SARN- MADAGASCAR MISSION REPORT

11th to 15th July, 2011

SARN
Gaborone, Botswana
1.0 Terms of Reference for Country Assessment Missions

1.1 Background

The SARN Steering Committee Members held a teleconference meeting on 17 November 2010 and agreed that assessment missions should be carried out to countries experiencing Global Fund, Principal Recipient (PR) and Procurement, Supply-chain Management (PSM) bottlenecks.

1.2 Objectives of the Mission

a. Identify program strengths, weakness, opportunities, threats and good practice
b. Identify current state of Global Fund (GF) implementations including bottlenecks and challenges affecting GF implementation and performance
c. Identify PSM bottlenecks affecting program/logistics delivery and reporting
d. Develop jointly with NMCP and partners agreed corrective measures and plan of action
e. Identify the type of technical support required to deal with the situation and resources for executing such TA beginning with resources available within the country partnership
f. Review 2011 road map, SARN work plan and MSP implementation and develop 2012-13 road maps and activities/priorities for 2012
g. Introduce the RBM USB Key Tool and input the updated roadmap, the Alma Sore Card and Surveillance, Monitoring and Evaluation (SME)
h. Follow up on MIS and MPR implementation and recommendations
i. Discuss progress towards malaria elimination
j. Review the 2000-2010 malaria report
k. Outlining roles and responsibilities of all stakeholders and SARN

1.3 Expected Outcomes

a. Strengths, Weaknesses, Opportunities, Threats and good practice related to program implementation identified and documented.
b. Bottlenecks and challenges affecting preparation of the Global Fund R 9 signing
c. PSM bottlenecks affecting program/logistics delivery identified and documented
d. Bottlenecks affecting financial flows from various partners and reporting to financiers
e. Review of the MIS and draft MPR recommendations
f. Type and methodology of corrective action agreed with the country partnership.
g. Type of technical and /or implementation support required
h. Recommendations on the way forward and next steps
i. Updated 2011 roadmap and 2012-13 roadmap
j. USB Key Tool training
k. Finalized USB Key Tool with updated roadmap inputs
l. In-country USB Key Tool with SARN support
m. Program milestones, performance tracking, roles and responsibilities, 2012 activities and priorities.
1.4 Methodology

a. Literature review
b. Interview with GF portfolio manager, World Bank, PMI and other externally based partners (TC with Geneva and Washington based players)
c. Visits to senior government officials and head of partner agencies to share and strengthen TOR
d. Interview with program manager and staff members and review roadmap
e. Interview with in country fund managers such as GF PRs and SRs, World Bank PMUs and PMI and any other major funders
f. Interviews with Key implementing partners such as UNICEF, WHO (at technical level)
g. Visit to one district and interview the staff members
h. Hold meeting with in-country partners, to agree a plan of action and Aide memoire (This process should be in a form of a round table chaired by the Minister to present findings, and proposed plan of action and proposed Aide memoire and updated roadmap. The PRs, SRs, Government and representatives of Key stake holders should sign the Aidememoire).
i. Develop a mission report

Duration of the mission: 5 working days

Time line: report to be submitted to SARN Secretariat within 1 week of completing the mission.

Team Composition: Dr. Kaka Mudambo (SARN), Richard Carr (RBM) and Paul Libiszowski (MACEPA)

2.0 Mission Program

Day 1: 11 July 2011

- Meeting with the NMCP, PMI and WHO
- Review of the Roadmap implementation
- Introduction of the RBM USB Key Tool
Day 2: 12 July 2011

- Meeting with the Principal Recipients and PRs and Local Funding Agents (LFA)

SARN team with the PSI (PR)
SARN team with SALAMA (PR)

- Review of Global Fund (GF) Implementation and bottlenecks
- Meeting with the Director General of Public Health

Day 3: 13 July 2011

- Field visit to Anjozrobe District Public Health Centre and Analaroa Health Facility and met the health workers

The SARN & NMCP Teams with the Analaroa health workers
Day 4: 14 July 2011

- Meeting with partners to finalize review of the Roadmap, RBM USB Key Tool, and develop the roadmap, activities and priorities for 2012-2013
- Meeting with the Madagascar Military Health Services and NMCP to discuss areas of collaboration and military support especially in in-accessible locations

Day 5: 15 July 2011

- Meeting with WHO
SARN team with the WR and NPO at the WCO

- Finalization of mission report
- De-briefing of senior health officials, NMCP and partners

Participants of the de-briefing session at the NMCP offices
3.0 Main Outcomes

The main outcomes of the meeting were:

3.1 Program Strengths

- NMCP has a strong coordination of the program and in-country RBM partners
- Strong coordination of interventions including in difficult to access locations
- Good infrastructure at national level
- High level of human resources at national level
• High political support (Director General of Public Health is a former NMCP manager)
• There exists a host of partners who are providing technical, commodities and financial resources: the PMI and WCO – NPO have offices at NMCP
• Have completed MIS and MPR much needed for MSP and national treatment guidelines review
• Availability of the National Malaria Strategic Plan (MSP), National Malaria Policy and guidelines which will be reviewed based on the MIS and MPR recommendations
• Have adequate LLINs for mass distribution leading to attainment of universal coverage by end of 2011
LLINs in Rural Communities homes

These rural communities children require protection from LLINs

- NMCP manager is a member of the SARN Steering Committee which provides more avenues of gaining experience especially in decision making
3.2 Program Weakness

- Global Fund performance rating is low
- Program not decentralized – centrally well organized but peripherally weak due to country wide gaps in human resource and resources
- Limited decentralization of human resources (peripheral health Facilities have HR gaps)
- Lack of coherence in the existing multiple reporting structures/lines for surveillance, monitoring and evaluation (SME)
- Global fund grants rating is low
- Inadequate consultation of partners (lack of consensus/commitment) during roadmap development
- Lack of standardization of practices at community level

3.3 Opportunities

- Existence/availability of a well organized multidisciplinary in-country RBM partnership
- SARN offers support and opportunities for resource mobilization, locally, regionally and globally with the support of the RBM secretariat
- SARN meetings offer opportunities for peer review, information exchange and sharing of good practices
- PMI and WHO-NPO presence within the NMCP building provides readily available technical support
- Madagascar Luis Pateur Research Centre can be used to enhance operational research
- The MPR and MIS reports provide recommendations for update/review of the National malaria Strategic Plan (MSP), national malaria policy and operational and M/E plans
- Availability of parasitemia data which suggests that some highland districts are ready to move into pre-elimination
- The planned LLINs mass distribution combined with routine/ANC distribution present opportunities for achieving universal coverage in LLINs
- The malaria program director is a member of the SARN Steering Committee which offers experience in planning country level, regional and global malaria issues

3.4 Threats

- Difficult access to 80% of the country
• Patients pay for management of severe malaria
• Program operations are not decentralized
• High human resource/staff turnover
• Lack of incentives for community health workers

3.5 Bottlenecks

• Delayed GF disbursement
• Field delivery of LLINs and other commodities made difficult by poor access
• Political situation making it difficult to implement the GF due to systemic weakness, delays in approvals and limited government funding
• Global Fund implementation affected by
• Completed MPR before the SARN MPR funds were used due to delays in the WHO system in disbursing the funds

4.0 Recommendations

• Ensure finalization of the MPR report use the recommendations/observations together with those of the MIS to review/update the Malaria Strategic Plan (MSP), M/E and operational plans
• Development of a plan of action to accelerate the implementation of the NSA
• Identify mechanism for removal of payment of treatment for severe malaria
• Re-define the functions of the NMCP in order to reinforce supervision, coordination and guidelines for all program levels
• Mobilize partners to support program implementation at district level
• Provide resources for the community health workers

SARN team with community health workers

• Strengthen collaboration with the military Health Services and elicit support to ensure access and delivery of commodities to in-accessible locations
• Identification and documentation of good practices
• Strengthen links and collaboration with the Madagascar Luis Pasteur Research Centre and the University to enhance operational research
• Identify and document innovative ways of LLINs recycling at community level such the LLIN football the team found at the health facility in Analaroa centre (see plate below)
Children in Analaroa community with a football made out of old LLINs

Window curtains in Analaroa community made out of old LLINs
5.0 SARN’s Support to Madagascar

- Support for the development of the Malaria strategic Plan, SME and operational plan
- Support through negotiation with the Global Fund to resolve bottlenecks and early disbursement of funds/resources
- Documentation/Publication of good practices such as the Madagascar LLINs recycling pilot project
- Involve NMCP team members in SARN missions so that they gain experience and learn from other programs (they have been isolated from regional activities)
- Support for participation in SARN meetings
- Support with mobilization of TAs indicated in the roadmap

6.0 Activities for Immediate Action

1. Follow up on finalization of the Roadmap, USB Key Tool, MPR report and development of Malaria Strategic Plan, operational and M/E plans and the National Malaria Policy
2. Engage Global Fund to speed up disbursement of R 9 Phase 1 funds which was signed in October 2010
3. Partners support for preparations of mass distribution of LLINs
4. Documentation of good practices – LLINs recycling pilot study and coordination of multispectral partners
5. Support TA for strengthening and re-alignment of data management system, information sharing between NMCP and partners including reporting/M&E systems from periphery to central (NMCP)
6. High level political advocacy (by RBM Secretariat) for removal of payment of treatment for severe malaria
7. Joint NMCP and military dissemination of information to communities in remote areas to access military health facilities for treatment and military support in the delivery of commodities to inaccessible health facilities