**MINUTES OF MALARIA DASH BOARDS REVIEW MEETING**

**August 26th, 2015 at the CCM Secretariat**

**Attendance:**

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| **No.** | **Name** | **Organization** | **Sector** |
| 1 | Annekatrin El Oumrany | CCM Secretariat | CCM |
| 2 | Ignatuis Williams | Anglogold Malaria Ltd | PR / Private Sector |
| 3 | Jonas Raphael Manu | Anglogold Malaria Ltd | PR / Private Sector |
| 4 | Wahjib Mohamed | NMCP | PR / Government |
| 5 | Samuel Dodoo | Media Response – Stop TB | OC / NGO |
| 6 | Laud Baddoo | JSI Deliver | OC / Co-opted member |
| 7 | Jonathan Tetteh-Kwao | NAP+ | OC / PLWD |
| 8 | Dr. Philip Ricks | USAID/CDC | OC / Bilateral |

**Absence:**

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| **No.** | **Name** | **Organization** | **Sector** | **Reason** |
|  | Daniel Osei | Ghana Health Services | Government | MoH meeting |
|  | Osei Oteng-Asante | MOFEP | Government |  |
|  | Dr. Sebastian Ngmenenso Sandaare | District Health Director | PLWD | Conflicting professional requirements |
|  | Maurice Ocquaye | Consultant | Co-opted member | Leave |
|  | Dr. Felicia Owusu-Antwi | WHO | Multilateral | Personal emergency |

1. **Opening:**

The meeting started at about 9:50am and was not chaired by anyone. The first half hour was reserved for internal discussions among the members of the oversight committee. The topics included:

1. **Election of the Malaria Oversight Committee’s Chairperson**

According to the CCM Constitution, a quorum of 50% needs to be ensured. Considering that only four members of the oversight committee were present, the quorum could not be achieved and the Malaria Oversight Committee’s Chairperson could again not be elected.

1. **Conflict of interest declaration**

All present OC members handed in their signed declaration of conflict of interest. Philip Ricks pointed out additionally that he recently participated in a lunch for the Gates Foundation that was organized and financed by AGA Mal. Dr. Ricks share of the bill was approximately 130 Ghc. The other OC members could not recognize an immediate conflict of interest but decided to note this announcement in the minutes and to manage any potential conflict of interest once it arises.

1. **Information on the functioning of VPP/PPM, the Global Fund procurement mechanism**

Annekatrin El Oumrany informed the OC members about the functioning of PPM, the Global Fund Procurement Mechanism. Laud Baddoo added more detailed explanations whenever required. *See the annex with the detailed explanations about the functioning of VPP/PPM or the PPT presentation for a summary.*

1. **Information on the first site visit to Wa / Upper West region**

Annekatrin El Oumrany, Laud Baddoo, Dr. Felicia Owusu Antwi and Dr. Sebastian Sandaare went on a first site visit to the Upper West region from 22-25 July 2015. This site visit was initiated by the invitation of NMCP to participate in the first round of seasonal malaria chemoprophylaxis, however, the team took advantage of the opportunity to visit AGA Mal and the regional medical store as well. Annekatrin El Oumrany presented the main findings. *See the annex with the report on the site visit or the PPT presentation for summary.*

1. **Feedback from the field**

Jonathan Tetteh-Kwao Teye informed the OC members on a meeting of the Coalition of NGOs in Malaria that took place the 13th July 2015. He pointed out that while individual members have the required capacities, many are lacking. Challenges of the Coalition include the lack of a secretariat that would be necessary in order to better coordinate the activities of the Coalition and its members. The organization of a congress is highly desirable, but has not happened in the past. Furthermore, there are issues of transparency within the Coalition.

1. **Tightened oversight**

Annekatrin El Oumrany informed the OC members about the first steps regarding the tightened oversight with NMCP. During an initial meeting, the participants agreed on key performance indicators that could be reported on monthly and on the general way forward. NMCP is requested to fill a monthly reporting template that contains the key performance indicators as well as a narrative part on current/expected future challenges and opportunities using bullet points. Unfortunately, up to now NMCP failed to deliver the first monthly report claiming that the dashboard and its review can serve the same target. The tightened oversight committees present in this dashboard review meeting explained to Wahjib Mohamed the importance of a separate monthly report. Furthermore, it turned out during the oversight committee meeting that it has a different focus than the monthly oversight meeting. Due to the time needed for the dashboard review, it will not be possible to combine both reviews in the same meeting. NMCP was requested again to provide the monthly report.

1. **Functioning of the OC meetings**

For the first time, the OC dedicated 30 min to internal issues only. It was agreed by the oversight committee, that this should be continued, while the time shall be expanded to 45 min. Annekatrin El Oumrany explained to the PRs the idea of a specific time slot for each dashboard review, so that each PR would only have to be present for its own dashboard review. The PRs supported this idea. For more flexibility, it is preferable if the Malaria OC meetings take place at NMCP.

1. **AGA MAL Dash Board:**
2. **Financial Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **F1** | 144% burn rate | Due to 3.5m cash balance from previous grant. No more disbursements in 2015. Will procure insecticides in Dec. 2015 |
| **F2** | Expenditures > disbursement  6% burn rate on communication  23% burn rate for non health products  Low burn rate for all categories except PSM | See above. Funding for procurement = roll over from previous grant. Was committed since Dec 2014.  When scale down, excess of communication materials from UE region. Reprint not necessary as budgeted. However, AGA Mal intends to reintroduce geocoding stickers to mark houses sprayed, replacing the currently used chalk markings. The advantage of the sticker is that the geocoded database will contain additional demographics of inhabitants and number of rooms etc. that can be read out electronically. This provides a big advantage for data analysis.  Non health products = personal protection equipment. Due to scale down, unused equipment left over that can be used in UW before new procurement is necessary. Possible that there is a saving. Projection only possible in the end of 2015. |
| **F4** | Number missing in line 67 | No disbursement request, disbursement came automatically |

1. **Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **M1** | 5 CPs? | Carried over from previous DB. Will be taken out during next dashboard |
| **M2** | Carried over from last DB? | No, same situation |
| **M5** |  | Additional procurement of 1.3m USD procurement (order in Dec 15, payment in 2016) |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Pr1** | 80% of the total population achieved, = 89% but 93% coverage in terms of structures sprayed | Based on census projection. Definition of household: based on census info on number of people per household. Number of people protected = number of people living in the house at the moment of spraying. Other household members may have moved elsewhere for farming or else – are not counted as people protected. Additionally: denominator based on census + growth rate, which is not accurate |
| **Pr2** | Shouldn’t this be the same % as in Pr1? | Denominator “Household” based on Census and average household size. Different % compared to Pr1 due to different average household sizes in different regions |

1. **Recommendations**

* AGA Mal will insert budget per period until the end of the grant cycle, so we would know what is left.
* Cumulative obligations should not be carried over to future periods. Obligations become zero once they become an expenditure.
* Consider estimating the population coverage based on number of people usually living in the household. This would allow data comparison with PMI.

1. **NMCP Dash Board**
2. **Financial Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation** | **Answer / Decision** |
| **F1** |  |  |
| **F2** | Low expenditures | Disbursement arrived in End of June. No cash balances from previous grant. No money = no expenditures. Biggest budget for LLIN mass and continuous distribution, will arrive in August only. Amount budgeted is likely to be spent in full in P3-P4. |

1. **Management Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **M1** | 2 CPs not fulfilled but within deadlines | = detailed supply chain plan incl. budget – was submitted, GF feedback came, NMCP needs to implement feedback. 15% counterpart financing of GoG by 2016 |
| **M2** | 6 vacant management positions | 3 data managers, recruitment started. |
| **M3** | Status quo? | Evaluation finalized, report outstanding. Engagement of 50 NGOs planned for P3 |
| **M5** | Stock report Laud Baddoo: | Nets coming in End Aug. for mass and continuous distribution.  Low stock of RDTs in the regions: 1.45 months (below the minimum, Laud / JSI looks at possibilities of redistribution), and additional 1.5 months at central level, would last until end of Oct. 1.1 m coming in Sept. + 3.7 m coming in Nov. >> if everything works out, safe until March  Consumption in stock report based on distribution.  ACTs adequately stocked / procured. Challenge: suppositories: registration issues, now solved  SPs national stock out in one month. Minister has signed approval. Tender needs to be advertised. |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation** | **Answer / Decision** |
| **Pr1** | Lower achievement than P1 | Long discussion on what this indicator means. NMCP explains that the denominator is parasitologically confirmed cases plus presumed cases (after diagnosis but without a parasitological test). The OC finds the indicator ambiguous since a drop could either mean that ACTs were not available or that ACT oversubscription was reduced due to proper diagnostics. Background information is crucial to understand the meaning of these data.  NMCP reply: Due to reduction of wastage / oversubscription based on treatment without lab diagnosis/RDT. More RDT/smear tests, less unconfirmed cases treated. |
| **Pr5** | Down from 91% | Data validation has taken place. Current data are likely to be more accurate |
| **Pr7** | 56% achievement | Supply chain issues include that local CHOs only get their supplies from RMS when several items are needed. Do not have the funds in order to pick individual products. Thus risk stockouts of several products before they go to RMS. Additionally low capacities on PSM at local/district level.  NMCP request that regional USAID logistics officers go down to districts to assist them in coming up with an accurate procurement plan and to strengthen their PSM capacities. Do not have the authority to push medication to district facilities to ensure that they have what they need. |

1. **Recommendations:** Follow up on RDT and SP procurement
2. **Closing**

The meeting came to a close at about 4pm.