



Southern African Regional
Network SECRETARIAT

SARN REPORT OF THE JOINT SARN-GF MADAGASCAR MISSION

ANTANANARIVO, MADAGASCAR

16 - 18 September 2013

**SARN
Gaborone, Botswana**

1.0 BACKGROUND

Madagascar is currently implementing GF R7 and NSA which were audited by the OIG and the report indicated several abusive practices in connection with procurements by the PRs (UGP and SALAMA). These challenges including some un-addressed CPs were delaying NSA Grant signing. The GF has insisted that vehicles purchased under R3 and 4 should be returned for accountability before final closure of these grants is done and that any delays in this process would affect the current grants. The GF also indicated that they were likely to reduce the values of the current Grant of USD83 Million because there are some activities such as the mobile phones in the current grant which cannot be approved and this would decrease the grant value.

SARN in preparation of the joint mission with the GF-Regional Manager communicated via emails and organized teleconferences with the GF-Regional Manager, Madagascar NMCP Manager and some partners during which the joint mission was planned. The overall objective of the mission was to resolve challenges effecting GF Grant signing and implementation.

2.0 MAIN CHALLENGES

1. Stuck NSA Grant signing.
2. OIG report – observations needed to be addressed by PRs (UGP and SALAMA) and other organizations implicated in the OIG report.
3. R 3 and 4 grants which were terminated have not been officially closed due to vehicles that have not been returned by senior officers in MoH who are not releasing them and the GF wants them back to ensure accountability as required by the grant closure procedures.
4. Some CPs needed to be addressed.
5. Based on the OIG report, the current PRs (UGP and SALAMA) and some of the organizations implicated in the report needed to be changed and new ones appointed to ensure continuity in the GF implementation. The main challenged remained that of getting an organization that will be able to deliver commodities to the districts (currently, SALAMA is responsible for delivery).
6. The GF indicated that the current top-up of salaries was not sustainable.
7. The NMCP currently has a staff compliment of over 80 people and the GF indicated that it is not sustainable and the number has to be decreased.
8. The CCM representation is mainly from the HIV and AIDS and has insignificant representation from Malaria and TB.
9. The malaria season has started and implementation of activities especially IRS campaign is in danger of not being carried out due to lack of IRS commodities and late preparation and use of Carbamates is unsustainable as it has become very expensive.

3.0 METHOD OF WORK

- Pre-mission consultations (via e-mail and teleconference) with the GF – regional manager, NMCP managers and partners (PMI, WHO)
- Pre-mission review of documents: OIG and other reports

- Face to face meetings with the CCM, PR, LFA and in-country partners

4.0 MAIN OUTCOMES

- The GF indicated that they were prepared to sign certain sections of the grant which would enable the purchase and delivery of essential commodities such as those for IRS but this depended on the CCM agreeing on some of the CPs. This agreement would operate between October 2013 and February 2014.
- CCM agreed to develop the closure plan in which asserts such as vehicles recovery process is well detailed, give directives to the PRs to comply.
- Vehicles from closed grants (R3 and 4) to be returned to the NMCP in order to account for every asset acquired under the GF.
- Top-up of salaries has a destabilizing effect on the health system because it is not sustainable and the CCM needs to consider a plan for not using it on new contracts and the deadline for response on whether the top-ups will continue to be paid or not is expected by 30 Nov 2013. This would be accompanied by a sustainability plan.
- There exists a big gap on funding for surveillance activities because the current grant did not specify funding for surveillance systems.
- CCM was urged to consider equal representation of the 3 diseases.
- UGP and SALAMA which are implicated in the OIG report should not be involved in the GF issues until they are cleared by the OIG.
- CCM would request government (Minister of Health and PM) to exercise their powers on these issues and provide oversight.
- PACT was identified as the organization that could replace some of the functions of SALAMA and this needed to be endorsed by the CCM who indicated that they would do so during their next meeting.
- The GF indicated that they could take over the role of commodity purchasing since flaws in purchasing of goods/commodities was a major finding of the OIG report.
- Consolidation of the SARN-GF-FPMs collaboration and development of a joint SARN-GF action plan.
- SARN-GF-In-country partners consensus on way forward.
- CCM engagement facilitated them to understand further their oversight role which currently is weak.

5:0 SARN Action Plan for follow-up:

1. Development of Action plan by CCM for R3 and 4 Grant closure by 30 November 2013.
2. Decision by CCM on top-ups and a draft sustainability plan by 30 November 2013.
3. CCM engagement with the government (Minister and PM).
4. Action Plan for R3 and 4 grants closure.

5. Request for a high level RBM mission for discussion with the Minister and PM (after elections have been done and a new government is in place).
6. CCM composition review to ensure equal representation and inclusion of other civic groups.
7. Program Manager's decision on the size of the NMCP staff to be funded by the GF.
8. CCM's decision on PACT assuming the PR role.
9. Monitor the developments on organizations such as UGP and SALAMA who were implicated in the OIG report.
10. NMCP decision on reducing the 80+ staff members.
11. GF follow up missions to Madagascar.
12. Progress on addressing of the CPs by the CCM leading to Grant signing and also on the signing of the short term October 2013 to February 2014.