**MINUTES OF MALARIA DASH BOARDS REVIEW MEETING**

**August 24th, 2017at the CCM Secretariat**

**Attendance:**

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| **No.** | **Name** | **Organization** | **Sector** |
|  | Jonas Raphael Manu | AGAMal | PR / Private Sector |
|  | Bright Atiase | AGAMal | PR / Private Sector |
|  | Joel Balbaare | NMCP | PR / Government |
|  | Dr. Akusua Gyasi | NMCP | PR / Government |
|  | Samuel Dodoo | Media Response – Stop TB | OC / NGO |
|  | Dr. Naa Ashiley Vanderpuye | Stop TB Partnership | KAP (TB) / NGO |
|  | Dan Epeh | GAC | OC / Co-opted member |
|  | Laud Baddoo | GHSCP – PSM Project | OC / Co-opted member |

**Absence:**

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| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
| 1 | Annekatrin El Oumrany | CCM Secretariat |  | Leave |
| 2 | Sixte Zigirumugabe | USAID/PMI | OC / Bilateral | Leave |
| 3 | Dr. Felicia Owusu-Antwi | WHO | OC / Co-opted member |  |
| 4 | Dr. Sebastian Sandaare | District Health Directorate | OC / PLWD |  |

1. **Opening:**

The meeting started at 10 am with a prayer by Dr. Naa Ashiley Vanderpuje. It was chaired by Samuel Dodoo.

1. **Conflict of interest**

Mr. Dodoo 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 – NMCP NGOs funding -** Complaints about delays in funding NGOs by NMCP was reported by Samuel Dodoo.
2. **Malaria and RSSH funding request (Feedback from Technical Review Panel).** NMCP said they had made a successful submission and there were no challenges.
3. **AGA Mal**
4. **Follow up:** Progress on Spraying:

**Upper West** - Spraying has delayed in Wa West as a result of these challenges:-

* According to AGAMAL, an alleged contamination was reported by a Shea nut buying Company in Wa West. A committee was formed comprising FDA, EPA, EOCO and key stakeholders to investigate the claim. Reports revealed that AGAMAL chemical was not responsible for the contamination.
* AGAMAL has pulled out of twenty-one (21) communities within the Wa Municipality following a written request by community leaders. AGAMAL could not say whether the request was related to the alleged contamination of foodstuffs. However it was revealed that many farmers in Wa West were engaged in organic farming and did not want any chemical near their crops.
* AGAMAL has adopted a series of strategies including extreme care in the selection of types of rooms to spray in order to avoid contact with food stuffs. Also organic producers have been provided with stickers to post on structures containing organic produce.
* OC recommended that an alternative intervention be implemented in the 21 districts where AGAMAL has withdrawn spraying services. ITN intensification was proposed. Laud mentioned that Upper West was currently not part of mass net distribution. AGAMAL reported that a report has already been sent to NMCP for alternative solutions.
* **Upper East -**Activities on course. Currently in the 3rd week of spraying within Kasena Nankana West & Bulsa North and South.
* **Resistance**- only in Obuasi. WHO approved insecticide. Actellic 300Cs currently in use.

**Issues Related To Grant Making**: -

* AGAMAL is currently working on the submission check list. Intends to submit the final document hopefully next day.
* Complicated nature of the new checklist template, extensive inclusions and short timelines placed extra workload on staff. A one-day workshop would have been useful.
* AGAMAL were not privy but issues of compliance were raised. It would have been much better if all these came before the concept note.
* Some aspects of the requirements did not apply to AGAMAL but mandatory.
* PR Specific templates preferred.
* Need to customize the dashboard as well and make them PR-specific. (i.e. Should be PR Specific within programmes. E.g. AGAMAL & NMCP)

1. **Financial Indicators:**

**What percentage of your budget has been spent?**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | 74% | Expenditure pattern. Major driving factor. Insecticide, HR, highest expenditures not being paid for. Insecticides were not paid for Q2. Insecticide received in Q2 but payment made in Q3.  Delay in clearing insecticide due to new directives at the ports by the government to pay taxes upfront delayed start of spraying season. Global Fund does not pay taxes. That delayed clearing. The end also pushed into July so most of the cost expected in June spilled to July. |

1. **Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Key position vacant** | One vacancy | Sylvester, Programme Director resigned effective 1st March. Ofosu-Kwabi, HoF Acting. Advert placed in April but needed Board Approval. Presented to the Board. Greenlight given to advertize.  Unfortunately they couldn’t find a suitable candidate from those who applied.  Feedback given to Board. Greenlight given to re-advertize the position. This was done in July so interview conducted last two weeks. But not privy to outcomes. |
| **Availability of commodities** | Adequate commodities in stock. | Commodities procured ahead of time.  Dashboard need to be reviewed to reflect actual position since the spraying is seasonal and what is left after the quarter is a buffer. |
| **Supervisory visits past due** | All communities visited. | Visits at two levels – regional level and Head Office level. Every Head of Department has been out there at least twice. Issues dealt with. Safety manager has been on the trip. Data Audit – environmental etc. to take place soon. Internal Audit conducted. Also another auditor conducting follow-ups to ensure that safety standards are not compromised. Currently ongoing. Due to pull out over a number of years, a lot of ground work has to be done. Community engagement is ongoing. |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **IRS population** | 85% population coverage.  21 communities taken off from WA West District.  *3 extra districts added in UE as a result of ENGIN subsidy. Original plan was for 10 communities. But because of ENGIN IRS subsidy required extension to other districts.* | Obuasi having challenge in terms of population as a result of shut down of mines. More than half of workers laid off due to redevelopment and redesign of mine using technology rather than humans.  As a result of alleged contamination issues. Extrapolations done. The structures pulled out from are compensated for in other districts. More than 100 percent of structures sprayed. This is possible as a result of new structures springing up within the districts daily.  Savings not significant.  Organic producers asked to post stickers to avoid IRS. Within a specific compound, there may be various structures for different purposes. In this case they are advised to paste the stickers on the structures which may contain stuff that they do not want the chemical to come into contact with.  Contamination Issue – all stakeholders met in Wa to substantiate claim. Committee formed. AGAMAL not culpable. Alleged active chemical in contaminants available in insecticides on the open market.  Chemical found in control districts.  NGen *IRS outputs not reported as part of GF Dashboard figures (subsidy on insecticide) Subsidy of $9/bottle on each bottle. Condition for subsidy is to extend IRS coverage. Yes. Both are not reported. This could therefore be off the records. But was deliberately placed in for information purposes only.* |
| **IRS structures** | 93% structures overall. | Obuasi structures = 103% but less population (65%) due to mine closure and migration of former mining staff. Need to redefine targets for Obuasi subsequently. |
| **Staff trained on IRS** | Target: 797. Achieved 776 recruited. | Two levels – full training (10) and refresher (5 day) |
| **Sentinel sites** | 3 sentinel sites in Obuasi only. | Initially in every district of operation. Since GHS was doing similar data collection. We decommissioned to use GHS data. |

1. **Challenges anticipated within the next six months:**

* Complex nature of funding documentation Complicated nature of the new checklist template, extensive inclusions and short timelines placed extra workload on staff.
* Dashboard does not reflect PR-specific circumstances - some definitions does not reflect the picture. Dashboard need to be reviewed to reflect actual position since the spraying is seasonal and what is left after the quarter is considered as a buffer.
* Macros on the dashboard make the files easily corrupt. Needs to be reorganized.
* Resistance issues springing up in Obuasi worsened last year.

1. **Recommendations:**

* Dashboard should be customized to ensure that issues that do not apply are taken out.
* Intensity Anglogold-supported Larviciding initiative which is very relevant due to the galamsey pits. Biological chemical are in use and therefore pose no environmental challenges.Training ended July currently in the 2nd week.

1. **NMCP**

**News from the Field:**

1. **Follow up:**

**Overview NGO results, outcomes from assessment E/03:**

* NGO assessment finished. Funds to be released by close of this week. Memos completed contracts signed. (Now to December) 33 NGOs to be funded.
* Funds for each NGO increased to GHC25,200.00 up to December 2017.
* No increase in districts but expansion in communities
* Anticipated output – more communities to be visited. More IEC activities. Numbers reached must increase.
* Financial and programmatic reporting by NGOs has improved.
* **Uncovered Districts –** the issue will be revisited during the next phase of funding.
* Funding NGOs under one umbrella(CSO) worth considering.
* **Issues related to stock situation: Mr. Frimpong (Via Phone)**
  + Stock from USAID which has OCT 17 as expiry dates – permission sought to distribute to private sector.
  + USAID has agreed, private medical practitioners have agreed. Waiting to get their list of members and quantity requested to be sent to GHS warehouse where the commodities are sought.
  + Working on requisition from the regions for September distribution. Stocks will be taken from all regions to supply. Regional requisitions based on established systems and projections.
  + AA and AL more than one year stock. Based on June ending stock report. Included products. As at the time of holding this meeting, the situation was expected to have changed as considerable distribution has taken place.
  + Programme indicators are more than 100% and yet you are overstocked. Did we have problem in setting targets?NMCP: - No. it seems the preventive methods have reduced demand. Number of malaria cases reduced due to interventions. Meanwhile stocks are placed way ahead of time.
  + Is it necessary to look at our quantification again?NMCP: Yes. The situation could also be attributed to some facility managers who choose to buy from the open market rather than requesting for GF commodities. Reasons attributed to this practice include possible self-interest and also more importantly price mark-up imposed by government on GF commodities.
  + Is there a reason why we’re not tracking the Test Kits? They are not on the Dashboard. NMCP: We were asked for specific drugs.
  + OC requested that RDT and LLINs should appear in the Dashboard.
  + 2nd tranche SPs:NMCP:-Request made to the Ministry but not sure of when it will be procured or delivered. That was not mentioned.
  + **Prison Infirmary Commodities Supply**: **-** Mr.Frimpong (Via phone) – yet to find out current status from Prisons. No request from Prisons. Current supply chain not clear. No documented mechanisms in place for distribution in prisons. District Hospital should be responsible for Prisons.

*(Excepts from email message received from Anne-Marie Godwyll at 5:40pm on 24/8/17)*  ***“****From the information gathered by the Ghana Prisons HIV Programme Manager, most of the Prisons solicit for their own malaria commodities and refer sick clients for further treatment at the government health facilities”.*

* **Any (anticipated) issues regarding grant making:**
* Co-payment (government counterpart funding) still outstanding.
* 2.5 million Reprogramming:-Whether any reprogrammed resources have been cleared. $42m to be spent by December.
* Oversupply of commodities likely to thwart ability to meet burn rate? NMCP explained that this was not likely because SMC for UE/UW outstanding, case management training in all ten regions will absorb excess funds.
* Why SMC when IRS is so pervasive in UE/UW. Why are you overlaying that with Chemoprophylaxis? NMCP responded that this was so because SMC was limited to a specific age (children under 5) so they still need that complimentary control measures.

1. **Financial Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Absorption rate** | Disbursement: 81%, Absorption rate: 72%  Not burning at P10. Danger of losing money. Excess of $20m may remain unspent. | Monitoring and supervision, Training – On-site training and supportive supervision expect to burn available funds. |
| **Disaggregated absorption rate by grant objective** | Case management outstanding expenses  Why SMC when IRS is so pervasive in UE/UW. Why are you overlaying that with Chemoprophylaxis? | Chunk of money goes into procurement which will be happening in the 3rd Qtr. SMC = $3, 3m Nets = $12, ACTs, RDTs, PSM, Training, Freight, Insurance cost etc.  This was so because SMC was limited to a specific age (children under 5) so they still need that complimentary control measures. |
| **PSM data** | 22m commitment for products? | Procurement ongoing |

1. **Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Availability of commodities**  **As stock E/XX stock report** | No stock outs. Not consistent with Burn Rate.  Several stocks nearing expiration.  Central level Mar to Apr: 16 MoS of AL 20/120mg 12's and 39 MoS of AA 100/270 (6-13yr) disappeared without showing at RMS level  AA 50/135 oversupply at UER/UWR (14+ MoS)  Artesunate injection 49 MOS in UWR  SP arrived in Feb, why did UWR receive such a big quantity (24 MoS)  RDTs: uneven distribution: WR receives <3 MoS while VR >6 MoS but had much more stock initially  Info that facilities don’t have storage space but several RMS issue out several MoS at once (e.g. CR 7.4 MoS RDT, now being entirely stocked out)  Alleged risk of expiries because facilities buy on the open market. Drug may expire at the level of facilities. | Most commodities are scheduled to be procured in Q3.  Expiring drugs to be distributed through private sector facilities. They have been contacted to bring their requests.  Remove price mark-up to increase uptake of ACTs. Fees charged on GF drugs by facilities hampering uptake of GF commodities and promoting procurement from open market.  If not pushed on them, then it will be on their request.  Huge challenge. Redistribution proposed. This was as a result of donation from Chinese Government. Also low requisition due to procurement on open market by facilities.  Over-request by regions which was based on trends. However intensified interventions resulted in reduced cases leading to low uptake of commodities Redistribution planned through private sector institutions. |
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1. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **% estimated cases with ACTs** | 102% |  |
| **% parasitological test** | 107% achieved. | Due to advocacy, more suspected cases are being tested. Test Before Treatment campaign ongoing. |
| **Coverage LLIN** | 100% achieved |  |
| **# LLIN mass + continuous** |  |  |
| **% 3+ doses of IPTp** | 65% commendable | Project champion activity with specific people going to specific facilities to advocate for adherence of the P3 Policy. |
| **% targeted risk group with ITN** | 100% |  |
| **% ACTs among confirmed cases** |  | Private sector facilities – Captured in the DHIMS as well. |

1. **Challenges anticipated within the next six months:**

None.

1. **Recommendations:**.

* Need for NMCP to improve burn rate. Batch request proposed to ensure that when authorities travel it will not affect disbursement.
* Remove price mark-up on ACTs to promote uptake.
* PPME should collaborate with CSO to determine management of CSO component of RSSH funds.
* NMCP should consider funding NGOs through the Malaria Coalition.
* NMCP to provide longer term contract for NGOs (at least 1 year duration).
* Mechanisms for supply of commodities to Prison infirmaries should be handled at higher level, i.e. D-G, GHS and Prisons High Command to put in place agreed mechanisms and communicate same along the supply chain.

1. **Closing**

The meeting came to a close at about 1:30pm.