



**Southern African Regional
Network SECRETARIAT**

SARN PMI-MOP MISSION REPORT TO MOZAMBIQUE

MAPUTO, MOZAMBIQUE

14 – 23 May 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 2014 MOP to plan for the 2015 MOP (**MOP FY2015**) was held from 14 - 23 May 2014 for Mozambique. The PMI team included the country PMI, CDC and USAID Focal Points and representatives from Washington. SARN was represented by the Knowledge and Information Management Officer.

2.0 MAIN OBJECTIVE

The purpose of the MOP was to plan for the activities to be implemented utilizing the USD24 million given to Mozambique by the PMI for disbursement from October 2015 to September 2016 (**MOP FY2015**) and to review progress made in implementing the PMI funded activities during the 2013 period.

3.0 METHOD OF WORK

The MOP started with the NMCP and PMI agreeing on the 8 day MOP program. The MOP program included courtesy calls to Senior Health Officials and the Permanent Secretary (PS) and discussions with individual in-country implementing partners, donors' meeting and all stakeholders in-country partners meetings held at Ministry of Health. A full day was devoted for a detailed progress review with the NMCP and presentations by the NMCP focal points for thematic areas. The SARN and the PMI team also held a consultative meeting at the Cardoso Hotel. SARN had separate meetings with the NMCP and WHO. SARN, Global Fund and some in-country partners attended a meeting organised by the NMCP which presented results of desk review of the situation analysis by thematic area in preparation for the development of concept note. SARN and the NMCP also visited Matola Hospital entomological laboratory as a familiarisation tour by the Program Manager and check the status of the laboratory. SARN also provided a short briefing of the partnership on its support for the countries and the need to strengthen the in-country RBM partnership including the Business Plan development and TA request processes. SARN also gave an update on the development of the E8 Expression of Interest (EOI) submitted to Global Fund on 30th April 2014 as directed by E8 Ministers of Health in Windhoek, Namibia on 20th March 2014. The partners, in-turn provided short briefs of the activities they would be supporting. The MOP provided an opportunity for a complete review of the NMCP capacity and efficiency to deploy against malaria, its performance and program delivery between 2012 and April 2013. The following partners participated in the all stakeholders in-country partners meeting: Global Fund, WHO, UNICEF, PMI-USAID-CDC, Peace Corps, Malaria Consortium, JSI-Deliver, PSI Mozambique, Path Finder, ABT, MCHIP, SCIP Zambezia and CISM.

4.0 JOINT MISSION MAIN OUTCOMES

1. PMI will disburse USD 29 million from October 2015 to September 2016 for implementation of agreed activities assured that the program has funds to take them into 2016.
2. Commitment by PMI to work closely with host government, in-country partners and to support activities contained in the MSP.
3. In-country partners pledged to support the 2014 – 2015 activities.
4. The GF grants currently operating are Round 9 Phase 2.
5. IRS: Mozambique government approved vector control strategy in May 2014.
6. LLINs distribution in 2014 is planned to replace nets distributed in 2011, carry over nets from 2013 and nets planned to be distributed in 2014 to attain universal coverage. Overall, a total of about 9 million LLINs will be distributed in 2014 in 104 of 156 districts. There is also need for carrying out a post-campaign evaluation and check on net ownership and use.
7. MIS will be done in 2014.
8. Other PMI support areas include: procurement of insecticides, ACTs, RDTs, LLINs and supporting training of CHWs, microscopy/RDT use, operational research, improvement in M/E and surveillance/data management and BCC/IEC.
9. PMI to provide TA for situation analysis while WHO will provide TA for mid-term review of the MSP in June 2014. SARN and HWG are providing TA for concept note development.
10. Alignment of partners plans, activities and TA to the MSP, SADC and SARN.
11. Endorsement of the MOP by all stakeholders.
12. Strengthened in-country partners' capacity for surveillance and early warning system for detecting and alerting impending implementation challenges and their proactive capacity.
13. Strengthened SARN-PMI collaboration.
14. Continued SARN - RBM visibility.
15. It was agreed that the program is performing well but needs to strengthen M/E and surveillance especially strengthening delivery of commodities to districts and the periphery in order to minimize stock outs and availability of consumption data on ACTs and RDTs.
16. Improved capacity for reporting from Health Facilities, districts, provinces to the national level.

5.0 OBSERVED KEY CHALLENGES

- Program management remains weak due to program managers being changed regularly and inadequate HR capacity – both number and skill level.
- Inadequate human resources.
- High attrition rate especially at district and provincial levels.
- Regular supervision.
- Refusal to spray houses though the rate has decreased.

- Availability and quality of routine data (M & E) and surveillance including consumption data (ACTs, RDTs and SP) as well as complex information flow.
- Weakness in recording and data analysis.
- Weaknesses in logistics management system (LMS).
- Funding commitment for commodity procurement (e.g. Global Fund – late delivery).
- Late reporting by pregnant women to health facilities which cause them to miss first dose of IPTp resulting in them only receiving two doses as opposed to recommended minimum of three doses (now up to 4 doses is recommended).
- Lack of communication among partners working in Mozambique.
- Entomology laboratory is using old equipment from LSDI program and needs replacement.

6.0 THE NEXT STEPS

SARN Secretariat will facilitate and follow up the following:

1. Development of concept note.
2. Business Plan development, costing and the PS stakeholders meeting with CEOs.
3. Monitor TA requirements.
4. Addressing identified programmatic areas of weakness.
5. Availability of ACTs, RDTs and SP consumption data including stock outs.
6. Implementation of recommendations in the DDT infrastructure assessment report.

7.0 Recommendations

1. Due to frequent change of program manager in Mozambique, SARN should contact ALMA and RBM Secretariat so that they can discuss this issue with the Mozambique Minister of Health to minimize the changes.
2. Capacity building (training many officers in case one leaves, the other can take over) of the program at central, provincial and district levels.
3. The need for in-country partners to meet frequently to share information as opposed to meeting once a year.
4. Strengthening of SM&E system particularly reporting by districts and provinces to central level.