

# MINUTES OF MALARIA / RSSH DASH BOARDS REVIEW MEETING

November 22nd, 2018 at the CCM Secretariat

## Attendance:

Name	Organization	Sector
Annekatrin El Oumrany	CCM Secretariat	CCM
Benjamin Cheabu	CCM Secretariat	CCM
Jonas Raphael Manu	AGAMal	PR / Private Sector
Bright Atiase	AGAMal	PR / Private Sector
Joel Balbaare	NMCP	PR / Government
Patricia Bentil	NMCP	PR / Government
Ben Bempah	PPME	PR / Government
George Asamoah	PPME	PR / Government
Mahmood Bill	Muslim Mission, Ghana	FBO
Isaac Alfred Tsiboe	Stop TB Partnership	NGO

## Absence:

No.	Name	Organization	Sector	Reason
1	Jerry Amoah Larbi	TBVN	PLWD	Excused
2	Sixte Zigirumugabe	USAID/PMI	OC / Bilateral	Excused
3	Laud Baddoo	JSI Deliver	OC / Co-opted member	
4	Dr. James Duah	CHAG	OC / co-opted member	
5	Dan Epeh	GAC	OC / Co-opted member	
6	Dr. Felicia Owusu-Antwi	WHO	OC / Co-opted member	
7	Joyce Larko Steiner	Christian Council	FBO	Excused

## 1. Opening:

The meeting started at about 09:45.

### a) Conflict of Interest

The CCM Program Officer asked the OC members if anyone expects conflict of interest in relation to the agenda and reminded them that if such a situation should emerge later onwards, the OC member concerned should speak up. Neither one was the case.

### b) Overview on RMU/PMU

The overview on the structure and functioning of the RMU/PMU was again cancelled by the RMU due to their non-availability.

**c) OIG Findings**

The OC members were informed about the OIG audit of Ghana grants including the new OIG approach and main findings related to malaria, HSS and other cross cutting issues. The OIG report will take more time to be finalized.

**d) Other**

The CCM Program Officer informed the OC members about the accounting guideline that orders cannot only be placed if the amount is available in the budget in the month of the order. This means for the OC that the **analysis of the burn rate** must always include the commitments. The program officer also informed the OC about the most recent **performance ratings** (Malaria/HSS: B1, AGAMal: none due to non-availability of the result in the PU).

**2. AGA Mal**

**a) Follow up:** None

**b) Financial Indicators:**

Indicator	Observation	Answer / Decision
<b>Absorption rate</b>	Cum. 108 % Q3 373%	Overspending due to a) delayed IRS start and extension of activities and expenditures to Q3 b) End of service benefits usually paid in Dec. Paid this time in Q3 after end of spraying in Aug.
<b>Disaggregated absorption rate by grant objective</b>		Non health equipment: Last year request for new vehicles to replace accident cars – approved by GF. Purchased but not in budget, some paid through insurance claims. Add. 6 vehicles purchased to avoid the more costly rental (approved by GF)
<b>PSM</b>	Commitments 105,000 USD	Additional quantities of insecticide borrowed from PMI (6000 bottles) due to larger demand for IRS than projected, likely to be related to better acceptance of SumiShield

**c) Management Indicators:**

Indicator	Observation	Answer / Decision
<b>Availability of commodities</b>	What is Fudora Fusion?	New insecticide anticipated to be available next year

d) **Programmatic Indicators:**

<b>Indicator</b>	<b>Observation</b>	<b>Answer / Decision</b>
<b>IRS districts</b>	People protected: 85% Structured covered: 92%  Obuasi 59%.	IRS finalized and reported in Q2
<b>IRS prisons</b>	People protected: 104% Structured covered: 108%	Includes prisons barracks and officers' residences  More people protected and structures covered than planned. Prison population keeps changing. Officers' residence household members not counted in technical analysis that formed the basis of this indicator.  Highly cooperative officers, no challenges in terms of mobilization, interventions killed at the same time the bed bugs and cockroaches  Are in the process of making a documentation / video on IRS in prisons to showcase the AGAMal work.  No malaria morbidity data in prisons. AGAMal has initiated data collection in partnership with NMCP. Often no RDTs available
<b>Staff trained</b>	100%	
<b>Sentinel sites</b>	100%	
<b>SBCC materials</b>	88%	
<b>SBCC people reached</b>	93%	
<b>SBCC activities</b>	100%	
<b>SBCC staff trained</b>	100%	

e) **Challenges expected within the next six months:** None

f) **Recommendations:** AGAMal to encourage prison infirmaries to apply for NHIS accreditation in order to be able to procure commodities from the RMS for testing and treatment of uncomplicated malaria and possibly other health issues.

### 3. NMCP

#### a) Follow up:

- **Follow up recommendations**
  - a. Status quo of ACTs deleted from NHIA list (AL 20/120mg tablets, 12s and 18s; AA 270/100mg tablets, 3s; AA 270/100mg tablets, 6s; Artesunate 100mg Suppository; Artesunate 120mg injection: *no feedback yet from NHIS, NMCP will continue to follow up*
  - b. Communication to facilities on how to avoid/reduce side effects from SP: *MiP working group meeting: issue raised. Currently FHD trainings ongoing for midwives incorporating respective recommendations. NMCP will include issue in mass media communications to be rolled out soon.*
  - c. Recommended to midwives to improve the documentation on IPTp given to pregnant women, and also reason why pregnant women do not start IPTp: = *MiP working group topic*
  - d. Progress: LLINs at admission wards in hospitals: *NMCP carried out a survey on this topic and found that hospitals declared a need of LLINs. Currently lack of LLINs, awaiting Q1 delivery*
  - e. Follow up on OC concern that some HF in GAR do not systematically distribute LLIN to pregnant women: *Facilities concerned didn't have nets. LLIN sent to those facilities.*
- **Use of findings from Chemonics survey on ACTs procured from open market:** *discussed in ACT management meeting. Most private procurement found to be in line with GHS regulations*
- **Site visit outcomes to SSDM. Report read? Helpful? Helpful but still delays persist that are not communicated by SSDM**
- **Status quo of initiated procurement of Wellington boots/rain coats for SMC (did not get them, activity finished), ads for media engagement (this week's meeting to select the agency to run the campaign), and reporting tools (no update)**

#### b) Financial Indicators:

Indicator	Observation	Answer / Decision
<b>Absorption rate</b>	32% cum (budget: 36.6m vs expenditure: 11.4m)  10.2m PSM commitments, would bring up burn rate to 59%  Total of 15m not spent or committed	Mass distribution still ongoing in Sep, will affect Q4, radio+TV adverts and other procurement issues contracts not yet awarded  ACTs need reduced, half year review meeting did not take place, quantification meeting next week, PPM orders will be placed afterwards  Private sector co-payments
<b>Disaggregated absorption rate by grant objective</b>	Vector control. 70% of budget= 29% burn rate	Waiting for final invoice from GF for tranches received between Aug and Oct
<b>PSM</b>	Cum. Budget for PPM: 15,3m  Dashboard shows total commit. = 10.2m >> 5.1m gap  Which commitments? Arrival?	Most ACTs arrive 2019  See above  Orders will be placed in Q4

c) **Commitment, Management, and Compliance Indicators:**

<b>Indicator</b>	<b>Observation</b>	<b>Answer / Decision</b>
<b>Management</b>	Sites with stock outs: 3/7 cannot be correct. Should be 3/10 or 3/14	noted
<b>Availability of commodities</b>	<p>Most RMS stocked out on ACTs or very lock stocks.</p> <p>RDTs: low stock levels after scheduled delivery in CR+NR 1.3 MoS, UER 0.9. 3 MoS at central level, when is the next shipment?</p> <p>SP: low stock levels after scheduled delivery in BAR 1.2 MoS, VR 0.9 MoS</p>	<p>Stock received from PMI and GF, distribution this week, 2 tranches from PMI still outstanding</p> <p>PMI delivery, UER did not request CR did not request NR did not request</p> <p>BA did not request VR: has received, was not noted in stock report</p>

d) **Programmatic Indicators:**

<b>Indicator</b>	<b>Observation</b>	<b>Answer / Decision</b>
<b>% parasitological test (all)</b>	<p>104 %</p> <p>Low performing regions: NR 81.3% and AR 83.4% compared to nat. 90.7</p> <p>Private: AR, NR, VR: &lt;81%</p>	Low performing regions, noted, will be taken up by RHDs (for all indicators concerned)
<b>% parasitological test (CHPS)</b>	103%	
<b>% ACTs among confirmed (all)</b>	<p>97%</p> <p>Low performing regions: NR 76.4%, BAR: 80.5, UER: 82.1% vs. nat. 91.6 (vs. 96.7 in quarterly results)</p>	
<b>% ACTs among confirmed, CHPS</b>	<p>94% (vs. 92% in quarterly results)</p> <p>Low performing regions: NR 70%, BAR 84%)</p> <p>Private: NR 29%, average 81%</p>	
<b>% targeted risk group with LLIN</b>	<p>79%</p> <p>Low performing region: GAR: Preg. Women: GAR 49%, CR</p>	<p>LLINs reserved for mass distribution. LLINs short, esp. in GAR, for facility based distribution</p> <p>Will pick up with better availability</p>

Indicator	Observation	Answer / Decision
	72% vs. nat'l 82%, U5: GAR 34% vs nat'l 79%	
# LLIN mass	302% UER, BAR Result = 5.7m LLIN but UER + BAR = 2.2m?	
% IPTp3	92% = 47% coverage AR 37% Best performing regions: UER/UWR 60-61%	
% SMC	104% (99% coverage)	

- e) **Other:** New NGOs contracted. Split, some with WAPCAS, some under NMCP, funds will be disbursed this year
- f) **Challenges expected:** Procurement through SSDM
- g) **Recommendations:**
- NMCP to follow up with regions with very low stock levels, esp. those that did not place an order
  - NMCP to enhance collaboration with lower performing regions
  - CCM to follow up with SSDM on delayed procurement processed
  - SSDM to provide updates to programs on status quo of procurement processes

#### 4. PPME

a) **Follow up:**

- **Improvement of implementation with appointment of program manager:** *PM has not received appointment letter, therefore no major changes. Internal implementation arrangements clarified*
- **Replacement of M&E Officer:** *no progress. Discussion with Dir PPME, shall be brought up to the CCM. Understanding that M&E Officer is appointed by DG, shall support the PPMED. Other PSU positions (PSCM Officer, IT Officer) not filled either.*
- **Challenges with data capturing on DHIMS and retrieval as experienced during site visits:** *CCM will provide more info on gaps for PPME to follow up.*

b) **Financial Indicators:**

Indicator	Observation	Answer / Decision
Absorption rate	Cum. 6% (budget: 8.9m, expenditure 531,068)	The financial situation could not be clarified during the meeting. CCM will follow up for better overview by CCM meeting

Indicator	Observation	Answer / Decision
<b>Disaggregated absorption rate by grant objective</b>	Cumulative: PSCM: 5% (81% of budget) HMIS/M&E: 13% (10% of budget) Program mgmt: 4% (9% of budget)	GF requested new prog mgnt budget. Budget not yet approved, PSU salaries included but only for PSU Mgr paid  HMIS: Most activities have started in Q4

c) **Commitment, Management, and Compliance Indicators:** no observations

d) **Programmatic Indicators:**

Indicator	Observation	Answer / Decision
<b>% DHIMS reporting, public only</b>	96 %. Finding of OIG that many CHPS do not report on either of ATM	Data validation mandatory before submission to DHIMS is possible. All cells need to be filled, so nothing can be overlooked
<b>% RMS with essential comm.</b>	Still no data?	Clearance needed from procurement unit and programs, tied to LMIS operationalization. PPME will inform the CCM if RMS have started to order the commodities
<b>% regions with integrated M&amp;E</b>	50%	Issue of funding: initially GAVI and DFID funded, currently not in their budget. Integrated M&E goes beyond ATM. Linked to biannual performance reviews. GF is currently not funding these visits
<b>% facilities using e-tracker TB</b>	52% <u>offline</u> version	No progress – activities put on hold due to OIG review. Approval now given, commitments made. Offline comes at a huge cost, capacity building necessary
<b>% facilities using e-tracker HIV</b>	88% <u>online</u> version	Shall be accomplished within Q4. No funds for offline version in the budget
<b>ANC</b>	91%	
<b>% skilled deliveries</b>	85%	
<b>% staff with complete iHRIS</b>	170%	PPME will prepare presentation for OC members on content of iHRIS as a HR decision making tool

e) **Expected challenges within next six months:** Appointment of key officers for implementation

**f) Recommendations:**

- PPME to provide CCM with more detailed information about commitments and anticipated expenditures
- CCM to follow up on the financial management implementation with LFA, World Bank report was not received by PPME
- CCM to get information on HR situation in PSU and way forward to M&E officer at PPME

**5. Closing**

The meeting came to a close at about 2:50pm.