

# MINUTES OF MALARIA / RSSH DASH BOARDS REVIEW MEETING

May 24th, 2018 at the CCM Secretariat

## Attendance:

| No. | Name                  | Organization          | Sector               |
|-----|-----------------------|-----------------------|----------------------|
| 1   | Annekatrin El Oumrany | CCM Secretariat       | CCM                  |
| 2   | Jonas Raphael Manu    | AGAMal                | PR / Private Sector  |
| 3   | Bright Atiase         | AGAMal                | PR / Private Sector  |
| 4   | Dr. Nana Yaw Peprah   | NMCP                  | PR / Government      |
| 5   | Wahjib Mohamed        | NMCP                  | PR / Government      |
| 6   | Laud Baddoo           | JSI Deliver           | OC / Co-opted member |
| 7   | Sixte Zigirumugabe    | USAID/PMI             | OC / Bilateral       |
| 8   | Joyce Larko Steiner   | Christian Council     | FBO                  |
| 9   | Dan Epeh              | GAC                   | OC / Co-opted member |
| 10  | Mahmood Bill          | Muslim Mission, Ghana | FBO                  |

## Absence:

| No. | Name                    | Organization | Sector               | Reason  |
|-----|-------------------------|--------------|----------------------|---------|
| 1   | Dr. Felicia Owusu-Antwi | WHO          | OC / Co-opted member | Excused |
| 2   | Jerry Amoah Larbi       | TBVN         | PLWD                 | Excused |

## 1. Opening:

The meeting started at about 9:10 am with an opening prayer.

### a) Way forward and election of the OC Chair

Annekatrin El Oumrany, Program Officer for Oversight and Communication at the CCM, explained that the term of office of the OC members is three years resulting in the need for a reconstitution of the oversight committee and the election of a new chair. Since the OC members need to be approved by the CCM, the election is postponed to the next OC meeting.

### b) Capacity building

NMCP and AGAMal prepared a presentation on their part of the grant as an introduction for the OC members. PPME did not participate in the OC meeting and was requested to do this presentation during the next OC meeting. Most OC members had participated in a separate training on the dashboards carried out by consultants as part of their mission to configure the fresh dashboards for all PRs and programs. Annekatrin proposed to have an introduction into the mode of functionality of the RMU/PMU during the next OC meeting and encouraged OC members to articulate any need for targeted capacity building at any time.

**c) Conflict of interest (Col)**

Annekatrin provided the OC members with an overview on the concept of conflict of interest and reminded them of the necessity to manage potential, actual and perceived Col professionally to maintain the impartiality, credibility or trustworthiness not only of the OC members but also of the OC and the entire CCM. OC members present who had not signed the Col declaration did so during the meeting. The OC members were asked for any instance of Col in relation to the agenda and were reminded that Col declarations could be made any time during the meeting. No OC member declared Col throughout this meeting.

**d) Planning of site visits**

Considering the short time window for visits to AGAMal, the OC members agreed to plan a site visit to UER in June/July that could also be combined with participation in a SMC activity.

**e) MoH participation in programs review**

It was proposed that MoH as the PR participates in the dashboard review for a good overview on the progress of grant implementation. The OC members felt that the presence of RMU or PMU representatives in the dashboard review could possibly affect the usual open and transparent discussions. It was therefore decided to have only program representatives present in the dashboard review and follow up with RMU/PMU later onwards.

**f) Regional disaggregation of indicators**

OC members opted strongly for a regional disaggregation of programmatic indicators to have a better overview on the regional performance. Since time was not sufficient for a final decision, Annkatrin will provide a proposal for the OC members' email discussion.

**2. AGA Mal**

**a) Follow up:**

- **Dissemination of contamination report:** No info
- **Target setting for UWR considering the drop out of 21 communities:** Targets were adjusted accordingly.
- **Larvaciding:** Continues in Obuasi but fully financed by AngloGold Ashanti.

**b) Financial Indicators:**

| <b>Indicator</b>  | <b>Observation</b>                             | <b>Answer / Decision</b>  |
|---|--|---|
| <b>Absorption rate</b>                                  | 31%.   | Insecticides are the biggest part of the Q1 budget that did not arrive in Q1. |
| <b>Disaggregated absorption rate by grant objective</b> | Biggest part of the budget (68%) = Insecticide | Arrived in Q2 only.   |

- c) **Management Indicators: no comments**
- d) **Programmatic Indicators:** Programmatic activities start in Q2 only which is why there are no results for most indicators
- e) **Challenges expected within the next six months:** None beyond rains affecting the operations
- f) **Recommendations:** Share calendar of IRS operations in UER with OC for planning of a site visit

### 3. NMCP

#### a) Follow up:

- **Chemomics survey of ACTs procured from open market:** Assessment ongoing. Results expected in E/June to have an idea about % of ACTs procured on the open market
- **Availability of SPs:**
  - a. PMI quality assurance: passed, SPs distributed
  - b. Local SPs, contract: Delivery has taken place, FDA report has been received. Currently enough stock until 2019. Next tender will be published in Aug.
  - c. Recommended start of IPT (14 weeks recommended by WHO, 16 weeks or quickening recommended by NMCP): An OC member mentioned that the NMCP documents recommend 14 weeks as start for IPT. However, NMCP pointed out that a safety period is necessary to be sure about the weeks of pregnancy and to avoid exposing the women to any risks.
- **Review of microscopes in the facilities:** Not discussed
- **List of quality reagents:** Labs know which reagent is good quality. NMCP engages continuously FDA and GSA to ensure that reagents on the market is quality. CCM should request MoH for strong advocacy to FDA / GSA to ensure that low quality reagents are taken off the market
- **LLINs for hospital wards:** some wards don't like to use them because they don't want to wash them after each patient. NMCP will follow up.
- **NGO contracts:** no info
- **Delay in net distribution and additional stop gap measures until LLIN are delivered:** Central and Western Regions: usual interventions ongoing. Central region scheduled back to June
- **Other related to NMCP presentation:**
  - a. NMCP is understaffed, delayed payment of GF Staff Salaries resulting in low moral,
  - b. Non-visibility of Wambo orders (update of signatories pending),
  - c. Challenges with data capturing/validation (Stock out of reporting forms and registers, consulting room registers, ANC registers and Monthly Malaria Data Returns Form, Non-functional data validation teams especially at district and facility levels, Failure of prescribers/nurses to complete all the required fields in the registers)
  - d. Non-adherence to test results by some prescribers

#### b) Financial Indicators:

| Indicator       | Observation | Answer / Decision                           |
|-----------------|-------------|---|
| Absorption rate | 1%          | Delays in disbursement from GF and from MoH |

| Indicator | Observation | Answer / Decision  |
|-----------|-------------|--|
|           |             | Funds received in December: for LLIN distribution in ER and VR under NFM1 and SCMP. NFM2 funds received on 3rd March. Implementation arrangements at MoH took time coupled with the change of signatories etc. There will be significant absorption in the second quarter. |

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

| Indicator                          | Observation   | Answer / Decision  |
|------------------------------------|---|--|
| <b>Commitment</b>                  | <p>PSM–MA5: quantification and updates</p> <p>PSM – MA6: SOPs for cost effective stock keeping and distribution</p> <p>PSM – MA7: Storage of LLINs<br/>Insurance<br/>Contract with roles</p> <p>12-month, costed co-payment implementation plan (March)</p>   | <p>Done</p> <p>NMCP not in charge</p> <p>Done / SSDM</p> <p>Pushed to September</p>  |
| <b>Management</b>                  | <b>Sites with stock outs</b> No TH?   |  |
| <b>Compliance</b>                  | Different # for finance and program reports   |  |
| <b>Availability of commodities</b> | <p>ER entirely stocked out E/04 (Q2)</p> <p>Stock levels confusing: add a line for stock across all age bands?</p> <p>Injection stocked out in several regions</p> <p>SPs very low in 4 regions</p> <p>RDT very low in 2 regions, overstocked in GAR 25 MoS</p> <p>All RMSs have many different bands of ACTs that <b>expire</b> in less than 6 months.</p> | Scheduled delivery in May. Stock situation is likely to be entirely different. Recommendations will be reviewed and acted upon |

d) **Programmatic Indicators:**

| Indicator                       | Observation   | Answer / Decision   |
|---------------------------------|---|---|
| % parasitological test (all)    | 110% (=92% tested of 1.2m)  |   |
| % parasitological test (CHPS)   | 113% (=97% of 487,347)  |   |
| % ACTs among confirmed (all)    | 100% (100% of 489,097)<br>Positivity rate = 40%   |   |
| % ACTs among confirmed, CHPS    | 100% (100% of 302,927)<br>Positivity rate = 62%   |   |
| % targeted risk group with LLIN | 124% (422,434 = roughly 85% of all pregnant women + babies reached with MCV2)           | ER distribution was postponed by one week, then falling into Q2 |
| # LLIN mass                     | 45% = 1.4m  |   |
| % IPTp3                         | 101%, (=49% coverage, = 119,140 out of 242,522), lower target under NFM2 48.5% vs. 66%) | Shortage of ANC registers                                       |
| %SMC                            | Preparations? Start?  | UER / UWR only  |

e) **Challenges next 6 months:** delays in implementation if funds are not disbursed timely

f) **Recommendations:**

- NMCP to ensure that finance expert participates in OC meeting
- CCM to follow up on ANC registers
- NMCP to review situation of LLINs in hospital wards
- Delay of LLIN mass distribution in Western Region: NMCP to scale up IPT2/3 in Western and ensure sufficient stock of RDTs and ACTs

4. **PPME:** A dummy dashboard was shared with the OC but not reviewed since PPME did not participate in the OC meeting. The targets in the dashboard are real targets but we understand that the results may not represent the real situation on the ground.

## 5. Closing

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