



**Minutes of the Teleconference Meeting held with Zimbabwe NMCP on 8th
January 2013 from 11:00 to 12:00 Hours**

SARN

Gaborone, Botswana



PRESENT

1. Program Manager : Dr. Joseph Mberikunashe (Zimbabwe NMCP)
2. RBM Secretariat : Dr James Banda
3. SARN Secretariat: : Col. (Dr.) Kaka Mudambo
: Mr. Daniso Mbewe
: Ms. Boitumelo Lesaso

2.0 APOLOGIES

- 2.1 There were no apologies.

3.0 AGENDA

- 3.1 Welcome Remarks
- 3.2 Dates for the PMI MOP
- 3.3 In-country PPP round table meeting (PS and CEOs)
- 3.4 2013 Roadmap
- 3.5 Gap Analysis
- 3.6 TA Plan
- 3.7 GF Bottlenecks
- 3.8 Joint Zambia-Zimbabwe World Trade Workshop
- 3.9 Progress on cross-borders (TZMI, MOZIZA and Matabeleland South)



4.0 WELCOME REMARKS

- 4.1 The meeting was chaired by Col. (Dr) Kaka Mudambo who called the meeting to order at 11:02 hours and welcomed all participants.
- 4.2 The Chairperson informed the meeting that the purpose of the meeting was to discuss items in the agenda and use this as standard practice during the beginning of each year. Dr Banda emphasized the need for detailed discussion on the GF.

5.0 DATES FOR THE PMI MOP

- 5.1 The Chairperson wanted to find out if Zimbabwe knew dates for the 2013 PMI MOP team in-order to determine SARN's mission to Zimbabwe which needed to be undertaken before end of 1st Quarter of 2013.
- 5.2 Dr Banda explained that the Global Malaria Action Plan describes three types of plans; (1) 5-year Strategic Plan; (2) 3-year Operational/Business Plan and (3) 1-year Work Plan. Strategic plans outline the high level programme goals and targets to be achieved in the 5 year period. The Operational/Business Plan indicates how the Strategic Plan would be operationalized over the next three years. The one year Work Plan provides much more detail on the activities to be completed during the year. He pointed out that the partnership had been systematic in developing and implementing 1 and 3 but not 2 - the Operational/Business Plan. He explained that the MOP provided an immediate test for development of business plan and presenting it to them during the MOP. He further said that GF would now provide funds for three years and this availed an opportunity to have a 3-year operational/Business Plan which would enable the GF and partners to buy-in.
- 5.3 Dr Mberikunashe said he did not know the dates for the visit by the PMI MOP team but only the month (May). He explained that the Financial Year for Zimbabwe starts in April and therefore the Zimbabwe NMCP Operational/Business Plan needed to be developed before April 2013.
- 5.4 The meeting agreed that SARN would carry out a mission to Zimbabwe between mid to end February 2013 during which Zimbabwe NMCP Operational/Business Plan would be developed and SARN would propose dates for the mission. It was also agreed that Richard Carr would forward a concept note on the development of Operational/Business Plan to Dr Mberikunashe and SARN Secretariat.
- 5.5 Dr Mberikunashe commended the support given by PMI which was provided in the areas of training in MIP and case management, procurement of nets, IRS requirements, and RDTs. He said that a challenge was noted in IRS as planning was done by a different agent and most of the time was not in agreement with the NMCP.



5.6 Dr Mberikunashe told the meeting that their MSP was ending in December 2013 and development to extend the current one to 2015 would be done before end of 2nd Quarter of 2013 and thereafter a 5-year MSP would be developed.

6.0 IN-COUNTRY PPP ROUND TABLE MEETING (PS AND CEO'S)

6.1 Dr Mberikunashe told the meeting that further contacts with Martha Mpisaunga would be made to make arrangements for the PPP meeting and once done, SARN would be informed. It was noted that there was an opportunity to bring together the private sector during the SARN mission to Zimbabwe.

7.0 2023 ROADMAP

7.1 Dr Mberikunashe said that the process of development of the roadmap would start now before the SARN mission to Zimbabwe. SARN asked Dr Mberikunashe to inform SARN as soon as possible if there was any support required.

8.0 TA PLAN

8.1 Dr Mberikunashe informed the meeting that the TA Plan would be developed alongside the roadmap.

9.0 GAP ANALYSIS

9.1 Col. (Dr) Mudambo noted that Zimbabwe had submitted their Gap Analysis and had received comments on the same.

9.2 Dr Mberikunashe informed that the meeting that some adjustments were being made in case management and M&E on quantification which was due to decline of the burden as noted in the 2012 MIS which was recently published.

9.2 Col. (Dr) Mudambo congratulated Zimbabwe on conclusion of 2012 MIS and in the significant decrease on the malaria burden and in turn Dr Mberikunashe thanked RBM and SARN for their technical and financial support.

10.0 GF BOTTLENECKS

10.1 Dr Mberikunashe informed the meeting that the GF grants were performing well and money was being disbursed for two quarters and there were no major challenges which were affecting implementation of GF grants.

10.2 He pointed out that the only challenge was in programme management, change in unit costs after the grant proposal was developed and approved and the NMCP would be discussing this with the PR and GF.

10.3 Dr Mberikunashe was encouraged to share bottlenecks if any as soon as possible even those which would be foreseen in-order to apply preventive measures.



11.0 JOINT ZAMBIA-ZIMBABWE WORLD TRADE WORKSHOP

11.1 Dr Mberikunashe informed the meeting that the PS was sensitized on the workshop which would be co-hosted with Zambia and Col. (Dr) Mudambo would send an updated concept note on the world trade workshop by close of the day of the meeting. It was agreed that the WTO joint workshop offers an opportunity for malaria advocacy and resource mobilization. Since the TZMI Business Plan and the region MPR report have been published, the WTO offers an opportunity for using these two documents for resource mobilization for the TZMI cross-border initiative.

12.0 PROGRESS ON CROSS-BORDERS (TZMI, MOZIZA AND MATEBELELAND SOUTH)

12.1 Col. (Dr) Mudambo informed the meeting that SARN will soon be distributing the TZMI Business Plan and a regional MPR report to the NMCPs which could be used to mobilize resources from partners. Dr Mberikunashe welcomed this development and that the two documents add a lot of value to their operations as NMCPs and also for the partners. Dr Mberikunashe informed the meeting that launch of the Matabeleland South Province pre-elimination programme was done in Gwanda District in December 2012 where political and provincial leadership was present. He further indicated that the Elimination coordinator recruited with the GF funds has started well and is now ensuring participation and ownership by the communities and districts. The SARN Focal Point emphasized the need for the Elimination coordinator to strengthen collaboration with the districts in Botswana, Mozambique and South Africa. He further stressed that Botswana are having problems with increased malaria cases in the district of Bobirwa which borders both South Africa and Zimbabwe along the Limpopo River.

12.2 Dr Mberikunashe further informed the participants that the Matabeleland Pre-elimination Coordinator is already organizing distribution of materials in districts and training of health teams in wards and this has already started making differences in terms of awareness levels in the province.

12.3 He also informed the meeting that a pre-elimination assessment of Matabeleland Province was carried out.

12.4 Col. (Dr) Mudambo informed the meeting that the PS and NMCP Manager for Botswana were willing to include Bobirwa district in MOZIZA as soon as possible. Dr Mberikunashe said that Zimbabwe could support Botswana in terms of training through Matabeleland Pre-elimination Coordinator.

12.5 Dr Mberikunashe asked SARN if it was possible to support two people including the Coordinator for pre-elimination for peer learning visit to Swaziland especially on use of cell phone for reporting of cases and other areas of good practice in elimination. He was advised to send the request to SARN for consideration.

13.0 CLOSING REMARKS

13.1 The Chairperson thanked Dr Mberikunashe for availing himself for the TC and noted that the meeting was fruitful. He promised that the report would be ready before the end of the



day of the meeting. The chairperson also thanked to Dr Banda participating in the TC. The meeting was closed at 12:00 hours.