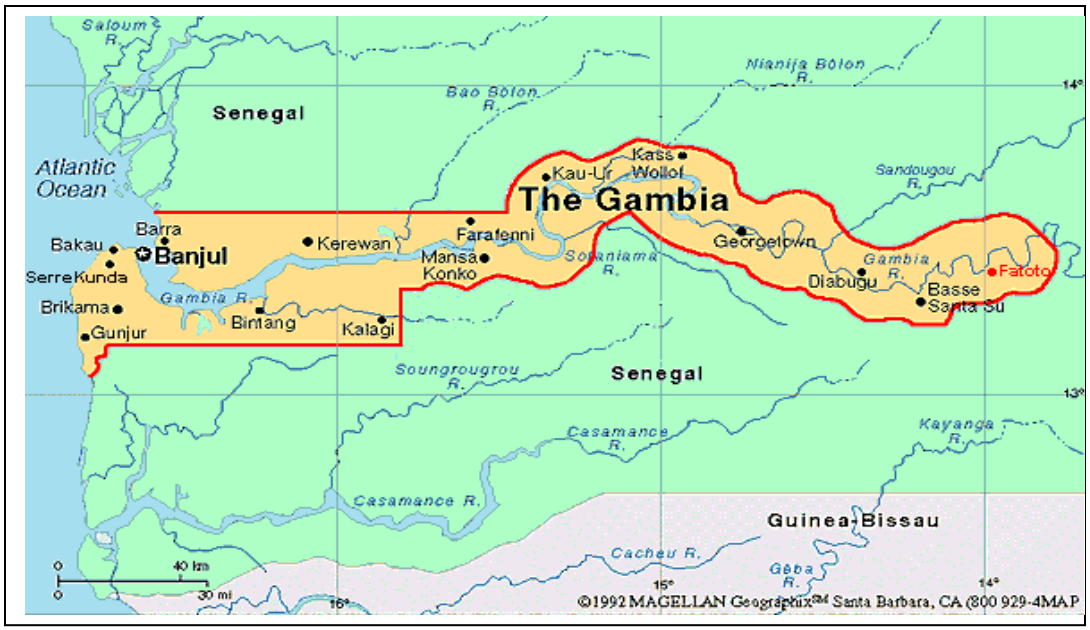
REPORT OF

THE WARN MISSION TO PROVIDE TECHNICAL ASSISTANCE TO THE NATIONAL MALARIA CONTROL PROGRAMME OF THE GAMBIA

Banjul, 28 July to 02 August 2008



By

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1. Introduction:

Malaria is the leading cause of morbidity and mortality in the Gambia particularly among children under five years of age and pregnant women.
Over the years strategies adapted to control malaria in the Gambia include: case management, IEC and advocacy, vector control, personal protection, intermittent presumptive therapy together with research and surveillance.
Vector control activities include larviciding, residual spraying and fogging. In case management the strategy is early diagnosis and prompt treatment using ACTs
In term of support, the Gambia have received from the Global Fund to fight AIDS, Tuberculosis and Malaria in round 3 an amount of **$13 861 866 .** The objectives of that grant are :

- To provide IPT to 70% of pregnant women in the coastal area by 2008
- To increase the proportion of malaria cases in coastal areas properly managed within 24 hours following the appearance of symptoms to 60% by 2008
- To increase by 70% the correct use of insecticide treated bed nets by children under five years and pregnant women by the 5th year of the program in targeted communities.

For round 6 the Gambia have received a grant from GF with a total amount of **$ 20 234 923** the program strategy for that grant is to increase coverage and use the most effective, available and evidence based interventions that meet international standards to achieve high impact..
The two grant given to Gambia was supposed to contribute the achievement of the Abuja targets.

Considering that context we have to clarify some issues:

1. Why Gambia is in category B1 for round 6 with a good rating (A) for round 3 ?
2. Where is Gambia in context of Abuja target achievement?
3. What is the Gap to achieve Abuja target and to scall up malaria strategies in Gambia?
4. Is it necessary to advise Gambia to apply for round 9?

In order to give answers to those issues, the West African Roll Back Malaria Network conducted a joint mission in Gambia from **28 July 2008 to 2 August 2008**

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2. Objectives and expected results:

2.1 Specific objectives:

- To review the progress of round 3 and 6 (GF grant)
- To plan the need assessment and malaria Business plan for Gambia
- To orient the country for round 9 proposal submission to Global Fund.
- To make recommendation and suggest a plan for bottlenecks resolution if identified
- To redynamize the RBM partnership in Gambia

2.2 Expected results:

2 progress of round 3 and 6 (GF grant) are reviewed
3 a plan for need assessment and malaria Business for Gambia is available
4 Necessity for round 9 proposal submission to Global Fund is discussed .
5 Recommendations are made and a plan for bottlenecks resolution if identified is available
6 the RBM partnership in the Gambia is strengthened

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3. Method of work

- Documentation review
- Participative meeting with key stake holders in malaria and RBM Partners
- SWOT analysis

4. Outcomes:

4.1 SWOT Analysis

The use of Insecticide Treated Nets (ITN) and Intermittent Preventive Treatment of malaria in Pregnancy (IPTp); ***Malaria in Pregnancy.*** In 2005, a comprehensive evaluation of the delivery of IPTp in 2 pilot sites in LRD and CRD, revealed some pertinent issues. Whilst coverage of the first dose of IPTp was high, the uptake of the second dose was considerably lower; 36.3% in CRD and 40.0% in LRD. Qualitative assessments identified several factors as potential determinants of access to and use of the antenatal services including for example the perception of the quality of antenatal services by beneficiaries and underlying deep socio-cultural attitudes that contributed to late antenatal registration

Vector control which includes targeted larviciding, the use of ITNs and personal protection from available repellents and similar local
Materials;

i. Prevention:

malaria in pregnancy is using a three-pronged approach: effective case management, the use of Insecticide Treated Nets (ITN) and Intermittent Preventive Treatment of malaria in Pregnancy (IPTp); ***Malaria in Pregnancy.*** In 2005, a comprehensive evaluation of the delivery of IPTp in 2 pilot sites in LRD and CRD, revealed some pertinent issues. Whilst coverage of the first dose of IPTp was high, the uptake of the second dose was considerably lower; 36.3% in CRD and 40.0% in LRD. Qualitative assessments identified several factors as potential determinants of access to and use of the antenatal services including for example the perception of the quality of antenatal services by beneficiaries and underlying deep socio-cultural attitudes that contributed to late antenatal registration

vector control which includes targeted larviciding, the use of ITNs and personal protection from available repellents and similar local
materials;

a. Promotion of ITN and vector control

Strength	***Weaknesses***
• Social acceptance of bednets • 60% coverage IRS • Political statement of environmental issues	• percentages stop using ITNs after the rains • People use to sleep outside without nets • Procurement is delayed
Opportunity	***Threat***
•	• Population concentration in some regions
Recommandations	

b. Malaria in pregnancy

Strength	***Weaknesses***
• Training of both public and private sector • Very strong RCHP • High level of antenatal attendance Never stock out of SP High Compliance of people to ACTs No ACTs side effects reported • All private and public services are providing ACTs	• Late booking for ANC • Data for 2 quarters did not come for 2 regions • Targets put in absolute numbers instead of
Opportunity	***Threat***
•	
Recommendations	
•	

ii. Case management

Case management is focusing on effective out- and in-patient management of uncomplicated and
complicated malaria respectively

Strength	***Weaknesses***
• Policy changed from chloroquine to COARTEM • Strengthen laboratories and increase the number • RDts available • Training done to the health professionals • Existence of community IMCI • Managements guidelines developed • Pharmacovigilence and quality control	• Drugs supply delays • Staff attrition • Low budget • Getting information from hospitals and private for profit sector • Missing records • Getting private sector on board and respecting the national policy and getting data from them. • Compliance to the new drug • Follow up quality of the drugs • Private market difficult to regulated • No infants formulation available • Quaterly GF indicateor are not reached • Non availability of Coatem at the community level
Opportunity	***Threat***
• High political commitment • Global fund • Gates foundation • Trilateral cooperation (Cuba, Thailand, the Gambia) • Many capacity building training going on • Social mobilization strong • Partnership	Sustainability of funding
Recommendations	
Emergency on the availability of ACT at the community level	

iii. Integrated support system :

- IEC/BCC, advocacy and social mobilization
- Monitoring & Evaluation, joint supervision
- Surveys

Strength	***Weaknesses***
• IEC BCC shared by lot of partners • Association of health journalist connected with NMCP • Community levels, traditional communicators • A lot of CBOs, women groups, youth groups, drama groups etc • Private sector supports IEC materials • Guideline developed for IEC , standardization • Booklet developed for IEC	• Poor fundings for communities • Access to information for some regions is difficult • Communication channels : illiteracy • Translate knowlegd to behaviour •
Opportunity	***Threat***
•	• Instability of central managers
Recommendations	
•	

c. Management of the Programme

Strength	***Weaknesses***
• Heavily capacitated + more staff • Network of partnership • RBM partnership broadened (private sector, ngos etc.) • One strategic plan for all partners • Bilateral and multilateral partners, traditional un partners • Procurement committee exist in the national level chaired by MOH • Central Medical stores exist •	• No system alert: drugs????? • Inventory system is manual • No epidemiologist in the team •
Opportunity	***Threat***
• Government funds • Global fund • Unicef and who (TA mostly)	

Recommendations
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d. Monitoring and Evaluation

Strength	*Weaknesses*
• Existence of an M&E unit • Clear guideline for data collection tools • Clear goals and objectives that are smart • Linkage between the key stakeholders (ngos and HMIS) • Clear budget line more than 7% • System set for information and reporting linked with Gambian bureau of statistics • M&E plan for R3 and R6 •	• DPI is not well resourced • No national M&E plan • Data collection, pb of completeness • Attitudes of staff, issue drugs but do not report, data recording • Lack of rdts no clear malaria • Getting data from hospitals • Data management for regional staff
Opportunity	*Threat*
•	•
Recommendations	
• Advice programs to rely on the data existing , not to have 2 records, to record timely • Data collection are not robust, need an integrated data collection system	

3.1 Progress in different projects implementation

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3.1.1 Global Funds

a) Summary of the Round 3

Objectives

- To provide Intermittent Presumptive Therapy IPT to 70% of pregnant women in the coastal area by 2009
- To increase to 60% the proportion of malaria cases in coastal areas properly managed according to national guidelines within 24 hours following the appearances of symptom by 2009

- To increase, by 80%, the sustainable use of bed nets and insecticide, by children under 5 years and pregnant women by 2009.

Grant performance

- The grant performance is presently rated **A** by the Global Fund
- The Malaria in Pregnancy (MIP) strategy is being implemented in both public, Private and NGO and health facilities in Western Health Region.
  - **31 Health Facilities are implementing IPT**
- Increased number of pregnant women receiving two doses of SP for IPTp
  - **51,700 Pregnant women has received IPT**
- Increased number of pregnant women, children under five and differentiable able receiving LLINs
  - **155,636 LLNs < 5**
  - **46, 767 LLNs for Pregnant women**
  - **10,307 LLNs Differential Able**
- Increased access to timely anti-malaria treatment through:
  - consistent availability of anti-malarial drugs and other supplies
  - improved lab. Services
  - Improved referral system
- Staff capacity in malaria intervention at health facility level continues to be strengthen through
  - on-going in service training
    - 635 Health Staff train on IPTp
    - 2,042 Health staff train on malaria case management of which 120 Staff were train on IMCI
  - Provision of equipments e.g. computers, furniture, supplies etc
  - Provision of medical supplies and equipments

b) Specific objectives of Round 6

- To increase to 80% the proportion of malaria cases in the remaining five health divisions properly managed according to national guidelines within 24 hours following the appearances of symptom by 2011
- To provide Intermittent Preventive Treatment (IPT) to 80% of pregnant women in the remaining five health divisions by 2011
- To increase, to 80% the use of insecticide treated nets by children under five and pregnant women, in the remaining five health divisions by 2011
- To strengthen service delivery for the effective scaling up and sustainable access to prompt case management with ACT, ITNs and IPTp by 2011

<u>Total of budget :</u>

Main activities of the phase 1 of the R6:

Performances of R6

- The Malaria in Pregnancy (MIP) strategy is being implemented in both public, Private and NGO and health facilities Five Health Regions.
  - **32 Health Facilities are implementing IPT**
- Increased number of pregnant women receiving two doses of SP for IPTp
  - **11,198 Pregnant women has received IPT**
- Increased number of pregnant women, children under five and differentiable able receiving LLINs
  - **86,754 LLNs < 5**
  - **7,976 LLNs for Pregnant women**
  - **7514 LLNs Differential Able**
- Increased access to timely anti-malaria treatment through:
  - consistent availability of anti-malarial drugs and other supplies
  - improved lab. Services
  - Improved referral system
- Antimalaria drug policy change.
  - 9,079 <5 with Malaria were treated with Coartem
- Staff capacity in malaria intervention at health facility level continues to be strengthen through
  - on-going in service training
    - **415 Health Staff train on IPTp**
    - **227 Health staff train on malaria case management of which 39 Staff were train on IMCI**
  - Provision of equipments e.g. computers, furniture, supplies etc
  - Provision of medical supplies and equipments

Bottlenecks of the R6 :

Main issues :

- **Planning Problem with setting targets**
- **Target were very high, then indicators are not reached .**
- **Low-up-take of ACTs by the Children under the age of five years that is explained by the NMCP by these facts:**

- **The malaria transmission peak period in the Gambia starts July to November, and the period under review is out of the transmission period**
- **Other preventive interventions such as ITNs coverage among the under five population have impacted on the case load particularly among the under five year of age group.**
- **Targets were set for quarters 1 and 2 of the grant which were supposed to be period for procurement and ground preparations such as training, distribution to regional and health facility stores as well as orientation on pharmacovigilance.**
- **The phasing out period for chloroquine was set for June 2008 and consequently some quantities of Chloroquine was still being used in the system,**
- **For operational reasons ACTs were available to the secondary and tertiary levels of care only and trainings are currently being under taken to cover the primary levels of care (availability at community level)**

SUMMARY OF PARTNERS'ACTIVITIES

me of Project	**Regional Health team(CRR) 56 24 22 29 Round 6 GFTAN activity implementation**	**IMNCI Unit Department of Stae of HJealth and Social Welfare Banjul the Gambia**	**Catholic R Atlantic R Malaria C Karnifing The Gamb Global Fu**
ivities being implemented erage target	Training of 8 Health workers at basic health faciliyies Training of 8 CHW Community sensitization, Radio programs training of 8 traditional communicators All activities were 100% covered	Improvement of HW skilld on IMNCI case management Traine 159 HW on IMNCI case management skills 75% of trained HW have been followed up and supervised Training of CHW on C-IMNCI	LLIN distr IEC BCC Capacity b and volunt Monoitorir the regions Coverge 5 Targets ch difeerentia
tcomes so far	All activities are covered by the end or each quarter on time Non pending activities at the regional level; Communities accept all intervention	HW skills on IMNCI CM improved Improved family and community practices Improved Health facility support	70 LLIN d Dain LRR Trained 60 in NBR to Improvr th of sub gra
blems and solutions to solve se problemee	At the regional level no serious problem encountered in terms of GFTAM activities	Inadequate learnt of HW trained Inadequate learnt CHW trained Weak partnership between the IMNCI in the implementing regions	Insufficien community activities Conutinou The use of
spectives and next stpes	Intensify supervision and monitoring at all level Capacities RHT in data management and interpretation	To conduct interagency coordination meeting at regional level on a quarterly basis To strengthen communication between all partners in malaria implementation.	The PR sh availability Intensifica promote us Annual mo Strengthen activities i Improve fu the project implement
sc	Active involvement of all staff at all activities at regional level		Of t

RECAPT

me of Project	**Action Aid The Gambia Karnifing GFTAM Round 6 malaria sub grantee**	**Malaria Control Programme**	**Global Fu Hepdo Of Serekund**
ivities being implemented erage target	Distribution of LLINs in the central and upper river regions to C<5, PW	Training of the health workers Case management	Distrivbuti division

	and DA	Vector control Personal protection Bed nets and IPT	
tcomes so far	60.000 LLIN distributed so far to targets groups About 1000 community embers sensitized on malaria prevention and control messages 15 drama groups are trained on malaria prevention and are performing 21 community communicators trained and performing	Most HW trained Improve case management High utilization of bed nets	Training o (structures makers Treating o Distributio 250 000 L 240 comm traineds 1066 ko ta 200 youth
blems and solutions to solve se problemee	Delay in procurement of project equipment (need to review/improve procurement process) Small nets size Information sharing us inadequate	Trained HW leaving the service (staff retention mechnisms Coordination of imputs/strengthen coordination mechanisms	Late arriva Late procu Late disbu
spectives and next stpes	Speed up procurement procedures including developing an accurate procurement plan Capacity building of PR and Sr sytaff on GFTAM project implementation	Mobilize and commit more resources Conduct research on fey factors Decentralize all implementation interventions	Continu to Continue t
sc			Regularco Capacity b

RECAPT

me of Project	**Smile Gambia**
ivities being implemented **erage target**	Nets distribution ion 15 communities in Sami district and Janjan Bureh in CRD Every bed in these communities were given an net so 5700 nets distributed Awareness creation on use of net
tcomes so far	Communities are sensitized o net usage to prevent malaria Baseline data on 2007 analysis on malaria burden in Janjan Bureh Health Center to compare with 2008
blems and solutions to solve **se problemee**	Certain communitie prefer circular nets not rectangulars
spectives and next stpes	More nets will be supplied to replace torn ones
c	

3.2 Visit to fagikunda:

3.3 Round 9 proposal

3.4 Plan of action(see annex)

5. Conclusion

- management and partnership through widespread and active involvement of all segments of society;Before GFTAN only 2 persons were assuming the NCMP now many hired staff most of them in training outside (UK, MRC)
- Currently the strategic plan is over
- Bilateral and multilateral are strengthening the health system and not disease focused

Procurement comity at MOH level for all programs with PS clearance
Central medical stores

- Who only provide fund for malaria day and capacity building of NCPM STAFF?

recommendations

5.1 To NMCP/MOH

- Implement the Need Assessment

- Develop Strategic plan and the Business plan for the scaling up of interventions;
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5.2 To the CCM and local partners :

- Mobilize additional resources for the scaling up of interventions by the end of 2010 ;
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5.3 To the WARN

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AGENDA OF THE MISSION

DAY & TIME	ACTIVITIES	PERSONS INVOLVED
Monday 28 July 2008		
09:00 – 14:00 15:00 – 17:00	Briefing with the DPC/WHO Briefing with the NMCP Working session with the NMCP Briefing with the WR	WR DPC/WHO , M/NMCP WARN (1)
Tuesday 29 July 2008		
11:45 14h00 – 16h00	Arrival of other WARN members Courtesy call to DOSH, UNICEF, WHO, MRC, CMS, CRS, AATG	DPC/WHO , M/NMCP WARN (3)
Wednesday 30 July 2008		
09:00 – 13:00	• Visit to Fagikunda and Banjulinding and Sibanor WEC	DPC/WHO , M/NMCP UNICEF, WARN (4)
14:00 – 16:00	• Courtesy call to DOSH, UNICEF, WHO, MRC, CMS, CRS, AATG	DPC/WHO , M/NMCP WARN (3)
Thursday 31 July 2008		
09:00 – 12:00	• Meeting with partners and stakeholders	DPC/WHO , M/NMCP WARN (4)
14:00 – 17:00	• Meeting with the NMCP and CCM/Sec on the Needs Assessment preparation and the Round 9 proposal	CCM/Sec, NMCP DPC/WHO ,WARN (3)
Friday 1st August 2008		
09:00 – 10:00	Debriefing with the WR _ Gambia	DPC/WHO , M/NMCP WARN (3)
10:30 – 11:30	Debriefing with the DOSH	DPC/WHO , M/NMCP WARN (3)
Saturday 2nd August 2008		
09:00 – 13:00	Preparation of the Report of the joint mission	DPC/WHO , M/NMCP WARN (3)
15:00 – 18:00	AOB	
Sunday 2nd August 2008		
	Departure of the mission	

WARN 3 : Mme Thérèse DIOUF., Dr Karim SECK., Dr Stéphane TOHON

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LIST OF PERSONS MET

N°	NAME & FIRST NAME	INSTITUTION	ADRESS
1	Dr SUKWA Thomas	WHO – The Gambia	Representative, sukwat@gm.afro.who.int
2		UNICEF	
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