



**Southern African Regional  
Network SECRETARIAT**

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**SARN PMI-MOP (PMI – FY 15) MISSION REPORT TO MALAWI**

**LILONGWE, MALAWI**

**02 – 10 June 2014**

**SARN  
Gaborone, Botswana**

## **1.0 BACKGROUND**

The Presidential Malaria Initiative (PMI) conducts its Malaria Operation Planning (MOP) in the five PMI countries (Madagascar, Malawi, Mozambique, Zambia and Zimbabwe) every year. In 2013 a PMI MOP was carried out to plan for the 2014 PMI funded activities and the Malawi 2014 MOP to plan for the 2015 MOP (**MOP FY15**) was held from 02 - 10 June 2014 in Lilongwe. The PMI team included the country PMI, CDC and USAID Focal Points and representatives from Washington. SARN was represented by the Regional Coordinator/Focal Point.

## **2.0 MAIN OBJECTIVE**

The purpose of the MOP was to plan for the activities to be implemented utilizing the USD26 million given to Malawi by the PMI for disbursement from October 2015 to September 2016 (**MOP AF2015**) and to review progress made in implementing the PMI community level funded activities during the 2013 period.

## **3.0 METHOD OF WORK**

The MOP started with a meeting at the NMCP to agree on the 7 day MOP program. The PMI-MOP team then set aside a day during which they met all the in-country partners individually to tease out details of the activities each organization was carrying out, challenges and how they would collaborate with PMI and other stakeholders. SARN, WHO and PMI also held a consultative meeting at the USAID offices. The SARN Coordinator then dedicated two full days at the NMCP discussing with the program manager and also with each thematic area focal point. Discussions were also carried out on IPTp, development of the Annual Plan/roadmap, GF bottlenecks and development of the NFM - CN. This was followed by two meetings at the NMCP involving the NMCP, WHO, PMI and SARN to discuss the activities and budget allocation. The presentation for the all stakeholders was also discussed in preparation for the stakeholders meeting. An all stakeholders meeting was held on the final day during which the NMCP and PMI presented on the current status of program implementation and support for Malawi respectively. It was agreed that the 2015 MOP presentation would include all partners' contributions to avoid duplication of efforts and also to aid both the NMCP and national (MoH) planning. Emphasis was put on strengthening linkages between the NMCP – MCH/Reproductive health/ANC/nursing services with regard to information/data on MIP and Maternal deaths due to malaria, management of malaria cases and availability of SP. The MOP was endorsed by all participating partners.

### **Government of Malawi Malaria Goals**

- The overall goal of the Malawi Health Sector Strategic Plan 2011-2016 is to improve the quality of life of all Malawians by reducing risk of ill health and premature death

- Malaria is a priority disease under the HSSP
- The Malaria Strategic Plan 2011-2016 aims to reduce the 2012 morbidity and mortality by 50% by 2016

### **Malawi Malaria Stakeholders**

- Government of Malawi
  - *National Malaria Control Program and Nursing Services*
- Global Fund to Fight AIDS, TB, and Malaria
- USAID/CDC/President's Malaria Initiative (PMI)
- World Health Organization
- UNICEF
- Clinton Health Access Initiative (CHAI)
- University of Malawi College of Medicine
- Peace Corps
- CHAM
- PSI
- World Vision
- Military Health services
- SSDI Communications and SSDI Systems
- JSI
- DAPP (People to People)

### **PMI Goals, Targets and Objectives**

**Goal:** Reduce malaria-related mortality by 70% in target countries by end of 2015.

**Targets:** Achieve 85% coverage of vulnerable groups with proven interventions, including:

- Long lasting insecticidal nets (LLINs).
- Indoor residual spraying (IRS) in targeted areas
  - Intermittent preventive treatment in pregnancy (IPTp).
- Effective case management with ACTs.

### **PMI Strategy and Approach**

- Integrated approach to malaria control and strengthening national capacity.
- Collaboration and coordination between PMI, NMCP and other partners to ensure efforts are complementary.

## **4.0 JOINT MISSION MAIN OUTCOMES**

### **PMI Malawi FY 14 Support**

These are the activities agreed on during the 2013 MOP

- LLINs:
  - Procure and distribute approximately 800,000 LLINs to fill the remaining gap for routine distribution system.
  - Provision of Technical Assistance to NMCP for 2015 LLINs mass campaign.
- Vector control strategy development:
  - Technical assistance to NMCP.
- Diagnostics:

- Procure and distribute approximately 3 million RDTs and ancillary supplies to fill the remaining gap.
- Support outreach training and supportive supervision as part of larger laboratory strengthening efforts.
- MIP:
  - Strengthen IPTp through support to FANC (Focused Anti-Natal Care).
  - DOT supplies for IPTp.
  - There is no gap in SP for this period.
- Diagnostics:
  - Procure and distribute approximately 3 million RDTs and ancillary supplies to fill the remaining gap
  - Support outreach training and supportive supervision as part of larger laboratory strengthening efforts
- Treatment:
  - Procure and distribute approximately 2 million LA treatments to fill the remaining gap
  - Pre-service and in-service health worker training on revised malaria case management guidelines.
  - Supportive supervision for health facility and community level case management.
- Supply Chain Management:
  - Support to parallel supply chain system.
  - Technical assistance to national supply chain system.
- BCC:
  - BCC campaign materials and messages
    - Integrated and malaria-specific.
  - Community mobilization to improve uptake of malaria prevention and care services.
- M&E:
  - 2015 DHS (partial support).
  - Entomological monitoring.
  - End use verification surveys.
  - Strengthen routine HMIS for malaria data.
  - Assessment of HMIS surveillance platform.
- Operations research
  - Monitoring molecular markers of SP resistance.
  - Evaluate the effectiveness of IPTp in areas of high SP resistance.
  - Evaluate interventions to improve ANC attendance and LLINs use.
  - Evaluate new vector control intervention in experimental huts.
  - Development of national research agenda and data sharing and dissemination platform.

### **Activities: Capacity Building / HSS (7)**

- Provide Technical, logistical and operational support to NMCP Secretariat.
- NMCP support to attend short courses, regional and international meetings.
- Peace Corps support.
- Strengthen pharmaceutical management at the health facility level.

## 5.0 MAIN CONCERNS/CHALLENGES/BOTTLENECKS

- a. **Global Fund R9 Phase 2 CPs:** The grant performance is very low rated **C**. This is due to limited disbursements (of certain commodities) a result of CPs that have not been addressed by the PR who is the MoH.
- b. **PSM challenges/bottlenecks:**
  - I. **Districts are failing to send consumption data** to the Central Data Office from which the NMCP gets its data/information. This is despite the MoH sending a directive to the districts to comply with the protocol.
  - II. This has affected timely reporting by the MoH, completeness and data quality especially of IPTp leading to underperforming of the Indicator measuring IPTp.
  - III. **Budget monitoring and timely reporting** is affected by coordination challenges between the NMCP and MoH finance Unit (MoH is the PR).
  - IV. **Uncertainty on stock status of ACTs (ASAQ and LA)** – when the LFA did their review, a significant variance between stock status submitted by PR in January and those of May 2013. When the PR submitted a procurement order, they did not consider stocks on hand and deliveries in the pipeline leading to overestimation of the SP and ASAQ.
  - V. **Inter-Grant borrowing:** The PR has one bank account for all GF Grants which has not been managed well leading to inter-grant borrowing which is not in line with the GF rules and regulations despite several warnings by the GF. The PR has failed to address this issue. The GF has recommended that separate accounts be opened.
- c. **Proposal by CCM to postpone the CN submission in August to either October or 2016:** The CCM is facing challenges of failing to reform and also show the 15% to be availed by the Government as recommended by the GF. If the CCM directs that this happens then there will be a Gap in commodities/resources that would disrupt program implementation. Another challenge is the proposal that the CN development should be done after the MIS has been done.

**What was done:** The SARN Coordinator ensured the partners and NMCP that support from HWG and SARN is available and the challenges affecting the CCM should not be left to delay the malaria CN development process – A consultant has already been found and is ready to start. Any changes in the submission timing will cause problems since consultants are difficult to get and also that planning timelines had already been program for submission in August.

### **Next Steps:**

- I. The CCM will meet on Thursday to make a final decision, NMCP with support of WHO, PMI and partners have agreed to put up a strong presentation to the CCM.
- II. It was agreed in the all stakeholders meeting that development of the CN will continue since the HWG/SARN have already found a consultant and funds **(USD30,000)** have already been approved by the HWG and the process of disbursement of the WCO has started.

#### **d. Construction of additional office space**

The NMCP has increase in number and the current offices do not offer adequate space. The NMCP had requested that the office space be increased and had requested this under GF R9 Phase 2 and had been granted. Following the changes in the GF country support team, the new team has now cancelled this already approved activity. The NMCP has insisted that it be done and now require support in resolving this.

**Bottlenecks/challenges are beyond the capacity of the NMCP:** These Bottlenecks/challenges are systemic and embedded within the MoH structure/system and cannot be solved by the NMCP as they are above their level. RBM Secretariat and ALMA need to take this to the Minister and the President to speed up the resolution without which the GF disbursements will remain stuck.

### **6. Insecticide Resistance remains a challenge**

Pyrethroid resistance remains a challenge which compounded by the ever increasing cost of carbamates. This issue will be addressed during the development of the Vector Control Strategy in July 2014.

### **PMI Malawi FY 15 Proposal**

1. PMI will disburse USD 22 million from October 2015 to September 2016 for implementation of agreed activities and assured that the program has funds to take them into 2016.

#### **Vector Control**

Activities and support pending outcome of vector control strategy development process planned for July 2014.

**Concern:** The main concern is that no specific budget has been allocated and although there are funds for LLINs, the main issue remains that of IRS.

- a. **IRS:** no budget allocated
- b. **LLINs - Budget Level: 28%:**
  - I. Procure and distribute 1.2 million LLINs through routine system (more than 85% of estimated need).

- II. Technical assistance to NMCP for routine distribution of LLINs.
- III. LLIN durability monitoring.
- IV. Coverage estimates for post mass campaign to be obtained through planned 2016 MIS.

**c. Case management and Diagnosis - Budget Level: 38%**

- i. Support for diagnostics through QA and supervision across health system levels.
- ii. Procure and distribute 2.9 m RDTs, 2.2 m courses of LA and 1 m ampoules of parenteral Artesunate (approximately one-third of estimated need).
- iii. Procure and distribute approximately 135,000 rectal Artesunate suppositories (full estimated need).
- iv. Strengthen facility and community based services.
- v. Technical assistance for supply chain system strengthening.

**d. MiP Budget Level: 2%**

- No SP gap for IPTp in 2014.
- Procurement of DOT supplies.
- Strengthening MiP services through support for FANC.
- LLIN, BCC, case management and operational research for MiP included elsewhere.

**e. BCC: Budget Level: 8%**

- i. Support for integrated and malaria-specific national BCC messaging.
- ii. Community-based BCC activities to improve demand for services and uptake of core malaria prevention and control interventions.
- iii. Evaluation of the effects of BCC activities.

**f. Surveillance, Monitoring/Evaluation - Budget Level: 13%**

- I. 2016 MIS (full support).
- II. Entomological monitoring for insecticide resistance
- III. Quarterly end-use verification exercises.
- IV. Support for HMIS strengthening at all levels of the system.
- V. End of project evaluation of SSDI platform.

**g. Operational Research - Budget Level: 1%**

- Therapeutic drug efficacy monitoring for first-line therapy
- Continued support for research dissemination platform

**h. Capacity Building/HSS - Budget Level: 3%**

- Provide logistical and operational support to NMCP Secretariat.
- NMCP support to attend short courses, regional and international meetings.
- Peace Corps (through previous year funding).
- Strengthen pharmaceutical management at the health facility level.

**Next Steps for FY 15 MOP**

- July 2014: MOP finalized by USAID/CDC team with MOH/NMCP engagement.

- Oct 2014: MOP presented to USG senior leadership for approval and finalization.
  - Implementation to begin October 2015.
2. Commitment by PMI to work closely with host government, in-country partners and to support activities outlined in the MSP.
  3. In-country partners pledged to support the 2014 – 2015 activities.
  4. Vector control strategy not available.
  5. Endorsement of the MOP by all stakeholders.
  6. Strengthened in-country partners' capacity for surveillance and early warning system for detecting and alerting impending implementation challenges and their proactive capacity.
  7. Strengthened SARN-PMI collaboration.
  8. Continued SARN - RBM visibility.
  9. It was agreed that while the program is performing well, there remains challenges with regard to supervision and PSM – consumption data is not available. There is need for strengthening M/E and surveillance and regular availability of consumption data/information.

## **6.0 CONCLUSION**

The Malawi NMCP requires support to reverse the observed challenges. However due to systemic issues that relate to the entire MoH system a solution will have to be sought via high political level advocacy with the Minister of Health/President. SARN will be activating these systems to ensure the challenges are resolved.