**MINUTES OF MALARIA DASH BOARDS REVIEW MEETING**

**February 22nd, 2018 at the CCM Secretariat**

**Attendance:**

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| **No.**  | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| 2 | Wahjib Mohamed | NMCP | PR / Government |
| 3 | Joel Balbaare | NMCP | PR / Government |
| 4 | Dr. Felicia Owusu-Antwi | WHO | OC / Co-opted member |
| 5 | Sixte Zigirumugabe | USAID/PMI | OC / Bilateral |

**Absence:**

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| **No.**  | **Name** | **Organization** | **Sector** | **Reason**  |
| 1 | Laud Baddoo | JSI Deliver | OC / Co-opted member | Mission |
| 2 | Dr. Naa Ashiley Vanderpuye | Stop TB Partnership | KAP (TB) / NGO | Abroad |
| 3 | Samuel Dodoo | Media Response – Stop TB | OC / NGO |  |
| 4 | Dr. Sebastian Sandaare | District Health Directorate | OC / PLWD |  |
| 5 | Dan Epeh | GAC | OC / Co-opted member | Excused |

1. **Opening:**

The meeting started at 9:00 am immediately with NMCP. The meeting was expected to finish within one hour due to the subsequent GF boot camp for PRs which is why the session for internal members was skipped.

1. **Conflict of interest**

Annekatrin El Oumrany asked the oversight committee members present if they had any potential or actual conflict of interest in relation to the malaria dashboard review or other items of the agenda. All members present responded that they had no conflict of interest.

1. **Feedback from the field / site visit to Brong Ahafo**

Annekatrin informed the members about the site visit to Brong Ahafo Region in December 2017. The full information can be found in the NMCP section.

1. **AGAMal**

Due to the fact that AGAMal did not have any IRS interventions in Q4/2017, their usual good grant performance, and the need to keep the meeting short, AGAMal’s dashboard was reviewed on an individual basis but they were not invited for the meeting

1. **Follow up:**
* **Dissemination of contamination report:** MAVCOC meeting: recommendation: dissemination of report on a regional basis during the regional GHS review meeting. UWR RHD in charge but the meeting has not been organized yet
* **4th generation IRS / SumiShield:** approved. Waiting for the certificate to come. SumiShield has been ordered, is expected to arrive via air (powder, no liquid) in the first half of March. Tests in Obuasi have shown that it is fully effective and a good replacement of Actellic. Start of operations: 1st April
1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | 89%2.5m USD unspent balances primarily from HR (1m) and health products non pharma (1.2m)  |   |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Availability of commodities** | 0.8 MoS | Actellic expected to arrive in March, same for SumiShield |

1. **Programmatic Indicators:** No IRS in Q4, IRS season to be fully prepared by E/03 for spraying to start early April (earlier than previously to avoid challenges related to rainy season)
2. **Recommendations:**
* AGAMAL to review target setting considering the withdrawal of 21 communities to avoid low performance rating
1. **NMCP**
2. **Follow up:**
* **Status quo of RTSS vaccine field trial:** EPI in charge, NMCP is not directly involved
* **Chemonics survey of ACTs procured from open market:** Scope of work finalized, ready to take of
* **Availability of SPs:** PMI is procuring to close the gap. Arrives soon. PMI Quality assuranceneeds to be undertaken, usually takes a month. Local SPs: contract has been awarded
1. **Site visit to Brong Ahafo Region**
* **Epidemiology in Kintampo district:** Malaria is still the no1 of OPD attendance (37% in 2016) and admission (39%) and the second cause of mortality (11%). The DHD data indicate a reducing trend for malaria cases (OPD, 2013: 71,105, 2016: 48717 = 31% reduction) while malaria related admissions increased during the same time from 3,065 to 3,731.
* **IPT**3 coverage improved to 59% (national average 46% in 2017 but regional ANC coverage but regional ANC coverage = 74%. 2017 BA half year report, two third of the districts had ANC coverage rates of less than 80%. Some facilities have not yet been registered with DHIMS, so that the actual ANC and possibly IPT3 coverage should be higher. No uniform approach to start of IPT3, mostly with quickening, partly only when quickening is felt, independently of the week of pregnancy. G6PD test done as a standard and result determines IPT or not. Strong intraregional variation of ANC start: Sunyani Municipal: most come between the 20th and 30th week, Kintampo Municipal much earlier. Recommendation to link up with FHD to encourage women to start ANC in the first trimester. NGO allegations that some nurses sell the SPs to their clients.
* **Malaria testing:** 93% testing rate in 2017 among all malaria suspects (national average 89%). Gap was explained by inadequate reporting in K Municipal hospital as all suspected cases are tested. K Municipal: still malaria test at first ANC. 36 weeks: test for all women
* **LLIN use: pregnant women:** available adequate quantities, ANC staff follows up on their use and provides general counselling and individual counselling if women do not sleep under LLIN. **Hospitals:** allegations by NGOs that admitted clients are at risk of malaria because of the lack of bednets. Regional Hospital: bednets only provided at the children’s ward. In other wards some clients bring their own bednet.
* **Commodities** have been consistently available, also due to comprehensive LMD covering almost 500 facilities on a monthly basis, but NGOs report stock out of SP in some facilities. Kintampo Municipal: ACTs procured from open market in pharmacy.
* **NMCP recruited NGOs** are registered with the RHD and can count on RHD support if necessary. Volunteers receive 40 GHC monthly. NGOs experience a several month delay between the submission of report and next disbursement. Last disbursement came two months late considering the project phase. Consider as one of the NGO responsibilities promotion of early ANC attendance. NGOs report inadequate conduct of health staff towards particularly towards young/teenage pregnant women. NGOs recommend to involve men to ensure that women attend ANC early and regularly
* **Microscopes / Reagents:** Statement from Head of Lab at the regional hospital that many microscopes in the region are in a really bad shape. He also stated that there a big quality differences of reagents for malaria diagnosis on the market. Desired to get a list from NMCP with recommended reagents to avoid unnecessary expenditures for low quality reagents and to ensure quality malaria diagnosis
1. **Financial Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Absorption rate** | Absorption rate: 85% DB vs 93% in financial overview: which one is correct? Since April significant overachievement on vector control (3700% to 7800%)74% cum for health info systems and M&E | 93% correct, DB will be correctedLLINs procured |
| **PSM data** | Commitments in the last quarter of the grant???Expenditures on pharma budget = 155%?  |  |

1. **Management Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Availability of commodities****As stock E/1 stock report**  | If only one age band available, will this distort MoS? (particularly AL in AR)ACTs about to expire at IHS ER entirely stocked outUWR overstockedSP: stocked out in E/R, probably by now also in A/R and possibly BARRDTs stocked out in UWR, by now also in E/R and GARInjection: CR and UWR stocked out, soon also NRRedistribute overstock in UER, UWR, VR, WR to avoid expiries | Yes, needs to be carefully reviewed to ensure that total stock is sufficient for the periodScheduled delivery has recently taken place, shortages should be resolved |

1. **Programmatic Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation**  | **Answer / Decision**  |
| **% parasitological test** | 109% = 87% of suspected cases tested |  |
| **Coverage LLIN** | 74% of pop at risk covered = 100%. = mass distribution.  |  |
| **# LLIN mass + continuous** | 159% (target 1.8m, 2.9m achieved) |  |
| **% 3+ doses of IPTp** | 43% coverage (= 69% achievement rate), drop from Q3 (46%). Tally book introduced in Q3 to facilitate counting. |  |
| **% targeted risk group with ITN** | 113% (77% target, 87% achieved) |  |
| **% ACTs among confirmed cases** | 100% coverage, 100% achievement. But report on treatment using SPs and monotherapies??? |  |

1. **Recommendations:**
* Liaise with FHD to discuss possibilities of a mass campaign or other intervention to better promote early start of ANC
* Liaise with FHD or GHS to address allegations of disrespectful treatment of pregnant teenage / young women at SDP
* Review WHO recommendation for start of IPT “as early as possible in the second trimester” = 14th week
* Review possibilities to provide hospitals with LLINs for admitted clients
* Provide list of recommended reagents to labs
* Address situation of malfunctioning microscopes
* Revise disbursement practices to ensure consistent NGO services
* Address stock related recommendations
1. **Closing**

The meeting came to a close at about 10:10 am.