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

**August 24th, 2016 at the CCM Secretariat – AGA Mal**

**Attendance:**

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| **No.** | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| 2 | Ignatius Williams | AGAMal | PR / Private Sector |
| 3 | Jonas Raphael Manu | AGAMal | PR / Private Sector |
| 4 | Eric Fosu Kwabi | AGAMal | PR / Private Sector |
| 5 | Bright Atiase | AGAMal | PR / Private Sector |
| 6 | Philip Ricks | USAID/CDC | OC / Bilateral |
| 7 | Dr. Sebastian Sandaare | District Health Directorate | OC / PLWD |
| 8 | Dr. Naa Ashiley Vanderpuye | Stop TB Partnership | KAP |

**Absence:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
| 1 | Samuel Dodoo | Media Response – Stop TB | OC / NGO |  |
| 2 | Laud Baddoo | JSI Deliver | OC / Co-opted member | excused |
| 3 | Dr. Felicia Owusu-Antwi | WHO | OC / Co-opted member | excused |
| 4 | Maurice Ocquaye | Independent consultant | OC / Co-opted member | excused |
| 5 | Daniel Osei | Ghana Health Services | Government |  |
| 6 | Margaret-Anne Wilson | MOFEP | Government |  |

1. **Opening:**

The meeting started at about 9:15 with an internal session.

1. **Conflict of interest / short update on the changes in the OC**

Annekatrin El Oumrany asked the OC members if they had any conflict of interest in relation to the malaria dashboard review or other items of the agenda. All declined. Annekatrin then gave an update on the changes in the oversight committee due to the potential conflict of interest of members who have become directly involved in program implementation activities as a result of GAC SR/SSR and NMCP/NTP NGO contracting.

1. **Challenges with PR dashboards**

A short demonstration on the functionality of the PR dashboard was done for those members who did not participate in the previous training.

1. **Capacity building needs for OC members**

OC members agreed that specific trainings are currently not necessary.

1. **GF contest CCM tools oversight**

OC members could not think of any innovative tools or methods adopted by the Ghana CCM that enhance its functionality and effectiveness.

1. **Reprogramming Of NMCP and AGA Mal funds**

The OC was informed that the GF has approved the reprogramming of NMCP and AGAMal savings in order to ensure continuation of IRS in UW/R in 2017 and were presented the adjusted budgets.

1. **Tightened oversight**

Due to ongoing budget revision and reprogramming and the fact the absorption rates have been the major challenge with NMCP, no tightened oversight meeting was organized in the quarter before the OC meetings.

1. **Stock situation / expiries**

Annekatrin El Oumrany presented an overview on the stock situation at the various RMS. According to the July RMS stock levels, some RMS have up to 60 MoS of a specific commodity that risk to expire while other RMS are entirely stocked out. The OC decided to get clarification from NMCP on the background.

1. **Site visit**

The site visit planned to Ashanti Region had to be canceled at the last minute due to a burglary into the CCM office. In discussion with AGA Mal it was decided to postpone the site visit to the week of the 19th to 23rd September.

1. **AGA Mal**
2. **Follow up:**

* Budget revision and reprogramming: 9.7m additional budget = 4.4 m cash carry over. 5.2m transfer from NMCP. Only change related to reprogramming: continuation of IRS in UW/R in 2017.
* Projection of savings: There may be additional savings until E/2017. Currently discussions with USAID “Next Generation IRS” on the extension of IRS to border districts in Upper East. GF expected to be in favor.
* Complaint about insufficient IEC at DHDs and communities: tried as much as possible to keep health directorates informed. Asked district teams to engage the health directorates more intensely. Health directorates/health professionals involved in radio programs. Sylvester Segbaya visited all the districts. AGA Mal information was confirmed by Dr. Sebastian Sandaare, district director in Lawra.
* Site visit: 19th-23rd September = last week of IRS activities. Best if AGAMal can be visited in the beginning of the week.
* Emerging resistance in Obuasi: decision to continue IRS using the same insecticide. Initial quality control right after spraying: 100% mortality.

1. **Financial Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | 97% but old budget used that do not contain the cash carry over amount of 4.3m  Why not revised budget used? | Cash carry over reflected in revised budget  GF still works with original budget and rejected the revised budget. CCM will follow up. |
| **Disaggregated absorption rate by grant objective** |  |  |
| **Disaggregated absorption rate by SR** | No “SR” financial indicators | No funds transferred to “SRs”, only petty cash |

1. **Management Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Key position vacant** |  |  |
| **Availability of commodities** | 0.5 MoS: how to cover Obuasi? | Additional delivery for Obuasi arrived in Aug. |
| **Supervisory visits past due** |  |  |

1. **Programmatic Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **IRS population** | Target = 90% coverage  3 districts below 90%, esp. in Jirapa | Population counted even if absent during IRS as long as their structure is sprayed. Almost every structure sprayed in Jirapa. Target based on census. Census overestimated population in Jirapa. In some areas underestimation of population. Sebastian Sandaare (OC) confirms that denominator (=census data) has a problem in those districts  Farming population leaves early, before spray operators arrive. Others will have to provide info on the number of household members, which may be incorrect. |
| **IRS structures** | What explains the >100% achievement | Structure = room, not house. Denominator is calculated based on population = theoretical number of structures |
| **Staff trained** |  |  |
| **Sentinel sites** |  | Only Obuasi sentinel site functional from July 2016 onwards. Problem: erratic supply of RDTs. Most sentinel sites do not have microscopy. Noguchi set up 6 sentinel sites in UW/R. AGAMal will rely on their data. |

1. **Other observations:**
2. **Recommendations: None**
3. **Closing**

The meeting came to a close at about 13:15.

**August 31st, 2016 at NMCP - NMCP**

**Attendance:**

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| --- | --- | --- | --- |
| **No.** | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| 2 | Constance Bart-Plange | NMCP | PR / Government |
| 3 | Keziah Malm | NMCP | PR / Government |
| 4 | Wahjib Mohamed | NMCP | PR / Government |
| 5 | Joel Balbaare | NMCP | PR / Government |
| 6 | James Frimpong | NMCP | PR / Government |
| 7 | Samuel Dodoo | Media Response – Stop TB | OC / NGO |
| 8 | Philip Ricks | USAID/CDC | OC / Bilateral |

**Absence:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
| 1 | Dr. Felicia Owusu-Antwi | WHO | OC / Co-opted member |  |
| 2 | Dr. Sebastian Sandaare | District Health Directorate | OC / PLWD |  |
| 3 | Maurice Ocquaye | Systems for Health | OC / Co-opted member |  |
| 4 | Daniel Osei | Ghana Health Services | Government |  |
| 5 | Margaret-Anne Wilson | MOFEP | Government |  |
| 6 | Dr. Naa Ashiley Vanderpuye | Stop TB Partnership | KAP |  |

1. **Opening**

The meeting started at 1:30pm.

1. **NMCP**
2. **Follow up:**

* Prevention, diagnosis and treatment in prisons: NMCP will follow up
* Overview NGO results, challenges, frequency of reporting: quarterly reporting. Total results satisfactory, while individual NGOs may not continue to receive funding because of unsatisfactory performance
* PEs need more visual aids: posters printed
* Delivery / testing local SPs: No new information.
* Improvement of documentation of SP uptake: private sector = challenge. Addressed during last monitoring activity, is improving
* Cross cutting systemic issues: death auditing; regional reporting has improved, requires a lot of personal follow up; staff rotation; coordination of trainings at regional level; redistribution of stock among the regions;

1. **Financial Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** |  | Revised budget now aligned with expected arrival of commodities |
| **Disaggregated absorption rate by grant objective** | Cumulative vector control and financial mgmt. decreased?  Low absorption rates for case mgmt. Jan-Mar 21%, Apr-June 50%  10% absorption rate for specific prevention intervention (19% of quarterly budget) | During budget revisions, significant adjustments were done for PPM expenditures + exchange rate corrections. Jan15-Mar16 numbers will have to be adjusted to avoid negative expenditures in Apr – June 16. Number for financial mgmt. incorrect.  Chunk outside NMCP control: 5m RDT and ACT procurement, arrived in Aug., 1.6m in-country distribution cost for the same RDT and ACTs, 1.5m private sector co-payments to be paid directly from GF.  SMC: started in August and not July. Products were ordered by DFID for UW/R. GF ordered for UE/R, will arrive in Dec. only. Currently only stock for two rounds out of four. Negotiations with Chad for one more round. Plan B: Cameroun. When GF commodities arrive, NMCP will return the goods borrowed. |
| **Disaggregated absorption rate by SR** | Due to technical issues with the PR dashboard, the old dashboard format was reviewed that does not allow regional disaggregation. |  |

1. **Management Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **Key positions vacant** |  |  |
| **Availability of commodities** | Up to 60 MoS in some RMS while others are stocked out.  Risk of expiry.  Low stock in RMS while stock at central level is available | In the past, some RMS stocked up significantly in order to not run out of stock. Ongoing efforts to redistribute but some RMS hesitant to share stocks. RMS should take more initiative to redistribute stock. Some products (e.g. quinine tablets) purchased from their own money 🡺 NMCP cannot decide to redistribute stock. |
| **Supervisory visits past due** |  |  |

1. **Programmatic Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **% estimated cases with ACTs** |  |  |
| **% parasitological test** | Information that multi buffer solution is not always administered correctly | Alex, the diagnostic focal person, is not aware of any incorrect use of the RDTs and asks for more info to follow up. OC will inquire. |
| **Coverage LLIN** | How are numbers calculated? Cum target PF: 21,459,276 | Distribution every 3 years. Assumption: after 1st year, 8% are not in place anymore, after 2nd year 20% loss, after 3rd year 50% loss 🡺 depreciation of coverage, not possible to simply add up numbers from previous periods. |
| **# LLIN mass + continuous** |  |  |
| **% 3+ doses of IPTp** | 36% coverage 🡺 59% achievement rate | SPs not available. PMI delivery arrived in August. Improvement from next quarter onwards expected. |
| **% targeted risk group with ITN** |  |  |
| **% ACTs among confirmed cases** | PF target: 1,187,598. # treated 2,024,664. Why do we have so many more confirmed cases than expected? | Partly because target = cases tested x 0.35. More people were tested than estimated in the PF. However, even using this formula with the real number of people tested, we still have a larger number of people with malaria. Recommendation to closely follow up on number of people with parasitologically confirmed malaria to judge if prevention efforts have the impact desired. |

1. **Other observations:** None
2. **Recommendations:**

* With future dashboards, NMCP is kindly requested to provide additional information on commodity arrival during the quarter under review, incl. value of the shipment and type of commodities: a) late arrival (estimated arrival in one of the previous quarters), b) commodities that arrived as planned and c) commodities planned to arrive of which the shipment was postponed.
* CCM will have a meeting with NMCP to get more information about the definition of the indicators used in the PR dashboard and follow up with GMS to get the PR dashboard corrected.

1. **Closing**

The meeting closed at 5:30pm.