**MINUTES OF MALARIA DASH BOARDS REVIEW MEETING**

 **26th May, 2016 at the CCM Secretariat**

**Attendance:**

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| **Name** | **Organization** | **Sector** |
| Annekatrin El Oumrany | CCM Secretariat | CCM |
| Faustus Dasaah | CCM Secretariat | CCM |
| Wahjib Mohamed | NMCP | PR / Government |
| Joel Balbaare | NMCP | PR / Government |
| Kofi Osae | NMCP | PR / Government |
| Samuel Dodoo | Media Response – Stop TB | OC / NGO |
| Laud Baddoo | JSI Deliver | OC / Co-opted member |
| Jonathan Tetteh-Kwao Teye | Dream Weaver Organization | OC / Co-opted member |
| Dr. Felicia Owusu-Antwi | WHO | OC / Co-opted member |
| Dr. Sebastian Sandaare | District Health Directorate | OC / PLWD |
| Nick Njoka | GMS | PR DB consultants |
| Louis Agbe | GMS | PR DB consultants |

**Absence:**

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| **Name** | **Organization** | **Sector** | **Reason** |
| Daniel Osei | Ghana Health Services | Government | Out of town |
| Margaret-Anne Wilson | MOFEP | Government |  |
| Maurice Ocquaye | Consultant | Co-opted member |  |
| Dr. Philip Ricks | USAID/CDC | Bilateral | Embassy meeting |

1. **Opening and AOB:**

The meeting started at about 9:30am. The first 1.5h of the meeting were dedicated to a presentation of the PR Dashboard and CCM Summary Dashboard held by the GMS consultants Nick Njoka and Louis Agbe. Both assisted the PR and the OC members in the analysis and interpretation of the dashboards under review.

The participants were asked if any potential or real **conflict of interest** could bias their impartiality during this oversight committee meeting but all declined.

For the first time during the past year, the malaria oversight committee reached a quorum. Therefore, the committee was finally able to **select a chairman**. Only two OC members are at the same time CCM members and thus eligible. They were asked if they were interested in becoming the Chairman of the malaria oversight committee. Dr. Sebastian Sandaare declined and Samuel Dodoo confirmed his interest. All remaining members approved unanimously Samuel Dodoo as the Chairman of the malaria oversight committee.

The OC as well as the NMCP representatives were informed that the **next site visit** could only take place in July/August. It was planned in August 2015 that the site visit should cover Obuasi as an AGA Mal implementation site. However, AGA Mal had delayed IRS in Obuasi due to upcoming resistance issues and subsequent discussions with the Global Fund. The OC determined the second week of August as tentative dates for the site visit.

The **site visit to the Eastern Region** that took place between the 3rd and 6th of May targeted primarily HIV and TB PRs. NMCP representatives and OC members not present during the site visit were informed about the main malaria related findings:

* NMCP is perceived as one of the most active programs. Deaths related to malaria have significantly dropped during the past years
* Issues include primarily chemical sellers who do not test for malaria but who still sell ACTs.
* Koforidua prison (and possibly others) do not have any means of malaria prevention. It is too congested to consider bed nets; the poor ventilation does not allow mosquito screens on doors and windows. AGA Mal confirmed that IRS in prisons only (i.e. without spraying the whole community) is possible, however, spraying would have to be done 4 times a year for a sustained protective impact.
* Koforidua prison (and possibly others), while having an infirmary, does not have any malaria RDTs or ACTs. All inmates with suspected malaria have to be referred to the regional hospital for diagnosis and treatment.
1. **NMCP Dash Board:**

NMCP presented its PR dashboard with the exception of the programmatic indicators, which were presented using the CCM dashboard due to different definitions of the indicators in the PR dashboard. The OC/CCM will follow up on this issue. NMCP expressed great content with the PR dashboard.

1. **Financial Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **F1** | 62% cum burn rate, 42% quarterly burn rate | See below. Low burn rate also reflects the savings which will be used for covering the funding gap in 2017. Budget will be adjusted |
| **F2** | Case management quarterly burn rate o% but 47% of budget (still for trainings?)Low M&E expenditures (30%) | ACTs have not arrived yet (8m). Will arrive in June. Schedule has not changed. Budget was not adjusted to reflect actual planned arrivals. Budget revision does reflect planned arrivals. Mal Indicator Survey delayed. Approval from GF pending. |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **PR DB** | 10 supervisory visits past due.  | Visits were done but reports still outstanding.  |
| **PR DB** | 5/80 finance reports past due | 61 NGOs + 10 regions + other institutions = 80Outstanding reports from NGOs.  |
| **PR DB** | # sites with stock out – Definition of indicator?  | Based on RMS stock at close of quarter (not facility based) an on commodities listed in PR dashboard with MoS (also incl. RDTs but not those procured by other donors/GoG).  |
| **M2** | Key PR mgmt. positions: last quarter 1 vacant, now 6? | Error which is corrected in the PR dashboard. No vacant key management positions.  |
| **M3** | SR results, first experiences? | Late initial release of funds. NGOs achieved results expected. Peer educators need more visual aids.  |
| **M5** | Low artensunate suppositories in regions, also centralRegional stock out of SPs Low regional stock of RDTs  | 200mg not coming. Programme canceled and converted to 50mg. Procured by USAID, not GF commodity. SPs procured by PMI have arrived and will be distributed shortly. No new information about quality problems and way forward regarding locally procured SPs.Solved with current scheduled delivery |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Pr1:** % estimated cases with ACTs at health facilities | Indicator target adjusted? | Result based on Number of people put on ACT divided by estimated (target) number of people suspected to have malaria. Before, actual number of people with suspected malaria was used. CCM will follow up as the previous definition seems to be more reasonable. Denominator is not fix but fluctuates with malaria seasonality and preventive impact (more prevention >> less people with fever and other malaria symptoms)  |
| **Pr2:** % pregnant women with 3+ doses of IPTp | Further drop to 37%, Q4: 41%, Q3: 51% | SPs are stocked out. Deliver from local manufacturer was rejected due to quality issues and not replaced yet. SPs are given out free of charge, cost is not reimbursed by NHIS. Health facilities do thus not have an economic interest in purchasing SPs on the market using their IGR. NMCP engages in advocacy, especially since SPs are rather inexpensive. Not all SPs given out are documented.  |
| **Pr5:** % suspected malaria cases that receive RDT  | Continuous small increase by 1% each Q. Can’t we increase even more?  | Great improvements in the past. We will further improve. |
| **Pr7:** # children under 5 with ACTs at community level | Deleted indicator |  |

1. **Recommendations:**
* Review new definitions of certain programmatic indicators and consider adopting the previous ones
* Follow up on locally procured SP (CCM)
* Improve documentation of SP uptake (NMCP)
* NMCP requested to print more IEC/BCC materials (e.g. flip charts) for implementing NGOs
* NMCP requested to consider preventive and curative services in prisons (see finding from site visit)
1. **AGA Mal Dash Board**

Considering that IRS started in April 2016 only and the subsequent lack of programmatic achievements during the period under review, AGA Mal was exempted from participating in the OC meeting. The OC called AGA Mal for a clarification on F1.

1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **F1:**  | Budget not yet adjusted to account for cash amounts carried over from round 8. | Amount carried over from previous funding cycle (about 4.5m USD) was used to pay for insecticides ordered before start of NFM. The carry over amount was handled as a disbursement in P1 in the dashboard. For accounting regulations, it is not possible to add them to the NFM budget. Consequently, the actual burn rate is lower than 92% (about 50%).  |
| **F2** | 9% quarterly burn rate | Revised budget will be available during next OC meeting |

1. **Recommendations to AGA Mal**
* Enhance collaboration with GHS for social mobilization (a district director in UW/R) pointed out that communication prior IRS was perceived as insufficient)
* Consider IRS in prisons
1. **Closing**

The meeting came to a close at about 2:45pm.