance

SARN is perceived as well positioned to be a neutral coordinator for program implementation support from the different stakeholder groups. The regular multi-stakeholder meetings are seen as a good platform to track progress and identify technical assistance needs. The 2009/2010 Malaria Program Review (MPR) processes have been highlighted by in-country and sub-regional stakeholders as particularly relevant to the development of strong five year strategic plans.

5.2.2 Effectiveness

SARN has been involved in coordinating support for program implementation to a varying degree in the different countries, based on requests from NMCP Managers. The SARN funded technical assistance is broadly viewed as effective, although the ultimate impact of interventions depends on the strength and capacity of the country partnership to implement recommendations. The table below provides an overview of the activities supported.

Figure 5.2 Activity overview for role two

Category	Rating	SARN activities
Technical assistance for the evaluation and development of strategic plans	Performance Very strong Trend ↗	• Supported Mozambique to update their malaria strategic plan in 2007 and 2008 through joint mission from Global RBM Secretariat, UNICEF, WHO and World Bank and supported Mozambique in rescheduling malaria milestones for new strategic plan in 2009 /2010 • Mobilized TA to support South Africa, Botswana and Namibia to develop their elimination plans in 2008 • Provided training to NMCP Managers on the implementation of MPRs in 2009 • 2009/2010: Financed MPRs in: South Africa, Namibia, Botswana, Zambia, Malawi, Mozambique (ongoing), Angola (ongoing) and Tanzania (ongoing) • Supported Mozambique in rescheduling malaria milestones for new strategic plan in 2009 /2010
Technical assistance for capacity assessments and/or strengthening	Performance Moderate Trend ↔	• Supported Military Health Service Managers to conduct a bottleneck resolution and training workshop in Harare in 2007 and funded Military Health Services meeting in 2007 in Gaborone, in 2008 in South Africa and in 2009 in Zambia • Regular semi-annual NMCP Manager meetings to resolve bottlenecks have taken place since 2007 • Mobilized support for needs assessments in Zimbabwe (HWG, completed in 2009), Swaziland and Botswana (both supported through CHAI) • Capacity needs assessment for Mozambique partially completed
Technical assistance for the development of progress tracking capacity	Performance Strong Trend ↗	• Developed progress tracking framework which resulted in better tracking system for the region • 2008: Funded Zambia, Zimbabwe and Namibia to attend MIS workshop. Mobilized TA and supported Swaziland, Tanzania, Zanzibar and Zimbabwe to develop M&E plans for their Global Fund R8 proposals • 2009: Conducted a training workshop for all NMCP Managers on M&E and WHO data collection tools in collaboration with WHO IST • 2010: Supported workshop in Zanzibar in September 2010. Sent consultant to Malawi to analyze data.

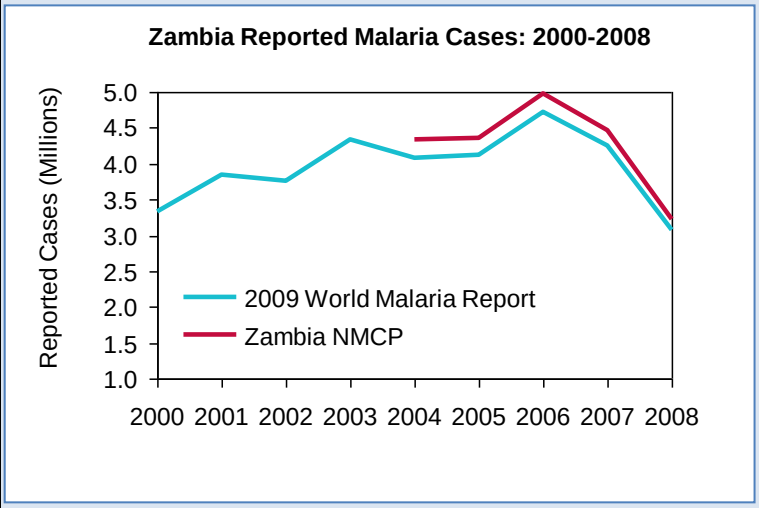
5.2.3 Technical assistance for the evaluation and development of strategic plans

The main activity under this role has been the recent support to the Malaria Program Reviews[13] (MPR) of SARN countries. South Africa, Namibia, Botswana, Zambia and Malawi have completed their MPRs. MPRs are currently ongoing in Mozambique, Angola, Tanzania. Only Swaziland, Zimbabwe, DRC and Madagascar have not yet started the MPR process. An amount of 45,000 USD was allocated to each country by the Steering Committee for this review. While the amount is insufficient to conduct the entire process, countries have been successful in coordinating with in-country partners to organise co-financing. By way of comparison, in WARN, only Senegal and Niger have completed the MPR; in CARN only Angola is in process (also a SARN country) and in EARN Kenya has completed the MPR, while Rwanda and Tanzania (also a SARN country) are in process.

In general, countries have been very positive about this support. South Africa, Zambia, Namibia and Mozambique will be using the MPR as an input to develop their next five year strategic plans and it is expected that other countries will use the process in a similar way. For example, in South Africa, the MPR is perceived to have boosted the overall performance of the NMCP and supported its re-orientation towards elimination. South Africa is currently developing an elimination strategy and provincial elimination plans as a result of the recommendations coming out of the MPR. For Namibia it was the first comprehensive programme review and it was acknowledged that without the SARN support, the MPR would probably not have been implemented. Outcomes included an emphasis on the community level and surveillance as Namibia moves towards elimination. The Namibia MPR was attended by the NMCP managers from Zimbabwe and Zambia for best practice sharing.

[13] The MPR is a “periodic joint program management process for reviewing progress and performance of country programs within the national health and development agenda with the aim of improving performance and/or redefining the strategic direction and focus”. The MPR has three phases: Phase I: Preparation, Planning, Organization and Management: Involves resource mobilization for the process, internal desk reviews and surveys conducted by the in-country malaria partnership, Phase II: Review: Validation of desk reviews by external experts, final thematic report creation, MPR Report creation and Aide Memoire, Phase III: Follow up: Development of a new national malaria strategy based on MPR findings; The Kenya Malaria Program Performance Review 2009 presentation by Dr Juma (Malaria Control Division)

Case study: The Malaria Program Review in Zambia



Zambia belongs to the group of four high-burden countries that have achieved a >50% reduction in malaria cases and deaths since 2000. The graph on the left shows the development of reported malaria deaths. There has been a consistent decrease in the number of deaths over a number of years, which is seen as an indication that the decline is not solely related to climate variations, but can indeed be attributed to the scale up efforts.[14] Zambia's progress has been widely recognized in the malaria community.

A Malaria Program Review was initiated in 2010 to assess the progress of the current strategic plan that runs from 2006 – 2010 and as the first step in creating the 2011-2015 strategic plan. In addition to the 45,000 USD received from SARN, Zambia successfully raised over 50,000 USD in funding for the process from local partners. Participants were overwhelmingly positive about the experience. One interviewee stated that 'normally we like to cook our food and eat it ourselves. The MPR process was beneficial as it forced us to review our work, back-up our assertions and learn about the planning process.' There were a number of examples where the team decided to adjust strategic focus as a result of conducting the review. For example, previously, Zambia had targeted the vulnerable, however, the team realised that universal coverage was the only way to reach the 2015 targets. The country partnership is also thinking innovatively about how to use communities to improve net usage based on data from the Northern and Eastern provinces which show lower net coverage and a correspondingly higher incidence of malaria. An additional benefit of the MPR noted by one interviewee is the positive externality of networking between internal partners and external reviewers, providing an additional port of call for assistance in future. Participants agreed that the process was well run, but suggested that the field visits could have been reduced in length and that time should have been set aside to allow the team a break (over weekends, for example), as the two week review process was very intense.

5.2.4 Technical assistance for capacity assessments and/or strengthening

Due to the close linkages between capacity assessments and MPRs, this activity area is strongly related to the activity area on the evaluation and development of strategic plans and cannot be evaluated separately. Capacity assessments are the predecessors of the MPRs.

[14] World Malaria Report 2009

Most of the activities reported under this role are meetings. Technical assistance was mobilized for capacity assessments in a number of countries including Zimbabwe, Botswana and Swaziland through other mechanisms (CHAI and the Harmonization Working Group).

SARN in collaboration with Harmonization Working Group partners supported Mozambique on a number of occasions since 2007 through in-country missions. The goal of these missions was to diagnose bottlenecks and provide general support for implementation activities. Feedback on these activities has been mixed. The view is generally held that coordination and collaboration challenges in-country inhibited the success of such activities, and were compounded by poor planning and communication with in-country partners. The capacity assessment was partially completed. The internal assessment was completed but the external review and funding of business plans was put on hold and then cancelled when SARN was unable to transfer the promised funding to Mozambique, due to the SADC administrative challenges disbursing funds to countries.

As part of the semi annual NMCP Manager meetings, bottlenecks and technical assistance needs are identified. These meetings have been held frequently and are generally well received. Zambia, for example requested assistance with accelerating Global Fund grant signature. The issue was raised by SARN to the Global RBM Secretariat who interacted with the Global Fund directly. Interviewees have noted that in some cases they received no feedback on bottlenecks identified in meetings.

5.2.5 Technical assistance for the development of progress tracking capacity

SARN has helped countries to design and implement activity progress tracking. Zambia, Zimbabwe and Namibia were funded to attend an MIS workshop carried out by the Monitoring and Evaluation Reference Group in 2008. Delegates felt that the workshop was valuable and have continued to share MIS learning. For example, at the annual planning and review meeting in Zanzibar in 2010 Zambia explained the processes they had undertaken during their most recent MIS, which helped Malawi implement their 2010 survey.

In 2009, an M&E workshop on WHO data collection tools was funded and implemented by SARN in collaboration with the WHO Inter-country Support Team.

Recommendations "Programme implementation":

- Technical assistance funding will continue to be important for strategic planning, capacity assessments and progress tracking.

5.3 Role 3: Program management

5.3.1 Relevance

A large number of countries within Southern Africa have experienced difficulties in the management of their Global Fund grants over the past years. SARN is seen as well

positioned to function as a neutral coordinator to facilitate communication between countries and the Global Fund and mobilize support for bottleneck resolution. It has to be acknowledged however, that there are limits to what SARN can achieve in this area, given the severity of the challenges in some countries (e.g. the recent fraud in Zambia).

5.3.2 Effectiveness

While it is seen as a relevant role, SARN has hardly implemented any related activities. The table below gives an overview of the different areas and activities implemented.

Figure 5.3 Activity overview for role three

Category	Rating	SARN activities
Establish of Early Warning System for Global Fund grants	Performance Moderate Trend ↔	• Country progress discussed at each meeting • Regular desk review of GFATM grants conducted

The tables on the following pages provide an overview of the Global Fund malaria grant performance of SARN and WARN countries. The tables show the ratings for each grant in each year since 2003 as well as whether or not the grant was approved for phase 2.

In 2005, there were 16 Global Fund grants in SARN countries and 18 in WARN countries. 5 or 31% of the 16 SARN grants had a B2 rating at least once during 2005 and 1 grant a C rating. In comparison, out of the 18 WARN grants 8 or 44% had a B2 rating at least once during 2005 and 1 a C rating.

In 2007, SARN and WARN countries each had 20 Global Fund malaria grants, out of which 5 or 25% of SARN grants were rated B2, 8 or 40% of WARN grants were rated B2 and none C. The remainder were either B1 or better or not rated at all. Performance of Global Fund grants was thus better in SARN countries than in WARN countries in 2005 and 2007.

However this trend changed in the following years. By 2009, there were 20 Global Fund malaria grants in SARN countries and 30 in WARN countries. 5 or 25% of SARN grants were rated B2 and 6 or 30% were rated C at least once in 2009. This means that over 50% of SARN grants in 2009 had poor performance ratings. In comparison, out of the 30 WARN grants, 9 or 30% were rated B2 at least once during 2009 and only 3 or 10% were rated C at least once in 2009. Thus, while grant performance in WARN countries improved between 2007 and 2009, in SARN countries it declined.

Given this assessment, there is a clear need to support countries with the management of Global Fund grants. However, SARN is not perceived by global stakeholders to be the mechanism that calls attention to problems in countries and asks for help / intercedes on their behalf. While country progress has been discussed at the different meetings and regular desk reviews have been conducted, the outcomes of these activities remain somewhat unclear. Some stakeholders report that they have received support through the Global RBM Secretariat after reporting on delays in grant signing, but others have stated

that there was no follow up on reported bottlenecks. This is further underlined by the fact that the Global Fund Portfolio Manager for Mozambique and Angola had not heard of the either the RBM Partnership or SARN or its activities in this area.

The Coordinator for WARN on the other hand communicates quarterly with all relevant Global Fund Portfolio Managers. During each mission to Geneva, the Coordinator adds three days to his visit and meets with every Fund Portfolio Manager.

Recommendations "Programme Management":

- Increase focus on Global Fund grant performance, including by proactively reaching out to NMCP Managers, the Harmonization Working Group and Global Fund Portfolio Managers to track and help resolve program management bottlenecks. There is significant potential for SARN (and all SRNs) to match the best practice of WARN in scaling up this type of support. This should be easier now that a dedicated Coordinator is in place.

Figure 5.4 Global Fund grant performance SARN countries

Country	PR	Round	2003	2004	2005	2006	2007	2008	2009	2010	Phase 2
Angola	UNDP	3			B2	B2	B2	B2			Y
Angola	MOH	7						C	B2	B1	NA
DRC	UNDP	3			B2	NR/B2	B1	B2/B1	B1/A2		Y
DRC	PSI	8								NR	NA
DRC	UNDP	8								C	NA
DRC	ECC/ SANRU	8								A2	NA
Madagascar	PSI	1	B2/A1	A1							Y
Madagascar	MSANP	3			B1	B1	A1	A1/B1	B1		Y
Madagascar	MSANP	4			B2/C	C/B1	A1	A1/B1			Y
Madagascar	PSI	4			A1	B1	A1	A2/B1	NA/C		Y (RCC)
Madagascar	MSANP	7						B2	B1	B1	NA
Madagascar	PSI	7						B2	B1	B1	NA
Madagascar	Various	9	No data available								NA
Malawi	MOH	2				B1	B1				N
Malawi	MOH	7							C	NR	NA
Mozambique	MOH	2			NR/B1	B2	NR/B2	B2/NR	B2/NR		Y
Mozambique	MOH	6					B2	B2			Y
Namibia	MOH	2			B1	B1	A1/B1	A1/B1	B1		Y
Namibia	MOH	6					B2	B1	NR	NR	Y
Swaziland	NERCHA	2	A1	NR	NR	NR	NR	B1			Y
Swaziland	NERCHA	8							A2		NA
Tanzania	MOH	1	A1	A1	NR	B1	A1/B1	A2	B1/NR		Y (RCC)
Tanzania	MOF	4			B1	B1	B1	B1			Y
Tanzania	MOF	7						C	C	B2	NA

Country	PR	Round	2003	2004	2005	2006	2007	2008	2009	2010	Phase 2
Tanzania	MOF	8	No data available								NA
Zanzibar	MOH	1	NR	NR	NR/A1	A1					Y
Zanzibar	MOH	4			A1	A1/B1	A2	B1	A2		Y
Zanzibar	MOH	8	No data available								NA
Zambia	MOH	1	A1	A1/B1	B2/B1/NR	NR	NR/A1	NR			Y
Zambia	CHAZ	1	B1	B1	B2/B1/B2	B1	B1	B1			Y
Zambia	MOH	4				NR/B2	NR/B1	B1/NR/B1	B2		Y
Zambia	CHAZ	4			B2	B1	B1	A2/B2	NR/C		Y
Zambia	MOH	7						B2	B2/B1		NA
Zambia	CHAZ	7						NR/B2	B2/C/B2	B2	NA
Zimbabwe	MOH	1		B1	B1	B1	B1				Y
Zimbabwe	MOH	5					B2	B2/C	B2/C		N
Zimbabwe	UNDP	5							A1/B2	B2	Y
Zimbabwe	UNDP	8								B2/B1	NA
Zimbabwe	UNDP	8								B1/A1	NA

Figure 5.5 Global Fund grant performance WARN countries

Country	PR	Round	2003	2004	2005	2006	2007	2008	2009	2010	Phase 2
Benin	UNDP	1	B1	B1	B1	B1/B2					Y
Benin	AFRICARE	3			B1	B1	B1/A1	A2/B1	B1		Y (RCC)
Benin	CRS	7							B2	B1	NA
Burkina Faso	UNDP	2		A1/NR	NR/ B2						N
Burkina Faso	National Council to Fight Against HIV/AIDS	7						B1	B1/B2	NR	NA
Burkina Faso	Plan Burkina Faso	8							B2	C	NA
Burkina Faso	Programme d'Appui au Developpment Sanitaire	8							A2		NA
Cote d'Ivoire	CARE	6						B1/B2	B2		NA
Cote d'Ivoire	CARE	8									
Cote d'Ivoire	NMCP	8								C	NA
The Gambia	MOH	3			B2/A1/B1	A1	A1	A1	A1		Y
The Gambia	MOH	6					B1/B2	B1/A2	A1/A2	NR	Y
The Gambia	MOH	9	No data available								NA
The Gambia	CRS	9	No data available								NA
Ghana	MOH	2		B1/A1	A1/B1	A1	A1	A1			Y
Ghana	MOH	4			B1/A1	B1/A1	A1	A1	B1/B2		Y (RCC)
Ghana	MOH	8	No data available								NA
Ghana	AngloGold Ashanti Malaria Control Limited	8							NR	NR	NA

Country	PR	Round	2003	2004	2005	2006	2007	2008	2009	2010	Phase 2
Guinea	MOH	2		B2	B2	B2	B2	C/B2	B2/B1		Y
Guinea	MOH	6						C	C/B2	B2	NA
Guinea Bissau	UNDP	4			B2	B2	B2/B1	B1/B2			Y
Guinea Bissau	MOH	4			NR	NR	NR	NR/B2			Y
Guinea Bissau	MOH	6						C/B2	C/B2/B1		N
Liberia	UNDP	3				B1/B2/NR	NR				N
Liberia	UNDP	7						A1	A1/B1	A2	NA
Mali	MOH	1		B2	B1	B1					Y
Mali	MOH	6						NR/B2	B2/B1		NA
Mali	Groupe Pivot Santé Population	6					B1	B1/A1	A1		NA
Mauritania	UNDP	2		B1	B1	A1/B1	B1	NR/A2/B2	B2/B1		Y
Mauritania	UNDP	6						A1/A2/C	NR/B2	B2	NA
Niger	UNDP	3		B2	B2	B1					N
Niger	UNDP	3				B1	B1				Y
Niger	IFRC	4			B2/A1	B1	B1/A2				N
Niger	UNDP	5				B1	B1	A1/B1	B1/NR		Y
Niger	CRS	7						C/B2	A2/A1		NA
Nigeria	Yakubu Gowon Center	2			B2/B1/C	B2	B2				N
Nigeria	Yakubu Gowon	4			B2	B2	B2/B1/A1	B1	B1/NR		Y
Nigeria	SFH	4						C/B2/A1/A2	A2/NR/B1		Y
Nigeria	SFH	8							A2		NA

Country	PR	Round	2003	2004	2005	2006	2007	2008	2009	2010	Phase 2
Nigeria	Yakubu Gowon Center	8							NR	NR	NA
Nigeria	NMCP	8							NR		NA
Senegal	MOH	1	No data available								N
Senegal	MOH	4			B1	B1/A1	B1/B2	B1/B2	A2		Y
Senegal	MOH	7						A2	A2/B1	B1	NA
Sierra Leone	Sierra Leone Red Cross	4			B2	B2/NR	NR/B1				N
Sierra Leone	MOH	7						B1	C/B2/B1	B1	NA
Togo	UNDP	3		B2	B1	B2	B2/B1	B1/B2			Y
Togo	UNDP	4				B2	B2	B2/B1	B1		Y
Togo	UNDP	6						B2/C/B1	A2		Y

5.4 Role 4: Resource mobilization

5.4.1 Relevance

The focus in the next five years will not be so much on mobilizing new resources but on implementing existing resources more efficiently – through supporting program management by identifying bottlenecks and encouraging peer learning.

5.4.2 Effectiveness

SARN has concentrated on providing support to countries to develop their Global Fund proposals. Other activities such as advocacy for increased internal resources have not been supported thus far. The table below provides an overview of the implemented activities in this area.

Figure 5.6 Activity overview for role four

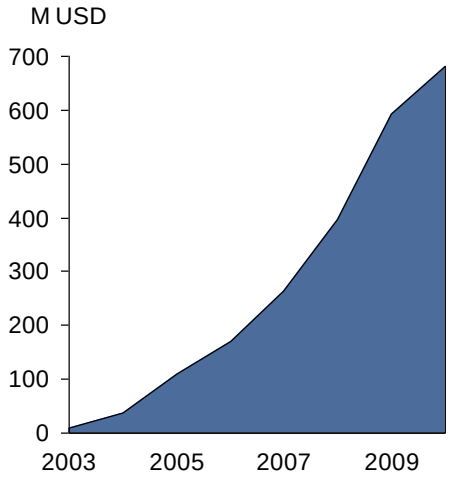
Category	Rating	SARN activities
Technical assistance for the development of proposals	Performance Moderate Trend ↗	2007: • Mobilized TAs for Angola, DRC, Malawi, Tanzania, Zanzibar and Zambia in collaboration with the HWG to develop Round 7 proposal (5 out of 7 successful) • Sponsored the participation of representatives from Namibia and Zimbabwe at GF R7 training workshops 2008: • Provided support to Swaziland for consultants and participation in Mock TRP • Mobilized TA from MACEPA for Zimbabwe (MACEPA support) and from HWG for Mozambique 2008 and 2009: • Provided support to the proposal development for GF rounds 8 and 9 for the Trans-Zambezi initiative, including funding of the proposal draft team and funding of participation of the mock TRP in Kenya
SARN participation at health sector partners annual planning meetings in their countries	Performance Poor Trend -	• This activity has not been implemented by SARN.

5.4.3 Technical assistance for the development of proposals

A number of countries have been supported through the Harmonization Working Group (HWG) to develop their Global Fund applications. SARN's role is to flag to the HWG which countries they think need to apply for new Global Fund resources. In some cases they may choose to support countries not prioritized by the HWG. Seven countries were supported in their Round 7 proposals; five of which were successful (DRC and Zanzibar were not successful). Effective resource mobilization assistance was provided by SARN to Zanzibar

and Swaziland in 2008 for a mock TRP. Both countries were given Round 8 funding to the value of around 10M USD. The SARN Coordinator has been an active participant in Harmonization Working Group calls to identify needs for proposal support for Round 10 in 2010.

Figure 5.7 Disbursement of Southern African Global Fund malaria grants 2003-2010



The graph provides an overview of overall funds disbursed from 2003 to 2010 by the Global Fund to Southern African countries for malaria. There has been a sharp increase in particular since 2006. Funds disbursed in 2006 amounted to approximately 170M USD, whereas overall funds disbursed accumulate to 680M USD. Thus, there were disbursements of approximately 510M USD between 2006 and 2009.

5.4.4 SARN participation at health sector partners annual planning meetings in their countries

SARN has not participated at health sector partners' annual planning meetings, nor were there any funds allocated to this activity in the grant. Country level partners did however participate in the annual planning and review meetings. Given the funding shortfall at the Global Fund it might be relevant for SARN to make more efforts to mobilize resources at the country level by promoting the co-development of three year business plans with national level partners. Likewise there is a need to find additional sources of funding for two elimination countries – South Africa and Botswana – which are too high income and low malaria burden to be eligible for Global Fund resources.

Recommendations "Resource Mobilization":

- The focus to 2015 will not be so much on mobilizing new resources as on spending the existing money efficiently. The suggested reprogramming of the grant to reduce focus on resource mobilization is appropriate.
- There will however be a need to find additional sources of funding for two elimination countries – South Africa and Botswana – which are too high income and low malaria burden to be eligible for Global Fund resources.

6 Impact on country level malaria control efforts

The RBM Partnership is aiming to reach universal coverage by 2010 and zero deaths from malaria by 2015. In most Southern African countries, malaria morbidity and mortality has declined since 2000. Notable exceptions are Malawi that has seen an increase of about 1.3 million cases (37%) between 2000 and 2008 and a rise in deaths of about 3,000 (63%), and Angola whose case count is rising, but only marginally. However, it has to be acknowledged that SARN was only launched in 2007 and data for many indicators is only available until 2008.

Figure 6.1 Summary of Progress in Malaria Cases and Deaths between 2000 and 2009

	Malaria Cases	Malaria Deaths
Angola	Increasing	Decreasing
Botswana	Decreasing	Decreasing
DRC	Unchanged	Unchanged
Madagascar	Decreasing	Decreasing
Malawi	Increasing	Increasing
Mozambique	Decreasing	Decreasing
Namibia	Decreasing	Decreasing
South Africa	Decreasing	Decreasing
Swaziland	Decreasing	Decreasing
Tanzania Mainland	Decreasing	Decreasing
Tanzania Zanzibar	Decreasing	Decreasing
Zambia	Decreasing	Decreasing
Zimbabwe	Decreasing	Decreasing

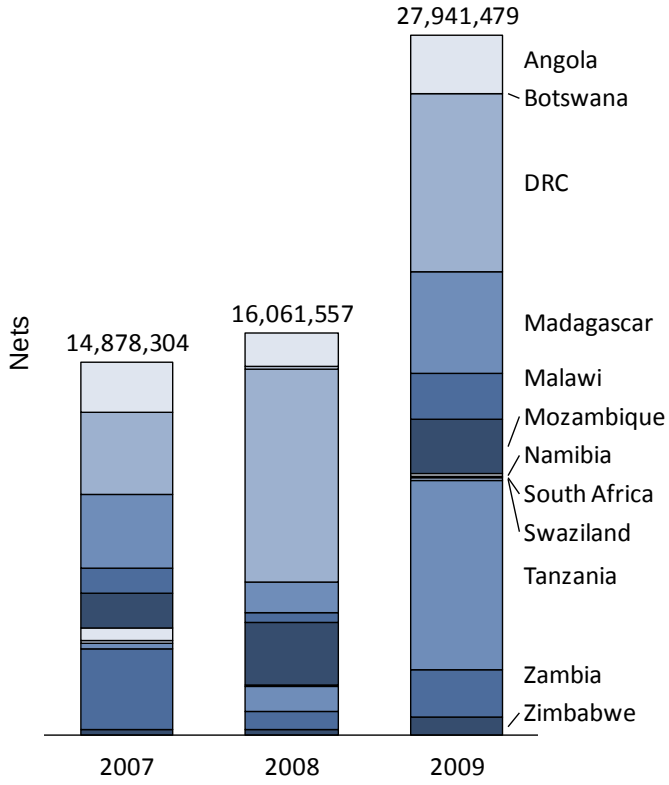
Source: Unpublished WHO/IST Data 2010

Coverage of LLINs has nearly doubled in Southern Africa between 2007 and 2009 from 14.8M to 27.9M, primarily due to the rapid scale up of LLINs in DRC, Swaziland, Tanzania and Zimbabwe in recent years. Zambia and Madagascar are two of Africa's top performers according to a recent RBM study with LLIN coverage of 62% and 57% respectively.[15] The Office of the UN Special Envoy for Malaria estimates that Swaziland will have achieved universal coverage of nets in 2010, while DRC, Malawi, Mozambique, Tanzania and Zambia will achieve universal coverage in 2011 based on financing provided for nets in 2010.[16]

[15] World Malaria Day 2010: Africa Update, Roll Back Malaria Progress and Impact Series Figure 2.3. Zambia figure for 2008, Madagascar figure for 2008/9

[16] Melanie Renshaw, Office of the UN Special Envoy for Malaria. Angola and Zimbabwe's universal coverage is at this stage not determined. South Africa, Botswana, Madagascar and Namibia were not assessed.

Figure 6.2 LLIN coverage by country between 2007 and 2009



Other coverage indicators are less well documented, with little publically available data for 2009 and 2010.

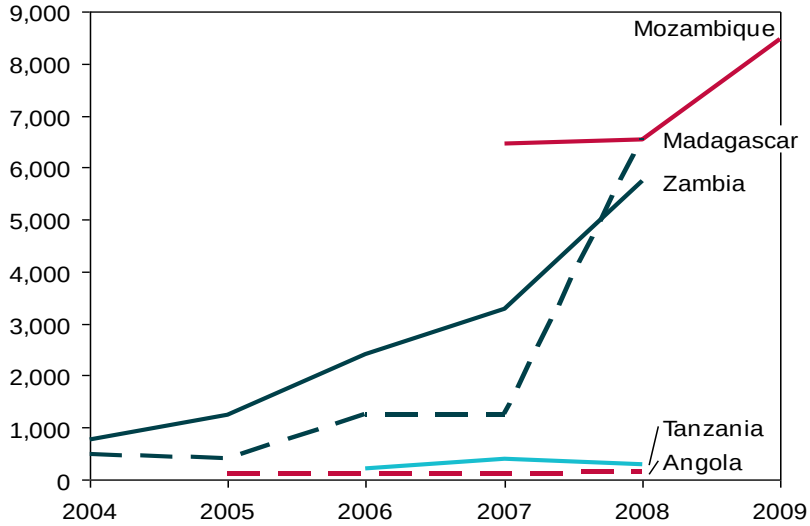
ACT coverage in Angola, DRC, Madagascar and Zambia shows broad improvements of between 23% and 103% between 2007 and 2008 while Mozambican ACT coverage dropped by ~1.3M doses (22%) between 2007 and 2008.[17]

Angola, Botswana, Madagascar, Namibia, South Africa, Swaziland and Zimbabwe all covered 72-110% of eligible areas for IRS spraying in 2007 and 2008.

[17] World Malaria Report 2009

Figure 6.3 IRS coverage in Zambia and Mozambique between 2004 and 2009

(thousands of people protected)



Source: World Malaria Report 2009; NMCP Data for Mozambique

Eight of twelve Southern African countries are actively moving towards elimination, holding regular E8 meetings and thinking through elimination strategies.[18] The challenge for the next two years will be to keep all countries moving forward at a faster pace. Despite rapid increases in funding for Southern African countries (see Figure 9); Angola, DRC, Malawi, Mozambique and Zimbabwe need to further scale up coverage in order to meet 2015 MDGs.[19] Tanzania and Madagascar have wide scale implementation of malaria control activities to more than 50% of the population at high risk nationally or sub-nationally, but have not yet attained sustained control status.[20] Botswana, Namibia, South Africa, Swaziland and Zambia need to sustain control[21] and start considering how to convert their malaria programs from control to elimination.

6.1 Mozambique Case Study

Historically, Mozambique has had a relatively fragmented country partnership with little collaboration. A recent change in NMCP Manager and Minister of Health have led to closer partner collaboration towards the end of 2010 through activities like the MPR and the reinstatement of monthly Malaria Technical Group meetings. Malaria funders in Mozambique include GFATM R2, R6, R9 (and if you include LSDI R2 and R5), PMI 2007-2010 and the World Bank Booster Program for Malaria 2007-2010. Insufficient human capital in the malaria department has constrained activities. For example, the Ministry of Health has no permanent M&E staff on their payroll at the NMCP. M&E specialists are funded by PMI on a short term basis. Logistics, supply chain and M&E were highlighted as key bottlenecks by members of the partnership.

[18] WHO does not consider any of these countries to be at the elimination stage yet (World Malaria Report 2009)

[19] SUFI countries with limited evidence in reduction of malaria cases 2000-2008 (World Malaria Report 2009)

[20] SUFI countries with wide scale implementation of malaria control activities (World Malaria Report 2009)

[21] Reduction in Malaria cases 2000 – 2008 of over 50% (World Malaria Report 2009)

Figure 6.4 Morbidity and mortality statistics in Mozambique between 2007 and 2010

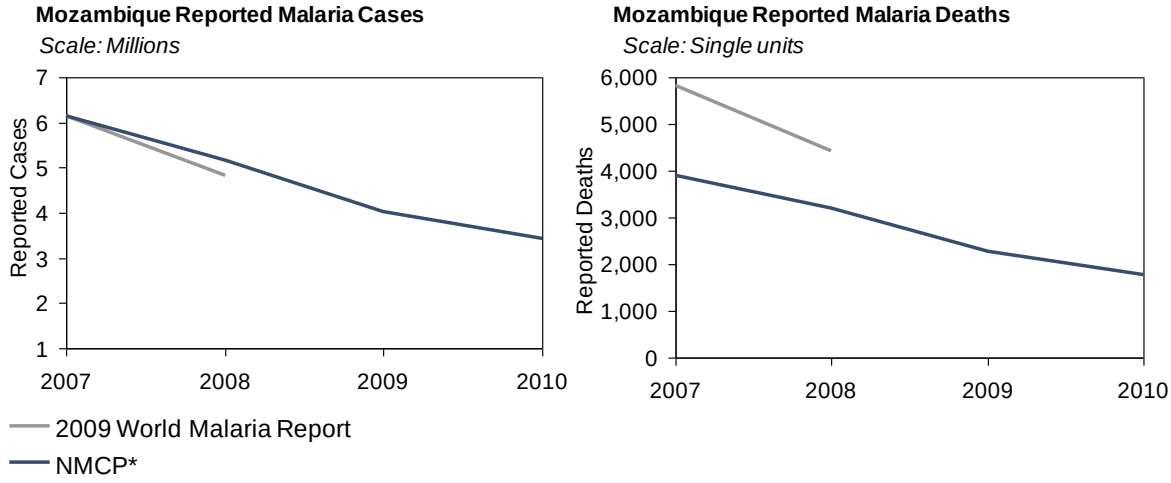
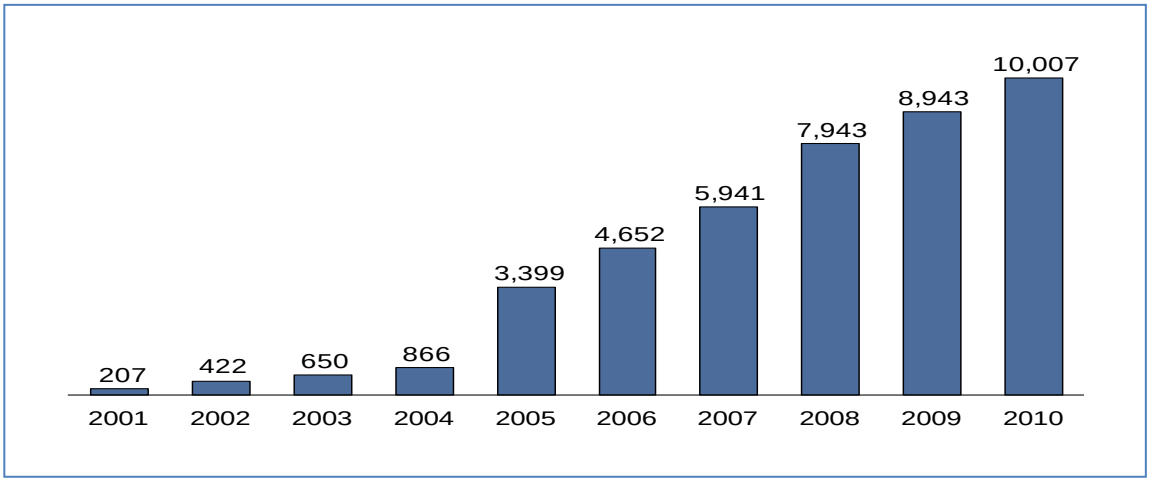


Figure 6.5 Estimated child lives saved between 2001 and 2010



Morbidity and mortality figures in Mozambique have dropped consistently between 2007 and 2010 by 44% and 54% respectively. In addition, an estimated 32,834 under 5 child lives were saved between 2007 and 2010, compared to just 10,196 between 2001 and 2006.[22]

SARN has assisted Mozambique through the following activities:

- 2007-2010: Participation in Steering Committee, annual planning and review meetings and semi-annual NMCP Manager meetings
- 2007: Mission to assist Mozambique update their malaria strategic plan
- 2007: Global Fund Round 7 support for proposal development
- 2008: Partially completed capacity assessment
- 2008: Elimination learning trip to Mauritius for E8 countries
- 2008: Joint mission conducted with the World Bank to encourage the development of a business plan, progress review and funding support

[22] Roll Back Malaria Progress ad Impact Series September 2010: Saving Lives with Malaria Control: Counting Down to the Millennium Development Goals

- 2008-2009: Mock TRPs for GFATM R8 and R9 held in South Africa and Kenya
- 2009-2010: Assistance with rescheduling malaria milestones for new strategic plan
- 2010: MPR partially funded by SARN (45,000 USD), with a request for an additional 20,000 USD under review currently; MPR training conducted with NMCPs

Attribution to SARN is challenging, partly because of the myriad factors that affect outcomes and partly because of the lack of accurate tracking in target countries. Nevertheless, there is anecdotal evidence from interviews that shows how regular meetings of NMCP Managers and regional actors has led to knowledge sharing that has facilitated the planning and smooth implementation of national strategies.

For example the Mozambican NMCP Manager had struggled prior to 2008 with the distribution of batches of 500,000 nets and found the process 'a nightmare'. During the Johannesburg Steering Committee meeting Mozambican delegates learned about Zambia's techniques for mass distribution, which were implemented upon their return. That year, two successful campaigns were run in Mozambique based on the advice received from Zambia. Looking at LLIN coverage, we see an increase of 79% from 2007 to 2008 (1.3M to 2.4M nets distributed), which was sustained in 2009 with 2.2M nets distributed.

6.2 Zambia Case Study

Zambia has a strong, formalized country partnership, led by the National Malaria Control Centre with active collaboration in the implementation of activities like the Malaria Indicator Survey (MIS) and the MPR. Development players include GFATM (R1, R4, R7), PMI (2007-2010) and WBB (2005-2010). NGOs like the Churches Health Association of Zambia and Malaria Consortium are key players. Private sector representation appears lower.

Between 2006 and 2010, the in-country partnership has experienced some marked successes. There has been effective coordination of local partners to meet national malaria goals through agreed upon annual action plans. The MIS survey was competed in 2006, 2008 and 2010 and the MPR was conducted in 2010. However, fraud detected in the procurement department of the Ministry of Health was identified by the Zambian Government in mid-2009, affecting both GFATM and WBB funding. This has resulted in a change of recipient from the Ministry of Health to the UNDP with funding restricted to commodity purchases. The Ministry of Health has had to allocate 2011 funding to make up the shortfall for 2010. WBB has also frozen funding (for example IRS spraying for 2010) until repayment of 1.3M USD is made. The funding shortfalls have had an impact on the disease burden in Zambia as can be seen in the Figure below. While the western part of the country has made good progress, the northern and eastern regions have seen a reversal of malaria trends explained by officials due to a lack of sufficient ITNs.

Figure 6.6 Parasitaemia rates by province in Zambia between 2006 and 2010

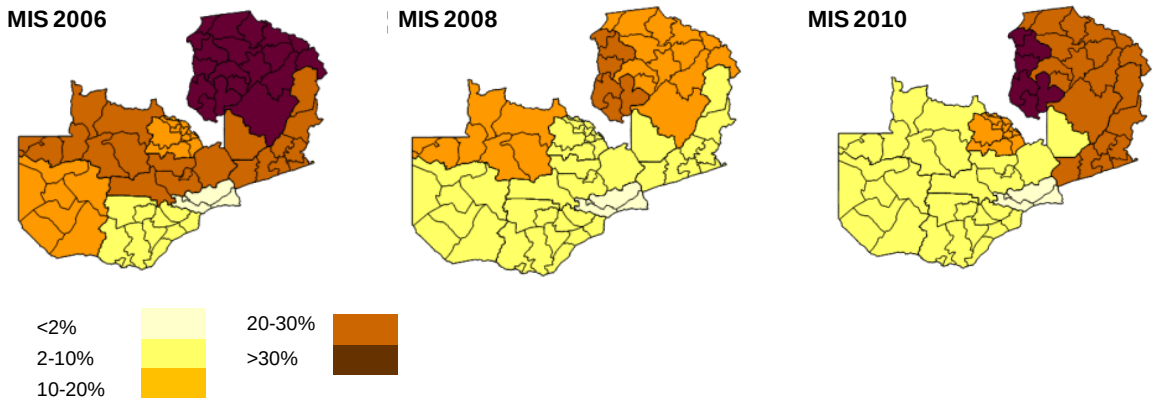
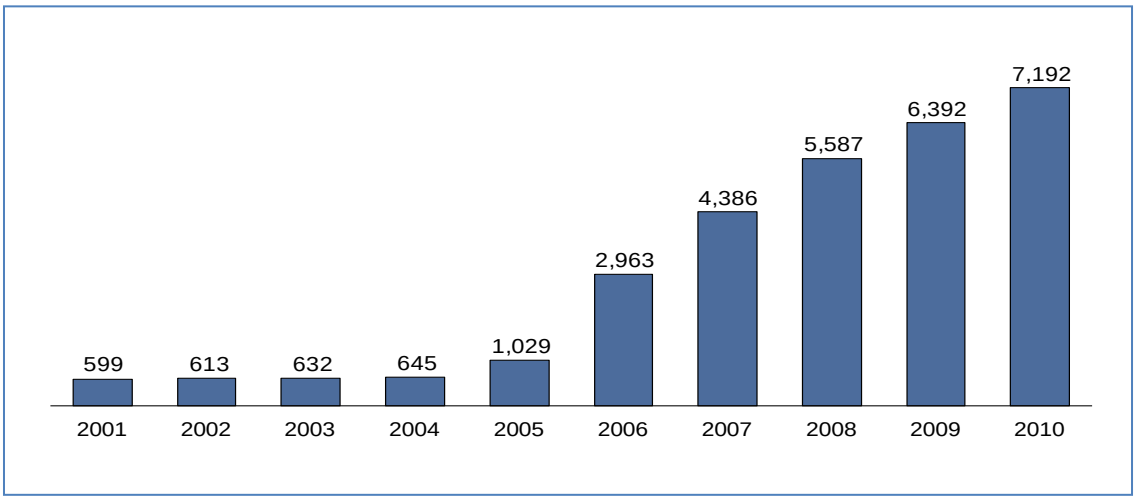


Figure 6.7 Estimated child lives saved between 2001 and 2010



RBM's recent study on estimated malaria deaths in children aged between one and fifty nine months old, estimates that interventions in malaria in Zambia between 2007 and 2010 lead to 23,557 child lives being saved over the period, compared to 6,481 between 2001 and 2006.[23]

SARN has assisted Zambia through the following activities:

- 2007-2010: Participation in Steering Committee, annual planning and review meetings and semi-annual NMCP manager meetings
- 2008: Bottleneck assistance to Zambia to reduce the delays of GFATM disbursements
- 2008: Mission to Namibia for training on the Malaria Indicator Survey
- 2008-2009: Trans-Zambezi proposal preparation
- 2010: MPR partially funded by SARN (USD 45,000); training conducted with NMCPs

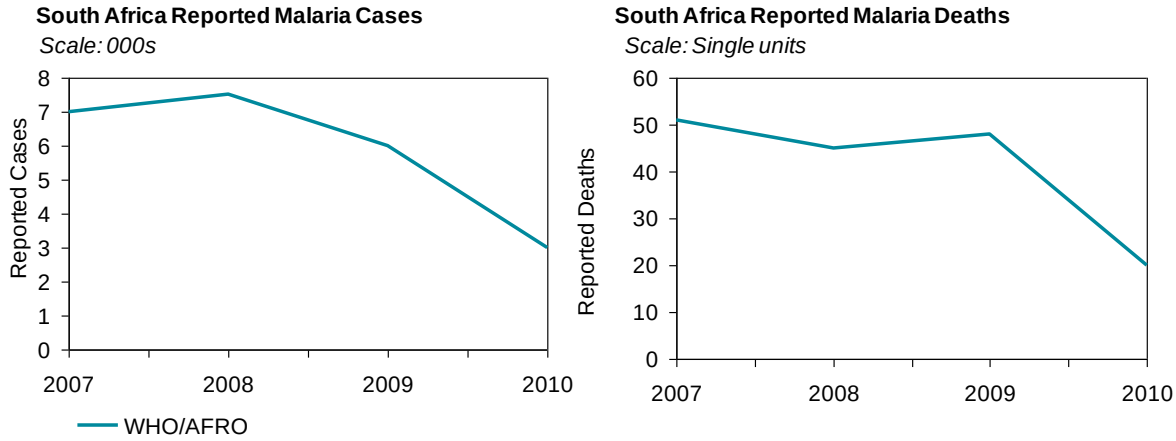
[23] Roll Back Malaria Progress ad Impact Series September 2010: Saving Lives with Malaria Control: Counting Down to the Millennium Development Goals

The Zambian NMCP has been used as a case study on a number of occasions to facilitate the learning process of other countries. Due to the strength of the in-country partnership, SARN has been relatively less involved with bottleneck resolution and resource mobilization activities. The MPR has been consistently highlighted as a particularly valuable study, although it is too early to assess the impact of this activity.

6.3 South Africa Case Study

The South African partnership is traditionally small, given the relatively low burden of disease. Key partners work closely together including the NMCP, WHO, CHAI and the Medical Research Council of South Africa. The private sector has a relatively strong presence, particularly in IRS. South Africa does not have live malaria grants from GFATM, WBB and PMI. The South African Minister of Health is currently SADC representative on the RBM Board. South Africa belongs to the group of five African low transmission countries which have achieved sustain control status – meaning a >50% reduction in malaria cases and deaths since 2000. Consistently high operational IRS coverage of affected areas with over 90% since 2008 has helped reduce morbidity.

Figure 6.8 Morbidity and mortality statistics in South Africa between 2007 and 2010



South Africa has been an active participant in a number of cross border initiatives, including the Lubombo Spatial Development Initiative (South Africa, Mozambique and Swaziland), the Trans-Limpopo Initiative (South Africa and Zimbabwe) and MOZIZA (Mozambique, Zimbabwe and South Africa). The NMCP is actively shifting its strategic focus towards elimination due to the results of the SARN supported MPR held in 2009. Members of the in-country partnership have been grateful for SARN's support in the MOZIZA grant proposal.

SARN has assisted South Africa through the following activities:

- 2007-2010: Participation in Steering Committee, annual planning and review meetings and semi-annual NMCP manager meetings
- 2009: MPR funded by SARN
- 2010: Support for E8 meeting in Maputo in which South Africa participated
- 2010: Supported cross border initiative MOZIZA by presenting to regional coordinating mechanism, data collection and meeting support

7 Efficiency of grant funding expenditure

The initial grant of the Bill & Melinda Gates Foundation for the establishment and running of SARN amounted to 5.06M USD. The grant covered the period between October 2006 and October 2011. Due to under-spending in the first 3 years of approximately 840K USD (approximately 25% of the amount budgeted for the first three years), the grant has been extended until June 30, 2012. The under-spending was the result of lower expenditures for personnel, due to the difficulties in hiring a permanent Coordinator and the knowledge management officer, as well as significantly less spending on resource mobilization against the initial budget.

The table below provides an overview of the actual spending to 2009 and the budget forecasts for the years 2010 to 2012. Approximately 20% of the overall grant is planned to be spent on personnel,[24] 28% on knowledge management, 31% on program implementation, 4% and 5% on program management and resource mobilization respectively and 13% on WHO project support costs (PSC).

Figure 7.1 Actual expenditure and budget 2007 – 2012 (in USD)

Budget item	2007	2008	2009	2010 (F.)	2011 (F.)	Half year 2012 (F.)	Total
Personnel	**136K**	**175K**	**137K**	**130K**	**246K**	**125K**	**950K**
Coordinator	42K	86K	47K	45K	109K	55K	384K
Administrative assistant	30K	35K	36K	48K	49K	25K	222K
Knowledge and IMS manager	22K	0	0	37K	88K	45K	191K
Supervision by RBM Partnership Secretariat	42K	54K	54K	0	0	0	151K
Knowledge management	**171K**	**222K**	**157K**	**330K**	**325K**	**213K**	**1 422K**
Travel to annual and Steering Committee meetings	144K	216K	154K	275K	295K	163K	1 250K
Consultants	3K	0	0	40K	0	40K	83K
Contracted Services	24K	6K	3K	15K	30K	10K	89K
Program implementation	**397K**	**231K**	**363K**	**240K**	**240K**	**120K**	**1 591K**
Travel (incl. travel support for bottleneck resolution and M&E workshops)	218K	231K	307K	60K	60K	30K	906K
Consultants	179K	0	56K	0	0	0	235K
Sub-grants (MPRs)	0	0	0	180K	180K	90K	450K
Program management	**0**	**0**	**0**	**60K**	**120K**	**30K**	**210K**
Travel	0	0	0	20K	60K	20K	100K
Consultants	0	0	0	40K	60K	10K	110K
Resource Mobilization	**9K**	**114K**	**136K**	**0**	**0**	**0**	**258K**
Travel (Support to TMZI and other GF applications)	9K	114K	136K	0	0	0	258K

[24] Note that the expenditure on personnel is included under knowledge management in the budget, however has been singled out for analysis purposes in this report

Budget item	2007	2008	2009	2010 (F.)	2011 (F.)	Half year 2012 (F.)	Total
Other	0	4K	0	3K	0	0	7K
WHO PSC	93K	97K	103K	104K	121K	63K	582K
Total	806K	843K	896K	908K	1 052K	551K	5 056K

Besides personnel that accounts for 20% of the budget, the main budget category across the different roles is expenditure for travel to different meetings, totalling 1.57M USD. Travel support for participants of the annual review and planning meetings is 736K USD and the quarterly Steering Committee meetings is 214K USD. Travel for the Global RBM Secretariat in its supervision function is budgeted at 296K USD. In addition, the semi-annual bottleneck resolution workshops under program implementation have accounted for 320K USD to date, but are not budgeted for in the years 2010 – 2012.

Sub-grants form a considerable part of the program implementation role. This budget line reflects the allocated 45K USD per country for the Malaria Program Reviews.

To date, limited resources have been spent on program management and resource mobilization. The main part of the travel budget recorded under resource mobilization was used to support the Trans-Zambezi proposals for Round 8 and 9.

Overall, the spending and budget is in line with the observed relevance and effectiveness of the different roles as described in the previous chapter and can thus be considered cost effective. The roles that are seen as most relevant and effective have been allocated the majority of the budget. For example, the different meetings that provide a forum for knowledge sharing as well as regional coordination are seen as the key role for SARN to play, which is in line with the expenditure for these items. Similarly, activities under program implementation which represent 31% of the overall grant expenditures have been regarded as relevant and effective. Furthermore, fully loaded spending on personnel of less than 1M USD for a five year period for a Coordinator, administrative manager and for the last two years for an information manager is relatively low. Given the importance of the Coordinator for the Network and his potential reach and impact across 12 countries, this can be considered as highly cost effective.

SARN has under-spent considerably under the role of resource mobilization in the past years. Furthermore, the recent reprogramming of the grant has cancelled the initial budget under this role and calls for other RBM structures to perform this role. Unless SARN can sufficiently secure support for countries from other groups such as the Harmonization Working Group, this decision might become a bottleneck for future funding rounds. However, it is also true that priorities might have shifted towards bottleneck resolution, given the fact that countries have been able to secure funds, but have had considerable difficulties with managing the grants.

The table below provides further details on the recent re-programming of the grant. It provides an overview of how the remaining budget is planned to be spent and how this differs from the initial plan.

Figure 7.2 Reprogramming of the budget in USD

Budget item	Budget for years 2010 - 11 per grant agreement	Proposed budget for years 2010 – 2012 (half year)	Percentage Variance
Knowledge Management	1 103K	1 372K	+24
Personnel	568K	501K	-12
Travel	308K	733K	+138
Consultants	37K	80K	+116
Supplies	2K	0	-100
Contracted Services	168K	55K	-67
Equipment	20K	3K	-85
Porgramme Implementation	244K	600K	+168
Travel	224K	150K	-33
Consultants	20K	0	-100
Sub-grants	0	450K	NA
Program Management	0	250K	NA
Consultants/Travel	0	250K	NA
Resource Mobilization	112K	0	-100
Travel	112K	0	-100
Sub-Total	**1 459K**	**2 222K**	
WHO indirect costs (PSC) 13%	189K	288K	
Total	**1 649K**	**2 511K**	

The budget for travel has been increased by 138%. This also includes a new budget line of 150K USD to support travel for cross border collaboration. Given the positive feedback and perceived relevance of the cross border initiatives and the meetings in general, this seems a reasonable adjustment. It might also be realistic to assume that as country stakeholders take increasing ownership for the Network, travel support will likely have to increase, as travel support is traditionally given to country stakeholders. Budget for program implementation will increase by 168% which is primarily driven by the increased amount allocated to the Malaria Program Reviews.

Recommendations "Efficiency":

- SRN funding for other activities should be viewed as catalytic and should, to the extent possible, be allocated in partnership with other funders. The MPR process which required countries to raise part of their own funding, increased buy-in for the activity and consequently its results.

- Network members should not see themselves as beneficiaries of SRN funding but rather as contributors. Partners should not "lend" money to the Network without getting a signed agreement, and in any case should see themselves as co-contributors rather than creditors. This will make the Networks more sustainable.

8 Conclusion

Overall after a slow start, SARN is now on track to meet its objectives to support countries to ensure effective implementation and better use of resources for malaria control. While there were challenges in the beginning with the hosting arrangement with SADC that limited SARN's effectiveness, the hosting arrangement is now working well. With a permanent Coordinator finally in place, SARN is in a good position to move forward. SARN is valued as a multi-stakeholder forum for peer learning and sharing best practices. SARN is uniquely positioned to support cross border initiatives which will become increasingly important as SARN countries move towards elimination. Countries have been able to secure a significant increase in funding in recent years, and so the priority for the remainder of the grant will be to help countries to use this funding efficiently. Program management support will be key.

8.1 Scorecard against plan funded by the BMGF grant

Category	Rating	SARN activities
Role 1: Knowledge Management		
Quarterly meetings (sub regional partners)	Performance Strong Trend ↔	Regular Steering Committee meetings took place: • 2007: Four quarterly meetings • 2008: Three quarterly meetings • 2009: Four quarterly meetings • 2010: Four quarterly meetings
Annual planning and review meetings (all partners)	Performance Strong Trend ↔	Regular annual planning and review meetings took place: • 2007: Annual planning and review meetings in Dar es Salaam and Maputo pre the official launch of the Network • 2008: Annual planning and review meeting in Lusaka • 2009: Annual planning and review meeting in Windhoek • 2010: Annual planning and review meeting in Zanzibar
SARN website, information center and web-based knowledge sharing platform	Performance Moderate Trend ↗	• SARN website exists as part of RBM website, but with limited content • Information centre has not been established within SARN to date. Web function is fulfilled in the Global RBM Secretariat • However, a knowledge management officer has been recruited and will start work in January 2011 and is expected to start the transfer of the SARN Information Centre from Geneva to the SARN Secretariat in SADC
Cross border harmonization of policies and strategies	Performance Strong Trend ↗	• Supported the development of the Malaria Strategic Plan and Malaria Elimination Plan that was approved by SADC Health Ministers in 2007 • 2007-2010: Supported development of the unsuccessful Trans-Zambezi Initiative (TZMI) Global Fund proposal. TZMI is still being supported. Supported study tour to Lubombo Spatial Development Initiative

		• Supported the creation of a Regional Coordinating Mechanism for GFATM proposal development across countries. The RCM was approved by the SADC Health Ministers • 2008-2010: Supporting the Elimination 8 initiative by funding a study tour to Mauritius, supporting an E8 meeting in Windhoek and organizing an E8 meeting in Maputo • 2009: Supported a Trans-Limpopo Malaria Initiative meeting • 2010: Supporting the Global Fund Round 10 proposal for the MOZIZA initiative between Mozambique, Zimbabwe and South Africa • 2010: Supporting launch of Trans-Kunene Malaria Initiative
Role 2: Program implementation		
Technical assistance for the evaluation and development of strategic plans	Performance Very strong Trend ↗	• Supported Mozambique to update their malaria strategic plan in 2007 and 2008 through joint mission from Global RBM Secretariat, UNICEF, WHO and World Bank and supported Mozambique in rescheduling malaria milestones for new strategic plan in 2009 /2010 • Mobilized TA to support South Africa, Botswana and Namibia to develop their elimination plans in 2008 • Provided training to NMCP Managers on the implementation of MPRs in 2009 • 2009/2010: Financed MPRs in: South Africa, Namibia, Botswana, Zambia, Malawi, Mozambique (ongoing), Angola (ongoing) and Tanzania (ongoing) • Supported Mozambique in rescheduling malaria milestones for new strategic plan in 2009 /2010
Technical assistance for capacity assessments and/or strengthening	Performance Moderate Trend ↔	• Supported Military Health Service Managers to conduct a bottleneck resolution and training workshop in Harare in 2007 and funded Military Health Services meeting in 2007 in Gaborone, in 2008 in South Africa and in 2009 in Zambia • Regular semi-annual NMCP Manager meetings to resolve bottlenecks have taken place since 2007 • Mobilized support for needs assessments in Zimbabwe (HWG, completed in 2009), Swaziland and Botswana (both supported through CHAI) • Capacity needs assessment for Mozambique partially completed
Technical assistance for the development of progress tracking capacity	Performance Strong Trend	• Developed progress tracking framework which resulted in better tracking system for the region • 2008: Funded Zambia, Zimbabwe and Namibia to attend MIS workshop. Mobilized TA and supported Swaziland,

	↗	Tanzania, Zanzibar and Zimbabwe to develop M&E plans for their Global Fund R8 proposals • 2009: Conducted a training workshop for all NMCP Managers on M&E and WHO data collection tools in collaboration with WHO IST • 2010: Supported workshop in Zanzibar in September 2010. Sent consultant to Malawi to analyze data.
• **Role 3: Program Management**		
Establish of Early Warning System for Global Fund grants	Performance Moderate Trend ←→	• Country progress discussed at each meeting • Regular desk review of GFATM grants conducted
Role 4: Resource mobilization		
Technical assistance for the development of proposals	Performance Moderate Trend ↗	2007: • Mobilized TA for Angola, DRC, Malawi, Tanzania, Zanzibar and Zambia in collaboration with the HWG to develop Round 7 proposal (5 out of 7 successful) • Sponsored the participation of representatives from Namibia and Zimbabwe at GF R7 training workshops 2008: • Provided support to Swaziland for consultants and participation in Mock TRP • Mobilized TA from MACEPA for Zimbabwe (MACEPA support) and from HWG for Mozambique 2008 and 2009: • Provided support to the proposal development for GF rounds 8 and 9 for the Trans-Zambezi initiative, including funding of the proposal draft team and funding of participation of the mock TRP in Kenya
SARN participation at health sector partners annual planning meetings in their countries	Performance Poor Trend -	• This activity has not been implemented by SARN.

8.2 Scorecard against new TOR from RBM Task Force 2

Function	Scorecard
Convene partners from across the sub-region on a regular basis	Yes annual planning and review meetings and semi-annual NMCP Manager meetings
Coordinate implementation support: the response to a particular implementation challenge or barrier, either through the collaboration of members of the SRN between themselves or by technical assistance from the Partnership to a sub-region or individual country	Could be more proactive at raising country Global Fund bottlenecks to the Harmonization Working Group
Coordinate the sub-regional contribution to the Partnership's response to global implementation barriers	So far limited evidence of sub-regional contribution to global implementation barriers
Coordinate RBM Endemic Country Board constituency	Yes through SADC reporting line to Health Ministers
Facilitate peer support and learning	Yes annual planning and review meetings and NMCP Manager meetings valued
Facilitate communication of Partnership consensus statements within the SRN and for their utilization across the SRN	Yes all countries familiar with GMAP
Facilitate best practice dissemination: Translation of global best practice to countries and best practice developed at country and SRN level to a wider global audience.	Yes. Malaria Program Reviews have been proven in SARN and have since spread to other SRNs (though Kenya did the first MPR, not in SARN)
Facilitate regional economic and political organizations: communicate to maintain malaria high on their agendas and retain political support for malaria control and elimination efforts	Yes by being hosted at SADC

9 Recommendations

Valuable lessons have been learned through the design and implementation of SARN over the last four years, some of which can be applied to other SRNs. While this evaluation was not able to focus on a full comparison with other SRNs, similar challenges were reported in the 2009 independent evaluation of the RBM Partnership, or were raised by stakeholders that have worked across SRNs.

SRN recommendations

- SARN's effectiveness and impact has been constrained by hosting challenges between 2007 and 2010. CARN has also suffered from hosting challenges and is currently negotiating a new hosting agreement. To facilitate this negotiation we strongly recommend that all SRN hosting MOUs should explicitly describe the service level expected from the host organization including: desk and office space, a computer with internet and printer access, fixed and mobile phone lines with the ability to make international calls and arrange conference calls, and speedy travel authorization processes.
- All SRNs should have sufficient funding designated in advance to support a two year contract for the SRN Coordinator and associated staff. The host organization should commit to providing SRN Secretariat staff with minimum 2 year contracts.
- Increased attention should be paid to the skill set of the SRN Coordinator. Given the fact that this individual is in most cases the only member of the Network who is 100% accountable for implementing the SRN work plan (partners also implement but have separate accountability lines to their own organizations), ensuring that the right individual is recruited for the job is essential. Key competencies include:
    - Good understanding of the complexity of partnerships, and of role as a facilitator rather than a technical advisor (though malaria knowledge is required)
    - Tact and diplomacy to navigate complex hosting arrangements with matrix reporting implications
    - Good organizational skills and persistence in following up between meetings
    - Ability to influence and persuade others to provide support, implement agreed upon actions and make decisions
    - Self-starter who can proactively anticipate country support needs
- SRN funding should be viewed as catalytic and should, to the extent possible, be matched by partners. The MPR process which required countries to raise part of their own funding increased buy-in for the activity and consequently improved its results.
- Network members should not see themselves as beneficiaries of SRN funding but rather as contributors. Partners should not "lend" money to the Network without getting a signed agreement, and in any case should see themselves as co-contributors rather than creditors. This will make the Networks more sustainable.
- The active engagement of NMCP Managers has led to a high degree of legitimacy and country ownership which strengthens mutual accountability. Country level stakeholders (in addition to sub-regional stakeholders) should be encouraged to participate actively in the SRN, particularly NMCP Managers. RBM's Operating

Framework should be amended accordingly (it currently recommends that SRNs should be for sub-regional rather than country stakeholders).

SARN-specific recommendations

- *Knowledge management:* SARN should focus on improving logistics and efficiency associated with annual planning and review meetings, Steering Committee meetings and semi-annual meetings of NMCP Managers. Specific attention should be paid to streamlining the agenda and giving participants more notice.
- *Program implementation:* Technical assistance funding will continue to be important for strategic planning, capacity assessments and progress tracking.
- *Program management:* SARN should increase its focus on Global Fund grant performance, including by proactively reaching out to NMCP Managers, the Harmonization Working Group and Global Fund Portfolio Managers to track and help resolve program management bottlenecks.
- *Resource mobilization:* The focus to 2015 will not be so much on mobilizing new resources as on spending the existing money efficiently. The suggested reprogramming of the grant to reduce focus on resource mobilization is appropriate.

10 Annex: List of interviewees

Interview type	Name	Organization	Position
Zambia case study	Mulakwa Robert Kamuliwo	NMCP, MOH	Director 2010
Zambia case study	Elizabeth Chizema	NMCP, MOH	Director 2008-2009
Zambia case study	Rodgers Mwale	UNICEF	Malaria Coordinator
Zambia case study	Fred Masaninga	WHO	Malaria Program Officer
Zambia case study	Allen Craig	USAID	Resident Advisor
Zambia case study	Oliver Lulembo	PMI	Resident Advisor
Zambia case study	Felton Mpasela	Society for Family Health (PSI)	Country Coordinator ACTwatch
Zambia case study	Chipupu Kandeke	Churches Health Association of Zambia	Head of Pharmaceuticals
Zambia case study	Boniface Mutombo	MACEPA	PATH Country Coordinator
Zambia case study	M Kamwela	MACEPA Path	Senior Program Assistant
Zambia case study	Boniface Maket	MACEPA	Deputy Country Coordinator
Zambia case study	Panganani Njobvu	Military Malaria Control - Zambia	Military Malaria Manager
Zambia case study	Mitra Feldman	Malaria Consortium	Country director
Zambia case study	John Makumba	World Bank Booster	Consultant
Mozambique case study	Nurbai Calu	NMCP, MOH	Director 2010
Mozambique case study	Teotonio Fumo	NMCP, MOH	Malaria M&E point person
Mozambique case study	Lt. Rosa Chambisse	Military Malaria Control - Mozambique	Military Malaria Manager
Mozambique case study	Eva de Carvalho	WHO	Malaria Program Officer
Mozambique case study	Frederico Brito	UNICEF	Malaria Coordinator 2010
Mozambique case study	Samuel Mabunda	NMCP, MOH	Director 2008-2010
Mozambique case study	Ivone Rungo	NMCP, MOH	Director 2007
Mozambique case study	G M Fernandes	NMCP, MOH	Vector Control Coordinator 2008-2009
Mozambique case study	Tim Freeman	UNICEF	Malaria Coordinator 2007-2010
Mozambique case study	Kate Brownlow	Malaria Consortium	Director 2007-2010
Mozambique case study	Sonia Casimiro	NMCP, MOH	Entomologist 1999-2007
Mozambique case study	Armindo Tiago	NMCP, MOH; Medical School	Malaria Case Management Expert
Mozambique case study	Juliette Morgan	CDC	PMI Advisor
Mozambique case study	Abdou Billow Mounkaila	USAID	PMI Advisor
Mozambique case study	Guidion Mathe	NMCP, MOH	M&E Assistant
South Africa case study	Eunice Misiani	NCMP, MOH	Manager

South Africa case study	Mary Anne Groepe	WHO	Malaria Program Officer
South Africa case study	Patrick Moonasar	Vector Borne Disease Directorate	Head
South Africa case study	Tej Nuthulanganti	Clinton Foundation	Program Analyst
South Africa case study	Anton Gericke	Avima	Director
Botswana	Allison Tatarsky	Clinton Foundation	Program Analyst
Malawi	Ketema Aschenaki Bizuneh	UNICEF	Malaria Focal Point
Namibia	Petrina Uusiku	NMCP Manager	SARN Steering Committee Chair
Tanzania	Alex Mwita	NMCP	Manager
Global RBM Partnership	Peter Olumese	WHO Global Malaria Program	Medical Officer (Treatment Guidelines & Policy), co-Chair of Harmonization Working Group
Global RBM Partnership	Suprotik Basu	Office of the UN Special Envoy for Malaria	Advisor, co-Chair of Harmonization Working Group
Global RBM Partnership	Melanie Renshaw	Office of the UN Special Envoy for Malaria	Africa Advisor
Global RBM Partnership	Oliver Sabot	Clinton Foundation	Vice President, Clinton Health Access Initiative
Global RBM Partnership	David Brandling-Bennett	Bill & Melinda Gates Foundation	Deputy Director, Malaria
Global RBM Partnership	Alberto Pasini	Global Fund to Fight AIDS, Tuberculosis and Malaria	Fund Portfolio Manager for Mozambique and Angola
Global RBM Partnership	Claude Rwagacondo	WARN	Coordinator
Sub-Regional Network	Paluku Kalenga-Mbudi Charles	WHO Inter-country Support Team	East and Southern Africa Malaria Control
Sub-Regional Network	Kaka Mudambo	SARN	Coordinator
Sub-Regional Network	Vonai Teveredzi	SARN	Former Coordinator
Sub-Regional Network	Boitumelo Lesaso	SARN	Finance Officer
Sub-Regional Network	J. Z. Kazadi	SADC	SADC Health Desk Malaria Coordinator
Sub-Regional Network	Joseph Mthetwa	SADC	Senior Program Officer for Health and Pharmaceuticals
Sub-Regional Network	Banyana Madi-Segwagwe	SADC	Responsible for AFDB project within SADC
Sub-Regional Network	Hendrix Tonde	SADC	HR Director
Global RBM Secretariat	Awa Coll-Seck, James Banda, Richard Carr, Betty Udom, Derrick Deane		ED, Country Support Team, Resource Mobilization