Report of the Mission to Mozambique carried out on 26th March 2012

National Malaria Control Program, Ministry of Health

Maputo, Mozambique

SARN

Gaborone, Botswana
1.0 Background

Mozambique is currently implementing the Global Fund R9 which is experiencing challenges with regards to fulfilling some Conditions Precedent (CPs) outlined by the Global Fund (GF) related to the findings of the OIG audit. To ensure that the issues are resolved thereby paving way for disbursement, the GF scheduled a mission to Mozambique from 19th to 29th March 2012 and arranged to hold discussions with the NMCP on 26th March 2012. Following discussions with the GF, the RBM Secretariat viewed it important for the SARN Focal Point to take an urgent mission to Mozambique so that more detail on the issues could be made available and also to determine the support needs in terms of TA. Thus, the one day mission was carried out to find out more on the challenges/bottlenecks impacting on the Grant performance/disbursement and determine together with partners the support (TA) required. The Focal Point would also use the mission to discuss cross-border initiatives and plan for the mission to be carried out in May 2012.

2.0 Method of work

The focal point had a meeting with the following:
1. National Program Manager and the WHO Malaria National Program Officer (NPO)
2. M/E advisor – attachment by MACEPA
3. IRS and Entomology Focal Points
5. Presidential Malaria Initiative (PMI) Country Representative
6. GF Portfolio Fund Manager (PFM) : Consumption data from periphery to central; procurement plan

3.0 Main Outcomes

3.1 Missions Approval

The planned mission to Mozambique NMCP to be carried out in May was approved by the PS. The request for Dr Mussa the Program Manager to participate in the mission to Zambia was also approved.

3.2 Cross-border Initiatives

The following districts are to be included in the:
- Trans-Luangwa Initiative (TLMI): Chifunde and Macanga and in the second phase: Angonia, Tsingano, Maravia and Mtarara
- Trans-Ruvuma Initiative: Sanga, Mavanga, Mecula, Mueda, Nagande, Palma and Cabo-Delgado
Need for defining the relations/synergies and operational scope between LSDI and MOZIZA Mozambique has no domestic funding for cross-border initiatives hence the need for resource mobilization from partners and the private sector. The Mozambique program manager emphasized that as we establish new initiatives there is need for ensuring that MOZIZA and LSDI are fully operational as we have to justify when reporting to the senior levels.

A proposal for Southern Mozambique to be submitted to BHP-Biliton is being developed – the concept note is ready and SARN will develop a draft Business Plan based on the concept note and the following team will finalize the document: NMCP Managers of Mozambique (Dr Abdul Musa), South Africa (Dr Patrick Moonasar) and Swaziland (Mr. Simon Kunene), MACEPA (Caroline and Duncan), WHO-IST-ESA (Dr Charles Paluku), WCO-Mozambique NPO (Dr Eva de Carvalho), MRC-Durban (Dr Raj Maharaj) and SARN (Dr Kaka Mudambo and Mr. Daniso Mbewe). Once finalized, the Business Plan will be given to one of the partners for packaging. Resource mobilization efforts are underway with the Coal company in Tete and this will include the tobacco company for them to support the TLMI.

In Pemba, resource mobilization will be directed towards the Gas and Oil companies to support the TRMI.

3.3 Main Challenges

a. **Funding**: Domestic funding - the NMCP was given USD 3.9 million for IRS and this is not adequate. The other program areas are in-adequately funded.

b. The LSDI is currently not operational as a result, the number of cases and deaths doubled in 2011 compared to 2010.

c. Staff shortages in IRS and entomology, M/E, case management

d. M/E remains a critical problem especially data management (no data base; statistics) and availability of information from the periphery to the central region. This is due to a weak HMIS and lack of data focal points at district level.

e. There is no GIS and mapping

f. Insecticide Resistance (Pyrethroid) observed in Macomia and Pemba Metus

**The GF**: The implementation of the GFR9 Malaria Phase 1 began in July 2011 but to date, the GF has not received any request for disbursement. The GF OIG audit has outlined: Financial management, Logistics, M/E and HMIS as the main challenges. The OIG wants 14 million USD un-accounted for dating from R2 to subsequent Rounds to be returned. Consumption data is not available and is required by June 2012 for the remainder of RDTs and ACTs to be disbursed.

**RDTs**: GF R9 Phase 2 has dispersed (February – March) 4 million RDTs. The NMCP has presented a tender to the World Bank (WB) for the supply of 8 million RDTs in June 2012 to reach universal coverage and end clinical diagnosis. However, these will be made available subject to
fulfilling the CPs – availability of RDTs consumption data. This is the reason why the GF wants RDTs consumption data by June 2012.

**ACTs:** the program has managed universal coverage of ACTs and current stocks last up to August - September 2012. They have already presented a tender to the World Bank (WB) and are waiting for a no objection from the WB for supply of ACTs to cover the gap between September and December 2012.

**IPTp** – the country has since 2011 made SP available and has stocks up to 2013.

**LLINs:** LLINs distribution is targeting districts where IRS is not carried out. In 2011 they covered 46 out of 73 districts by distributing 2.3 million nets and in 2012 they will cover the remaining 27 districts with 4.9 million nets – the nets are already available at Nacala port in northern Mozambique and hence there is no LLINs gap. Preparations are underway for a second mass distribution to be launched in June 2012.

GF R9 Phase 2 in 2012 is availing a total of 4.9 million LLINs as follows:

i. 3 million LLINs to Civil Society (one of the PRs responsible for LLINs and community level implementation) 3 million nets.

ii. 1.9 million to MoH (another PR).

**IRS:** The Government provided USD 3.9 million for IRS which is not adequate for procurement of commodities and implementation. Current negotiations with the GF are that the GF should provide the commodities and the USD 3.9 be used to cover implementation costs. The GF is considering this request.

The 2011 – 2012 spraying campaign started late (Dec-Jan) and will be completed by end of April 2012. Spraying activities are covering a total 57 districts out of the targeted 62 districts due to shortage of funds. No LLINs are distributed in IRS targeted districts.

**Insecticide resistance:** Pyrethroid resistance has been observed in Macomia and Pemba Meatus. Due to lack of funds, and a weak M/E system, surveillance, QC/QA is currently not done. They have however carried out trials and DDT has been seen to be effective. The Entomologists suspect rampant use of Agro-chemicals as one of the causes of resistance. Identification has been done and it is mainly Funestus and Gambie.

**Larviciding:** When LSDI operations stopped, so did Larviciding. The program is currently reviewing IVM in which they are going to include Larviciding.
Community Case Management (CCM) - Currently, the MoH is re-organizing CCM by developing a national community based curriculum in which the malaria training module is being integrated.

Disease control: Cases and deaths increased in 2011 when compared to 2010. In the LSDI districts the cases and deaths doubled. Due to a weak data collection system, the clinical and confirmed cases are pooled together and therefore difficult to establish the real disease burden (cases and deaths). Graph below shows an estimated national comparison of 2010 and 2011 cases and deaths:

Program management:

Human Resource (HR): Staff shortages exist in:
- M&E especially data management at all levels (central, provincial and district): National M&E focal point is on study leave, there is no data manager and M&E is thus currently under a technical advisor attached by MACEPA
- Case management and diagnosis: There is only one national case management Focal Point
- IRS – currently there is only the national IRS Focal point and 3 entomologists based at national level only
- The program indicated that plans are underway to plug the HR shortages.
**Roadmap implementation:** Implementation of roadmap is made difficult by lack of data as a result of weak M/E system. Quantification is done by 1 person at the JSI offices and because the NMCP is not involved, they have no data or control over it. As a result of this lack of data, inputs to the roadmap are limited compounded by absence of the data manager responsible for the USB Key Tool, this has affected upload of the USB Key Tool – nobody is currently doing it.

**Procurement Supply Chain Management (PSM):** The NMCP has no focal point directly dealing with PSM.

**Progress made:** Current efforts by the NMCP to remedy the situation.

**Implementation of MPR recommendations:** In line with implementation of the MPR recommendations, the following Strategic Frameworks, Policies and guidelines have been developed:

1. Malaria Strategic Plan (MSP) has been finalized and awaiting to be signed
2. National Malaria Policy has been finalized
3. M/E and Operational plans are in final stages of completion and M/E tools have been developed
4. Guidelines for LLINs mass distribution – being finalized
5. Guidelines for LLINs ANC distribution – being finalized
6. Concept Note for a Southern Mozambique Region – being edited
7. Communication Strategy – have expressed need to finalize the existing draft
8. New Data capture tools Developed with support of PMI:
   a. Tools designed to capture valuable information on ACT and RDT consumption
   b. Community Health Worker data Tool – designed for use by the community level workers on cases, deaths and commodity consumption. It is currently on trial (pre-run) in Zambezia province.

Given the prevailing conditions, the Mozambique NMCP has done a good job in ensuring availability of IPTp (), IRS and LLINs (in targeted districts), ACTs and RDTs in all health facilities (universal coverage attained) but continuity is subject to availability of commodities and funds for implementation which will depend on satisfying the CPs outlined by the GF.

In-county RBM partnership: the partnership in Mozambique made up of WHO, PMI, Malaria Consortium, PSI, JSI, WB, UNICEF, Deloit and Touche and private sector is providing valuable technical and logistical support.

**4.0 Support Needs – TA**

a. M/E – development of database
b. GIS and mapping
c. Communication strategy
d. Entomology – QC and QA: Insecticide resistance monitoring/surveillance
e. Ministry is writing a proposal for HSS R8 Phase 2
f. Peer learning exchange visit to a country currently doing well in M/E – program suggested Zambia

5.0 Recommendations to NMCP

1. Need for finalizing the Southern Mozambique proposal for submission to BHP-Biliton who has expressed interest to provide support.
2. Efforts should be extended to the Coal Miners and the tobacco company in Tete province and these could provide support for the TLMI initiative: the Oil and Gas companies in Carbo Delgado province could provide valuable support for the TRMI initiative and the agriculture sector especially the sugar plantations in central Mozambique.
3. As recommended by the GF, immediate efforts should be put towards revamping the M/E system especially data management to ensure a steady flow of consumption data and meet the June 2012 deadline. Unless data focal points are appointed at district level, the flow of data will remain elusive and also the need for M/E focal points at provincial level.
4. Enter into immediate discussions with partners so that requests for TAs are done without delay and also to agree on which TAs can be provided by the in-country partners. The NMCP should ensure that there is consensus, transparency in the selection of TAs and consultants/experts.
5. Increase surveillance on the impact of the floods/Cyclones that have ravaged Mozambique and those likely to occur in April-May when the flood waters from Eastern Angola and Western Zambia swell the Zambezi (this happens annually).

6.0 Implications for SADC

1. The issue of good governance, accountability and transparency remains a problem as indicated in the OIG report in which USD 14 million cannot be accounted for. There is therefore need for high political level advocacy. Since President Armando Guebuza is the current deputy for ALMA this opportunity should be exploited. These efforts can be combined with those of Ms. Joy Phumaphi of ALMA.
2. There is very little domestic funding being put into cross-border initiatives and this has resulted in the cessation of the LSDI operations. Unless domestic funding is availed, the new cross-border initiatives (TLMI and TRMI) we are establishing in 2012 will be difficult to operationalize. This also includes the operations of MOZIZA. If the goals of the E8 are to be realized by 2015 and beyond, there is need for availing domestic funding to boost the efforts from parallel/partners funding.
3. It is recommended that the SADC Secretariat utilizes the Health ministers forum to have an agenda item on domestic funding/good governance/accountability/transparency for discussion.

7.0 Implications for SARN-RBM

1. Immediate support through TAs in the areas indicated above: However, determination should be done in agreement with the NMCP and in-country RBM partners of the length of the TA (short or long-term) is required.

2. The SARN mission in May should concentrate on a follow up on issues outlined in this report: since it is a joint mission with PMI, clear lines of collaboration should be defined especially with respect to bottleneck resolution and the TA plan – in agreement with all stakeholders.

3. Develop an action plan for immediate support and follow up of issues observed during the current mission. This should form a basis/background for the May mission.

4. Review the Southern Mozambique Concept Note (the current concept note requires alignment and more detail) and develop a draft proposal to be distributed to the team outlined above.

5. Support NMCP manager to attend the TLMI and TRMI meetings.

6. Maintain close and regular links/communication with the PFM (Kirsi) as agreed during this mission.

7. RBM Secretariat to carry out a high level political advocacy for domestic funding, transparency, accountability and good governance including mobilization of additional resources for Mozambique. Continued discussion and follow up by Mr. Mbabazi with the GF HQ on issues raised above.