**MINUTES OF MALARIA DASH BOARDS REVIEW MEETING**

**November 24th, 2015 at NMCP**

**Attendance:**

|  |  |  |  |
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| **No.** | **Name** | **Organization** | **Sector** |
|  | Annekatrin El Oumrany | CCM Secretariat | CCM |
|  | Joel Balbaare | NMCP | PR / Government |
|  | Samuel Oppong | NMCP | PR / Government |
|  | Daniel Osei | Ghana Health Services | OC / Government |
|  | Samuel Dodoo | Media Response – Stop TB | OC / NGO |
|  | Laud Baddoo | JSI Deliver | OC / Co-opted member |
|  | Jonathan Tetteh-Kwao | NAP+ | OC / PLWD |
|  | Dr. Philip Ricks | USAID/CDC | OC / Bilateral |

**Absence:**

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| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
|  | Osei Oteng-Asante | MOFEP | Government |  |
|  | Dr. Sebastian Ngmenenso Sandaare | District Health Director | PLWD |  |
|  | Maurice Ocquaye | Consultant | Co-opted member |  |
|  | Dr. Felicia Owusu-Antwi | WHO | Multilateral | JUTA retreat |

1. **Opening:**

The meeting started at about 10am. The first 45 min were reserved for internal discussions among the members of the oversight committee. The following topics were presented / discussed:

1. **Conflict of Interest**

Jonathan Tetteh declared that he is working Dream Weaver Organization who is an implementing partner of NMCP. He was aware that he might have to withdraw from certain discussions and decisions, which however was not necessary.

1. **Election of the Malaria Oversight Committee Chair**

Since the quorum was again not achieved, the malaria oversight committee continues the meeting without electing a chair.

1. **Implementation through Partnership / Tightened oversight / PR dashboard**

Annekatrin El Oumrany informed the Malaria OC about the Implementation through Partnership initiative and updated them about the results from the first tightened oversight meeting with NMCP as well as the discussions led in the ITP workshop that took place in Accra on 18th November. Furthermore, she presented the PR dashboard and gave an update on its implementation. Due to time constraints, it will not be possible to make the PR dashboard available for the next dashboard reporting cycle (Oct-Dec). See the attached PPT presentation for more information

1. **AOB**

Annekatrin El Oumrany asked the OC members present if they need additional capacity building in order to fulfill their role in the OC. Samuel Doodoo requested for more information on the basics of malaria control. Philip Ricks promised to make a link available that explains the various activities. Furthermore, Annekatrin asked for suggestions to improve the functioning of the OC. OC members thought that the current way is satisfactory.

She also explained to OC members that the CCM risks to largely exceed its budget if the number of participants in CCM meetings is not reduced. Only those members of the OC are required to attend in the CCM meeting who hold a presentation on the OC meeting and those who are substantive members. Those who are alternate members may step in if the respective substantive member is not available for the meeting. Substantive as well as alternate members are responsible for informing their constituency. For this reason, it should not be necessary to have observers from the same constituency in the CCM meeting.

1. **AGA MAL Dash Board:**

Since AGA Mal did not have any IRS activities in the July-September reporting period, it was agreed that they would not have to attend the OC meeting. AGA Mal was however on standby to answer questions on financial and management indicators.

1. **Financial Management Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **F1/2** | Higher expenditures than budget | Burning carry over 4.4m USD  Expenditures of 5m: insecticide ordered |
| **F3** | Expenditures of 800,000 | Primarily for HR |
| **F4** |  |  |

1. **Management Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **M5** | High budget of 37,000  4000 spent | Budgeted for replacement of pumps, purchase was not necessary due to sufficient quantities. Next quarter, spare parts for the pumps will be purchased. |

1. **Recommendations:** none
2. **NMCP Dash Board**
3. **Financial Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **F1/2** | Low expenditures under HSS  Vector control  Case mgmt. saving of 3m USD  SPI  Program management | Supply master plan not started + research to be postponed to 2016 – Plan for development of supply master plan handed in to GF/Boniface  Mass campaign has started now in CR this, ASH in next two weeks, UE before E12 in collaboration with Vectorworks. Northern region not covered, unspent amount of 6m USD due IEC (900,000 USD) and point distribution compared to previous door to door distribution. Currently discussion on impact of IEC activities with GF. No mass distribution in UW – WHO recommendation of either IRS or LLIN but not both  In 2016: another 4.4m to be saved from communications and case management and procurement (artesunate injection was donated from China)  Trainings in the regions, for which the regions have received the funds in Oct. Delay in disbursement due to delayed finalization of SOPs for disbursements to regions and districts. Trainings to be carried out by E12.  SMC completed. 80% coverage compared to projected population, however this is an estimation based on the census. Coverage of almost 100% among registered children.  Only 25% of the budget spent: explained by supply chain master plan for which nothing was spent yet (1.5m) |
| **F3** |  | PR dashboard: PR expenditures: what is the budget available |

1. **Management Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **M3** |  | **61 NGOs contracted, focus areas: MiP and children under 5:**   * Total # IEC activities (mix of activities, durbars, radio, door to door) * Total # people reached * # pregnant women identified |
| **M5** |  | Quantification review for malaria commodities in Feb 2015. This review may come too late. Should be carried out simultaneously with decision on expansion of IRS to Upper East. |
| **M6** | Report Laud / JSI Deliver  Report Laud / JSI Deliver | ACTs and severe malaria very good stock. Stock out of SPs around 30%. Expected much higher considering the previously already low stocks. Assumption that health facilities bought SPs on the market using their budget.  Rectal artesunate stock out in RMS. Has not yet arrived in the facilities. Delivery in Feb.  RDTs: challenge with distribution. Delivery from Guinea is still in warehouse. It was suggested to add RDTs to the scheduled deliveries that were supposed to be sent out about two weeks ago. However, lots of changes in the orders (errors, adjustments) that delayed the deliveries. PR: has not yet heard about stock outs of RDTs, facilities still seem to have stock.  LMIS system available for consumption data. EWS 30% reporting rate |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Pr1** | Indicator is ambiguous | With increase of testing, lower rate of evidenced based ACT prescription. Target of 80% does not hold anymore. Currently discussions with GF to review this indicator and target. |
| **Pr2** | IPT: Positive trend over the past quarters (increase from 39% to 51% since January) |  |
| **Pr3** | LLIN mass campaigns: No achievement | No mass campaigns, mass campaigns have started in Nov |
| **Pr4** | LLIN coverage: No achievement | No mass campaigns in Q3, measures success of each individual mass distribution campaign |
| **Pr5** |  |  |
| **Pr6** | LLIN routine distribution: No achievement | Results due in E12 |
| **Pr7** | Children <5 receiving ACTs at community level: 55% achievement | Increasing trend that parents take their children directly to a healthcare facility. Indicator are currently discussed with GF. NMCP proposes to replace it by “% children <5 tested in CHPS” |
| **Pr8** |  |  |

1. **Recommendations**

CCM: Explain concepts of burn rate and what it means during the CCM meeting.

1. **Closing**

The meeting came to a close at about 13:30.