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

**May 24th, 2016 at the CCM Secretariat**

**Attendance:**

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| 2 | Faustus Dasaah | CCM Secretariat | CCM |
| 3 | Daniel Norgbedzie | CCM Secretariat | CCM |
| 4 | Kenneth Danso | NACP | PR / Government |
| 5 | Rosemond Jimma | NACP | PR / Government |
| 6 | James Nii Darko Saakwa-Mante | NACP | PR / Government |
| 7 | Ivy Ama Okae | NACP | PR / Government |
| 8 | Kwadwo Kodnah | NACP | PR / Government |
| 9 | Dr. Nyonuku Akosua Baddoo | NACP | PR / Government |
| 10 | Kwami Afutu | NTP | PR / Government |
| 11 | Paul Ayamah | GAC | PR / Government |
| 12 | Cynthia Adobea Asante | GAC | PR / Government |
| 13 | Daniel Kpogo | GAC | PR / Government |
| 14 | Kofi Effah Nimalh | GAC | PR / Government |
| 15 | Raphael Sackitey | GAC | PR / Government |
| 16 | Samuel Etsey | PPAG | PR / NGO |
| 17 | Kingsley Ofosu | PPAG | PR / NGO |
| 18 | Anne-Marie Godwyll | PPAG | PR / NGO |
| 19 | Phyllis Kudulo | ADRA | NGO |
| 20 | Benjamin Kwarteng | ADRA | NGO |
| 21 | Damaris Forson | JSI Deliver | Co-opted member |
| 22 | Helen Odido | UNAIDS | Multilateral |
| 23 | Edith Andrews | WHO | OC / Co-opted member |
| 24 | Dr Naa Ashiley Vanderpuye | Stop TB | NGO |
| 25 | Dr Felicia Owusu-Antwi | WHO | Multilateral |
| 26 | Genevieve Dorbayi | TB Voice | PLWD |
| 27 | Nick Njoka | GMS | PR DB Consultant |
| 28 | Louis Agbe | GMS | PR DB Consultant |

**Absence:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
| 1 | Cecilia Senoo | SWAA | W&Cig | Different meeting |
| 2 | Evans Opata | Coalition of NGOs in Malaria | NGO |  |
| 3 | Mac-Darling Cobinah | CIPERGH | KAP | Mission abroad |

1. **Opening:**

The meeting started at about 9:10 chaired by Dr. Naa Ashiley Vanderpuye.

1. **Training on PR Dashboard and CCM Summary Dashboard**

The first 1.5h of the meeting were dedicated to a training on 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. See the PPT presentation in the annex.

1. **Conflict of interest declaration**

Dr. Naa Ashiley Vanderpuye, being the CEO of an SR of GAC, declared a potential conflict of interest in relation to the review of the GAC dashboard. She pulled out from respective discussions on GAC and handed over to Dr. Owusu-Antwi during that period and only replied to specific questions directed to her on the progress of WAAF grant implementation.

1. **Findings from the site visit**

For each of the PRs, representatives of the team, who undertook a site visit to implementation sites of all HIV and TB Principal Recipients (see the site visit report for more detailed information), provided a summary of the main findings.

1. **PPAG Dash Board**

**Site visit:**

* High level of HIV related stigma, even peer educators would not disclose their status
* Peer educators had not yet received IEC materials (manuals, flip charts, pen drive) – resolved before the OC meeting
* Timely medication seems to be an issue in some of the prisons, not all nurses attach sufficient importance to handing out ARTs timely
* Local models of hope at regional hospitals have a good insight in the HIV related situation in the various prisons. Recommendation to have a regular exchange
* Budget of 1.80 GHC per day per inmate for food. PLHIV / people with TB may not take their medication since they need more nutritious food to cope with the effects of the medication
* No malaria prevention, diagnosis and treatment in prisons – will be also reported to NMCP

1. **Financial Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **F2** | Low quarterly burn rate of 25%, cumulative burn rate dropped to 59%. Only 3% spent on hygiene kits and drama. Programmatic achievements % wise much higher. Savings seem to add up | Late procurement of hygiene kits, will be reflected in next quarter (would bring up quarterly burn rate to 50%).  Some expenditures (vehicle maintenance) still outstanding |

1. **Programmatic Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Pr1** | **HIV prevention**: 78% achievement | Performance will be better next quarter. |
| **Pr2** | **HTC**: 72% achievement | Northern zones: transportation challenges, couldn’t get to the prisons to distribute RDTs. Prisons are far apart. Request for quarterly demand was placed. No reply yet. |

1. **Recommendations:**

* Review stigma situation in other prisons and possibly adjust the strategy
* Bring a projection of savings to the next OC meeting
* Insert an indicator on TB screening in PR dashboard
* Implement regular exchange with models of hope from those hospitals to which inmates are referred
* Follow up on issues of timely medication with prison nurses
* Review possibility to provide PEs with a pen drive with short films on HIV/STIs (e.g. Scenarios of Africa)

1. **ADRA Dash Board**

**Issues from the site visit:**

* FSWs complained about condom quality (UNFPA). Joyce Steiner (Christian Council) mentioned that she had heard complaints from several locations.Phyllis (ADRA) pointed out that no complaints had been forwarded to the PR. Phyllis will inquire with the SRs.

1. **Financial Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **F2** | 112% burn rate in Q3 >> 93% cum burn rate.  14% = 185,000 of cumulative budget not used. About 115,000 of it sitting with ADRA. |  |

1. **Management Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **M4** | **Condoms availability:** 3.4 months (male), 1 MoS (female)  **Test kits:** 2 MOS | Stock levels include PR and SRs. Max Stock level: 3 MoS. Female condoms are not in demand. |

1. **Programmatic Indicators:** Significant improvements in results on all indicators in Q3. Minimum cumulative achievement = 97% (2 indicators), three indicators between 111% and 162%.

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Pr1** | **Condoms for FSWs**: 186% achievement. While the great interest in condoms is good, it is ensured that stock will last? Has demand grown? | SRs had periods with underachievement and have worked hard to catch up (but still significant cumulative overachievement).  ADRA is made aware that with an annual condom allocation, condoms available in the end of the year may not be sufficient. ADRA considers slowing down condom distribution. However, it is important that KPs have access to condoms. |
|  | **Referral to drop in centers:** 4% | One drop in center out of seven functional. Next week ADRA monitoring visit to learn about the status quo. |

1. **Other observations:** No lubricant in under GF supported projects. One SR obtains them from USAID. SRs are encouraged to link up with USAID in order to be able to obtain lubricant as well. ADRA will link up with FHI to obtain lubricant via family health division.
2. **Recommendations:**

* GF is requested to provide lubricant
* ADRA is recommended to review actual demand for condoms

1. **NACP Dash Board:**

**Site visit: observations / *NACP response***

* Review concept of clinic days (time per patient way too short, only 3-6 min per client): *Staff of ART staff may have to work elsewhere on non-clinic days. Way forward is that clients may come any day.*
* Follow up of defaulters and mothers for EID, main reasons: T&T and alternative treatment. In cases of ARV rationing to clients, NACP is requested to consider prioritization of those patients are coming from far: *Problem is only temporary since* *ARVs are now also available at CHPS compounds.*
* Interruption of EID because of expiration of EID reagents. *NACP is aware that entire national stock expired in February. Staff should know that they can still continue to take samples to be analyzed later onwards.*
* Rumors on denial of treatment if no family member as treatment monitor: *NACP takes note*
* Results from data cleaning vs. numbers in clinics: *NACP takes note*

1. **Financial Management Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **F1** |  | Disbursement is purely for PPM (5.7m USD) |
| **F2** | 104% burn rate. How much burn rate for PPM and local NACP? HSS very low burn rates | Local expenditures: Budget 1.6m USD, used: 770,000 USD = less than 50% burn rate. A lot of trainings not accounted for yet. Will be accounted for next period: 3m GHC. There will be additional expenditures for printing. |

1. **Management Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **M5** | Expenditures more than 50% above the budget. If expenditures were according to budget, overall burn rate would not be 104% but 79%. Amount of obligations?  Some commodities very low. Why was it not possible to maintain higher stock levels?  Availability of Oraquick, EID reagents  Low stocks of Nevaripine | Current obligations: 965.000 USD  Reduction of min national stock level to 3 months. Orders were fast tracked. Key regimen sufficiently available. Please send monthly stock reports to CCM including expected deliveries.  Reagents now available. 2 month gap. NACP recommended to inform health workers on the way forward if analyses cannot be carried out.  Shift to Efavirenz |

1. **Programmatic Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Pr2** | **HTC among pregnant** **women**: Drop: last quarter = 80%, now 74% | Test kits were available. Denominator changed |
| **Pr3** | **ARV among pregnant women**: low increase by 2%. Q4 performance = 53%, now 55%.  Requested monthly regional progress overview? | Trainings will be finished by July. Priority regions are all covered. Significant improvements expected from Q3 onwards.  See PR dashboard (during the OC meeting, we reviewed the previous CCM dashboard) |
| **Pr4** | **EID**: big increase (28 vs 39%) EID reagents in E/R and elsewhere.  Requested monthly regional progress overview? | Trainings will be finished by July. Priority regions are all covered. Significant improvements expected from Q3 onwards.  See PR dashboard |
| **Pr5** | **HIV/TB**: How is it ensured that screening takes place? Seems there is not enough time? See site visit results | NACP reviews the situation |
| **Pr6** | **HTC**: all national data captured? First response test kits available – why achievement only at 38%? | Test kits not available for general population testing |

1. **Recommendations:**

* Provide CCM with monthly stock reports
* Investigate why HTS for pregnant women has dropped

1. **NTP Dash Board**

**Site visit:**

* Lack of T&T for non-susceptible TB as one of the main reasons of defaulting. Consider community nurses collecting sputum samples from clients who do not come for further diagnosis
* Second main reason for defaulting: alternative treatment, e.g. prayer camps
* No time during clinic days in ART sites (3-6 min per client) for documenting TB screening – no evidence if TB screening is actually done
* Gene Xpert is currently underused (in April 2016 = 43 analyses), NTP is recommended to discuss with MoH/GHS how to better use the capacity
* (perceived lack of) protection of staff as a possible contributing factor to staff attrition
* Nurses point out that they hardly have any means for contact tracing and home visits. Hospital means of transport often not available and if so, fuel needs to be purchased. Nurses point out that they tend to use their own funds
* DOTS centers do not tend to be informed about NGO activities (=implementing partners). Better exchange and collaboration recommended

1. **Financial Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **F1** | 30% cum. burn rate | Everything disbursed was spent. Did not receive more since regions did not account for their expenditures in time. Issue is being addressed with regions. Efforts to ensure timely accounting in regions. |
| **F2** | Expenditures in Q3: 1,809,411, budget 1,583,914 = 114% burn rate = highest quarterly burn rate ever under NFM  Even if GeneXpert (2.3m) are counted as expenditures, burn rate would be at 55%  Are the 38 GeneXpert that are being shipped included in the budget (2.3m for 52 GeneXpert are)? | Waiting for adjusted budget resulting from budget review and reprogramming  No. Will have to be incorporated during the next quarter, so that burn rate does not get distorted. |

1. **Management Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **M6** | Stock situation looks low for Cat 1/3.  Stock out of Capreomycin for MDR TB  17.7 MoS for pediatric meds | MDR-TB medication = Capreomycin. Stock out is affecting MDR-TB treatment and DST indicators. Order was placed timely but delivery was delayed. Supposed to arrive via air around E5 but not confirmed yet. Medications MDR-TB have a short shelf life. Solution = staggered deliveries.  Shelf life is 3 years. No problems with expiries expected. |

1. **Programmatic Indicators:** This is the first time that DHIMS data are used. DHIMS reports only on susceptible TB, not MDR-TB. DHIMS data do not seem to be complete there is a drop in performance for basically all indicators.

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| DOTS-1a: # notified cases: | 56% vs 64% previously  Will Gene Xpert really improve the situation? Even now, GenExperts underused.  Site visit: DOTS nurses use their own funds for tracing of defaulters and contacts. | Data 95% accurate.  In the beginning disbursement of funds to the regions/districts was delayed. Should be resolved. |
| DOTS-2a:Treatment success | 49% vs. 98% previously |  |
| MDR-TB2:Cases MDR-TB | 58% vs. 45% previously |  |
| MDR-TB3:Treatment MDR-TB | 28% vs. 97% previously | 43 patients diagnosed. 28% treatment rate due to non-availability of drugs. Drugs available reserved for clients who are on treatment already. Newly diagnosed cases are put on hold. |
| DOTS-1b:# bacteriologically confirmed cases | 52% vs. 72% |  |
| MDR-TB1:DST | 18% vs. 127% |  |
| DOTS-3: Lab performance | n/a |  |
| TB/HIV-1:HTC among TB cases | 54% vs. 107% |  |
| TB/HIV-2: ARV for HIV+ TB cases | 30% vs.45% |  |
| DOTS-7a: Contribution case finding private + CSOs | missing indicator |  |
| Stop TB contribution | 106% |  |
| Facilities without stock out | 100% - what about MDR-TB meds??? |  |

1. **Recommendations:**

* Review procedures and data capturing for TB screening among ART clients
* Discuss alternative use of GeneXpert with MoH/GHS for better capacity use
* Review programmatic dashboard data for their correctness once DHIMS is locked and hand in corrected dashboard together with the due dashboard
* Inform facilities about availability of funds for contact tracing
* Consider joint MoH/GHS campaign on alternative treatment in prayer camps and similar

1. **GAC Dash Board**

**Site visit / *GAC response:***

* Difficulties of MoH to follow up on defaulters and to do community sensitization with no T&T: GAC takes note
* No MSM project in Koforidua: *Koforidua was added later to list of GF implementation sites. Until March, WAPCAS ran a project under USAID. Preparatory activities now underway.*
* Reports of unsatisfactory condom quality (UNFPA): *GAC has not been informed about any quality issues, will follow up with SRs and SSRs*
* Enormous stigma and discrimination related to MSM: *Anti-stigma activities regarding MSM not specifically covered under GF support.*

1. **Financial Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **F2** | Quarterly burn rate improved to 82% (Q2 = 55%). Cum burn rate 51%  MSM BR = 69% but programmatic results around 100%  CSS = 62%  FSW = 98% but huge overachievement of targets  It seems there are going to be large savings since programmatic targets can be achieved with much less money. | Promise of improvement until the end of the year  Third SR contracted in Feb only.  GAC pointed out that they have handed in a reprogramming request. |

1. **Management Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **M6** |  | No condoms and test kits available. 3600 test kits requested December 2015, received 1200. Jan 3600 requested for the quarter, received all. April 3600 requested, have still not received any.\* |

\* Test kits problem reported as resolved as of 30 May 2016

1. **Programmatic Indicators:**

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Pr1** | **FSW HIV prevention programs**: significant cum overachievement (about 145%) |  |
| **Pr2** | **HTC FSW**: cum: about 94% |  |
| **Pr3** | **MSM: HIV prevention programs**: very positive trend but cum results: 55% | Koforidua will start during Q4. One SR was contracted in February only. |
| **Pr4** | **HTC MSM**: caught up but cum results at 38% |  |
| **Pr5** | **MoH trained and active**: | 68 trained. Target = 79. Planned to commission the remaining in Q4. A lot of bureaucracy involved. |
| **Pr6** | **Regional NAP+ offices established and functional**: last Q 11 = functional, this quarter = 9?  Office equipment has still not arrived. Why? | Northern and GAR no office. Offices are empty. Tables and chairs not purchased. NAP+ will receive interim furniture within this week. Genevieve points out that that furniture has arrived broken. Laptops shall arrive by mid June. CCM to follow up. |
| **Pr7** | **SAMC established and functional**: National SAMC? Compare number targets and text | 4 out of 11 commissioned in high priority regions. National shall be approved on June 9th. Approval of the other regions by GF outstanding. |
| **Pr8** | **Condoms for FSWs:** quality? Why not more considering above achievements? | Condoms not available in sufficient quantity |
| **Pr9** | **Condoms for MSM:** |  |
| **Pr10** | **FSW on NHIS**: 40% cum achievement. |  |
| **Pr11** | **MSM on NHIS**: 175% cum achievement |  |
| **Pr12** | **Clients enrolled in programme:** ??? |  |
| **Pr13** | **HBC PLHIV:** Online survey? |  |
| **Pr14** | **PLHIV on NHIS**: 165% cum achievement |  |

1. **Recommendations:**

* CCM to follow up on condoms and test kits
* CCM to follow up on “Functionality of regional NAP+ offices”
* GAC to consider joint MoH/GHS campaign on alternative treatment in prayer camps and similar
* GAC recommended to lobby for funds for anti stigma/discrimination activities with GHS and police

1. **Closing**

The meeting came to a close at about 16:45.