



Malaria Control Tools

Planning and Budgeting for National Malaria Control

A Summary of Promising Practices

March 2009



Acknowledgment

This tool was developed as a culmination of the work of the Malaria Control and Evaluation Partnership in Africa (MACEPA), a program at PATH, in Zambia as well as in other countries. MACEPA wishes to acknowledge and thank the Ministries of Health and national malaria control programmes for the partnerships that helped inform the development of this tool.

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Cover photo: David Jacobs

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Introduction

Planning and budgeting are key activities for effective malaria control scale-up. They represent efficient mechanisms for information collection, dissemination, and sharing as well as consensus-building and coordination. The results can be very useful for managing complex malaria programming. If structured well, planning and budgeting can be important annual activities for a programme and can contribute to stable and effective management of malaria programmes in a rapidly evolving environment.

Planning and budgeting refer here to planning and budgeting of activities to achieve programme objectives, not strategic planning exercises.

Objectives

The objectives of this document are to catalogue and share lessons the Malaria Control and Evaluation Partnership in Africa (MACEPA), a program at PATH, learned in planning and budgeting for national malaria control programmes.

Scope of experience

Zambia's malaria control programme and its partners developed tools in 2005 and 2006 to help the planning and budgeting process for malaria control. Partners' experiences from similar exercises in other countries and for other diseases also fed into the learning process.

Target audiences

This document was developed for malaria control programme planners and managers in Africa so that their national programmes may benefit from national programming experiences from other countries.

Targeted outcomes

It is hoped that programmes will be able to implement, or improve implementation of, their work planning process by using this tool.

Organizing a planning and budgeting workshop

An annual workshop can be held to assemble partners for malaria planning and budgeting for the next year. An agenda for the workshop will reflect the process by which plans and budgets are developed in a partnership. The workshop can be adapted but may include the following basic elements:

Present the global and regional malaria context.

A high-level national malaria control representative, such as the local World Health Organization or other partnership representative, provides a summary update of the status of the global and regional malaria environment and current priorities. This gives context to national programming and helps to ensure that local programming is aligned with broader goals.

Review national programme achievements and highlights for the past year.

Technical and programme support working groups meet to develop consensus presentations on achievements during the current reporting period relative to planned activities.

- Each group reports to the plenary group on achievements and status of workplan implementation for the current period. Presentations can include an overview of the current status of the group's efforts. They can also include a variance analysis of the implemented activities versus the planned programme activities, with an explanation of any variances (see Annex 1).
- Resulting issues and bottlenecks can be identified and addressed for resolution in planning for the next year. Finance personnel or programme technical working groups can report on budget implementation during the current year.

Working groups

Working groups are made up of partner representatives involved in each of the key components of a malaria control programme based on their contributions, specialization, and expertise. For example, an insecticide-treated net (ITN) working group may be made up of National Malaria Control Programme ITN personnel plus personnel from partners involved with ITN distribution. The groups can meet regularly and collectively organize the national ITN programme and plan activities.

Develop workplans for the next year.

- As much as possible, planning should be based upon an objectively verifiable evidence base in order to maximize benefits from the use of limited donor resources. This evidence base can come from various sources, including a malaria indicator survey (MIS), a demographic and health survey (DHS), a multiple indicator cluster survey (MICS), or health management information systems (HMIS) presented by the monitoring and evaluation (M&E) unit.
- The M&E unit presents implications for national-level programming (this can also be a facilitated learning session). Separate workshops can be held to present results of surveys and identify programming implications resulting from the evidence. A sample guidance sheet from review sessions of survey results can be found in Annex 2.
- Technical working groups meet to develop draft workplans for the next year which cite evidence bases for activities identified and address issues that were raised in the variance analysis session.
- Each technical working group can do an analysis of strengths, weaknesses, opportunities, and threats (SWOT) to help identify activities for the following period (see page 5 and Annex 3).

Present workplans.

- Workplans and budgets can be developed by each of the technical working groups and support units.
- Each group and unit presents its plan and budget to the plenary group, explaining the rationale for activities proposed based upon available evidence. Copies of the plans should be distributed beforehand.
- Question and answer sessions following each presentation permit further refinement of the plans and identification of cross-cutting issues among working groups to be consolidated and synergies to be further developed.

Approve workplans and budgets.

- Technical working groups meet with each other to plan collaborative efforts—for example, advocacy and communication support related to insecticide-treated net (ITN) usage—and to reconcile overlapping efforts.
- Individual members of the working groups are assigned responsibilities for developing final versions of workplans and budgets to include technical working groups—such as ITNs, indoor residual spraying (IRS), and prompt and effective case management—and support services—such as advocacy and communications, operations research, and programme management.
- Once workplans have been finalized, budgets can be developed by the working groups.
- Final workplans and budgets are presented to a limited group of programme managers for final review and acceptance.
- Final workplans and budgets are printed and collated for presentation to the Minister of Health for approval.

Monitor implementation.

- Copies of approved budgets are distributed to all partners.
- Quarterly review sessions are held to assess progress in implementation of the workplans and budgets and to revise expected outcomes as needed and justified.

Suggestions for effective planning

Following are some activities that may be useful when planning national malaria control programming:

Compile and share useful documents.

The following documents may be distributed prior to the planning activity:

- National malaria strategy.
- Partner profiles.

- Previous year's plan.
- Synthesis of districts' plans.
- MIS, DHS, and HMIS study results.
- Programme evaluations and assessments.
- Partner lists.
- Agenda.

Assessing ITN bottlenecks

A variance analysis can reveal, for example, important differences in actual cost and timing of ITN deliveries compared to budgeted costs and projected timelines; further analysis can then highlight bottlenecks in the supply chain. In Zambia, subsequent programming adjustments based on these findings led to shipping containers directly to districts rather than to the central level—first through a pilot effort and then more systematically for all Ministry of Health ITN procurements.

Conduct a variance analysis.

A variance analysis is an analytic tool that helps planners understand the reasons for variances in planned implementation versus actual implementation. The purpose is to inform programming and to reduce variances in the future. Often this relates to identifying and addressing bottlenecks. A benefit of conducting a variance analysis is that it provides an objective basis for improving performance, but findings are not always easy to translate into actionable results (see Annex 1).

Conduct a SWOT analysis.

A SWOT analysis is an analytic tool that can be particularly useful when new initiatives are planned, new strategies are needed, or new malaria programming phases are under consideration. One useful application of SWOT analyses may be in ITN distribution. As ITN programmes achieve scale-up and face a need to implement keep-up strategies, they typically move away from centrally controlled structures and need to identify appropriate alternatives. Programmes may want to perform a SWOT analysis to identify appropriate keep-up strategies that take into consideration their country's particular attributes for decentralized ITN distribution (see Annex 3).

Clarify scope.

The global Roll Back Malaria (RBM) Partnership envisages one national coordinating mechanism for national malaria control (see text box on the three ones). This coordination role may include planning all malaria interventions in a single exercise. Some partners may be more or less capable of integrating their programming into one planning exercise for various reasons, including timing and availability of information. At a minimum, the exercise should serve to highlight the priorities of the national programme and expectations of partners in following them.

The three ones

The RBM Partnership maintains that success in the scale-up for impact approach to malaria control is based on national commitment to the *three ones*: one national plan, one coordinating mechanism, and one system for monitoring and evaluating progress.

Strategically time the planning and budgeting workshops.

Planning and budgeting workshops should be held at a time that allows for sufficient response time. The following factors may need to be considered:

- Seasonality.
 - Malaria transmission season.
 - Rainy season.
 - Holidays and vacations.
- National planning cycles.
 - Government and Ministry of Health.
 - District.
- Coincidence with donor funding submissions.
- The time required to complete the plans and have them approved prior to the start of the implementation period.

These considerations can be charted on a spiral planning chart that captures the impact of various recurring and nonrecurring events to reveal appropriate periods for holding planning events (see Annex 4).

Consider using spiral planning to analyze cycles of malaria control programming.

Application of the spiral planning chart in Zambia helped to identify the best time of the year to implement the planning and budgeting workshops—taking into consideration annual implementation cycles as well as opportunities for maximizing information utility. In contrast to a linear planning model, spiral planning offers the benefit of allowing for visual representation of recurring planning considerations and portrays the future without periodicity constraints. Spiral planning is most useful in small groups (not workshop settings); those who are more familiar with linear models may have difficulty appreciating the spiral concept.

Establish logical timing for planning and budgeting meetings.

Annual programming for 12-month periods is not always ideal for malaria programming because some malaria control activities require programming over a longer period, and other activities straddle annual planning periods. Programmes may therefore want to consider planning each year for two- or three-year periods. The detail of second and/or third years can be limited to those activities that overlap into subsequent years. Each year the planning can begin with the activities already envisaged during the previous year's planning. This 'rolling planning' approach facilitates seamless programme planning and implementation.

Schedule the sequence and timing of preparation and follow-up for the planning and budgeting workshops.

Several actions can be undertaken prior to the planning workshops to further facilitate effective workshop implementation:

- Meeting to discuss and prepare the evidence base for presentation and programme review (three weeks prior to the workshop).
- Core group meeting of organizers to set dates for the workshop and plan logistics (three weeks prior to the workshop).
- Meetings of technical working groups prior to the workshop to prepare presentations on results of the current year and identify opportunities for activities to propose for the next year (one week prior to the workshop).
- Distribution of templates for workplans (one week prior to the workshop).

Activities to be undertaken following the workshop include:

- A draft workplan or annual action plan is produced and distributed for validation (one week after the workshop).
- The final document is presented to the Minister of Health or other designated official for approval (two weeks after the workshop).
- Final copies are disseminated to partners (three weeks after the workshop).

Important specific considerations for costing and budgeting

Costing

Once major activities have been planned for the coming year, working groups can develop activity budgets. Since budgets for each working group are prepared separately, it may be useful to agree on basic costs before the budgeting exercise. A standard cost template can be a useful reference tool (see Annex 5).

Budgeting

Formats for plans and activity budgets will vary depending upon each country's experience and requirements; it may be useful to organize budgets by working-group categories. Formats for budgets need to be determined and sample formats prepared and distributed prior to the session. (A sample budgeting template is found in Annex 6.) Some basic information that can be useful includes:

- Major activities and subactivities of the working group.
- Timeframes. Activities can be planned down to monthly or weekly details depending upon the time working groups have available to programme their activities. The more detail, the more likely activities will succeed, and all contingencies will be considered.

- Budget columns. These include units of measurement, costs per unit, and total budgets; including these variables allows for some analysis of appropriateness of budgets.
- Additional assumptions. Costing assumptions, such as daily allowances or mileage rates, can be included in the costing sheet (see Annex 5); other unit costs included in budgets such as commodity costs) should also be listed separately as assumptions..
- Additional columns for budget totals. These can be organized by committed and non-committed funds in order to calculate a column showing the gap in funds available. If room allows, useful additional columns can show the amount committed by each donor for each activity.

Key factors contributing to successful planning and budgeting

Based on experiences in a range of country settings, the following key factors can contribute to successful budgeting and planning for national malaria control activities:

Make sure that all partners are included.

This can involve considerable time and effort; a partner-mapping exercise may be useful to undertake prior to the planning and budgeting activity to have updated information on the status and scope of partners' activities. A sample format for a partner landscape analysis can be found in Annex 7.

All partners need to be engaged in the process.

Since the exercise of planning and budgeting reinforces the partnership, it is important that the group is comprehensive and both represents and engages the full breadth of the malaria community in the country. Engagement can involve assigning roles for giving presentations, documentation of workshop sessions, or moderating sessions.

Develop functional working groups.

Partners and programme units can be organized into functional working groups for the planning and budgeting exercise, as well as for facilitating programme management. Working groups can include, for example, vector control (ITNs and IRS); case management; information, education and communication; M&E; and programme management and operations research.

Document results promptly and completely.

To maintain complete and continuous partner engagement, it is important to finish the workshop with agreement on clear roles and responsibilities for assembling documentation, reproducing documents, and distributing them according to realistic but prompt timelines. Involvement of partners in this process will help ensure engagement and commitment.

Ensure that all partners validate results.

The workshop and follow-up activities should reflect a process of ensuring that all partners (including Ministry authorities) have an opportunity to review, provide final suggestions on, and adopt the workplan. Copies of the final version should then be made available to all partners. Transparency in this process will help to maintain partner commitment.

Prepare for programme evolution.

As programmes evolve from *pre-scale-up for impact* to *scale-up for impact* to sustained control and elimination, programming may evolve from centrally controlled activities to decentralized programming. This will require increasingly effective, sustainable partnering and programming at district and community levels. Efforts need to be made to engage these levels in the planning process. The national programme can provide programming guidance to districts prior to the annual district planning process to align district activities with national priorities.

Annex 1. Variance analysis

As part of the planning process, technical working groups may be encouraged to undertake a variance analysis of programme implementation. As part of the annual review process and subsequent development of the following year's plan, a variance analysis will reveal the differences between what was planned in the previous year and what was implemented. In addition, exploring the reasons for these variances will highlight areas where the programmes may need to realign their programming or reallocate resources, further improving the likelihood of successful malaria programming.

Some suggested steps to follow in programme variance analysis are:

1. Ask each programme to present its plan for the most recently completed period.
2. Ask the programme managers to explain what has been accomplished relative to the plan.
3. Identify and agree upon the differences between what was planned and what was actually achieved. Note that these can be more, less, or completely different.
4. Explore the reasons for the differences. Use appreciative inquiry techniques. Try to make sure that you dig down to the real reasons and go beyond the apparent reasons.
5. Consider collectively how these reasons can be factored into programming to achieve improved results.
6. In reviewing plans for future implementation, make sure the results of the variance analysis are available and factored into forward programming.

A note of caution

Be careful to avoid performance judgment when conducting or presenting findings from a variance analysis. This is not the goal of the exercise and defensiveness around performance can inhibit identification of real reasons for variances in implementation.

Annex 2. MIS results review template

This template can be used by all malaria control working groups to clarify current data and implications for malaria control programming.

Working group name (such as diagnosis and treatment, vector control, IEC/BCC)					
#	Evidence from MIS results	Issues	Recommendations	Responsible bodies	Timeline
1.					
2.					
3.					
4.					
5.					
Discussion:					

IEC/BCC: information, education, and communication/behaviour change communication

Annex 3. SWOT analysis

As part of the planning process, programmes can perform an analysis of strengths, weaknesses, opportunities, and threats (SWOT) of the malaria control programme and its operating environment. SWOT analyses are facilitated exercises undertaken with programme stakeholders to objectively consider options for programme improvement and identify strategic options for future programme development. This information can then be used to develop a matrix that will suggest strategic alternatives.

Steps:

1. Bring together malaria control programme stakeholders—representing either an entire programme, or its individual working groups—in a workshop setting to reflect on the programme’s strategic directions.
2. Ask participants to identify strengths, weaknesses, opportunities, and threats posed by the programme and the environment in which it exists. Subcomponents of programmes (e.g., insecticide-treated nets or indoor residual spraying) may be addressed individually; list the results for sharing.
3. Categorize each characteristic as internal or external to better distinguish internal variables that are potentially easily adjusted, as opposed to external influences that define the environment.

4. Given these elements, fill in a chart like the one below to match opportunities that are a good fit for the programme's strengths (A), identify weaknesses that need to be overcome to pursue opportunities (B), identify strengths that can be mobilized to neutralize threats (C), and identify weaknesses and threats for which defenses need to be bolstered (D).

	Strengths	Weaknesses
Opportunities	A	B
Threats	C	D

5. Use the resulting matrix of information to guide appropriate strategies.

Some examples of how a programme strategy can be adapted to reflect SWOT results include:

- Determine how decentralized or centralized the programme should be and what elements should be decentralized or centralized.
- Design vector control strategies that are more effective if they take into consideration human resources in SWOT results.
- Design chain strategies to take advantage of proven resources and avoid historical weaknesses.

The resulting analysis can be documented for inclusion in the justification for programme strategy and be linked to the workplan.

Annex 4. Spiral planning

Malaria programme planning often follows annual cycles to accommodate Ministry of Health or donor requirements. But malaria activities don't necessarily fall into annual cycles corresponding to the Ministry planning periods, and linear timelines often do not capture the cyclical or recurrent nature of malaria programming. Spiral planning can help to graphically illustrate activities that reoccur periodically, activities that overlap, activities that are interdependent, and activities that are dependent on seasons in ways that traditional linear timeline planning often obscures.

The Zambia experience with spiral planning

In 2006, the spiral planning model was used to identify the appropriate period for annual national malaria control planning in Zambia. Planning was needed to accommodate intervention implementation cycles and to complement national and district level planning interdependencies. Dates for the planning cycles were subsequently identified that better accommodated the interdependencies.

Figure 1 shows a spiral planning template that can be used by program planners (a sample of a completed plan can be found in Figure 2). The following steps are suggested for completing a spiral plan:

1. Draw a spiral diagram, as shown below, on a flipchart.
2. Show known activities on the plan.
3. On a separate sheet, list additional activities that have to be added to the plan.
4. Consider existing activities and constraints reflected in the spiral and add new activities as and where appropriate.
5. Review and refine the spiral to assure that all activities can be effectively implemented in the indicated timeframes.

Figure 1. Spiral planning template

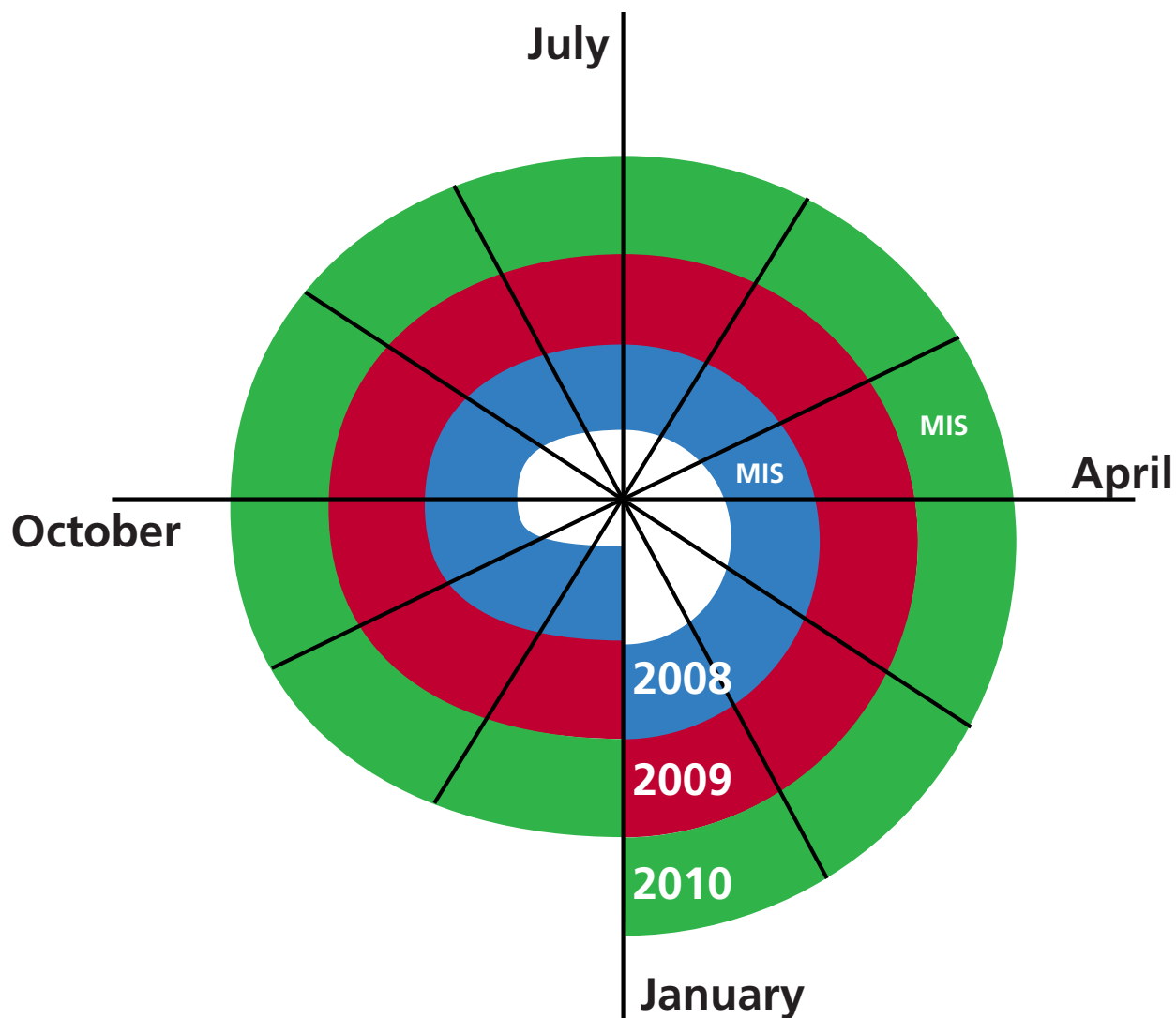
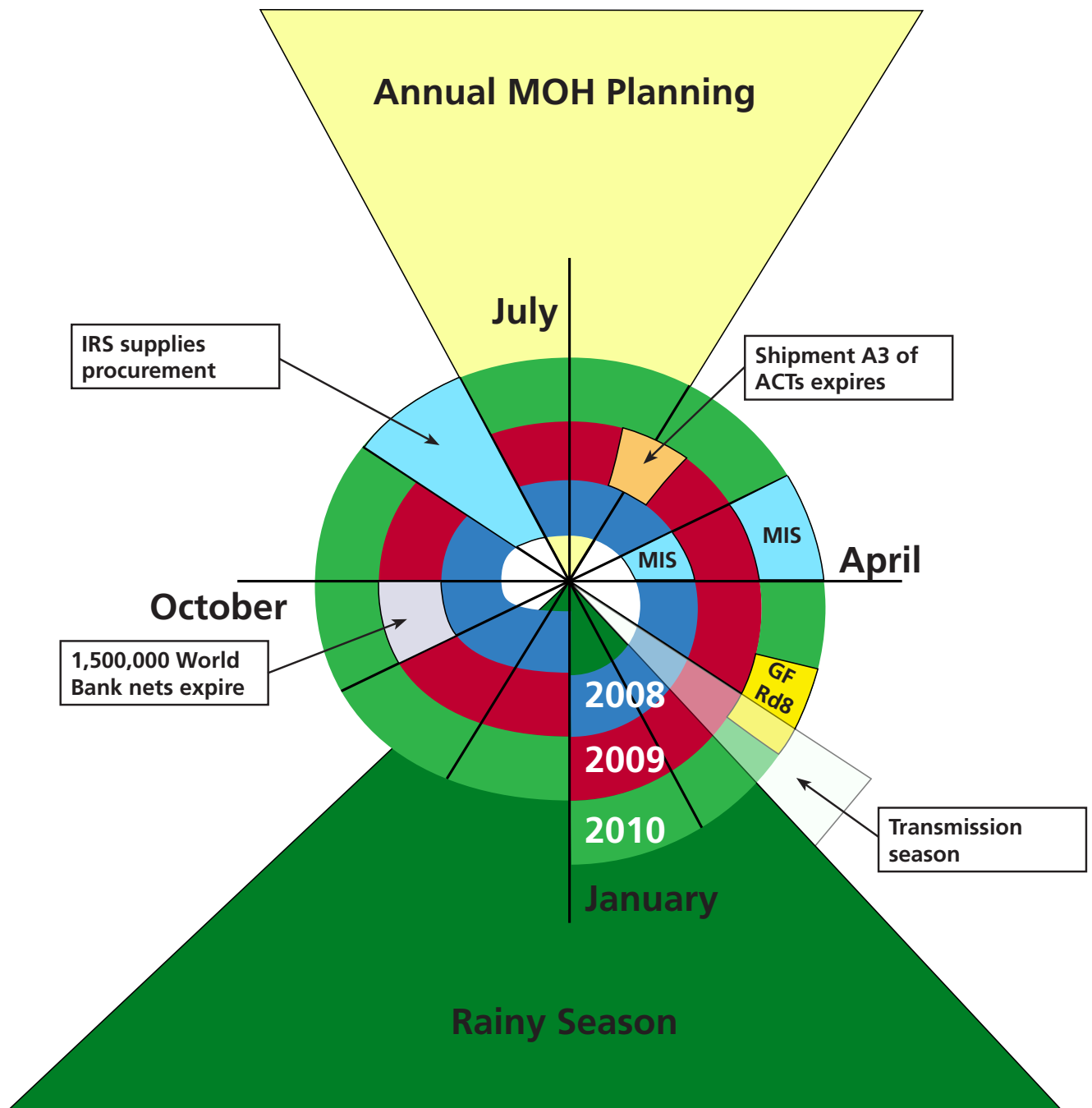


Figure 2. Sample spiral plan



Annex 5. Sample costing sheet

Sample costing sheet to facilitate agreement on basic activity costs across the partnership				
Budget category	Budgeting amounts*		Units	Notes
Allowances	130,000 kw	\$30.23	per person/day	Includes meals and out-of-pocket
Accommodation (rural)	300,000 kw	\$69.77	per person/day	
Accommodation (urban)	350,000 kw	\$81.40	per person/day	
Conference hall	500,000 kw	\$116.28	per day	
Meals	100,000 kw	\$23.26	per person/day	
Folder, pen, writing pad	12,500 kw	\$2.91	per person	
Paper	25,000 kw	\$5.81	per ream	
Photocopies/printing	1,200,000 kw	\$279.07	per document	
Airtime	50,000 kw	\$11.63	per person/day	
Fuel	7,200 kw	\$1.67	per litre	1 litre/12kms
Advertising	1,000,000 kw	\$232.56	per day/unit	
Incidentals				10% of total activity budget

*Assumes exchange rate of 4,300 kw/US\$.

Per diem and allowance rates should be based on the national policy and referenced in the table. A sample reference may be: National Public Sector Per Diem and Allowance Policy, 31 December 2020.

Annex 6. Sample budgeting template for insecticide-treated net plan

Activities		Indicator	Target	Suggested time frame for implementation					
				J	F	M	A	M	J
				1	2	3	4	5	6
1	ITN component	1, 2, 3		x	x	x	x	x	x
Activity 1: Mass distribution		1	1,797,000 nets distributed	x	x	x	x	x	x
1.1	Procurement and distribution of 1,000,000 LLINs to Northern and Southern Provinces	1	1,000,000 nets distributed	x	x	x	x	x	
1.2	Procurement	1		x	x				
1.3	Distribution	1				x	x	x	
Activity 2: Procurement and distribution of 460,000 LLINs to Eastern Province		1	460,000 nets distributed	x	x	x	x	x	x
2.1	Procurement	1			x	x	x	x	x
2.2	Distribution	1							x
Activity 3: Procurement and distribution of 337,000 LLINs (Global Fund)		1	337,000 nets distributed					x	x
3.1	Procurement	1							x
3.2	Distribution	1							

ITN: insecticide-treated nets

LLIN: long-lasting insecticidal nets

Suggested time frame for implementation						Estimated cost (US\$)	Funding (US\$)	Gap (US\$)	Partners
J 7	A 8	S 9	O 10	N 11	D 12				
x	x	x	x	x	x	15,481,055	10,365,718	5,115,337	0
x	x	x	x			10,439,734	5,733,647	4,706,087	MOH, PHOs, DHMTs, UNICEF, WHO
						5,200,000	4,570,000	630,000	MOH, PHO, DHMT, NHC, UNICEF, CHAZ
						4,500,000	4,500,000	0	WB
						700,000	70,000	630,000	WB
						2,323,000	0	2,323,000	MOH, PHO, DHMT, NHC, UNICEF
						2,070,000	0	2,070,000	0
						253,000	0	253,000	0
x						1,701,850	185,350	1,516,500	MOH, PHO, DHMT, NHC, UNICEF
x						1,516,500	0	1,516,500	GF
	x					185,350	185,350	0	GF

DHMT: District Health Management Team

PHO: Provincial Health Office

GF: Global Fund to Fight AIDS, Tuberculosis and Malaria

WB: World Bank

MOH: Ministry of Health

WHO: World Health Organization

NHC: Neighbourhood Health Council

Annex 7. Partner mapping table

Generally, the tools available for partner mapping allow mapping of partners' characteristics along various parameters. Some of the most useful partner characteristics to document for malaria control are geographical coverage, technical capacity, funding, and funding duration.

	Partner A	Partner B	Partner C	Partner D	Partner E	Partner F	Partner G
Geographic coverage							
Structural position: national, regional, local							
Sector: private; government (ministries, district health offices); civil society; faith-based; issue-based							
Disease-specific							
Technical capacity							
Technical assistant or advisor							
Donors							
Funding amount and duration							

