



Southern African Regional Network
SECRETARIAT

SARN PMI MOP MISSION REPORT TO ZIMBABWE

HARARE, ZIMBABWE

29 April to 10 May 2013

**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 2012 A PMI MOP was carried out to plan for the 2013 PMI funded activities and the Zimbabwe 2013 MOP was held from 29 April to 10 May 2013. The PMI team included the country PMI, CDC and USAID Focal Points and a representative from Washington. SARN was represented by the Coordinator/Focal Point and the in-country SARN Coordinating Committee members participated in the MOP.

2.0 MAIN OBJECTIVE

The purpose of the MOP was to plan for the activities to be implemented utilizing the USD14 million given to Zimbabwe by the PMI for disbursement from September 2014 and to review progress made in implementing the PMI funded activities during the 2012 period.

3.0 METHOD OF WORK

The MOP started with the NMCP and PMI agreeing on the 10 day MOP program. A meeting between the NMCP, PMI team and SARN was held during which an agreement of the activities to be carried out during the 10 day MOP was reached. The MOP program included courtesy calls to Senior Health Officials and the Permanent Secretary (PS) and discussions with individual in-country implementing partners were carried out. A full day was devoted detailed progress review with the NMCP and presentations by the NMCP focal points for thematic areas. An all stakeholders meeting was held during which the NMCP updated the in-country partners and the PMI presented the 2013 MOP. This was followed by questions to the NMCP and PMI MOP team. 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 process, the TA process, the WTO and RAM 2. 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.

4.0 MAIN OUTCOMES

Accomplishments by PMI

Recent Accomplishments in IRS:

- Procurement of PPEs, insecticide (80,000 sachets of parathyroid)
- Conducted Supplemental Environmental Assessment (SEA)

- Supported training of spray operators and supervisors in 3 provinces
- Conducted entomologic surveillance and monitoring in 3 provinces
- Supported the introduction of environmental compliance and safety procedures (i.e. soak-pits)
- Planned entomological site assessment, insecticide resistance mapping and entomological training

Proposed Activities for MOP FY2014:

- Continue and expand training of spray operators and supervisors beyond the current 3 provinces
- Continue entomologic surveillance and monitoring beyond the current in 3 provinces
- Continue environmental compliance measures

Recent Accomplishments:

- Rolled out training in improved case management for health facility staff (215) and community health workers (1636)
- Procured ACTs (778,920 in 2011 and ~500,000 in 2012), severe malaria meds, RDTs (1.6M in 2011 and 1.1M in 2012)
- Technical assistance in procurement, logistics & use
- BCC/IEC, especially at national, district & community level

Proposed Activities for MOP FY2014

- Continue to procure meds, RDTs, microscopy kits to fill gaps
- Expand supervision and quality assurance programs nationally
- Continue to support RDT availability and use at all levels

Recent Accomplishments in LLINs

- 457,000 LLINs distributed via mass distribution in 7 districts in 2012
- ~700,000 LLINs procured for distribution in 2013
- ~1.4M LLINs to be procured and distributed in 2014
- Piloting routine distribution system
- BCC/IEC at national, provincial, district, and community levels

Proposed Activities for MOP FY2014

- Continue LLIN procurement (~525,000 LLINs)
- Continue technical assistance for planning, logistics, and distribution
- Promote LLIN use through BCC, innovative distribution methods

Recent Accomplishments in MIP:

- Procured 563,000 SP tablets for IPTp
- Supported development of MIP training manuals
- IEC/BCC activities underway to promote the use of IPTp and ITNs

Proposed Activities for MOP FY2014:

- Procure SP to fill national gaps
- Continue to support IEC/BCC
- Continue to support MIP trainings

Recent Accomplishments in M/E:

- Supported Malaria Indicator Survey in 2012
- Supported HMIS trainings at provincial level (117)
- Supported Drug Therapeutic Efficacy Studies (4 sites in 2012 and 4 sites in 2013)
- Supported End Use Verification Survey in 2012 and 2013

Proposed Activities for MOP FY2014:

- Continue support for routine data collection system strengthening (DHIS2 and IDSR)
- Support National Household Survey (DHS or MIS)
- Continue to support Drug Therapeutic Efficacy Studies
- Continue support for End Use Verification Survey

Recent Accomplishments in Community Mobilization and BCC:

- Supported 5 road-shows in 14 LLIN districts
- Plan to extend BCC/IEC Strategic Plan and develop implementation guidelines with HC3 for BCC
- Support training of VHWs in BCC/IEC
- Production of BCC/IEC print materials
- Support Malaria TRacSurvey

Proposed Activities for MOP FY2014:

- Continue technical assistance for national communications strategy at national, provincial, district, and community levels
- Continue to support training of VHWs in BCC/IEC
- Continue to support the production of BCC/IEC print materials

5.0 Mission outcomes

1. PMI will disburse USD 14 million from October 2014 to September 2015 for implementation of agreed activities – assured the program has funds to take it into 2015

Fig 1: PMI Zimbabwe Budgetary Inputs since 2011 (when the project started)

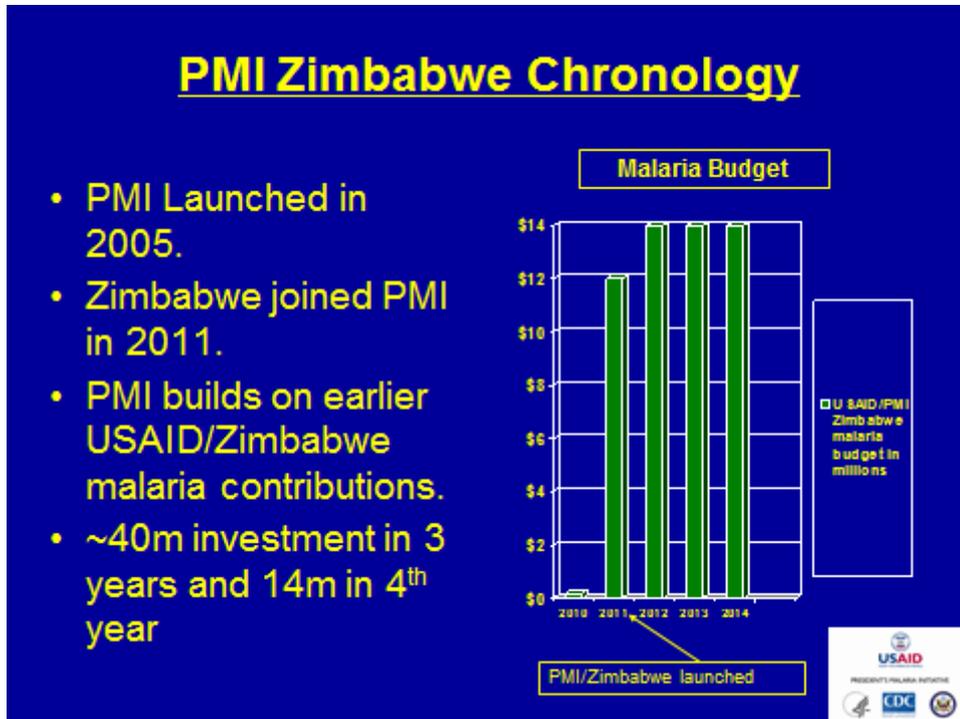
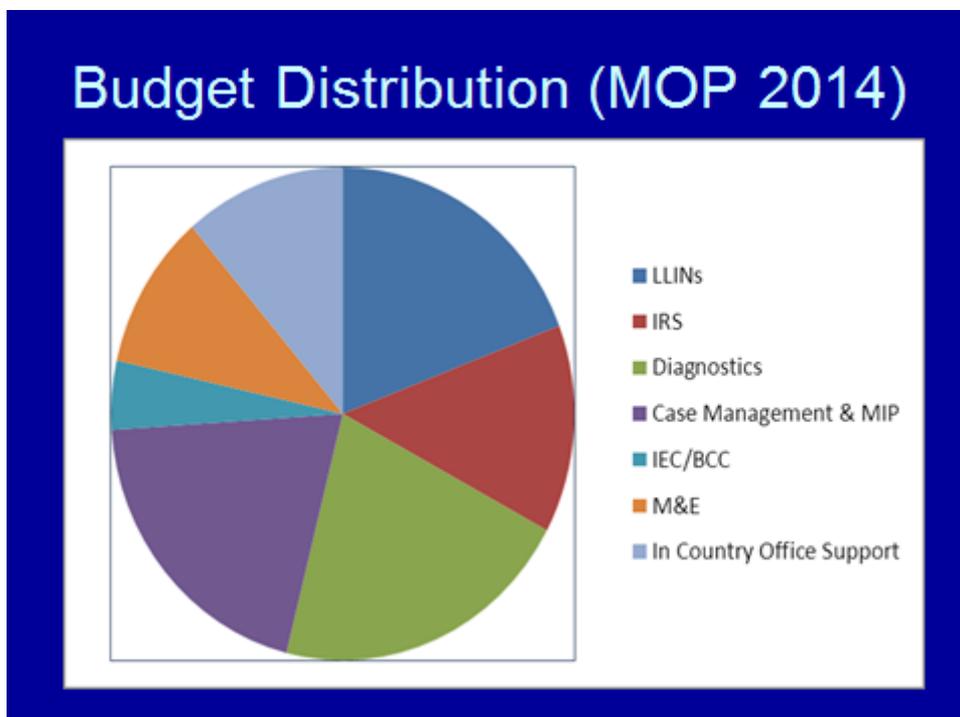


Fig 2. Allocation of Funds to Thematic program areas (MOP 2014)



2. Commitment by PMI to work closely with host government and to support activities contained in national malaria strategic plan
3. In-country partners pledges for supporting the 2013 – 2014 activities
4. Close coordination with international and in-country partners to ensure efforts are complementary
 - Multilateral: WHO, GF/CCM, UNICEF, HTF
 - USG: PEPFAR, other Global Health programs
 - NGOs: International and Indigenous
5. Mapping of in-country partners and those from the region and beyond

PMI Implementing Partners

- **Abt AIRS project** (Indoor Residual Spraying and Entomologic Monitoring)
 - **JSI/DELIVER project** (Procurement and logistics for LLINs, pharmaceuticals, diagnostics)
 - **PSI/SPSS project** (Support for Capacity Building, LLIN distribution, IEC/BCC)
 - **MCHIP project** (Community Case Management Support, IMCI and CBHW Training Materials)
 - **University of Zimbabwe/Health Studies Office** (Capacity Building for MOHCW Staff)
6. Strengthened in-country partners collaboration
 7. Alignment of activities and TA to the MSP, to SADC and SARN
 8. Endorsement of the MOP by all stakeholders
 9. Endorsement of the Business Plan by all stakeholders
 10. PMI pledged to review the Business plan with a view to assess the additional support required as indicated in the Business Plan.
 11. Strengthened in-country partners capacity for surveillance and early warning system for detecting and alerting impending implementation challenges and their proactive capacity
 12. Strengthened SARN-PMI collaboration
 13. PMI satisfied with alignment of the Zimbabwe TA requirements to the OGAC fund and that they actively participated together with the entire partnership in determining which TAs will be required and by whom they will be provided.
 14. It was agreed that the program is performing well but needs to strengthen M/E and surveillance especially of the outbreaks that affected several districts in early 2013. The health workers managed to see the increases but did not relate it to the threshold which resulted in some delayed response.
 15. The review showed that Zimbabwe has significantly decreased the malaria burden as a result the whole central Zimbabwe, Matabeleland south province is now in elimination while Hwange and several other districts will start preparations for pre-elimination. The program target is to add 12 more districts before end of 2015.

6.0 UTILIZING IN-COUNTRY PARTNERSHIP MEETINGS TO TRANSFORM SARN

SARN is utilizing the in-country partnership meetings to launch the beginning of a shift from global PWP based planning to SARN driven business planning that will foster greater ownership, flexibility of action, accountability of the region and greater potential for sustainability. These engagements also ensure that SARN optimizes the potential within the partnership well beyond funding.

7.0 OBSERVED KEY CHALLENGES

- LLIN ownership and use to reach universal coverage
- Next steps for routine distribution
- Insecticide resistance management and entomologic surveillance
- Improving malaria case management at all levels
- Malaria in Pregnancy scale-up
- Supply chain management including bottlenecks, quantification, and stock outs
- Malaria surveillance including outbreak detection and routine disease reporting
- Cost effective strategies for IEC/BCC
- Cross-border coordination
- Integrated supportive supervision

8.0 THE NEXT STEPS

SARN Secretariat will facilitate and follow up the following:

1. Business Plan costing and the PS stakeholders meeting with CEOs
2. TA requirements
3. Utilize the SARN July meeting to launch the transformation of SARN from a global PWP based planning to a SARN driven business planning
4. Identified programmatic areas of weakness
5. The surge in cross-border malaria along the border with Mozambique – an urgent cross-border bilateral meeting with the Mozambique NMCP which will at later stages be linked with South Africa at MOZIZA.
6. Operationization of the ZAM-ZIM cross-border initiative