**MINUTES OF MALARIA DASH BOARDS REVIEW MEETING**

**26 February, 2016 at the CCM Secretariat**

**Attendance:**

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| **No.**  | **Name** | **Organization** | **Sector** |
|  | Annekatrin El Oumrany | CCM Secretariat | CCM |
|  | Stephen Appiah | NMCP | PR / Government |
|  | Kofi Osae | NMCP | PR / Government |
|  | Samuel Dodoo | Media Response – Stop TB | OC / NGO |
|  | Laud Baddoo | JSI Deliver | OC / Co-opted member |
|  | Jonathan Tetteh-Kwao | NAP+ | OC / PLWD |
|  | Dr. Felicia Owusu-Antwi | WHO | OC / Multilateral  |

**Absence:**

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| **No.**  | **Name** | **Organization** | **Sector** | **Reason** |
|  | Daniel Osei | Ghana Health Services | Government |  |
|  | Margaret-Anne Wilson | MOFEP | Government |  |
|  | Dr. Sebastian Ngmenenso Sandaare | District Health Director | PLWD | Conflicting professional requirements |
|  | Maurice Ocquaye | Consultant | Co-opted member |  |
|  | Dr. Philip Ricks | USAID/CDC | Bilateral | Mission abroad |

1. **Opening:**

The meeting started at about 9:20. Again no quorum was achieved in order to elect a chair. Annekatrin El Oumrany started with a presentation covering the following topics:

1. **Conflict of Interest declaration**

The CCM Constitution requests that *” 21.2: The Oversight Committees shall be made up of CCM members and non-members who are not directly involved in program implementation activities.”* While this was the case when the oversight committee members were nominated in June, the situation has changed for several oversight committee members during the last quarter 2015 since:

* GAC contracted its SRs and SSRs
* NTP contracted 47 NGOs to become implementing partners
* NMCP contracted 59 NGOs as implementing partners.

The oversight committee members concerned (Samuel Doodoo, Board member of Stop TB Partnership, implementing partner of NTP and Jonathan Tetteh-Kwao, co-partner of Dreamweaver, implementing partner of NMCP)) have been requested to renew their conflict of interest declarations and to hand in a document describing to which extent they are now directly involved in program implementation activities. These documents will be forwarded to the new Conflict of Interest Committee who will make a decision on the further procedures.

In this light, the Oversight Committee decided that the members concerned may not contribute to the discussions related to the respective PR. They may however stay in the room to follow the discussions.

1. **Site visits to HIS and SSDM**

The site visits to IHS (Imperial Health Sciences) and SSDM (Supply, Stores and Drug Management of GHS) were not official oversight site visits as Annekatrin El Oumrany accompanied the GMS consultants to these two institutions. However, she wanted to share her experiences with the Oversight Committee since both institutions contribute to the program implementation. She was particularly impressed by the management of the IHS warehouse that stores Global Fund as well as USAID commodities. She informed further about the objectives and functioning of SSDM and suggested an official site visit to SSDM to better understand the reasons behind the partly significant procurement delays (see the presentation in the annex).

1. **Organization of site visits**

Annekatrin El Oumrany suggested to invite at least one other CCM member to future site visits to allow them to have a better insight in various aspects of grant implementation. The Malaria Oversight Committee agreed. Felicia Owusu-Antwi’s suggestion to inform the CCM members ahead of time on the planned visits in order to make time was fully agreed upon.

1. **ITP, reprogramming, status quo of tightened oversight**

The NMCP request to reprogram savings of 5.5m USD into IRS in Upper East region in addition to IRS in Upper West region was declined by the Global Fund in order to ensure to have sufficient funds available for covering the funding gap in 2017. In the meantime, NMCP was able to contract a donor of bed nets so that the funding gap in 2017 may be significantly reduced.

1. **GF performance ratings – changes under the NFM**

The performance rating under the new funding model is based on the average of the programmatic achievement rates and can be downgraded in case of serious management issues. Contrary to the previous GF round, all indicators used to calculate performance rating have the same weight.

1. **“I speak out now” campaign of the Global Fund**

This GF Campaign shall encourage staff and grant implementers to report fraud, corruption, waste and human rights violations that prevent the health commodities and services from reaching the people who need them. Reporting options include online form, phone, voicemail, email, letter, and fax, thereby allowing confidentiality or anonymity. More information is available on [http://www.ispeakoutnow.org](http://www.ispeakoutnow.org/); the link is also available on the CCM website [www.ccmghana.net](http://www.ccmghana.net/).

1. **CCM website**

A lot of content has been added to the CCM website [www.ccmghana.net](http://www.ccmghana.net). Particularly the section on “About us” is more or less complete, while other parts are yet to be completed. The OC members were invited to have a look at the website and to inform their constituencies about the wealth of information available and particularly the forum where questions on the Global Fund and CCM will be answered and where constituencies can also provide their feedback on program implementation.

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

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **F1** | **GF Budget/disbursement**: Carry over from previous grant cycle added to disbursements | AGA Mal is requested to adjust the budget to account for the 5m expenditures for insecticides. |
| **F2** | **PR budget/expenditures**: Burn rate in P4 (not accumulated) = 145% = significant improvement over previous periods |  |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **M5** | Which are the obligations made in P4? | For external professional services to carry out a survey |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Pr1** | **IRS population**: IRS will restart in April, until then no programmatic achievements |  |

1. **Recommendations** – Scale down of activities has resulted in savings, e.g. equipment can be replaced by that previously used in regions that are not targeted anymore. AGA MAL is requested to come up with the projection of the savings until E/2016 and to think about how to use the savings.
2. **NMCP Dash Board**
3. **Financial Indicators:**

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| --- | --- | --- |
| **Indicator** | **Observation**  | **Answer / Decision**  |
| **F2** | **PR budget/expenditures:** Low burn for case management in P4 (=8%) Q1/2016 budget = 22m: status quo of absorption? | Funds to be used primarily for trainings. Outcomes need to be evaluated before trainings can continue. Cascade training separately for private and public sectors. ToT first done for private sector and quasi-government before those move down. Misunderstanding with regions on how regional funds shall be disbursed to districts in order to handle the trainings - should be sorted out by now. Budget includes ACTs but no deliveries = no expenditures in P4. Not many shipments either expected in Q1/201610m is for copayment. 2m malaria indicator survey started, lasts until Sep. 1.5m ACTs expected in E2/2016. 4m earmarked for bed net distribution. NMCP requested to have a close eye on absorption in Q1/2016.  |

1. **Management Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **M2** | 1PMU still vacant. Which? | NMCP requested to provide an answer.  |
| **M3** | First experiences re impact of 61 contracted NGOs? | Funding of NGOs across November 2015 (for 6 months period). Monitoring has started. Results will be available in March.  |
| **M5** |  | NMCP requested to resend dashboard including obligations VPP + local procurement of health products (e.g. SPs) by 1st March |
| **M6** | Stock report Jan 2016 | Most stock levels are adequate (certain age bands are compensated by others). One item (WHICH?) about to expire. Consumption of ACTs has plummeted by 35% (estimation!) due to increased testing. Subsequent shipments postponed. Will affect fund absorption. Savings due to reduced ACT consumption. Apparently plan how to use the savings but NMCP reps not informed about details. Very low RDT stock levels. 3m arrived in Feb. Will be distributed using NMCP resources by mid-March. Low stock levels of SP. Delivery by supplier has not been consistent and not according to schedule. Every delivery is always fully forwarded to RMS. PMI scheduled in March/April (9m tablets, average monthly consumption = 500,000). Facilities supposed to have adequate SP stock according to NMCP |

1. **Programmatic Indicators:**

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| **Indicator** | **Observation**  | **Answer / Decision**  |
| **Pr1** |  | No decision made regarding modification of indicator |
| **Pr2** | P3: 51% vs P4: 41%  | No explanation on the drop after several periods of consistent increase provided by NMCP. Will be provided during CCM meeting |
| **Pr3** | 87% achievement, 5.6m nets expected by Keziah in Sep/Oct2015, which is less than the actual result | Not enough nets available to fully cover outstanding region |
| **Pr7** |  | Indicator was dropped |

1. **Recommendations to NMCP**
* Have a close eye on Q1 expenditures (22m)
* Provide an explanation on drop re IPT
* Accelerate RDT delivery to the regions
* Provide information on suggested use of savings
* Be better prepared next OC meeting
1. **Closing**

The meeting came to a close at about 13:45.