

MINUTES OF MALARIA / RSSH DASH BOARDS REVIEW MEETING

28th February 2019 at the CCM Secretariat

Attendance

No.	Name	Organization	Sector
1.	Jonas Raphael Manu	AGAMal	PR / Private Sector
2.	Bright Atiase	AGAMal	PR / Private Sector
3.	Sixte Zigirumugabe	USAID/PMI	OC / Bilateral
4.	Joyce Larko Steiner	Christian Council	FBO
5.	Dr. Felicia Owusu-Antwi	WHO	OC/ Co-opted member
6.	Dan Epeh	GAC	OC/ Co-opted member
7.	Dr. James Duah	CHAG	OC / co-opted member
8.	Joel Balbaare	NMCP	PR / Government
9.	James Frimpong	NMCP	PR/Government
10.	Wahjib Mohammed	NMCP	PR/Government
11.	Dr. Nana Yaw Peprah	NMCP	PR/Government
12.	Dr. Ben Bempah	PPME	PR / Government
13.	George Asamoah	PPME	PR / Government
14.	Paulina Ofori-Adu	GHS/HRD	PR / Government
15.	Francis Victor Ekey	GHS/HRD	PR / Government
16.	Jerry Asamoah	GHS/HRD	PR / Government
17.	Richmond Doe Sowah	GHS/HRD	PR / Government
18.	Emmanuel Teinor	GHS/HRD	PR / Government
19.	Mahmood Bill	Muslim Mission, Ghana	FBO
20.	Annekatriin El Oumrany	CCM Secretariat	CCM
21.	Benjamin Spears N. Cheabu	CCM Secretariat	CCM

Absent

No.	Name	Organization	Sector
1.	Jerry Amoah-Larbi	TBVN	
2.	Laud Baddoo	GHSC-PSM	
3.	Alfred Tsiboe	Stop TB Partnership	

1. Opening:

The meeting started at 9: 50 am and chaired by Ms. Joyce Larko Steiner

a) Conflict of Interest

The Chairperson of the OC provided information on Conflict of Interest and requested members to declare any Col given the agenda of the meeting. Members were also reminded to declare any conflict of interest during proceedings if the need arose.

1. AGAMaL

a) Follow up:

1. **Documentary video on IRS in prisons to showcase AGAMal efforts:** Latest version submitted to the NMCP for final review. Timelines associated with the review is unknown. CCM secretariat to follow up with the Director of AGAMal on progress and time of release. It was also suggested to AGAMal to include other stakeholders in the review process, in particular the PMI VectorLink project which produced an IRS video recently, so that AGAMAL can learn from their challenges, and with other stakeholders in general so that it conforms to all available and applicable standards.
2. **No malaria morbidity data in prisons:** AGAMal has initiated data collection in partnership with NMCP. Often no RDTs available. Discussions held with the NMCP and given that prisons do not have the capacity for testing, the NMCP is asking for prisons to liaise with the sub-district health center or with the District Hospital in proximity to enable testing reporting. The OC suggested the possibility of building the capacity of prison infirmaries on testing, data collection and analysis.

b) Financial Indicators:

Indicator	Observation	Answer / Decision
Absorption rate	Cum. 108 % Q3 111%	Overspending due to a) Purchasing and clearing of 11 vehicles clearing and the borrowing of insecticides (6000 bottles) from PMI.
Disaggregated absorption rate by grant objective	Cum: Human res: 90% Q4. Hum. Res. 66% (64 % of total budget.) Q4. External prof. serv. 68% (16.4% of total budget)	

PSM	Commitments 105,000 USD	Additional quantities of insecticide borrowed from PMI (6000 bottles) due to larger demand for IRS than projected, likely to be related to better acceptance of SumiShield
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c) Management Indicators:

Indicator	Observation	Answer / Decision
Availability of commodities	Actellic 300CS: 0.1 month of stock?	New insecticide (Fudora Fusion) anticipated to be available next this year.
	SumiShield 50WG: 0.3 month of stock?	Low stocks because AGAMaL does not keep stock when IRS is not been implemented.

d) Programmatic Indicators:

Indicator	Observation	Answer / Decision
Target population protected by IRS in past 12 months	People protected: 85% Structured covered: 92% Obuasi 59%. Cum structures protected: 92% Jirapa 87% , Lambusei 76% Wa 88% Cum people protected: 85% Obuasi 59%, Jirapa 86% Lambusie 80, Lawra:89% Builsa North 89%	IRS finalized and reported in Q2

IRS prisons	People protected: 104% Structured covered: 108%	Higher performance in the indicator due to highly cooperative prison office staff, no mobilization challenges and the dual achievement of the insecticide in killing mosquitoes and other insects (bed bugs and cockroaches) Structures that were sprayed included prison barracks and residences More people and structures were protected than planned because fluctuating prison and household population.
Staff trained	100%	
Sentinel sites	100%	
SBCC materials	88%	
SBCC people reached	93%	Provisions made to reach 100%. In the past rains had caused disruptions.
SBCC activities	100%	
SBCC staff trained	100%	

e) **Challenges expected within the next six months:** Inaccessible prison rooms due to storage materials and inconveniences of packing and unpacking.

f) **Recommendations:**

- I. AGAMal to follow up with NMCP on discussions held to get prison infirmaries to apply for NHIS accreditation to be able to procure commodities from the RMS for testing and treatment of uncomplicated malaria and possibly other health issues.
- II. AGAMal should update dashboard quarterly. Subsequently, AGAMal is requested to submit an updated version of their dashboard.

2. NMCP

a) Follow up:

- **Follow up recommendations**

- a. Status quo of ACTs deleted from NHIA list (AL 20/120mg tablets, 12s and 18s; AA 270/100mg tablets, 3s; AA 270/100mg tablets, 6s; Artesunate 100mg Suppository; Artesunate 120mg injection: **The GHS/NMCP has written to NHIA to engage on the list of anti-malarials that are expected to be on the list. In a week, they expect a consensus.** The NMCP representatives were informed that the OC will report the issue to the next CCM quarterly meeting.
- b. Progress: LLINs at admission wards in hospitals: *NMCP carried out a survey on this topic and found that hospitals declared a need of LLINs. **LLINs are available. Discussions and arrangement with hospitals to ascertain the right number of beds that would require nets. However, given no patient welcomes using a bed net after another patient, the handling, washing and care of LLINs within hospitals wards must be discussed and a decision agreed upon.***
- c. Follow up on OC concern that some HF in GAR do not systematically distribute LLIN to pregnant women: **Facilities concerned didn't have nets. LLIN have been sent to those facilities.**
- d. Status quo of initiated procurement of Wellington boots/rain coats for SMC that did not arrive for 2018 SMC: **procured items have now arrived and will be used for 2019 SMC.**

b) Financial Indicators:

Indicator	Observation	Answer / Decision
Absorption rate	Expenditure commitments + Budget – prod + equip = 118%	Cost drivers are Q4 radio+TV adverts and case management for IPTp of which contracts have been awarded
Disaggregated absorption rate by grant objective		
PSM		

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

Indicator	Observation	Answer / Decision
Management	Sites with product. Del. Past due 10/10	
Availability of commodities	AL 20/120mg 12s: 0.7 AL 29/120 18s: 0.0 Artesunate inj, 20mg: 0.7 mRDTs: 3.7	

d) **Programmatic Indicators:**

Indicator	Observation	Answer / Decision
% parasitological test (public sector health facilities)(all)	106% In Quarter 4 : Target 86.7% Actual 91.9%	Low performing regions noted.
% parasitological test (in the community) (CHPS)	104% In Quarter 4 : Target 90.4% Actual 94.4%	
% ACTs among confirmed (public sector facilities) (all)	95% In Quarter 4 : Target 100% Actual 95.3%	
% ACTs among confirmed, (in the community)CHPS	95% In Quarter 4 : Target 100% Actual 94.9%	
% targeted risk group with LLIN	80% In Quarter 4(in absolute numbers) Target 447,071	LLINs reserved for mass distribution. LLINs short, esp. in GAR, for facility based distribution Will pick up with better availability

Indicator	Observation	Answer / Decision
	Actual 359,449	
# LLIN mass	92% In Quarter 4 (in absolute numbers) Target 5,755,757 Actual 5,282,650	
% IPTp3	88% In Quarter 4 : Target 51.3 Actual 45.2	
% SMC		

e) **Challenges expected:** None indicated.

f) **Recommendations:**

- NMCP to follow up on site visit recommendations as agreed and provide feedback before 13th March 2019 CCM meeting.
- Possibility to include LLIN stock levels on the dashboard

3. PPME

a) **Follow up:**

- Improvement of implementation with appointment of program manager: **Program manager has received his appointment letter.**
- Appointment of M&E Officer: **Appointment not made yet.**
- Challenges with data capturing on DHIMS and retrieval as experienced during site visits: **Work in progress to address challenges.**

b) **Financial Indicators:**

Indicator	Observation	Answer / Decision
Absorption rate	Budget: 11,593,533 Disbursed: 1,831,975	PPME to clarify financial position and provide a clear path to achieving optimal results.

Indicator	Observation	Answer / Decision
Disaggregated absorption rate by grant objective	Cumulative: PSCM: 5% (81% of budget) HMIS/M&E: 13% (10% of budget) Program managmt: 4% (9% of budget)	GF requested new prog management budget. Budget not yet approved, PSU salaries included but only for PSU Manager who has been paid. HMIS: Most activities have started in Q4

c) Commitment, Management, and Compliance Indicators: PPME requires further guidance and documentation to distinguish between expenditure and commitments. PPME is expected to furnish the OC with an updated version before the CCM meeting on 13th March 2019.

Key vacant positions: 3 out of 5 positions are vacant.

d) Programmatic Indicators:

Indicator	Observation	Answer / Decision
% DHIMS reporting, public only	95% 96 %. Finding of OIG that many CHPS do not report on either of ATM	Data validation mandatory before submission to DHIMS is possible. All cells need to be filled, so nothing can be overlooked
% RMS with essential comm.	Still no data? No data??	Clearance needed from procurement unit and programs, tied to LMIS operationalization. PPME will inform the CCM if RMS have started to order the commodities
% regions with integrated M&E	50%	Issue of funding: initially GAVI and DFID funded, currently not in their budget. Integrated M&E goes beyond ATM. Linked to biannual performance reviews. GF is currently not funding these visits
% facilities using e-tracker TB	52% <u>offline</u> version	No progress – activities put on hold due to OIG review. Approval now given, commitments made. Offline comes at a huge cost, capacity building necessary
% facilities using e-tracker HIV	69%	

ANC	91%	
% skilled deliveries	85%	
% staff with complete iHRIS	100%	
	170%	Refer to PPME presentation on content of iHRIS as a HR decision making tool (attached as part of minutes – email version only)

e) **Expected challenges within next six months:**

- I. Clarity in communication lines between the Global fund and implementers
- II. HR issues at the RSSH: M& E, IT and procurement officers
- III. Consult with Dr. Awoonor on RSSH issues

Overview of the Human Resource Information & Management System to OC members:

The purpose of the information and management tool is to inform planning, budgeting and decision making on human resource issues at the MoH. It is also intended to be interoperable with DHIMS2.

f) **Recommendations:**

- PPME to provide CCM with more detailed information about commitments and anticipated expenditures
- Immediate action required on PSM components: expenditure and commitments
- Sustainability of iHRMS: involve all necessary stakeholders

4. Closing

The meeting came to a close at about 2:10pm.