

# ONGOING ROUND 8 IMPLEMENTATION SUPPORT NEEDS for HWG COUNTRIES

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# INTRODUCTION

- Round 8 countries still have immediate implementation support needs
  - esp. launching LLIN tenders
- Several signed grants have “*conditions precedent*” (CP)
  - Countries must fulfill CPs to trigger first and/or second disbursements.

# BURKINA FASO

**Signed: 27 August - 2 disbursements processed totaling \$5,432,524.00**

**PRs: PADs (MoH with NMCP as SR) & Plan Burkina**

## **NEEDS**

- **Grant performance rating is currently a B2 as of 27 August.**
- **CP: Approval of completed PSM plan by 19 November.**
- **Institutional/programmatic needs:**
  - **Conduct capacity assessment of NMCP as SR to carry out heavier Rd 7 & Rd 8 workload needs to be assessed– particularly related to mass-distributions of LLINs in year 1; and**
- **Ongoing PSM needs:**
  - **Harmonize QA controls of ACTs with the round 7 Malaria grant;**
  - **Finalize the guidelines for the community based approach of treatment for simple malaria;**
  - **Finalize the distribution plan for the LLINs mass campaign;**
  - **Review issue of pharmacovigilance and inclusion into CHW training which is still under development**

# CAR

**Signature in progress – extension requested**

**PR: CNLS (National AIDS Control Committee)**

## ***NEEDS***

- **Ongoing financial management strengthening including rapid hiring of accountants and financial managers.**
- **Support for PSM plan for quantification of ACTs and LLINs**
- **CNLS is fairly new PR who will be managing 15 SRs across 3 diseases and serious challenges about capacity to manage this effectively which could likely cause delays for malaria program.**
- **Major concerns about ability of CNLS (a government AIDS entity) to effectively manage malaria programs.**

# COMOROS

**Signature in progress – extension requested**

**PR: ASCOBEF**

## ***NEEDS***

- **PR has demonstrated weaknesses from implementing Round 2 namely in terms of timely and accurate programmatic and financial reporting and also procurement of nets and ACT drugs.**
  
- **Support may be required for IRS particularly procurement of insecticides and validating quantities and surface areas.**
  
- **LFA assessment determined M&E as greatest weakness with C rating due to:**
  - **Lack of an M&E unit;**
  - **Lack of engagement by government;**
  - **Lack of mechanism to track and coordinate partner/SR activities;**
  - **Lack of M&E tools such as manuals**

# CONGO-BRAZZAVILLE

**Signature in progress**

**PRs: Médecins d'Afrique, Ministry of Health**

## **NEEDS**

- **Likely challenges between coordination of PRs**
  
- **MDA likely implementation challenges:**
  - **SR management including development of procedures manual.**
  - **LLIN tendering- likely GF approval required for tender.**
  - **LLIN storage and distribution strategies.**
  - **Developing temporary M&E solution as national health information system is not yet operational.**
  
- **MoH likely implementation challenges:**
  - **SR management**
  - **Establishing procurement MIS**
  - **Improving storage facilities**
  - **Lack of M&E tools such as manuals**

# COTE D'IVOIRE

## Signature in Progress

PRs: PNLP & CARE International

## NEEDS

- **PSM plan still being negotiated and will likely be a CP for disbursement. Major issues: quantification of health products, management information system, and community distribution of ACTs.**
- **Tender will likely need to be approved by GF and closely monitored given Round 6 transparency issues in LLIN procurement from CARE.**
- **M&E needs:**
  - **Grant includes building national capacity for national M&E framework as part of next strategy.**
  - **GF identified gap is M&E at community level**
  - **PNLP data quality issues (demonstrated from Round 6 grant)**
- **GF identified need: TA to support universal coverage campaign planning, storage, and distribution.**
- **Likely bottleneck issue: effective coordination between PRs and linkage to Round 6 grant.**

# DRC

## Signature in Progress- Extension Requested

PRs: UNDP, SANRU, PSI

### *NEEDS*

- **Coordination between three PRs is still an issue. GF is requesting a coordination plan.**
  - **GF is investigating the possibility of signing PSI first in order to allow them to tender for the 7.5 million LLINs needed for campaigns in 2010**
- **PSM plan is still being negotiated (particularly for SANRU & UNDP)**
- **Likely CP: GF approval of procurement tender**
- **Likely bottleneck issue: effective implementation of the workplan between PRs; transfer of capacity from UNDP to PNLN for Ph II**

# ETHIOPIA

**Signed: 23 July – no funds disbursed**

**PR: Ministry of Health**

## **NEEDS**

### **➤ Conditions Precedent (Malaria):**

- submission of PSM plan & LLIN Storage & Distribution Plan; and**
- written approval by GF of both PSM and LLIN plans.**

### **➤ CP for 1st disbursement of HSS activities:**

- PR submission of detailed breakdown of costs for: Conducting Integrated Refresher Training for Health Extension Workers; Accelerated Training of Health Information Officers; and Procurement of laboratory equipments for 14 teaching hospitals.**

- Likely bottlenecks: implementation of HSS component which delayed signing of grant.**

# GHANA

**Signature in progress**

**PRs: Ministry of Health & Anglo-Gold Ashanti**

## ***NEEDS***

- **Likely NMCP bottleneck- ensuring alignment and avoiding duplication with previous GF grants particularly for program reporting.**
- **Potential CPs for both PR for submission of PSM plan and submission of M&E plan.**
- **Other GF processes- AMFm**

# NIGERIA (1/2)

Signed: 23 October, first disbursement request being processed

PRs: NMCP, Society for Family Health, Yakubo Gowon Center

## **NEEDS**

- CP to use grant funds for TA: 1) submission to GF of detailed national technical assistance plan & budget including programmatic management, PSM, M&E, and financial management strengthening. 2) written approval of GF for PSM TA aspects.
- NMCP CP to disburse to SRs: Submission of detailed SR management plan
- NMCP CP for 2<sup>nd</sup> Disbursement : Submission of detail national M&E Work-Plan and Budget
- CP to disburse for procurement of health products in Y1: 1) submission of PSM plan for health products; 2) satisfactory creation of PSM unit in PMU.



# NIGERIA (2/2)

## NEEDS

- **By December 31, 2009- submit an MoU between 3 PRs detailing implementation responsibilities and terms and condition of collaboration.**
- **CP to 2<sup>nd</sup> Disbursement: 1) establishment of audit implementation committee; 2) delivery of phase 1 audit plan; 3) satisfactory set up of financial management unit in PMU.**
- **CP to 3<sup>rd</sup> Disbursement for SFH/YGC: Submission of revised M&E plan in line with national M&E plan with revised work-plan and budget including detailed plans to monitoring programmatic and financial performance of SRs**
- **Ongoing procurement issues to be addressed include: MIS for collecting and reporting data on usage of health products and patients reached, forecasting, and inventory management.**
- **Other GF processes: AMFm, upcoming Inspector General audit**

# RWANDA

**Signed: June 6 - 2 disbursements processed totaling \$35,985,693.00**

**PR: Ministry of Health**

## **NEEDS**

- PR has an overall B1 assessment.
- CP on M&E to be completed by 30 November: 1) submission of a costed M&E Action Plan based on October MESST; 2) submission of updated national malaria M&E plan integrating NGO SRs; 3) submission of Data Quality Plan.
- CP on BCC to be completed by 6 December: 1) submit BCC strategy; 2) submit plan for evaluation of BCC activities.
- CP on disbursing funds to NGO SRs to be completed by 30 December: 1) satisfactory completion of new SR training for expected program/financial management and reporting; 2) delivery of PR MoUs with each NGO SR.
- Likely challenge: developing waste management strategy for disposal of old nets.
- Additional GF Processes: AMFm

# SWAZILAND

**Signed: June 6 - 2 disbursements processed totaling \$2,525,617.00**

**PR: NERCHA (NMCP is lead SR)**

## **NEEDS**

- **PR has an overall B2 rating.**
- **Key challenge: appropriate interface between PR (NERCHA) and SR (NMCP). PR has historically been source of delays in processing NMCP activities. Most CPs relate to PR establishment of stronger reporting and enhancing support for NMCP.**
- **CCM issues: New CCM and concerns regarding potential conflicts of interest**
- **Procurement CPs (no due date listed): 1) submission of new malaria and treatment diagnosis guidelines; 2) submission of reporting/monitoring mechanism for ACT/RDT utilization.**

# TANZANIA

**Signed: Signed 1 October, first disbursement being processed**

**PR: Ministry of Finance**

## **NEEDS**

- **Likely bottlenecks: procurement for LLIN campaign.**
  - **MoH is requesting to be the procurement agent . This will require a grant amendment & further review from LFA.**
  - **Tender is likely to be delayed.**
  
- **GF identified PSM needs:**
  - **Tender specifications for LLIN procurement;**
  - **MIS to track mass LLIN distribution;**
  - **Long-term strategy for maintaining universal coverage**
  
- **Other GF processes: AMFm, Round 9, & GF Inspector General investigation.**

# ZANZIBAR

**Signature in progress**

**PR: Ministry of Health**

## ***NEEDS***

### **➤ Likely bottlenecks:**

- Aligning and reporting on LLIN distribution to avoid duplication between R4 and R8 grants.**
- Implementation, monitoring & evaluation of HSS component**
- SR management- first time PR is managing SRs.**
- Storage of LLINs**

### **➤ Additional GF processes: AMFm**

# ZIMBABWE

Signature in progress

PR: UNDP

## *NEEDS*

➤ **Capacity transfer between UNDP and SRs??**