



REVIEW OF MANAGEMENT AND ORGANIZATIONAL CAPACITY OF THE NATIONAL MALARIA CONTROL PROGRAM IN MALAWI

February 2008

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Mission

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CCM	Country Coordination Committee
CDC	Centers for Disease Control and Prevention
COM	College of Medicine
CHSU	Community Health Services Unit
CMS	Central Medical Stores
FHI	Family Health International
HIV	Human Immunodeficiency Virus
HMIU	Health Management Information Unit
IDSR	Integrated Disease and Surveillance Response
IEC	Information, Education, and Communication
IT	Information Technology
ITN	Insecticide-treated Nets
JICA	Japanese International Cooperation Agency
MAC	Malaria Alert Center
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOP	Malaria Operating Plan
MSH	Management Sciences for Health
NMCP	National Malaria Control Program
PMI	President's Malaria Initiative
PSI	Population Services International
SMDP	Sustainable Management Development Program
SPS	Strengthening Pharmaceuticals Systems
SWAp	Sector-wide Approach
TB	Tuberculosis
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

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EXECUTIVE SUMMARY

One of the keys to the success and sustainability of a national malaria control program (NMCP) is the organizational and management capacity of the program. To address this issue, the President's Malaria Initiative (PMI) requested Health Systems 20/20 to develop a systematic method to review the management and organizational capacity of NMCPs, identify the key organizational capacity-building needs, and use the results to develop and implement a capacity improvement plan. PMI asked the Ministry of Health (MOH) in Malawi if it would accept such an activity being carried out there. The MOH gave its formal approval and PMI then fielded a three-person team consisting of two international consultants and a local consultant from January 14-29, 2008.

The review looked at seven capacity-building dimensions relevant to NMCPs. These dimensions served as the basis for structuring the data collection, analysis, and findings.

- Adequacy of the organizational mandate of the NMCP
- Capacity to develop strategies and operational plans
- Adequacy of the organizational structure and staffing including the physical infrastructure to house them
- Effectiveness of leadership and management
- Adequacy of core management systems – financial management, information management, and procurement/logistics
- Ability to coordinate effectively with stakeholders at all levels
- Systems for NMCP staff to keep up to date technically.

The review team also surveyed the capacity of local institutions to support the NMNCP.

OVERALL FINDINGS

Strengths

- The NMCP provides a well-structured framework for malaria interventions in Malawi.
- The core team of the NMCP is dedicated, hard-working, and technically qualified.
- The NMCP is receptive to utilizing the capacity of partners in meeting its mandate.
- The NMCP accepts and understands its role in the decentralized health system.
- The NMCP has been successful in accomplishing key tasks such as the development of a five-year

strategic plan, Round 2 Malaria Global Fund proposal, Round 7 Malaria Global Fund proposal, annual operational planning and budgeting, etc.

Areas for Improvement

- The NMCP holds a relatively low profile within the MOH and therefore has not been able to obtain the resources needed to manage a program of the current size and scale of the malaria program.
- The NMCP does not have an adequate number of qualified staff.
- The program is operating primarily in a reactive and crisis mode.
- Management systems and skills do not meet the needs of the program.
- Inadequate physical facilities affect the ability of the NMCP to efficiently carry out its functions and house an adequate number of staff.

PROGRAMMATIC GAPS

As a result of these challenges, a number of programmatic gaps exist.

- Districts do not receive all the technical supervision and support required.
- Information management capacity and support from other units in the MOH is weak, which in turn reduces monitoring and evaluation (M&E) capacity.
- Timely links between planned strategies and program implementation need strengthening.
- Operational research, M&E, and program needs are not coordinated and synergistic.
- Coordination of policy dialogue and program implementation is ad hoc and insufficient, due primarily to the lack of adequate core staff that have the time to address these issues.

POTENTIAL SOLUTIONS

The team has suggested a two-year plan to address the major findings. Among the essential capacity-building interventions identified are the following:

- Hire one or two additional staff for 1-2 years with the formal understanding that the MOH will make these positions permanent at the end of this period.
- Conduct a management retreat to develop an organizational vision and management agenda for the NMCP.
- Analyze space needs, develop architectural plans, and seek donor funding.
- Identify mechanisms for providing additional operating expenses for the NMCP.

- Strengthen the Malaria Sub Technical Working Group.
- Develop and initiate a plan to improve information management capacity.
- Develop and implement a management training program for NMCP staff.
- Develop a research agenda that is more closely tied to malaria program needs.
- Improve technical supervision and support to the districts by systematically assessing their capacity and developing and implementing a strategy to address the needs.

I. INTRODUCTION

I.1 RATIONALE AND BACKGROUND

Malaria control programs throughout Africa, including the President's Malaria Initiative (PMI) 15 focus countries, have seen a tremendous increase in funding and activities over the past few years. In addition to the resources from PMI, they are receiving significant funding from the Global Fund for AIDS, Tuberculosis, and Malaria, UNICEF, World Bank, and other international and bi-lateral donors. This dramatic increase in resources and activities has put a strain on the organizational and management capacity of the national malaria control programs (NMCPs).

To address this issue, PMI asked Health Systems 20/20 to develop a systematic method to review the management and organizational capacity of NMCPs, identify the key organizational capacity-building needs, and develop a capacity improvement plan that could be supported by PMI and by other donors. PMI thought that Malawi would be an excellent first country to apply this approach because of the strong PMI presence, the scale of the NMCP, and the malaria disease burden, which, according to the 2005-2010 Malaria Strategic Plan, represents 40 percent of outpatient visits. PMI formally requested approval for the activity and, after discussion with the NMCP, the Principal Secretary of the Ministry of Health (MOH) gave formal approval to PMI to carry out this review and planning activity.

The NMCP in Malawi is located in the MOH Directorate of Preventive Health Services (PHS) and is housed at the Community Health Services Unit (CHSU) along with other disease control programs. The NMCP team consists of four officers and three zonal malaria staff who have recently been called back to headquarters (one of these positions is currently vacant). The NMCP is responsible for supporting the districts, each of which has a district malaria coordinator who is a member of the District Health Management Team and responsible for all malaria activities. In addition, at the district level, a clinical officer or a nurse is responsible for case management and either the district malaria coordinator and/or someone within the district Environmental Health Office is responsible for the distribution of insecticide-treated nets (ITNs). The ITN role is usually not a full-time position. The NMCP in Malawi receives financial and technical support from the government Sector-wide Approach (SWAp) and a range of donors including, among others, the World Health Organization (WHO), UNICEF, World Bank, PMI, and the Japan International Cooperation Agency (JICA). The program also has a number of implementing partners including Population Services International (PSI), Rational Pharmaceuticals Plus (RPM Plus), Malawi College of Medicine (COM)/Malaria Alert Center (COM/MAC), and others.

The assignment was carried out by a three-person team consisting of two international consultants and a local staff person of the United States Centers for Disease Control and Prevention (CDC) on January 14-29, 2008.

I.2 DEFINITION OF ORGANIZATIONAL AND MANAGEMENT CAPACITY

This review was based on a definition of capacity building that was developed specifically for the organizational and management capacity of NMCPs. The definition included seven dimensions, which

served as the basis for structuring the data collection, analysis, and the development of findings and potential solutions.

- *Organizational mandate*: adequacy of the current scope and authorities of the NMCP, especially in relation to other departments in the MOH, other national agencies, and the national-level partnership structure.
- *Organizational structure and staffing*: adequacy of the organizational structure and staff to carry out its core functions, including the physical infrastructure needed to house them.
- *Strategy and planning*: capacity to develop strategies and operational plans and align the actions of implementing partners with the plans.
- *Leadership and management*: effectiveness of leadership and management of NMCP managers.
- *Management systems*: adequacy of the management systems in three core areas: financial management (including budgeting and forecasting), information management and technology, and logistics/procurement.
- *Coordination/collaboration*: capacity to effectively coordinate at all levels including within the central MOH, with the districts, and with partners.
- *Keeping up to date technically*: whether the NMCP has cost-effective strategies for keeping up to date technically such as access to the Internet and other means of ongoing professional development.

Because this activity was limited to the management and organizational capacity of the NMCP, it did not include the technical capacity of staff, laboratory capacity, technical quality of the national malaria control strategy, or capacity at the district level.

The team also reviewed the capacity of local institutions to support the NMCP in the areas where the NMCP needs assistance.

I.3 REVIEW METHODOLOGY

The review methodology is summarized below.

- Review of key background documents. Prior to the field visit, the team reviewed documents that were relevant to the assessment. These included the 2005-2010 Malaria Strategic Plan, Monitoring and Evaluation Plan, Global Fund Round 7 Proposal, Functional Review (proposed reorganization of the MOH), PMI Malaria Operating Plans (MOPs), and the Essential Health Package. Annex A contains a list of the documents that were reviewed.
- Individual meetings with the full range of NMCP stakeholders and partners. The team met with all the categories of stakeholders that interact regularly with the NMCP.
 - Donors (PMI, UNICEF, WHO, and World Bank)
 - Implementing partners, e.g., PSI, Management Sciences for Health (MSH)-led Strengthening Pharmaceuticals Systems (SPS) Project

- District and zonal health teams
- Other offices in the MOH (Planning, Finance, SWAp Secretariat, Health Management Information Unit [HMIU], and Human Resources)
- Research and academic community working under the umbrella of the COM in Blantyre

Annex B has a complete list of the persons interviewed. This wide consultation with NMCP stakeholders resulted in an excellent cross-section of opinions and views.

- *Analysis of data and development of preliminary findings and recommendations.* The team analyzed the data and identified findings in each of the seven assessment dimensions. The team found general agreement on the primary capacity-building needs among those interviewed, including the NMCP staff. Using this analysis, the team then developed a potential capacity-building plan to discuss with PMI and the NMCP.
- *Review of findings and proposed plan with PMI and NMCP staff.* The findings were reviewed with the NMCP staff in a half-day meeting. While the NMCP had some specific comments on several items, especially in the area of management systems and hiring additional staff, they said that they were in overall agreement with the proposed activities and that it responded to the essential issues. They looked forward to seeing the full report.
- *Debriefing at USAID and CDC.* The team debriefed PMI/Malawi staff, USAID Mission Director, and CDC Deputy Director on the overall findings.
- *Meeting with the NMCP program manager.* Because the NMCP program manager was in Geneva for ministerial meetings for most of the team's visit, one of the international team members agreed to stay past the original departure date of January 26 and along with the local team member debriefed him on Tuesday, January 29.

ORGANIZATION OF REPORT

This report is organized into four chapters.

Chapter 1 is this introduction.

Chapter 2 summarizes the overall strengths, areas for improvement, and the programmatic gaps that currently exist.

Chapter 3 contains the findings and potential solutions in each of the seven areas listed in Section 1.2.

Chapter 4 is the potential capacity-building plan based on the findings and potential solutions discussed in Chapter 3.

2. SETTING THE STAGE

Throughout the course of this review, several overarching themes emerged that include both strengths and areas for improvement. These themes cut across a number of the dimensions and specific findings. Understanding organizational strengths can provide a foundation on which to base management improvement plans, while a clear understanding of the overall challenges and the gaps they create will permit proper prioritization of the interventions. This chapter is intended to set the stage for the specific findings and potential solutions that are discussed in Chapter 3.

2.1 MAJOR THEMES: NMCP MANAGEMENT STRENGTHS

To the credit of the current staff and management of the NMCP, respondents were nearly unanimous in underscoring the strengths of the NMCP.

The NMCP provides a well-structured framework for malaria interventions in Malawi.

By all accounts, the NMCP has been effective at giving structure to the fight against malaria. The strategic planning processes are led by a core group of staff in the NMCP. With support from allied organizations, they have successfully obtained input from the malaria community, including donors and implementation partners, in building a clear framework. As one donor representative said, “the team is small, but they really know how to use available resources and mobilize partners in document and policy development.” The result of that capacity, the Malaria Strategic Plan, 2005-2010 (and the previous five-year plan), provides a solid basis for planning interventions in Malawi.

The core team of the NMCP is dedicated, hard-working, and technically qualified.

Most respondents concur that the core staff of the NMCP, though small in number, form a team of technically qualified professionals committed to reducing malaria incidence in Malawi. The team is respected at all levels for its dedication and hard work.

The NMCP is receptive to utilizing the capacity of donors and implementing partners in meeting its mandate.

Given the heavy work demands and small NMCP staff size in Malawi, the leadership team has become adept at capitalizing on the capacity of PMI implementing partners (such as PSI and RPM Plus) and donors to carry out its core functions. Partners are heavily involved in nearly all aspects of the program including development of plans, formulation of policy, and implementation.

The NMCP accepts and understands its role in the decentralized health system.

Although MOH efforts to shift implementation responsibility from the central level to districts has changed the “old way” of vertical programming, the NMCP has been active in seeking creative ways to cover gaps created by the transition. The NMCP now sees its role as setting policy, coordinating partners, providing direction, mobilizing resources, and building the capacity of districts to implement the malaria program. As one respondent said, “the NMCP core team understands that they are not implementers, but rather to keep to their normative and policy role.”

The NMCP has been successful in accomplishing key tasks such as the development of a five-year strategic plan, Round 2 Malaria Global Fund proposal, Round 7 Malaria Global Fund proposal, and annual operational planning and budgeting.

The current NMCP team has been able to meet its major planning and proposal deadlines. Most respondents said that the NMCP has been successful in carrying out its visible and key tasks, particularly those that relate to resource mobilization, planning, and strategy development.

2.2 MAJOR THEMES: AREAS FOR IMPROVEMENT

The NMCP has a low profile within the MOH relative to the scale of the program and, as a result, does not have the operating resources need to manage a program of this size.

Virtually every person interviewed during this review repeated the mantra: “Malaria is the leading cause of death for children under 5 in Malawi, by a very large margin” and several indicators suggest that malaria represents as much as 50 percent of the daily activity in district health facilities. Most respondents believe that the prevention and treatment of malaria should rank high on the national agenda for health.

It is therefore surprising that of the three largest health programs in Malawi – HIV/AIDS, tuberculosis (TB), and malaria – malaria has by far the lowest profile. That is to say, the NMCP occupies a relatively low position in the MOH organizational hierarchy and does not seem to have the necessary political support to elevate the profile of the program. The relatively low program profile makes it more difficult to obtain the operating resources, physical infrastructure, and staffing needed to manage a program of this size and scale, and to achieve significant reductions in malaria levels.

The NMCP does not have an adequate number of qualified technical staff.

With a core team of three officers (a fourth is on extended external study leave) and an “extended” technical team of two zonal coordinators, the NMCP is clearly understaffed given the size of the investment and severity of malaria in Malawi. It should be noted that the current five-year strategic plan calls for more than MK 8.5 billion (\$60 million) to address Malawi’s foremost killer of young children. The lack of an adequate number of staff in the NMCP has an impact on all of its mandated functions and is a contributing factor in the gaps discussed in Section 2.3 below.

The program is operating primarily in a reactive and crisis mode.

Several factors — staffing, workload, program scale, donor deadlines, funding cycles, and lack of a management agenda — have combined to place the NMCP staff in a near permanent reactive mode. This impedes its ability to drive the overall program agenda and proactively lead a coordinated effort of multiple partners. According to a veteran of Malawi’s malaria efforts, “the core team has so many things to do that everything runs behind and doesn’t get done as well as it should.”

Management systems and skills do not meet the needs of the program.

As the malaria program in Malawi has rapidly expanded over the past five years, the management processes and skills of staff have not kept pace. A larger program requires more developed management systems for effective program implementation. The systems that may have worked with a much smaller program have not kept up with the rate of growth and scale of malaria control activities.

Inadequate physical facilities affect the ability of the NMCP to efficiently carry out its functions and house an adequate number of staff.

A final overarching issue obstructing the effectiveness of the NMCP is the lack of adequate facilities to run the program. Currently squeezed into a few office spaces in the CHSU, there is inadequate space to support the activities of the current staff. In addition, the space will not accommodate any growth in NMCP staff. Under current conditions, additional staff would be required to work from another location.

2.3 PROGRAMMATIC GAPS

Respondents in this review affirmed that the current NMCP core staff is indeed committed and hard-working. However the interviews also revealed that the net combined effect of the cross-cutting challenges listed above has led to a number of gaps in many areas of the program. Multiple examples of resulting programmatic gaps were cited by respondents. These fall into a few basic categories.

Districts do not receive the technical supervision and support required.

One of the themes that emerged in this report was the importance of building capacity at the district level. The development of this capacity is a core function of the NMCP. While the district respondents indicated that technical assistance, supervision, and training organized by the NMCP is of high quality, they also said that it is infrequent and that there is no systematic follow-up. This lack of support has been exacerbated by the reassignment of the zonal coordinators to the central office. They have been assigned responsibilities that are not directly related to supporting the districts, which has resulted in even less programmatic support and technical supervision than in the past.

Information management capacity and support from other units in the MOH is weak, which in turn reduces monitoring and evaluation (M&E) capacity.

Virtually all partners cited the weak information management system as a major area of concern. Because the NMCP is in a constant reactive mode, it is not surprising that its small staff has had little time to properly coordinate with other units in the MOH and hence must often consult directly with districts to obtain and assemble information needed for donor-driven deadlines. In addition, the absence of an M&E specialist has further hindered the development of strong information management systems. The HMIU is formally charged with data collection, but the staff have not been able to collect the information that the NMCP needs for program monitoring.

Timely links between planned strategies and program implementation needs strengthening.

Several respondents underscored the gap between planned activities and timely implementation, especially the areas of ITN distribution and drug availability. While there may be some forces beyond the control of the NMCP that may have caused some of these problems, the NMCP, nevertheless, could be much more proactive in coordinating the activities of program implementers.

Operational research and M&E are not coordinated and synergistic with program needs.

The NMCP has built a strong relationship with the COM/MAC and the different international programs working under the COM umbrella. These include the Liverpool Wellcome Trust Clinical Research Programme, Blantyre Malaria Project (Michigan State University), University of North Carolina, and Innovative Vector Control Consortium (IVCC) of the Liverpool School of Tropical Medicine. In

addition, the CDC Malaria Program is also located in Blantyre. It is a separate entity that receives categorical funds directly from CDC and PMI funds from USAID. The Cooperative Agreement between CDC and the COM/MAC serves as the funding mechanism for PMI activities.

However, despite the strong relationship between the NMCP and these programs, they have not developed a comprehensive research agenda that is closely tied to program needs. This research and support community expressed a willingness to develop a coordinated agenda with the NMCP. This gap was identified in prior reviews and a goal to improve the process is included in the current national malaria strategic plan and in the PMI MOPs.

Coordination of policy and program implementation is ad hoc and insufficient, due primarily to the lack of adequate core staff.

While the NMCP has provided leadership in major policy issues, it has not had the time to drive program implementation in a consistent and focused manner. Implementing partners expressed this concern and cited the need for more program implementation meetings. Making the link between policy and program implementation takes time, which, because of the understaffing of the NMCP, is in short supply.

3. FINDINGS AND POTENTIAL SOLUTIONS

This chapter provides the findings and potential solutions in each of the seven areas of the review of NMCP capacity. The potential solutions are discussed in each section to make it easier to make the link to the findings.

3.1 ORGANIZATIONAL MANDATE

The organizational mandate of the NMCP is the formal governmental order that provides the legal and policy basis for the exercise of authorities in malaria control. The rationale for reviewing the mandate is to examine its adequacy for the effective execution of the core functions of the program. As with many other NMCPs, the core functions of the Malawi program include:

- Providing ongoing strategic direction
- Coordinating and overseeing the malaria control activities of partners and implementing organizations at all levels, including the districts
- Facilitating the development and maintenance of malaria control policy
- Setting standards, norms, and indicators to monitor the progress of program implementation
- Mobilizing and coordinating external funding
- Supporting training and other capacity-building activities at the district level
- Monitoring program activities at the district level
- Coordinating a research agenda and facilitating the translation of the findings into policy
- Promoting outreach and advocacy for malaria control

Findings

The mandate of the NMCP is consistent with its core functions. The mandate is clear and understood by partners.

The scope of the NMCP mandate is clearly described in the 2001-2005 and 2005-2010 strategic plans. To the credit of the NMCP, the mandate is well understood and accepted at all levels of the health system. “NMCP is good at providing clear guidance and policy support,” advised one district coordinator. “Every year national-level guidance lets us know what we should plan for, and who is responsible for each part of the program.” The message was echoed among many of those interviewed.

The profile and stature of the NMCP within the MOH is not commensurate with the relative burden of malaria, levels of funding, or with other comparable programs in the MOH.

The relatively low stature of the NMCP within the MOH severely limits the NMCP in discharging its mandate. “Since malaria accounts for more than 40 percent of morbidity and mortality among young children in Malawi,” its control, according to one national malaria expert “should be a national emergency!” Although that feeling was expressed by most respondents, the NMCP still occupies a relatively low position within the MOH hierarchy. In contrast to the National Tuberculosis Control Program, which has a much higher place in the organizational structure and therefore more autonomy in decision-making, the NMCP is one of several disease control programs located within the PHS Directorate and therefore has multiple managerial layers to work through. Its comparatively low stature is reflected in its low staffing numbers and inadequate facilities, especially when compared with programs of similar gravity and international focus. One contributing factor to the low profile of the NMCP is that as a matter of policy the SWAp Secretariat seeks to evenly divide operating resources among all disease programs, even those of lesser public health importance. Many respondents believe that the low profile of the NMCP is the root cause of a number of the management and organizational challenges.

Potential Solutions

Under NMCP leadership and with strong support from the donor community, a strategy should be developed for raising the profile of the NMCP. The community of NMCP partners, especially the donors, understands the importance and urgency of elevating the stature of the NMCP to increase its financial and human resources in order to improve its effectiveness. It is incumbent upon the NMCP with the full support of all donors to step forward to help in this effort. As one respondent said, “elevating the priority for malaria programs will happen, as it did in the case of the national TB program, only when the political will reaches a critical mass. Until it does, our progress [in reducing malaria levels] unfortunately will be slow.”

The agenda for raising the profile could include an analysis of existing and proposed organizational models, such as the proposed National Public Health Institute, as well as increased advocacy to provide the NMCP with the resources it needs. Raising the organizational profile does not necessarily mean changing the NMCP’s place in the organizational hierarchy. However, at a minimum it does mean resolving some of the issues related to the chronic lack of resources available to the NMCP to manage its program.

3.2 STRATEGY AND PLANNING

One of the core functions of the Malawi NMCP is the development of national malaria control strategies. As in many countries, however, national partnership committees have increasingly played a significant role in the development of overall national vision, goals, and malaria strategy. In Malawi, the NMCP leads the strategic planning process, and also has the responsibility for developing annual operational plans to put the strategy into practice. The focus in this review was on the capacity of the NMCP to develop strategies with costed implementation plans and, more importantly, its capacity to align activities of program implementers and partners with the plan.

Findings

The NMCP has developed a strategy in full collaboration with partners that is widely understood and accepted.

A clear strength of the NMCP is its ability to mobilize and focus partners around completion of a major task. That strength is amply illustrated by development of its strategic plans for two consecutive five-year planning periods. In developing strategic plans, the NMCP pulled together key partners and advisors to build a strong consensus on national strategy.

The NMCP has demonstrated its capacity to review elements of its strategic plan, and to make necessary adjustments.

The NMCP has initiated and led the process for revising malaria program policy when evidence in the field implicates a strong need for revision. According to former sub-group members of the Policy Advisory Committee, reconsideration of antimalarial drug combinations in 2005 “was a well-coordinated model of collaboration. It was exciting to be part of it and it was led by the NMCP.”

The NMCP has not consistently demonstrated the capacity to align strategy with implementation activities of its partners and district-level counterparts.

Although the program provides annual written guidance to districts and meets occasionally with partners, planned guidance, coordination, and oversight meetings necessary to ensure proper plan alignment are irregular and often occur only on an ad hoc basis and usually for purposes other than alignment, guidance, and supervision. Two district malaria coordinators underscored the point made by multiple respondents: “When meetings do occur, the quality of our meetings is good, but the last time we saw anyone in the NMCP was more than a year ago.”

Implementation plans are developed by the NMCP staff, but often lag in execution because of shortfalls in operational funds, sluggish disbursement, and lack of regular implementation review meetings with partners.

Interviews with NMCP staff and others in the MOH revealed that bureaucratic processes related to fund disbursement, and internal policies relating to restocking of supplies and operational costs, often severely dampen the NMCP ability to complete planned activities. NMCP staff indicate that they are frequently unable to travel to districts for needed supervision, provide timely notification of program coordination meetings, or make field visits because of delays in the disbursement process and shortfalls in the operational budget.

Potential Solutions

The NMCP should plan and conduct quarterly meetings with implementation partners to align strategies with implementation activities. If held regularly, meetings with implementing partners such as PSI, RPM Plus, and others could assist in fine-tuning strategies and identifying the need for policy changes. The meetings could also improve coordination and provide a forum for discussion of lessons learned.

With assistance and participation by zonal health staff, the NMCP should organize and conduct quarterly meetings with districts. In addition to clarifying policy and monitoring, such meetings could serve as a forum for discussing and resolving issues relating to the zonal structure, and improving the delivery of services at the district level.

3.3 ORGANIZATIONAL STRUCTURE AND STAFFING

Organizational structure and staffing refer to the internal structure of the NMCP, the roles and responsibilities of each unit within the NMCP, the number and types of personnel, and the clarity of their individual roles and responsibilities. Structure and staffing are treated as one integrated dimension rather than two separate ones. The rationale for combining them is that the adequacy of staffing levels and clarity of roles and responsibilities are best examined within the overall structure of the NMCP and its functions. The structure and staffing should provide the framework for the NMCP to carry out its key functions and programs, and the basis for clearly designated individual roles and responsibilities.

The Malawi NMCP falls below the staffing norm for most comparative NMCPs in Africa. The current organizational structure includes four officers (program manager, deputy program manager, medical entomologist, and ITN specialist, the last of which is on extended study leave outside the country), and three zonal coordinators (only two of these positions are currently filled) whose function is supposedly to link with district staff. One of the two zonal coordinators is about to go on external study leave, thus leaving an effective technical staff of only four persons. According to the 2005 -2010 strategic plan, the program has identified the need for five additional staff (a M&E specialist, an information, education and communication (IEC) specialist, a case management specialist, and two additional zonal coordinators).

Findings

The NMCP is critically understaffed relative to the scale of the program and incidence of malaria in Malawi.

Respondents, both inside and outside of the MOH, were nearly unanimous in the view that understaffing is severely limiting the NMCP capacity to carry out its functions. That viewpoint has been reinforced in the National Malaria Strategic Plans of 2000-2005 and 2005-2010, the MOH Functional Review (2007), United Nations Development Programme (UNDP) Human Resources Needs Assessment Study (April 2007) and several prior assessments. In fact, the need for additional staff has been cited in every assessment and strategic plan over the past eight years.

NMCP staff shortages also become apparent when compared with other African national malaria control programs in countries of roughly similar size (Table 1).

While these staffing patterns may not be perfectly comparable, they nevertheless indicate that the staffing levels in the comparison countries are higher than in Malawi, with Rwanda and Zambia having significantly more staff. What is clear is that the NMCP in Malawi is understaffed compared with other countries of comparable size. With the ITN coordinator and one of the zonal coordinators on external study leave, there will be in effect only four technical staff this coming year.

TABLE I. NMCP STAFFS IN MALAWI AND SELECTED SUB-SAHARAN COUNTRIES

Uganda	Zambia	Rwanda	Malawi
Program Manager	Program Manager	Program Manager	Program Manager
M&E	Epidemiologist	Technical Assistant	Deputy Program Manager
Case Management	Case Management	Case Management	Entomologist
Entomologist	Entomologist	Vector Control (2)	ITN Specialist (external study)
Vector Control	Parasitologist	Surveillance (2)	Zonal officers (one on external study)
ITN Specialist	ITN Officer	Stock Management	Administrative Assistant
Administrative staff (2)	IEC Officer	IEC	
	IRS Officer	Gobal Fund Program Unit (3)	
	Operational Research Officer	Administrative Officer (2)	
	Medical Laboratory Technologist	Data Manager	
	Administrative (12)		
8 positions	23 positions	15 positions	6 positions

Note: IRS=indoor residual spraying

The problem of understaffing is at the root of many of the findings and recommendations in this report. While those outside the NMCP were unanimous in saying the NMCP was understaffed, that view is not unanimous within the MOH. The review team heard the phrase “lean and mean” from several MOH respondents, which was interpreted to mean that the staff is small but hardworking and sufficient. Yet the formal Functional Review currently working its way through the ministry calls for an increase of three positions, about the same as has been recommended in the past by others.

The role and function of the “zonal malaria officers” is not clearly defined.

As part of the decentralization of MOH services, three health regions have been reorganized into five health zones. Each zone contains five or six districts. NMCP regional malaria officers who had formerly served as a point of technical support to districts have been reassigned to Lilongwe to assist with tasks at the central level and given the informal title of zonal malaria coordinators. At present, they are not providing much if any support to the districts.

The title of zonal malaria coordinator is not, however, officially accepted under the current organizational structure. In fact, as illustrated previously, there seems to be some confusion regarding the need for malaria technical expertise at the zonal level. At least one zonal health officer expressed the need for a malaria specialist on the zonal team to permit a full integration of Essential Health

Package services to support districts. The malaria coordinator would complement similar positions for National TB Control Program and Extended Program on Immunization (EPI) already staffing the zonal office in Zomba.

If additional staff are added, there are no facilities near or within the CHSU to house them.

The shortage of adequate space to carry out the functions of the NMCP was named by most respondents as an obstacle to sound program management. As experienced first hand by the review team, the space that the MOH provides to the NMCP is not well suited to NMCP needs — in terms of client service, reception, library, meeting area, storage, office/desk space, and technical equipment space. Even at the current staffing levels, space is not sufficient and the problem will be more pronounced when the now-vacant position for the director of PHS is filled. The NMCP program manager is temporarily sitting in the office of the CHSU officer-in-charge since he also occupies that position on an interim basis. This office would probably not remain with the NMCP when the PHS director and CHSU officer-in-charge positions are filled. Many of those interviewed echoed the concern over space. “Everyone knows we need staff” stressed one member of the core team, “but if more people come, where will they sit?”

Funding to improve space was requested in the original Global Fund Round 7 proposal, but the Country Coordinating Mechanism (CCM) removed the request before the proposal was submitted to the Global Fund. This funding would have provided a solution to the problem.

The NMCP has no provision for temporary replacement of staff on extended study leave.

The capacity of the NMCP, already understaffed, is further impacted by the temporary (two-year) absence of its ITN specialist and one of the zonal coordinators, who are out of the country to complete advanced studies. During their absence, the remaining four technical staff must cover the duties of the absent employees. While improving education and skills can ultimately build staff technical capacity, the absence represents at least a 33 percent increase in the workload of an already over-burdened technical staff for two years. It should be noted that the National TB Control Program has developed provisions for the temporary replacement of staff, and, as one TB representative indicated, “there is no reason that the malaria program can’t do the same.”

Potential Solutions

Provide funding for one year with another one year option to support one or two additional staff to cover essential functions while the MOH establishes permanent positions. This potential solution should rest on a formal agreement (memorandum of understanding) with the MOH that the ministry will officially establish and fund the positions after a maximum of two years. This will avoid creating a permanent dependency on donor funding. This agreement is essential in arriving at a long-term solution to the problem of understaffing because staffing line positions in the MOH is usually not supported by donors.

While a number of interviewees suggested that three or four additional positions were needed, the NMCP believes that no more than one or two positions should be established at this time to avoid a situation where there are more interim employees than permanent ones. Some of the possible positions have been cited in previous documents – M&E specialist, malaria case management specialist, and IEC specialist. Others that were suggested during this review include administrative officer, data management specialist, pharmacologist, and Global Fund grant manager (who could also be responsible for management support to other donor-funded activities). The NMCP believes the priority positions are the M&E and case management specialists. The review team concurs with this recommendation. The

case management specialist would work closely with Central Medical Stores (CMS) in malaria drug logistics, including helping health facilities prepare time reports on drug consumption.

There are several viable options for hiring these additional staff members. The first is to hire them through one of the existing USAID mechanisms in Malawi but second them to the NMCP as full-time staff members. In this option, the NMCP would participate on the selection panel. There is precedent in Malawi for this type of arrangement. USAID is currently providing staff positions to the MOH Logistics Unit and CMS through the DELIVER Project and to the National AIDS Commission through Family Health International and the BASICS Project. The second option would be to assign to the NMCP a structured percentage of staff time from a local institution or USAID project. The review team considers this second option viable but a clear second choice because staff would be physically separate from the NMCP. A third option would be for another donor to support one or more of these positions.

The review team recognizes that at present the MOH has no space to house additional staff. However, the need for these additional positions is so acute that it would be better for them to be physically located away from the NMCP (but still in Lilongwe) than not to hire them at all. Provisions would have to be made for them to spend time at the NMCP including regular participation in staff meetings.

One of the difficult issues that will need to be resolved is the pay and benefit package for these new staff members. The NMCP is very concerned about the issue of pay parity. At the same time, several respondents also said that it will be difficult to find qualified candidates at MOH pay scales. The review team did not have time during this review to identify potential solutions to these thorny issues. The easiest solution would be to find qualified candidates willing to accept MOH pay scales, but this may be not possible for all the positions. One possible next step would be to do a comparison of compensation packages if someone were employed by the MOH vs. another mechanism.

Meet with zonal officers, SWAp Secretariat, and the Human Resources Department to fully discuss and agree upon a way to provide an appropriate malaria technical resource in each zone. As anticipated by the Malaria Strategic Plan, there is a strong need for technical capacity at the zonal level to ensure technical and supervisory support for districts and provide a point of coordination with the central level of the NMCP. According to one zonal officer, “this can be done without endangering the decentralization process. It is a necessary element of the integration of services, and will benefit districts.” Two possible solutions are to base a zonal malaria coordinator (responsible to the zonal health officer) in each zone or to refocus the role of the zonal malaria officers who have been reassigned to Lilongwe so they focus solely on supporting the districts.

Begin development of a space needs analysis and conceptual architectural plans. The Functional Review demonstrates that the NMCP estimates staff growth in the program over the next 5-10 years, and therefore the need to plan for physical infrastructure needs accordingly. After space needs are analyzed, the NMCP should proceed with preliminary (non-site-specific) plans and drawings and estimate approximate costs. For comparison purposes space renovations for MAC cost about \$450,000 and the National TB Control Program renovations cost in the range of \$1 million. This is not to say that the NMCP has the same space requirements, but these figures do provide a reference point. The amount that was in the original Global Fund Round 7 proposal was almost \$1 million. Unfortunately, the CCM did not believe that Global Fund money should be spent on NMCP office space and removed it from the proposal. The plans will then provide a concrete basis for discussion with potential donors to determine willingness to invest in critical infrastructure. The success of this approach will be dependent on the willingness of other donors to jointly fund improvements in space.

Identify mechanism to temporarily fill positions vacated by staff away on extended advanced study courses. The temporary in-filling of anticipated staff vacancies will reduce the overall

workload on an already overburdened staff and can provide an opportunity to develop human resources for future permanent positions in the national struggle against malaria.

3.4 LEADERSHIP AND MANAGEMENT

Leadership and management are two related but distinct areas. Leadership is defined as establishing direction for the NMCP, aligning staff and stakeholders with that direction so they are committed to its achievement, and motivating and inspiring people to keep moving in the right direction despite the bureaucratic and resource barriers that may exist. In contrast, management refers to the practical and everyday functions needed to run NMCP's program. These functions include planning and budgeting, organizing and staffing (staffing the NMCP with qualified individuals, communicating the plan, and delegating responsibility), and monitoring results to track progress.

Findings

The leadership team is cohesive and provides overall direction.

The NMCP leadership team consists of the program manager, deputy program manager, and entomologist. This team works well together and is effective in working with its partners. No major differences in technical approaches among the leadership team were raised by those interviewed.

The lack of adequate staffing levels combined with the amount of work constrains the capacity to respond to concerns and requests in a timely manner.

The NMCP is not viewed by those outside of the MOH as timely in responding to requests. Those interviewed often find NMCP staff hard to reach. "It's hard to access them. They are always busy." NMCP staff does not respond to e-mails although they do read them. Often the only way to reach them is by cell phone or by physically coming to the NMCP office, sometimes without an appointment. It is important to note that when partners are able to contact NMCP staff, they find them responsive, well informed, and helpful. The consultant team believes that the primary underlying reason for the perceived inability to respond in a timely manner is that there is simply not enough NMCP staff to respond to the increased volume of requests that has accompanied the growth of the program.

NMCP is not proactive in identifying issues and problems.

In the interviews, respondents often said that the NMCP does not appear to be proactive. This is not surprising in view of the shortage of qualified staff. One respondent said, "they are better in responding than in being proactive because they are so busy doing other things." The perception of being more reactive than proactive also extends to interactions with other offices in the MOH such as defending and advocating for its operating budget levels. Becoming more proactive in addressing issues will require NMCP leadership to actively look for solutions.

NMCP lacks a management agenda that will enable it to accomplish program goals.

Effective organizations have both management and programmatic agendas. Management agendas consist of those actions that are essential to having the capacity to accomplish program goals. Specific items on the management agenda could include almost any issue that is discussed in this document, ranging from longer-term issues such as increasing the number of permanent positions in the NMCP and improving the physical facilities to shorter-term actions such as holding regular program implementation meetings with partners and developing a strategy to better support the districts. The NMCP does not have a

management agenda. One respondent said, “NMCP couldn’t tell you what they need. They don’t have an organizational vision.” When NMCP staff were asked to identify their capacity-building needs, responses varied widely, indicating to the consultant team that there is no agreed-upon management agenda.

NMCP doesn’t have the necessary management processes in place that provide the basis for internal coordination.

The volume of work, extensive travel, and number of meetings make internal coordination problematic. Staff are often asked to attend a meeting on short notice to cover for another staff member, often with little prior background about the meeting. NMCP staff talks to each other frequently, which is important, but this is not a substitute for establishing routine processes for coordination work such as staff meetings and monthly individual work plans.

Potential Solutions

Conduct a 2-3 day management retreat to fully discuss the findings and implications from this review and develop a management agenda. This report includes a comprehensive set of findings and recommendations that could serve as the raw material for establishing a management agenda. The NCMP would benefit from a focused period of time away from the office to fully digest these recommendations and develop an agreed-upon management agenda. Included would also be an action plan to accomplish it. This retreat should be conducted by a skilled organizational development consultant.

Organize management training for the full NMCP team. Several of the NMCP staff said they have never had management training. There are two possible local sources for this management training. CDC’s Sustainable Management Development Program (SMDP) is active in Malawi and could provide the basis for this training. The second local option is the new management training course developed by the COM. SMDP has trained a number of Malawian SMDP graduates who could serve as trainers. Note that SMDP has initiated discussions with the COM about becoming the institutional home for the SMDP. Regardless of the mechanism selected, the training should be delivered in short (1-2 day) modules over a 12-month period rather than in one concentrated period in order to allow time for the NMCP to apply what they learn in their own situation. All NMCP staff would be expected to participate as a team (as opposed to attending the course individually) to develop a common framework for management and shared management skills. Training delivered in-country to the entire NMCP team is much preferred to sending individuals outside of the country. The latter model would result in differing management frameworks, and more importantly make it impossible to discuss real life management challenges as a group.

Conduct regular NMCP staff meetings either weekly or biweekly. Perhaps the simplest and easiest recommendation to implement in this section is to hold regular staff meetings starting immediately. While NMCP has ad hoc meetings on specific topics and issues, regular staff meetings at which staff review their activities and priorities for the week and discuss issues of common concern can provide the basis for internal coordination and improve efficiency and productivity of NMCP staff.

Agree on ways to deal with the level of demand on NMCP time and improve responsiveness including better use of electronic communication. While the primary long-term solution to improving responsiveness is to increase the number of staff, there are nevertheless immediate actions that could be taken to address the issue. The consultant team suggests that the NMCP spend some focused time discussing this issue, in particular its root causes, and identify things that might be done to bring some immediate relief. One specific suggestion is to improve the use of electronic communication. All staff have broadband Internet access and up-to-date computers, but,

according to partners, they do not use e-mail for sharing information and routine communication. This is particularly pertinent in that NMCP continually notifies partners of meetings by written letter at the last minute when e-mail could be used.

3.5 MANAGEMENT SYSTEMS

Three management systems were reviewed – information management, financial management, and procurement/logistics management. Management systems refer to established or organized procedures and methods for managing information, finances, and procurement and logistical functions.

3.5.1 INFORMATION MANAGEMENT

The capacity and ability of the NMCP to create, collect, synthesize, store, and retrieve accurate information as well as utilize and disseminate it to partners of such information is critical to the achievement of NMCP objectives. When the NMCP has proper information management systems, it will be able to generate timely information that will facilitate policy review, inform the development of strategies and plans, and guide efficient program implementation. In this review, the focus was not on the M&E systems per se but rather on the information management systems that provide the data for effective M&E.

Findings

The flow of information is one way to NMCP with limited feedback to partners.

The NMCP is viewed by its partners and government departments as not providing adequate feedback to them. Basically, all partners who were interviewed indicated that the NMCP does not provide any comments or feedback on any of the information they provide. “We send information to the NMCP, but we never hear back, not even at annual meetings.” The primary reasons for the perceived inability to provide feedback are the lack of an effective information management system and not having an M&E specialist to analyze the information and then provide written reports. Although the NMCP does make presentations in the regular SWAp review meetings, its implementing partners perceive this as reporting and not as feedback that will be helpful in program implementation.

NMCP relies on special surveys and ad hoc studies to inform program decisions and to respond to donor information requests.

The HMIU and Integrated Disease Surveillance and Response (IDSR) are the only MOH units that are mandated to provide information management services to all departments. The NMCP perceives HMIU data as reliable but not always timely and IDSR data as timely but not reliable. However, neither the HMIU nor the IDSR unit collects data in critical areas such as ITN coverage or intermittent preventive treatment (IPTp). While the NMCP has not established formal parallel or additional systems to collect data, its staff often rely on special surveys and ad hoc studies to inform program decisions and respond to donor information requests in the absence of reliable and timely information from HMIU and IDSR.

The HMIU, with support from the \$5 million World Bank-financed Malaria Booster Project, has developed a sub-matrix on malaria in addition to its semi-annual bulletins to respond to some of the needs of malaria M&E. The first semi-annual bulletin that will contain the malaria sub-matrix is due in March 2008. However, the malaria sub-matrix will still not provide the desired detail and information that is required by the NMCP and its partners. The malaria sub-matrix initiative is a good beginning to responding to the information needs of the malaria program. It is unfortunate to note that only \$0.8

million of the World Bank Booster funds have been spent to date and the unused funds will not be available after September 2008.

Potential Solutions

Hire an M&E specialist to develop a reliable information system and to work with the HMIU and IDSR. The M&E specialist will be responsible for establishing a working relationship with the HMIU and IDSR so those units can provide more timely and reliable information. The M&E specialist will also work with partners on special studies, analyze the information and gaps from the HMIU, work on incorporating relevant and reliable indicators into the HMIU, and produce reports that can be made available to all relevant partners. Currently, much of the PMI-funded M&E activities in support of the NMCP are funded through the COM/MAC and CDC Cooperative Agreement.

Obtain short-term M&E expertise to assist the M&E specialist. The M&E specialist will need some expert assistance in M&E to improve the information management systems so the NMCP has timely access to reliable information. This short-term M&E assistance could begin work even before the M&E specialist is hired.

3.5.2 FINANCIAL MANAGEMENT

Financial management refers to the efficient and effective utilization and tracking of financial resources.

Findings

The NMCP has adequate capacity to manage its financial resources.

The responsibility of the NMCP in financial management is in forecasting and budgeting, implementation of the financial plans, and monitoring its budget. Actual accounting for the financial resources, which includes custody of finances, disbursements, and recording and reporting of expenditure on malaria funds, is the responsibility of the MOH Finance Department. The Finance Department produces monthly expenditure returns and quarterly financial management reports, which it then shares with the NMCP. The NMCP also tracks its expenditures through reports provided by the Finance Department.

The program has an inadequate operating budget.

The major reason for the inadequate NMCP operating budget is the methodology that the MOH uses to determine the budget, which it does without really considering the amount of funds in the budget request. In addition, the NMCP is not particularly adept at accessing the resources that are potentially available. The result is that the MOH consistently gives the NMCP less operating funding than it requests. The operating budget is inconsistent with the size of the malaria program and limits the NMCP's effectiveness. As a result, NMCP staff have to rely on funding from partners to conduct field visits, organize Technical Working Group meetings, and attend meetings that are held away from Lilongwe. While revising the way the MOH determines operating budgets is outside the scope of this review, this is an issue that the NMCP and its donor partners might want to raise at higher levels in the MOH.

The program's capacity to execute its activities is hindered by slow disbursement mechanisms and uncertain disbursement timelines.

NMCP staff cited slow disbursement as a problem. Examples include the program not being able to schedule a planned annual coordination meeting with even a small sense of certainty because it does not know when the payment system will be able to provide the funds.

Potential Solutions

Discuss issues of sluggish fund disbursement and bottlenecks with MOH Departments of Finance and Planning. The NMCP should initiate discussions with the Departments of Finance and Planning to search for solutions to the inadequacy of the operating budget and sluggish fund disbursement. Subsequent to the field work for this review, this issue was discussed at the MOH management meeting and agreement was reached that accounting staff should be stationed at the CHSU to make sure that disbursement of funds for activities is done on time. This additional accounting staff will, of course, need adequate office space.

Explore ways for partners to supplement the operating budget. Until the larger issue of how the MOH determines operating budgets is resolved, PMI should consider ways to provide additional funds to supplement the NMCP operating budget. Operating costs would include such activities as partner coordination meetings, regularly scheduled Technical Sub Working Group meetings, dissemination activities, office support, and field support for fuel and per diem.

PMI might consider the use of one of its existing in-country mechanisms to provide support for NMCP operating costs. In the past, MAC has provided support through the CDC cooperative agreement for Advisory Committee meetings, Technical Working Group meetings, and supervisory visits associated with household surveys and drug efficacy studies. Similarly, one of the other donors might have a mechanism through which they can provide operational support to the NMCP.

The external provision of operating funds should be time limited and contingent on agreement with the MOH to review how it determines operating budgets.

3.5.3 PROCUREMENT AND LOGISTICS MANAGEMENT

Findings

The NMCP is perceived by its partners to be passively involved in forecasting and quantification of malarial drugs.

The procurement and logistical management functions are the responsibility of the CMS and other partners. The NMCP's responsibility is to provide technical input in forecasting and quantifying malaria drugs and the distribution of drugs. Despite this involvement, the NMCP is perceived by its partners as not being sufficiently proactive in forecasting and quantifying malaria drugs and solving problems within the MOH related to their distribution.

Potential Solutions

Schedule regular meetings with all partners involved in procurement and logistics management. In these meetings, the discussions should establish the appropriate level of involvement, supervision, and oversight expected of the NMCP.

3.6 COORDINATION

One of the key functions of the NMCP is the coordination of the activities of a wide range of partners in matters ranging from policy to program implementation. Coordination is defined as the capacity to work effectively with partners to accomplish program goals. Like many malaria control programs in Africa, the NMCP in Malawi relies heavily on a partnership model. The assessment team reviewed the effectiveness of the NMCP to coordinate with the following five types of partners.

- Donors that provide advice and financial resources to the NMCP such as PMI, WHO, UNICEF, and the World Bank
- Implementing partners such as PSI, MSH, and COM/MAC
- Other departments within the MOH, namely Planning, Finance, IDSR, HMIU, Human Resources, and the SWAp Secretariat
- Twenty-eight districts and five zones
- Research and support community that carry out operations and basic research, M&E, and training that is primarily located in Blantyre at the COM

Findings

Districts

NMCP is respected for its technical expertise.

The leadership team of the NMCP is widely respected by the districts for its technical expertise. One partner said “they are technically qualified and responsive to our needs when we contact them [by phone].” Without exception NMCP’s partners respect the technical competence of the NMCP.

The decentralized process has resulted in a lack of adequate malaria specific technical support.

As a result of the decentralization of responsibility to the district level, the NMCP is responsible for providing technical supervision, training, and monitoring rather than direct implementation of activities. In the past, when there were three zones, each zone had a malaria coordinator who was responsible for directly supporting these districts. As discussed in an earlier section, these zonal coordinators have now been pulled back to Lilongwe and are therefore not able to provide regular technical supervision and support. Rural districts that were visited feel that the current level of supervision is “sporadic” and added that it would be useful to have regular monitoring visits as well as quarterly meetings at the zonal level to discuss how the program is working and what could be improved. The districts visited contrasted NMCP support with the TB program, which is seen as providing close supervision through regular quarterly meetings and individual visits in which TB staff look carefully at the clinic data and suggest changes in strategies based on the findings.

The NMCP does not have a systematic approach to develop district capacity, including a systematic approach to training and technical supervision.

Related to the above finding, the NMCP does not have a systematic approach to strengthening district capacity. Training does occur but it is ad hoc and usually tied to a specific intervention such as the ITN

training in the fall of 2007. There is no overall plan for providing training and technical supervision. In part this is also due to the lack of a zonal malaria coordinator in the new zonal structure.

Partners

NMCP has not created the mechanisms to coordinate regularly with PMI program implementation partners.

Implementing partners all expressed the need for more effective program coordination by the NMCP. Regular partner coordination meetings in which partners can discuss issues of common concern and coordinate their on-the-ground activities do not take place. When meetings are called, it is often with very little advance notice so partners do not have time to prepare. Most partners attribute the lack of regular program coordination in large measure to the lack of staff. This kind of coordination is especially important for partners that do not formally report to the NMCP because they are funded directly by donors. As one respondent said, “the initiative for program coordination can only come from the NMCP.” The consequences of the lack of program implementation meetings are a weak link between strategy and implementation, missed opportunities for program synergies, and an ad hoc style of operating.

MOH Departments

NMCP has good relationships with other MOH departments, but does not appear to be proactive in advocating for its needs.

The consultant team met with the departments responsible for planning, finance, human resources, health information management, and the SWAp Secretariat. All appear to have good working relationships with the NMCP. One theme, however, that emerged in these meetings was that the NMCP does not advocate actively for its needs. An example of this is the operating budgets, which are usually reduced by the MOH from the original requested levels.

Research Community

There is no agreed-upon research agenda that links research efforts to NMCP program priorities.

Malawi is fortunate to have a significant and growing capacity to carry out research activities related to malaria. As mentioned, this capacity is located in the COM in Blantyre and accessed through the COM/MAC. However, as one researcher said, “the research agenda is driven primarily by researchers” and is not determined as the result of discussions with the NMCP. One respondent cited a meeting in 2004 where studies over the past 15 years were reviewed and a consensus was reached to focus on efficacy studies. However, since 2004, there does not appear to have been any effort to develop a research agenda that is directly linked to the program priorities of the NMCP. As one person said, “we need a more focused effort to bring the research and program agenda together.” It is important to note that some of the operations research and M&E activities funded previously by the CDC and USAID and now by PMI have been in support of the NMCP Strategic Plan and the M&E Plan. Examples include combination drug efficacy studies, anemia and parasitemia household surveys, rapid diagnostic testing, and entomological M&E activities. There is still a need, however, to bring all partners together, including other MOH units such as the HMIU, to develop a more robust, comprehensive, and strategic research and M&E agenda.

Potential Solutions

Conduct quarterly meetings with districts on a zonal basis. In partnership with the zonal health officers, the NMCP zonal malaria officers should hold quarterly meetings with all districts in their respective zones. These meetings would allow the district malaria staff to discuss issues of common concern and share information with district staff. These meetings should be considered an essential component of providing support to the districts.

The NMCP should hold meetings with other MOH departments to identify bottlenecks and improve the flow of operational funds. A number of respondents, including several in the MOH, suggested that the NMCP needs to be more proactive in its relationships with other MOH departments, including the SWAp Secretariat, because of its role in coordinating pooled funding. One example given was the need to improve the timeliness of the disbursement funds.

Hold regular quarterly program implementation meetings with partners. Regular program implementation meetings of a half day in duration should occur on a quarterly basis. The overall purpose of these meetings would be to strengthen the link between strategies and implementation. The partners could update others on their current activities, discuss implementation issues they are facing, and coordinate activities. The NMCP could use these meetings as part of its overall monitoring strategy.

Improve use of electronic communication. One of the simplest recommendations to implement is for NMCP staff to increase its use of electronic communication. NMCP staff have an Internet connection but partners say the staff almost never respond via e-mail. Partners say they have trouble reaching NMCP staff and that the only way they are able to do so is by cell phone. Because international organizations and partners use e-mail communication regularly, increased use of e-mail would greatly improve communication with the NMCP staff.

In full consultation and coordination with the “research community” and other technical partners specified by the NMCP, develop a research agenda that is more closely tied to malaria program needs. The NMCP should work closely with the COM/MAC and others to develop a comprehensive research and M&E agenda. This will probably require a well-prepared meeting lasting several days in which the NMCP and partners develop an agenda that is responsive to NMCP program priorities. A key input and starting point to this meeting will be the identification by the NMCP of the priority programmatic questions they would like answered. The Five-Year Strategic Plan, Malaria M&E Plan, 2007 Global Fund approved application, and PMI MOPs provide very good resource documents for this effort.

Develop a strategy to strengthen the capacity of district-level malaria personnel. Under the overall guidance of the NMCP, one of the PMI implementing partners should conduct a systematic assessment of district capacity to identify the capacity improvement needs. This will provide the basis for development of a strategy to improve district capacity. It is expected that this strategy will include but not be limited to a training plan, improved supervision, and regular coordination.

3.7 KEEPING UP TO DATE TECHNICALLY

Like any organization, the NMCP staff need to keep up to date with the latest developments in their field and continuously develop their skills. While some of the professional development needs of the NMCP may be much longer term in nature and require long-term training, there is much that can be done on a short-term basis to keep up to date and grow professionally. The focus in this review was on approaches to learning that are low cost and widely available. The challenge is how to keep up to date when faced with the pressing day-to-day responsibilities and the reality that time and resources are limited.

Findings

Staff keeps up to date with the latest developments through Internet, attending conferences, and long-term training.

Interviews with NMCP staff indicated that that staff do find ways to keep up to date with the latest technical developments. Staff said they keep up to date through the Internet, participation in conferences, and interaction with professional colleagues. Several staff have also attended long-term training outside of Malawi. In general, this is not a problem area and is a much less pressing issue than others that are raised in this report.

While all staff currently has adequate computers and broadband access, e-mail and Internet are often down.

Since the Internet is one of the most effective ways to keep up to date, adequate information technology (IT) infrastructure is an important prerequisite. While staff has access to broadband and all have up to date computers, e-mail is often down and system maintenance in general is problematic. Resolution of this problem, however, can only really take place at a higher level in the MOH, which is responsible for the computer system. If the NMCP were to obtain better space, and have an independent computer system, it might be possible for PMI to provide assistance.

Potential Solutions

Hire a local IT specialist to see if there are any low-cost and easily implementable solutions to improve the IT infrastructure. There may not be an easy solution to this problem since the NMCP does not have its own network. However, an IT specialist could quickly determine if there any easy solutions.

4. POTENTIAL PLAN

This chapter provides a potential capacity-improvement plan for the NMCP. The proposed plan is based directly on the findings and possible solutions discussed in Chapter 3.

4.1 OVERALL PARAMETERS

The potential plan is based on the following overall parameters.

- The plan has a two-year timeframe. One year would not be sufficient to implement these activities and actually improve the capacity of the NMCP. One year would also be beyond the current absorptive capacity of the NMCP.
- To the extent possible, the plan suggests taking advantage of the resources that already exist in Malawi and minimizing the use of external technical assistance. The MAC and other mechanisms offer some high-quality expertise that can carry out a number of the proposed activities.
- While the proposed activities are focused on the medium term, it is nevertheless important to have a long-term perspective in mind. Three specific areas where a long-term solution is needed include the creation of permanent positions in the NMCP, improving space, and increasing the budget for operating expenses.
- Not all activities require external funding. A number of the proposed activities have minimal cost implications. Some can be implemented immediately (e.g., regular staff meetings) while others can be implemented at minimal cost once additional staff are hired and there is more staff time available.
- As of this writing, the start date of the plan is uncertain because it depends on when PMI funds become available. The hope is that some funds will become available in advance of the FY 09 MOP funding. The next SWAp cycle might also be a non-PMI source of funding. As in similar planning activities, a long delay in implementation might result in a loss of momentum. In addition, the NMCP is fully underway and would benefit immediately from a strengthened NMCP.

4.2 POTENTIAL PLAN

The plan is presented in two tables. Table 2 describes the activities, implementation responsibilities, and estimated cost (if any). Table 3 is a proposed timeline for implementation.

TABLE 2. POTENTIAL IMPLEMENTATION PLAN

Activity	Implementation Responsibility	External Technical Assistance Required	Potential Funding Source	Estimated Cost Y 1	Estimated Cost Y 2
1. Hire 1 or 2 additional NMCP staff for 1-2 years Agree on positions to be added Develop compensation/incentive framework to attract qualified candidates Recruit and select candidates	NMCP and PMI/Malawi	None required	PMI Global Fund UNICEF WHO World Bank	\$50,000	\$50,000
2. Conduct management retreat to develop NMCP management agenda	TBD	Skilled organizational dev't consultant	PMI	\$30,000	None
3. Analyze space needs and develop architectural plan for additional space	NMCP	None required	MOH SWAp/NMCP	\$5,000	None
4. Identify funding sources and initiate construction of NMCP offices	PMI/Malawi	None required	PMI World Bank WHO Global Fund UNICEF JICA		\$500,000– \$1,000,000
5. Conduct regular NMCP staff meetings either weekly or biweekly	NMCP	None required	No funding required	None	None
6. Identify mechanisms for providing additional operating expenses to NMCP Identify mechanism Provide funding and system for financial controls	PMI/Malawi	None required	PMI Global Fund UNICEF WHO World Bank	\$150,000	\$150,000
7. Strengthen quarterly malaria sub-Technical Working Group meetings	NMCP	None required	Operating expenses	None	None

Activity	Implementation Responsibility	External Technical Assistance Required	Potential Funding Source	Estimated Cost Y 1	Estimated Cost Y 2
8. Develop and initiate plan to improve information management capacity	Mechanism TBD NMCP	Skilled M&E consultant Mechanism TBD	PMI	\$40,000	\$20,000
9. Identify mechanism to temporarily fill positions vacated by staff away on extended advanced study courses	NMCP	None required	No funding required	None	None
10. Develop and begin implementation of management training program, using short (1-3 day) modules and follow-up over 12-18 month period	NMCP Mechanism TBD	Mechanism TBD	PMI funding	\$40,000	\$20,000
11. Develop a research agenda that is more closely tied to malaria program needs	NMCP and MAC	None required	Operating expenses	None	None
12. Improve support to the districts					
Meet with zonal officers, SWAp Secretariat, and the Human Resources Department to discuss and agree upon a way to provide an appropriate malaria technical resource in each zone	NMCP	None required	Operating expenses		
Conduct systematic assessment of district capacity and identify capacity improvement needs	NMCP and mechanism TBD	Mechanism TBD	PMI	\$75,000	
Develop strategy to improve capacity at district level including training and technical supervision components	Mechanism TBD	Mechanism TBD	PMI		
Implement training plan	Mechanism TBD	Mechanism TBD	PMI		\$75,000
Implement technical supervision plan including quarterly meetings with districts organized by zone	NMCP	None required	Operating expenses		
13. Carry out project management visits	TBD	Mechanism TBD	PMI	\$75,000	\$75,000
			Total	\$1,505,000	\$890,000– \$1,390,000

Note: TBD-to be determined

TABLE 3. IMPLEMENTATION TIMELINE

Activity	Timing							
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
1. Hire 1 or 2 additional NMCP staff for 1-2 years								
Agree on positions to be added	X							
Develop compensation/incentive framework to attract qualified candidates	X							
Recruit and select candidates		X						
2. Conduct management retreat to develop NMCP management agenda		X						
3. Analyze space needs and develop architectural plan								
Develop plan for additional space	X							
Identify and mobilize funding sources		X	X	X				
Construct space				X	X	X	X	
4. Conduct regular NMCP staff meetings either weekly or biweekly.	X	X	X	X	X	X	X	X
5. Identify mechanisms for providing additional operating expenses to NMCP								
Identify mechanism								
Provide funding and system for financial controls	X	X	X	X				
6. Strengthen quarterly malaria sub-Technical Working Group meetings			X	X	X	X	X	X
7. Develop and initiate plan to improve information management capacity				X	X	X	X	
8. Identify mechanism to temporarily fill positions vacated by staff away on extended advanced study courses				X	X			
9. Develop and begin implementation of management training program, using short (1-3 day) modules and follow-up over 12 month period				X	X	X	X	X
10. Develop a research agenda that is more closely tied to malaria program needs			X	X				
11. Improve support to the districts								
Meet with zonal officers, SWAp Secretariat, and the Human Resources Department to discuss and agree			X	X				

Activity	Timing							
	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8
upon a way to provide an appropriate malaria technical resource in each zone								
Conduct systematic assessment of district capacity and identify capacity improvement needs				X	X			
Develop strategy to improve capacity at district level including training and technical supervision components						X		
Implement training plan						X	X	
Implement technical supervision plan including quarterly meetings with districts organized by zone						X	X	X
12. Carry out project management visits	X		X		X		X	

4.3 IMPLEMENTATION OF THE POTENTIAL PLAN

4.3.1 PROJECT OVERSIGHT

When taken together, the activities in this plan represent a significant level of activity and will therefore require some oversight and monitoring to ensure that they achieve the objective of strengthening NMCP capacity. This kind of management improvement effort requires a focused effort and the same kind of planning and oversight as any technical activity. To ensure that the various activities are coordinated and monitored, the consultant team suggests that an external consultant provide overall management of the effort. This would be accomplished through two visits a year as well as some ongoing remote communication. This approach will allow the consultant to develop an effective working relationship with NMCP staff and the various implementing parties. This kind of close monitoring would complement the general oversight provided by PMI/Malawi staff.

4.3.2 IMMEDIATE NEXT STEPS

The following key steps are proposed to initiate implementation of the proposed plan over the next 3-6 months.

- Revise the plan based on feedback from NMCP
- Share the report with key donors that support the NMCP including the WHO, UNICEF, Global Fund, and World Bank
- Reach consensus with the above partners and the MOH on the way forward
- Determine potential PMI funding availability in advance of the FY 09 MOP
- Hold high-level discussions with the MOH about establishment of additional permanent long-term positions in the NMCP and space
- Determine the U.S. Government implementation mechanisms for the various activities
- Write scopes of work for the activities that require technical assistance (such as the information management system and strategy to support the districts)
- Hold management retreat

4.3.3 FINAL THOUGHTS

The success of the implementation of the final capacity improvement plan will depend on two key factors. The first is that MOH decision makers recognize that the provision of adequate resources for staff, space, and operating costs for the NMCP is an urgent matter and that the long-term solution to the problems will require their full support. These issues have long been identified, but little progress has been made in providing the needed management resources. The second is that support in the short and medium term must come from not only PMI but other donors that are actively supporting malaria

control efforts in Malawi. It is essential that the donor community speak as one voice in advocating with the MOH for increased resources to manage the NMCP.

ANNEX A. REFERENCE DOCUMENTS

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Preventive Health Services Department, Organizational Chart and Job Descriptions for Community Health Services Department, September 2004

ANNEX B. PERSONS INTERVIEWED

Presidential Malaria Initiative, Malawi

Katherine Wolf, USAID, PMI, Senior Malaria Advisor
Carl Campbell, CDC, Malawi Malaria Program, Director

National Malaria Control Program

Dr. Storn Kabuluzi, Program Manager
Mrs. Doreen Ali, Deputy Program Manager
Mr. John Chiphwanya, Medical Entomologist
Mr. John Zoya, ITN Coordinator
Mr. Austin Gumbo, Zonal Coordinator

U.S. Agency for International Development/Malawi

Curt Reintsma, Mission Director
Lilly Banda Maliro, Deputy HPN Team Leader

Centers for Disease Control and Prevention/Malawi

Mark Pelletier, Deputy Director

UNICEF

Ketema Bizuneh, Head of Child Health Unit

World Bank

Alfred Chirwa, Population and Health Specialist

World Health Organization

Wilfred Dodoli, Malariologist

Ministry of Health, Departmental staff

Mr. B.W.D Nhlema, Controller of Accounting Services, Finance Department
Chris Moyo, Head, HMIU
George Chapotela, Principal Economist (M&E), HMIU
Dr. V.V.R Seshu Babu, M&E and Research Specialist, HMIU
Mr. Hilary Chimotho, Controller of Human Resources & Development
Mr. Charles Matsiko, Human Resources Planning Specialist
Mr. Ian Chingwalu, Human Resource Development Specialist
Dr. Ann Phoya, SWAp Secretariat
Mr. Isaiah Dambe, Research Officer, National TB Control Program
Mr. John Kwanjana, Deputy Program Manager, National TB Control Program
Mr. Gerald Manthalu, Planning Officer, Planning & Policy Development

Ministry of Health, Zonal and District staff

Dr. Esther Ratsma, Zonal Medical Officer, South East (Zomba)
Mr. Kossam Kanyimbo, District Health Officer, Ntchisi District Hospital
Mr. Hilary Nyasulu, Chief Clinical Officer, Ntchisi District Hospital

Mr. G. Chamathwa, Assistant Environmental Health Officer and Malaria Coordinator, Ntchisi District Hospital
Mr. Isaac Kumwenda, Clinical Officer and Malaria Coordinator, Ntchisi District Hospital
Mr. Vincent Moyo, Clinical Officer and Malaria Coordinator, Salima District Hospital
Mr. Kondwani M'manga, District Environmental Health Officer and Malaria Coordinator, Salima District Hospital
Dr. Alice Maida, District Health Officer, Lilongwe
Dr. Emmie Mbale, District Medical Officer, Lilongwe
Mr. Kedson Masiono, District Malaria Coordinator, Lilongwe
Mr. Sam Chirwa, Environmental Health Officer, Lilongwe

Malawi College of Medicine

Dr. Don Mathanga, Malaria Alert Center
Professor Malcolm Molyneux, Wellcome Trust
Dr. Terrie Taylor, Director, Blantyre Malaria Project
Professor Cameron Bowie, Department of Community Health
Professor Joseph Mfutso-Bengo, Director, Department of Community Health

Implementing Partners

Cynthia Kamtengeni, Drug Management Specialist, SPS
Judy Wang, SPS Consultant
Rudi Thetard, Chief of Party, BASICS/Malawi
Jones Katangwe, Deputy Director, PSI
Charles Yuma, Programme Manager, ITNs, PSI

Distinguished Advisors

Dr. Peter Kazembe, Executive Director, Baylor College of Medicine, Children's Clinical Center for Excellence
Dr. Grace Malenga, Director, Malaria Alert Center, Emeritus