**MINUTES OF HIV/TB DASH BOARDS REVIEW MEETING**

 **November 25, 2015 at NACP**

**Attendance:**

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| **No.**  | **Name** | **Organization** | **Sector** |
|  | Annekatrin El Oumrany | CCM Secretariat | CCM |
|  | Kenneth Danso | NACP | PR / Government |
|  | Rosemond Jimma | NACP | PR / Government |
|  | Dr. Stephen Ayisi-Addo | NACP | PR / Government |
|  | Kwami Afutu | NTP | PR / Government |
|  | Kwame Dieu-Donne Kulevome | NTP | PR / Government |
|  | Raphael Sackitey | GAC | PR / Government |
|  | Daniel Kpogo | GAC | PR / Government |
|  | Adu Kwasi Manu (M & E) | PPAG | PR / NGO |
|  | Alhassan Lawal Aburi (Finance) | PPAG | PR / NGO |
|  | Kingsley Ofosu - Finance | PPAG | PR / NGO |
|  | Anne-Marie Godwyll | PPAG | PR / NGO |
|  | Patricia Agyeiwaa | ADRA | NGO |
|  | Henry Adu | ADRA | NGO |
|  | Naana Yawson | P&S | MOH / Government |
|  | Damaris Forson | JSI Deliver | Co-opted member |
|  | Dr Naa Ashiley Vanderpuye | Stop TB | NGO |

**Absence:**

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| **No.**  | **Name** | **Organization** | **Sector** | **Reason**  |
|  | Cecilia Senoo | SWAA | W&Cig | Private  |
|  | Evans Opata | Coalition of NGOs in Malaria | NGO |  |
|  | Mac-Darling Cobinah | CIPERGH  | KAP | Sick  |
|  | Helen Odido | UNAIDS | Multilateral  |  |
|  | Edith Andrews | WHO | OC / Co-opted member | Kumasi |
|  | Dr Felicia Owusu-Antwi | WHO | Multilateral  | JUTA retreat |
|  | Genevieve Dorbayi | TB Voice | PLWD |  |

1. **Opening:**

The meeting started at 9:30am chaired by Dr. Naa Ashiley. The first 45 min were reserved for internal discussions among the members of the oversight committee. The following topics were presented / discussed:

1. **Conflict of Interest**

Dr. Naa Ashiley informed the oversight committee that her organization has become a SR under GAC. Activities start from October onwards, so that she might have a conflict of interest from the next oversight committee meeting in February 2016. She announced her determination to withdraw from discussions and decision regarding GAC in case of a conflict of interest arising during this meeting already.

1. **Overview on the five HIV/TB grants**

Annekatrin El Oumrany provided a short overview on the five HIV/TB grants under the NFM, including last rating, grant sum, overview on the budget, activities to be implemented, target groups, SRs and SSRs and the regions of implementation. See more details in the PPT presentation.

1. **Implementation through Partnership / Tightened oversight / PR dashboard**

Annekatrin El Oumrany informed the HIV/TB OC about the Implementation through Partnership initiative and updated them about the results from the last tightened oversight meetings with NACP and NTP as well as the discussions led in the ITP workshop that took place in Accra on 18th November. Furthermore, she presented the PR dashboard and gave an update on its implementation. Due to time constraints, it will not be possible to make the PR dashboard available for the next dashboard reporting cycle (Oct-Dec). See more details in the PPT presentation

1. **AOB**

Annekatrin El Oumrany asked the OC members present if they need additional capacity building in order to fulfill their role in the OC and if they see any room for improvement of the OC meetings. Both OC members present were content with the current way of functioning.

Annekatrin also explained to the OC members that the CCM risks to largely exceed its budget if the number of participants in CCM meetings is not reduced. Only those members of the OC are required to attend in the CCM meeting who hold a presentation on the OC meeting and those who are substantive members. Those who are alternate members may step in if the respective substantive member is not available for the meeting. Substantive as well as alternate members are responsible for informing their constituency. For this reason, it should not be necessary to have observers from the same constituency in the CCM meeting.

1. **NACP Dash Board:**
2. **Financial Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **F1** |  | No disbursement, money is carried over from previous grant |
| **F2** | 68% absorption rateLow absorption rate for Health Info Systems & M&E (33% of budget)Large overachievement in treatment, care and support (30% of budget, 155% absorption rate)Policy and govHSS service delivery: 16% budget, 0% achievement | Many preparatory activities, M&E had to be postponed. Due to PPM orders HIV strategic framework to be finalized by E12 Assessment of site for ART delivery (DOTS/PMTCT) + maintenance of equipment (900,000). Ongoing. Budget will be fully used |
| **F3** |  | Old CPs and TBAs, will be replaced by those under NFM |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **M5** | Expenditures under NFM? | Yes, all expenditures from orders placed under the NFM |
| **M6** | Stock situation | Most **adult ARV** stocks are expected to last min. 2-3 months Even though their stock is under minimum level, no stock out is expected (Critical ARVs expected in country in Dec/Jan). Very low stocks regarding certain products but alternative combinations available. The alternate FTC based regimen is above maximum levels. The program will continue to enforce its utilization and orient service providers to avoid expiry. RMS not sufficiently informed about options to replace products. Stocks of Nevirapine tabs are very low and run the risk of stock out. Recommendation is to reserve it for clients on this in combination with Tenofovir based regimen (alternatives exist for combivir combinations) whilst we await stocks in January.**Pediatric ARV**: fine. **Test kits**: First response: 2 MoS (MoS calculated based on previous deliveries, not based on targets). Stock is not sufficient to achieve 2.5m testing target for 2015. About 6 MOS expected in January. Oraquick (3.4 MOS) also below minimum. 3 MOS expected in December. |

1. **Programmatic Indicators:**

There has been a long discussion on the annual targets for the cumulative indicators. While this grant started in July, annual targets will have to be achieved. Thereby, two annual targets (HTC and EID) cannot be realistically achieved. NACP asked for an enlightened analysis of the achievements compared to targets since

* the NFM target for testing is significantly higher than the ones in the first semester 2015 (previous grant) and in all subsequent semesters
* NFM targets are cumulative for the whole of 2015. Their achievement thus depends on the performance during the first semester 2015 (previous grant cycle), which cannot necessarily be compensated during the second semester.

The CCM oversight committee explained that the dashboard review is based on the targets in the performance framework. Any different analysis of the achievements needs to be agreed upon with the Global Fund.

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Pr4** | EID  | Backlogs. Reagents only available from April. Improving performance ever since. Impossible to reach annual target – low achievement in first semester cannot be compensated by better performance in second semester  |
| **Pr6** | HTC | If 1m test kits are not procured from Government, we risk to have a stock out in 2016 for PMTCT |

1. **Recommendations:**
* NACP shall improve information on possibilities to replace certain ARV by another product among all RMS and TH. RMS shall in turn inform the facilities respectively.
* CCM shall help with advocacy re procurement of test kits by GoG.
1. **NTP Dash Board**

New under NFM: concentration on 90 high burden districts. Scale up to all 216 districts planned from April 2016. April to June 50 targeted. July to Dec: Rest. Main difference 90 districts: prepare service provider to systematically screen **all** OPD clients. Screening tool now being printed but print outs available in facilities.

1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **F1** |  | Disbursement 2.9m USD, received 4th August. Impact of late disbursement particularly on disbursements to districts. Programs are competing for time slots to arrange trainings at regional and district level until the end of the year.  |
| **F2** | TB care and prevention = 27% of the budget, 38% absorption rateMDR-TB =17% of budget, 16% absorption rateOther? = 40% of the budget but no expenditures | Commodities not procured yet (700,000 for meds)MDR-TB meds covered under TB care and prevention. Diagnostics under MDR-TB, incl. 38 GenExpert orderedFor purchase of 52 GenExpert, was carried over from previous grant |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **M3** | 9 contracts with NGOs signed out of 53 approved ones. Remaining NGOs? | Had conditions to fulfill before contracts can be signed. Will be finalized by E12 |
| **M5** | Zero commitment entered | Problems to get along with cumulative formula. NTP is requested to inform about commitments during the next DB review if the problem in the DB cannot be fixed.  |
| **M6** |  | Stocks available. Min stock level for Cat 2 = 5.6 MoS, for the rest stock levels are even higher |

1. **Programmatic Indicators:**

There has been a discussion on if NTP used the right denominators for several of the programmatic indicators, e.g. treatment success. NTP informed the OC that they are currently discussing the indicators with the Global Fund and will have a better idea about them during the next dashboard review.

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Pr1** | # notified cases | Systematic screening in 90 high burden districts. Annual target based on initial idea of start in Jan. Cannot be reached since systematic screening was implemented only under the NFM starting in July 2015.  |
| **Pr3** | Treatment success | Denominator not based on actual number of diagnosed TB patients but target in PF |
| **Pr4** | Lab performance  | Report due in E12 |
| **Pr6** | Contribution case finding private and CSOs | Will start to pick up from Oct-Dec |
| **Pr7** | DST : is higher better or a waste of money | Higher is better.  |
| **Pr9** | Treatment MDR-TB : correct denominator ? | Discussions with GF |
| **Pr10** | HTC among TB cases : correct denominator :  | Discussions with GF |

1. **Recommendations:** NTP does not expect any major challenges. No recommendations.
2. **GAC Dash Board**

New: CSS (social accountability, capacity building for NAP+, linkages at community level using models of hope / HIV TB collaboration), expansion in number of implementation site

1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **F1** | disbursement | 4th August received |
| **F2** | 18% absorption rateNo expenditures for HTC and condomsBCC low expendituresCSS = 0 | Due to late disbursement and late finalization of SR engagement processNGO engagement process only recently finalized. Activities will pick up from Q4. Expenditures for DICs. Start in November |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **M1-6** | No observations |  |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Pr1** | Condoms for FSW | Zero achievement due to late disbursement and prolonged SR engagement processes, which are now finalized. SRs and SSRs are now ready to produce results.  |
| **Pr2** | Condoms for MSMs. |
| **Pr3** | HTC FSW |
| **Pr4** | HTC MSM |
| **Pr5** | IEC FSW |
| **Pr6** | IEC MSM |

1. **Recommendations:** Site visit: CCM will send a request letter to Cosmos / Raphael.
2. **PPAG Dash Board**

**Changes under NFM:** half yearly testing, not quarterly HTC, schedule of advocacy sessions not half yearly but annual, more drama than film shows, TB screening half yearly planned

1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **F1** |  | 3rd August disbursement, missed about 1/3 of the month. Disbursement sufficient for activities until E12 |
| **F2** | Objectives60% overall absorption rate | 1. Defined package of services: hygiene kits, 1on1 / small group discussions, drama/film – inmate must have received two out of three services to be counted as reached
2. HTC

PPAG used old objectives and was requested to update the dashboard using the NFM objectivesDue to late disbursement.  |
| **F3** | Budget for SR? | About 35% of total grant budget |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **M1** | Which?  | None under NFM |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Pr1** | IEC - defined package of services : 21% | Engagement of population and training of PE before actual start of activities. High attrition among PE, 8 new prisons under NFM. 43 prisons. No drama performance in 1st quarter. Price increase for hygiene kits caused a delay in procurement. 34 out of 43 prisons not reached in first quarter. |
| **Pr2** | HTC: 15% performance | See above + PE need to be available for IEC before HTC can actually start. Will be able to achieve semester targetReceived 2400 test kits from NACP.  |

1. **Recommendations:**

PPAG has sufficient number of test kits but will check if stock is sufficient to carry them through to mid Jan 2016 when new test kits arrive in the country. They can also contact NACP for more test kits if need arises.

1. **ADRA Dash Board**
2. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **F1** |  | Disbursement fourth week of July, Orientation of SRs on NFM followed by training.  |
| **F2** | 46% overall absorption rateWhat is other?  | Late disbursements of funds and delayed GF approval for procurement of equipment.Office equipment, had to wait for approval from GF (printers, photocopiers, fridges, and equipment for DICs etc.). Had to wait to see if AGA Mal assets could be used, which was not the case. Approval has taken long time. |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **M6** | Test kits | ADRA has made a request to NACP. Received 2400 test kits (lasts about three months). Need more.  |

1. **Programmatic Indicators:**

Low achievements due to late disbursement and thus late start of training activities for FSW

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Pr1** | Condoms for FSW = 0% | Received condoms in October only (delays due to testing requirements).  |
| **Pr2** | HTC for FSW: 55% | No additional test kits available |
| **Pr3** | IEC for FSWs - defined service package  | IEC, **info on HTC**, SGBV screening, **condom distribution**, STI screening/referral, HIV/TB IEC. (bold = mandatory + any other two services) |

1. **Recommendations:**

Patricia will check again availability of test kits with NACP and if ADRA still not receives its allocation, will inform CCM.

Tax exemption: 5 vehicles, disposed by AGA Mal urgently need servicing and some repairs, however, if ADRA cannot deliver a proof of tax exemption, the tax on those services will have to be paid. ADRA requests the CCM to facilitate this process.

1. **Closing**

The meeting came to a close at about 14:30.