SARN PMI MOP MISSION REPORT TO ZAMBIA

LUSAKA, ZAMBIA

27 May to 07 June 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 2013 MOP to plan for the 2014 MOP (MOP FY2014) was held from 27 May to 07 June 2013 for Zambia. The PMI team included the country PMI, CDC and USAID Focal Points and representatives from Washington. SARN was represented by the Coordinator/Focal Point.

2.0 MAIN OBJECTIVE

The purpose of the MOP was to plan for the activities to be implemented utilizing the USD24 million given to Zambia by the PMI for disbursement from October 2014 to September 2015 (MOP FY2014) 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. The MOP program included courtesy calls to Senior Health Officials and the Permanent Secretary (PS) and discussions with individual in-country implementing partners and all stakeholders in-country partners meetings. A full day was devoted for a detailed progress review with the NMCP and presentations by the NMCP focal points for thematic areas. Two meetings were held at the Program Management Unit (PMU) – the Global Fund Unit to discuss the 2014 Mass LLINs Campaign distribution plan. The first meeting was an update of progress on preparations and review of the implementation plan. The second meeting included update on progress, review of activities and the budget and formation of task force committees to start working on agreed areas of work. 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. The following partners participated in the all stakeholders in-country partners meeting: Malaria Care, Red Cross, UNDP, MACEPA, PSI, WB, PMI-USAID-CDC, MLIP, MSL, DFID, Malaria Transmission Consortium, CSH, ZISSP/AKROS, AIRS, UNZA-TDRC, MHS, Vestergard Frandsen, CHAZ, JSI-Deliver, Peace Corps, Zambia Anglican Church, SFA-PRISM, UNICEF, WHO, MARCHA and ISDEL Flowers Foundation.
4.0 JOINT MISSION MAIN OUTCOMES

1. PMI will disburse USD 24 million from October 2014 to September 2015 for implementation of agreed activities. This offer by PMI has assured that the program has funds to take them into 2015. The total funds disbursed by PMI to Zambia to date is USD103 million.

2. Commitment by PMI to work closely with host government and to support activities contained in the MSP.

3. In-country partners pledged to support the 2013 – 2014 activities.

4. The GF grants currently operating are R7 which closes at the end of June 2013 while the TFM starts to operate from July for a period of 2 years.

5. Procurement for 2014 – 2015 commodities is now in progress.

6. IRS is planned for 72 districts: PMI will cover 20 districts and the government 52 districts however, shortage of government funds may restrict spraying to hot spots only.

7. LLINs distribution in 2013 includes LLINs from Lottery, WB, MACEPA and Government, these will be distributed in Copper Belt and some selected eastern province districts and western province.

8. LLINs mass campaign of 8 million nets will be done in 2014 – the distribution plan/roadmap was finalized and was reviewed and endorsed by all stakeholders during this MOP (MOP FY2014). PMI will provide 800,000 nets in 2014. The mass campaign has a gap of 2.4 million nets.

9. RDTs, 2.3 million will be procured in 2013 and 3.3 million in 2014 but the government budget for Acts is not available.

10. PMI support includes procurement of Insecticides, ACTs, RDTs, LLINs and supporting training of CHWs, microscopy/RDT use, improvement in M/E, surveillance/data management and BCC/IEC.

11. The in-country partners meeting helped to Map all partners (in-country, regional and global).

12. There will be a combined Democrats and Republican Congressional 10 people visit to Zambia in August 2013.

13. An MIS is planned for 2015 to zero in on achievement of MDGs. Other components such as DHIS will be integrated into the MIS.

14. Alignment of partners plans, activities and TA to the MSP, to SADC and SARN.

15. Endorsement of the MOP by all stakeholders.

16. Endorsement of the Business Plan development process by all stakeholders.

17. PMI pledged to participate in the development of the Business plan.

18. Strengthened in-country partners capacity for surveillance and early warning system for detecting and alerting impending implementation challenges and their proactive capacity.


20. Continued SARN’s visibility.

21. PMI were satisfied with alignment of the Zambia 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.

22. It was agreed that the program is performing well but needs to strengthen HR and program management, insecticide and drug resistance monitoring, M/E and surveillance, and delivery of commodities to districts and the periphery in order to minimize stock outs.

23. The review showed that Zambia has significantly decreased the malaria burden in the southern districts of Livingstone, Kazungula, parts of Zambezi and Siyavonga including Shesheke. These districts are poised to enter the pre-elimination phase before 2015. The are also notable decreases in Lusaka and communities under private sector operations such as the ILLOVO Sugar plantations, the Copper Belt which includes the Konkola and Mopani mine operations.

5.0 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.

6.0 OBSERVED KEY CHALLENGES

- Achieving LLIN ownership and use to reach universal coverage.
- Planning for the 2014 LLINs mass campaign and the next steps for routine distribution.
- Agreement on which areas to-and-not to distribute nets in the Lusaka urban and peri-urban areas.
- Insecticide resistance management, entomologic surveillance and the reintroduction of DDT.
- Due to pyrethroids resistance, carbamates are expensive and not sustainable.
- Dealing with stock outs and maintaining universal access to malaria interventions.
- Improving malaria case management at all levels.
- Scale-up of Malaria in Pregnancy.
- Supply chain management including bottlenecks, quantification and stock outs.
- Malaria surveillance including outbreak detection and routine disease reporting.
- Cross-border coordination and operationalization of the TZMI, ZAM-ZIM and MAZAMO-mi
- Integrated supportive supervision.
- Launching the WTO malaria activities
7.0 THE NEXT STEPS

SARN Secretariat will facilitate, coordinate and follow up the following:

1. Business Plan development, costing and the PS stakeholders meeting with CEOs – GBCHealth to support with engaging the private sector.
2. Monitor TA requirements and provide the TA for Mass campaign micro-planning
3. Addressing identified programmatic areas of weakness.
4. Operationalization of the ZAM-ZIM, MAZAMO-mi and TZMI cross-border initiatives.
5. Strengthening of the private sector and multi-sectoral approach
6. Implementation of the MOP observations