

2010

YAKUBU GOWON CENTRE for National Unity & International Cooperation

QUARTERLY PROGRAMME REVIEW
MEETING, 5-7 JULY. 2010 @ RHANDEKI
HOTEL, GRA. BENIN CITY, EDO STATE

This report is a summary of events that took place during the quarterly review meeting of the centre in Benin City. The report gives us the highlights of the various presentations, issues raised and some suggestions on the way forward in the implementation of the Global Fund R8 malaria grant.



QUARTERLY PROGRAMME REVIEW MEETING, RHANDEKI HOTEL, GRA,
BENIN CITY, EDO STATE. July 5-7, 2010
YAKUBU GOWON CENTRE
7/20/2010



YAKUBU GOWON CENTRE

For national Unity & International Cooperation

REPORT ON
THE THIRD QUARTERLY PROGRAMME REVIEW
MEETING

**HELD AT RHANDEKHI HOTEL
BENIN CITY, EDO STATE
NIGERIA**

JULY 5 - 7, 2010

TABLE OF CONTENTS

1. Acronyms
2. Introduction
3. Opening
4. Technical sessions
5. Closing remarks
6. Action points
7. Closing remarks
8. Appendix 1: Attendance List
9. Appendix 2: Meeting Pictorial
10. Appendix 3: Work Plans from the 6 zones

ACRONYMS

ACSM	Advocacy Communication & Social Mobilization
ACT	Artemisinin-Based Combination therapy
AMFm	Affordable Medicines Facility - malaria
ANC	Ante-Natal Care
BCC	Behaviour Change Communication
CQ	Choloroquine
CM	Case Management
CSO	Civil Society Organisations
FUAT	Follow-Up After Training
FCT	Federal Capital Territory
HMM	Home Management of Malaria
HMIS	Health Management Information System
HW	Health Worker
HF	Health Facility
HQ	Yakubu Gowon Centre, headquarters
IPT	Intermittent & Preventive Treatment
IP	Implementing Partners
LLIN	Long Lasting Insecticide Treated Nets
LGA	Local Government Area
M&E	Monitoring & Evaluation
MDGs	Millennium Development Goals
MoU	Memorandum of Understanding
NMCP	National Malaria Control Programme
NYSC	National Youth Service Corps
PF	Performance Framework
RBM	Roll Back Malaria
R8	Global Fund Round 8
RMM	Role Model Mothers
RMCG	Role Model Care Givers
RDT	Rapid Diagnostic Test
SCMS	State Central Medical Stores
SLO	State Logistics Officer
SE	South East (geo-political zone)
SDA	Service Delivery Area

SWOT	Strengths, Weaknesses, Opportunities, Threats
UAC	United Africa Company PLC
YGC	Yakubu Gowon Centre

INTRODUCTION

Yakubu Gowon Centre is on the threshold of making history. The centre assumed responsibility of managing a large and complex Global Fund malaria grant that will cut across the length and breadth of Nigeria. Success in a venture of this magnitude requires effective planning, regular assessment of programme performance and coordination of activities of each department and Implementing partners.

The key purpose of the quarterly programme review meeting is to share best practices and updates in the malaria industry, review activities of the previous quarter and plan for the next two quarters.

OBJECTIVES

- Provide a good understanding of programme objectives, strategies and targets
- Promote better understanding of data management including collection, analysis, interpretation and reporting
- Develop a comprehensive operational plan for the next two quarters
- Identify constraints to successful programme implementation
- Identify strategies for tackling identified constraints

PARTICIPANTS

1. Programme Director
2. Head of Departments
3. Selected Staff from all departments
4. Zonal Coordinators
5. State Logistics Officers
6. Implementing Partners
7. Guest Speakers (from academic institution and NGO)
8. Funding and Technical Partners (NMCP, UKAID/SUNMAP, Codix Pharma, Sanofi Aventis & Yakubu Gowon Foundation).

MEETING NOTES

DAY 1: JULY 5, 2010

1. OPENING

The meeting began with opening prayers, introduction of participants, opening remarks from the Director in which he mentioned some goals and achievements of the centre in the context of the Round 8 Grant. It was followed by presentation of the agenda and its adoption, goodwill messages from partners, NMCP and the official opening address was given by Mr. Solomon Asemota, SAN, a member of the Governing Council of YGC. Dr. Moses Momoh, Commissioner for Health, gave a goodwill message on behalf of the Edo State Government and declared the meeting open.

2. TECHNICAL SESSION 1 (*Note: All technical presentations are captured on the accompanying CD*): The National Response to Malaria in Nigeria

(a) Overview of the National response to Malaria in Nigeria By Dr E. B. A. Coker, National Coordinator for NMCP

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Country information ➤ Background ➤ Vision and goal ➤ Targets of NMSP, 2009-2013 ➤ Strategies for malaria control ➤ Responses ➤ Challenges ➤ Conclusion 	

(b) Overview of the R8 Malaria Grant by Dr Gafar Alawode, Project Manager, Global Fund, YGC

HIGHLIGHTS	QUESTIONS/COMMENTS	WAY FORWARD
<ul style="list-style-type: none"> ➤ GF Guiding Principles ➤ Performance-based Funding ➤ Malaria Control Strategy in Nigeria ➤ GF Round 8 Malaria Grant ➤ Service Delivery Areas ➤ Implementation Strategy ➤ Challenges 	<ol style="list-style-type: none"> 1. Dr Bola Njoku raised issues concerning the practicability of GFs Rapid, Sustainability, 100% coverage and utilization target on the distribution of LLINs. 	<ol style="list-style-type: none"> 1. Responding, Dr Gafar said it is possible to have a rapid and sustainable intervention because it has worked in some states and other countries.

(c) Overview of AMFm Grant by Mrs Ewy Ogedegbe, Project Officer, Malaria Case Management & Training, YGC

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Malaria treatment challenge ➤ AMFm (origins) ➤ The context ➤ Primary challenges to 	<ol style="list-style-type: none"> 1. Dr. Tunde Ipaye expressed concern about the implications of AMFm on the local production of ACTs. In his opinion, we as recipients must develop a capacity to ask our donors some questions.

<p>meeting NMCP ACT access target</p> <ul style="list-style-type: none"> ➤ How AMFm will work ➤ AMFm financing ➤ Eligible manufacturers ➤ How AMFm works for the buyer ➤ What can go wrong with AMFm ➤ Monitoring and Evaluation with AMFm ➤ Potential risks ➤ AMFm management structure 	<p>2. Other issues raised were on the sustainability of AMFm subsidised ACTs and its potential for conflict with SFH in terms of pricing.</p>
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3. TECHNICAL SESSION 2: Behaviour Change Communication & LLIN distribution campaign

(a) National BCC Strategy by Dr Fisayo Fagbemi, Staywell Foundation

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Capacity needs to be built for ACSM ➤ Audience segmentation ➤ Use of multi-media strategies for BCC at YGC ➤ Date is key in BCC ➤ Need for tool kit for advocacy 	<ol style="list-style-type: none"> 1. Dr. Gafar asked what the most effective BCC communication channel is. He added that YGC is piloting an initiative that will use NYSC to help in resuscitating existing structures in their communities of assignment that YGC can leverage on. 2. Dr. Njoku asked why the emphasis on ACTs, should we not rather focus more on environmental management. 3. On Advocacy, Dr Njoku said there was too much focus on high-level advocacy. She said Governors could be reached through some key people, e.g. close friends who could talk to him in an informal setting like during a game of golf. 4. Dr. Njoku said community engagement is not playing a prominent role. We need to engage with communities at all levels. 5. Dr. Njoku also observed that languages used did not go outside the three major languages. We need to include other languages in other for them to buy into our objectives. 6. Dr. Njoku observed that our budgets seem over-inflated and would discourage policy makers. 7. Finally, Dr.Njoku also observed that people refused to use the nets. She asked what is responsible and how this attitude can be curbed. 8. Dr. Ipaye, in his comment, said that the problem was not with policy but implementation of the policy. On operational costs, he said we must present our needs to policy makers

	<p>with care. Urging consistency with the reality in the field.</p> <p>9. Dr. Ipaye also raised a poser: what is the correlation between having an LLIN and still buying preventive measures like mosquito coils. Why are people with nets still paying more to prevent mosquito bites?</p> <p>10. Dr Ipaye raised another poser: how do you capture a pregnant woman who does not attend ANC? Can other behaviour methods be used for HWs</p> <p>11. Finally, Dr Ipaye asked if we can have a hybrid of political-corporate world in advocacy.</p>
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b) BCC Strategy Implementation at YGC by Mrs Busola Oyeyemi, Senior Project Officer, BCC

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ The strategic role of communication in Achieving a 50% reduction in morbidity and mortality by the end of 2010 ➤ Strategies ➤ Program actions 	

c) LLIN Campaign: Implementation processes, Where are we now? By Mrs Busola Oyeyemi

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Objectives of LLIN distribution campaign ➤ Overview/general principles of the campaign ➤ Implementation process ➤ General update ➤ State specific update ➤ Highlights of upcoming activities ➤ Constraints and challenges 	

4. TECHNICAL SESSION 3: CAPACITY BUILDING FOR HEALTH WORKERS AND RMM

(a) Pre-Training Assessment: Experiences from the Field by Dr Iliya Amaza, Zonal Coordinator, North-West Zone

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Study to measure the impact of malaria case management ➤ The aim was to identify malaria case management 	<p>1. Dr. Ipaye commended the presenter for his methodology and quality of study. He noted that the study has a low sample and asked if it could be used for a pilot. He also said we need to assess those we train to ascertain that they have relevance because</p>

<p>knowledge and skills</p> <ul style="list-style-type: none"> ➤ To identify problems faced by health workers in managing cases with a view to helping them solve them ➤ To gather information on the performance of health workers and the conditions that influence their performance, in order to improve malaria case management ➤ To assess the effect of capacity building on the knowledge and skills of health workers with regard to case management of malaria and record keeping 	<p>politicians have a habit of sending in their candidates just for the money. He cautioned on the use of the word “Random” – it must be used in the right context.</p> <ol style="list-style-type: none"> 2. Dr. Ebenezer Baba suggested a collaborative curriculum review 3. Dr. Remi Sogunro expressed his delight that the aim of the review meeting, peer review, is being achieved. NMCP, SUNMAP and other partners can now testify that YGC that was hitherto regarded as lacking in capacity is becoming a major force in the malaria industry. 4. Dr. Gafar said there is a need for mapping of Role Model Caregivers because we need to know those we are training.
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(b)-Training process: Curriculum, Participant selection, Facilitators & Training review

-Training update: Achievements and challenges; Q4 and 5 training plan by Mrs Ewy Ogedegbe

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ NMCP approved curriculum training in malaria CM, HMM and RDT ➤ Participant selection ➤ Facilitation/Facilitators ➤ Appraising our trainings ➤ Achievements ➤ Challenges 	

(c) Follow up after training (FUAT): Experience sharing by Dr. Tunde Olotu, Zonal Coordinator, South-West Zone

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Rationale for the exercise ➤ Objectives ➤ Methodology ➤ Results ➤ Challenges ➤ Recommendations 	

5. TECHNICAL SESSION 4: PARASITOLOGICAL DIAGNOSIS AT HOME: RAPID DIAGNOSTIC TEST

(a) National RDT Roll-out plan by Dr. Ebenezer Baba, SUNMAP

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ The review of country malaria treatment policy in 2005, led to the change in policy of malaria case management. ➤ The emergence of unacceptable levels of resistance to CQ informed Government's shift to ACTs as First Line of treatment for malaria. ➤ Implications of policy shift ➤ National RDT Roll-out 	

(b) YGC RDT Roll-out Plan By Dr Gafar Alawode

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Background ➤ Assumption for RDT roll-out ➤ RDT roll-out activities ➤ Time line for roll-out activities ➤ Monitoring & Evaluation 	

6. TECHNICAL SESSION 5: OVERVIEW OF PERFORMANCE FRAMEWORK

(a) R8/AMFm Performance Framework by Mr. Ali Bwala, Monitoring & Evaluation Officer, YGC

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ A holistic understanding of PF ➤ Grant objectives, indicators and targets ➤ Enable participants to use PF to track and report on Grant 	<ol style="list-style-type: none"> 1. Dr. F. Fagbemi suggested capacity building for all staff in the first 3 months even if funds are not provided for in the grant. 2. Dr. Ipaye, in addition, said that staff always require orientation no matter their qualification. The unit should develop a reporting template. 3. Dr. Sogunro directed his comments especially to ZCs & SLOs. He said the PF was the reason why HQ is always on their backs for one thing or the other because there is a PF that must be adhered to. 4. Dr. Njoku made a clarification. She said there is an orientation programme for new staff of YGC and also that there is a reporting format but as always there are unavoidable aberrations.

7. TECHNICAL SESSION 6: UPDATES FROM THE GEO-POLITICAL ZONES

(a) Updates from North-East Zone by Dr Iliya Amaza (ZC)

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ 2522 under 5 children 	<ol style="list-style-type: none"> 1. Mr Ali, commenting on the presentations from both

<p>receiving treatment for uncomplicated malaria according to national guidelines</p> <ul style="list-style-type: none"> ➤ 8875 persons over 5 receiving treatment for uncomplicated malaria according to national guidelines ➤ 414 health care providers trained in malaria case management ➤ 182 RMMs trained in symptom identification & HMM ➤ 13,025 pregnant women receiving IPT according to national guidelines ➤ 228 health workers from 8 LGAs in Adamawa were trained in malaria RDT ➤ 199 HFs to which supportive supervisory visits were paid by SLOs ➤ 414 health workers trained in M&E in Adamawa ➤ 65 LG Focal Persons trained in M&E ➤ Renovation of Central Medical Stores in Adamawa, Borno, Yobe and Taraba preparatory to delivery of ACTs 	<p>NE & SE zones, advised that details in presentations should be more specific, and detailed. E.g. in making recommendations presenters should state what needs to be done, by whom, when and why.</p> <ol style="list-style-type: none"> 2. Dr. Ipaye commented that one expected outcome of the review meeting was a work plan. Presentations ought to be based on percentage, specified, broken down based on the PF. 3. Dr. Sogunro said the <i>Output to Purpose</i> model ought to be the standard for reports from zones.
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(b) Updates from South-East Zone by Mr. Akpa Igwe (ZC)

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ LCCN Inaugurated in Ebonyi State ➤ 4 containers of LLINs delivered in Abia State ➤ 33 containers of LLINs delivered in Ebonyi State ➤ 594 Health facility workers trained on malaria CM in Imo State ➤ 24 HF workers trained in Microscopy in Abia State ➤ 24 HF workers trained in Microscopy in Imo State ➤ SCMS refurbished for supply of ACTs in three states ➤ ACT distribution plan developed in 3 states ➤ 137 HFs were paid supportive 	<ul style="list-style-type: none"> • Comments same as in SE table above

<ul style="list-style-type: none"> ➤ supervisory visits ➤ 12 HFs visited during FUAT in Abia State ➤ 12 HFs visited during pre-training assessment. ➤ Quarter 22 verification visits in 2 states ➤ RBM monthly review meeting 	
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DAY 2: JULY 6, 2010

TECHNICAL SESSION 6: Updates from the Zones (contd)

(A) Updates from North-West Zone by Mr. Oluwole Oluyemi

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Overview of activities in all SDAs ➤ Other activities ➤ Major challenges ➤ Lessons learnt / Recommendations ➤ Way forward/Future plans ➤ SWOT analysis of North-West Zone ➤ Pictorial view 	<ol style="list-style-type: none"> 1. Dr. Ipaye commended the quality of the presentation from the NW Zone. He asked other zones to take a cue. Concerning the posting of HWs after they have been trained, Dr. Ipaye opined that it should be seen as an advantage because knowledge is being transferred. 2. Mr. Ali Bwala said review should be seen as evaluation and learning experience. Presentations should be structured in a standard format tailored towards PF. He said the North-West had the best presentation. 3. Mr. John Okache suggested that a reporting template should be developed. In connection to over-aged focal persons he suggested that younger persons be enabled.

(B) Updates from North Central Zone by Dr Toun Olateju

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ 172,875 LLINs delivered to FCT ➤ 119 RMCGs , 6 CSOs trained in HMM ➤ 240 HWs trained on RDTs ➤ 387 supervisory visits to HFs ➤ 24 FUATs ➤ 7 SCMS assessed and refurbished 	

(C) Updates from South-South Zone by Mr. Uket Bassey

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ 3270 Volunteers trained in LLIN campaign ➤ 505 Health workers trained in CM and M&E ➤ 250 RMM trained in HMM ➤ 240 Health workers trained in RDT ➤ 172 Health facilities visited ➤ 4 SCMS refurbished ➤ Q 22 Verification successfully carried out 	

8. TECHNICAL SESSION 7: HOME MANAGEMENT

(a) Home Management of Malaria in the African Region. What have we learnt? By Dr. Ike Ajayi, University of Ibadan

HIGHLIGHTS	QUESTIONS/COMMENTS	WAY FORWARD
<ul style="list-style-type: none"> ➤ What is home Management of Malaria? ➤ Key elements of HMM ➤ Key stakeholders in HMM ➤ HMM strategy ➤ HMM in Nigeria using CQ (1), (2) ➤ Current challenge in HMM ➤ HMM in Nigeria using ACT: the Nigerian experience ➤ Need to harmonize public & private sector community based ACT distribution ➤ 	<ol style="list-style-type: none"> 1. Dr. Ipaye said we need to know the concept of community health because 70% of our population live in communities. If we must give them health then we must go to them. Community health has worked well in many African countries and the best model is where the centre is linked to several parts. We must do proper community diagnosis from which we can get genuine and committed Nigerians ready and willing to help. People that command respect in their communities like retirees can be utilised. We must avoid creating a vertical model. 2. Dr. Sogunro said compared to other nations, Nigeria is lagging behind in home-based management of fever. He suggested that home based/community health extension workers be programmed into R8. 3. Mr. Kayode of Bates Cosse raised attention to some marketing issues for consideration. (1) Products should have different packaging. (2) In terms of pricing – different pricing regimes are a catalyst for problems. If the gaps are wide people will take advantage. (3) For distribution, it is better to work with existing channels, instead of creating new ones. (4) Concerning supply chain management – it is best to tap into expertise from private sector like UAC, etc. 4. Dr Gafar, commenting, said in comparing Nigeria with other countries consideration should be given to the differences between us. We do not have documented evidence to scale-up. YGC is doing operational research regarding HMM. At the national level let us prioritise operational research. 5. Is it possible to synchronize ACTs and AMFm? 	<p>6 Dr Ike Ajayi answered in the negative. That people find it difficult to handle two messages at a time. It should be avoided.</p> <ul style="list-style-type: none"> ➤ In the same vein, Dr

	6. Dr. Jide Coker asked if it would be counter-productive to have an inscription on the ACTs “Prevention is better than cure but use your nets”	Fagbemi said the use of correct tools could pass on the message. Tools like good visuals and flip charts.
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9. BRIEF VIDEO PRODUCT PRESENTATION BY CODIX PHARMA LTD – Sole Agents in Nigeria for Rapid Diagnostic Test Kits by Sammy Ogunjimi

HIGHLIGHTS	QUESTIONS/COMMENTS	WAY FORWARD
<ul style="list-style-type: none"> ➤ Cause of malaria ➤ 4 species of malaria parasites ➤ The use of malaria rapid diagnostic test ➤ SD Bioline malaria Ag P.f ➤ Test procedure and test kit content ➤ Troubleshooting 	<ol style="list-style-type: none"> 1. Dr Njoku raised issues about the quality assurance of the test kit. She asked about the dos and don'ts. She asked what should be done when one component of the kit, e.g. the buffer, is missing. Can a buffer be taken from another kit? 2. During a training session a mock test was carried out on a good number of the participants and they all tested positive. How can this be explained? 	<ol style="list-style-type: none"> 1. In his response, Sammy Ogunjimi, the Codix Pharma representative said If the test procedure is followed correctly you will get the right result. It is important to train health workers in the use of the RDT. 2. Dr. Ipaye, also responded, saying first of all that the case of all + could be because of the high prevalence of malaria. But cautioned that the procedure was wrong.

10. TECHNICAL SESSION 8: Management Information System by Dr. Bola Njoku & Dr. Dapo Adejumo

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Learning objectives ➤ Information systems ➤ The Information cycle ➤ Ensuring data accuracy ➤ Why checking data 	<ol style="list-style-type: none"> 1. Dr. Ipaye noted that we don't talk about MIS before data generation. Data generation comes first. HQ resources should be put primarily in the field before we talk about HMIS. 2. Dr Njoku in response to Dr. Ipaye's remarks thanked him for his comments adding that it was a wake-up call since the essence of appraisal is for improvement. We must go back to the LGAs and zones. Some data generated at present are

<p>is vital</p> <ul style="list-style-type: none"> ➤ Common problems with data ➤ Good quality data ➤ Accuracy enhancing principles ➤ Analyzing & using data for management information 	<p>inadequate. In spite of the many constraints the onus is on us to design a way forward. We should tap into available resources and work with the states. This requires a change of attitude because to succeed we need to have an interest in what we are doing. We must imbibe a data culture. We should learn it, interact with it. It will stimulate you. We can make this happen with resolve and determination.</p>
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11. STATES-SPECIFIC DATA REVIEW: FROM THE 6 ZONES

HIGHLIGHTS	QUESTIONS/COMMENTS	WAY FORWARD
<p>Data-review presentations from the 6 zones</p>	<ol style="list-style-type: none"> 1. Dr. Adejumo noted that all the presentations had poor data quality. The weakest was LGA focal person. This information is meant to be used for management decisions. 2. Dr. Njoku commented that it is not the beauty of the graphs that matter but their meaningfulness. She added that the ZCs should have been proactive enough to go back to the source of the data to make corrections. Slides from Oyo state showed inconsistent results due to falsification from the source and all cases of malaria were not reported. There are certain things that cannot happen if your data is ok. The two basic issues with the data seen were quality and consistency. She urged ZCs and SLOs to go the extra mile to analyse the data they get. 	<p>To ensure that quality of data generated is good. Zcs and SLOs must form a habit of analysing data they receive and where they find inconsistencies they should take such data back to the source and effect necessary corrections.</p>

12. GROUP WORK (Data quality issues, M & E SWOT Analysis, Technical State RBM review, Data pooling reporting tools) by Dr Bola Njoku

HIGHLIGHTS	QUESTIONS/COMMENTS
➤ Groups were allotted questions to work on and they made their presentations	After the presentations, they were asked to go back and work on their presentations in view of the comments and issues raised after the presentations.

13. BRAINSTORMING SESSION ON YGC RD 8 Implementation processes By Director / Mrs Oyeyemi

ISSUES (OPERATIONAL & TECHNICAL)	POSSIBLE SOLUTIONS / WAY FORWARD
1. Non-availability of project vehicles	1. Mr Ikenna Ndubude (Finance & Admin Manager) clarified that buying of vehicles is ruled out with the current budget. He added an alternative could be worked out. E.g vehicles could be rented. 2. Dr. Bola Njoku suggested that vehicles recently retrieved from NMCP be refurbished and given to states. 3. Dr. Remi Sogunro offered a clarification on the above point raised by Dr Njoku. He said the vehicles seen at HQ were brought for refurbishment as part of the MOU and will be returned thereafter. He said management should meet to review MOU with states concerning vehicles.
2. Financial autonomy for zones	A solution for financial autonomy for zones has been worked out and will be communicated to Zcs.
3. Imprest for zones/states for office stationery/equipment	Mr. Ndubude said budgetary provisions were not made for office equipment but that some equipment to that effect have been acquired and will be delivered to states soon.
4. Need for communication money	Mr. Ndubude said communication should be paid from N15,000
5. Internet plan (night) inadequate	Mr. Peter Fanope offered alternatives to the internet night plan. He gave alternatives from other providers that were cheaper and for 24 hours.
6. Retrieve R4 RBM vehicles from Lagos & Bayelsa and give them to SLOs & ZCs	1. Mr John Okache (Logistics officer) said the R4 vehicles in question cannot be withdrawn until the permission of Global Fund is sought. GF would decide if the vehicles should be moved to R8. 2. Mr Ikenna Ndubude said there has been no discussion on this issue and that GF will decide what to do with R4 assets. So far there has been no directive from GF to that effect.
8. Need for guidelines on retirement	
9. Reporting period	Dr. Bola Njoku (M&E manager) said reporting periods remain fortnightly and quarterly.
10. DSA for states	Mr. Ikenna Ndubude (Fin & Admin Manager) gave this clarification.

	DSA for states is N12,500. Concerning receipts, he said in the event of not being able to get a receipt the person concerned should write his name and sign.
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DAY 3: JULY 7, 2010

 **Recap of Day 2 activities**

14. FINANCIAL MANAGEMENT ON ROUND 8: Support to Field Implementation by Mr. Ikenna Ndubude (Finance & Administration Manager)

HIGHLIGHTS	QUESTIONS / COMMENTS
<ul style="list-style-type: none"> ➤ Meaning of Financial Management ➤ Objectives of Financial Management ➤ General challenges of Financial Management ➤ Key areas in Financial management ➤ Challenges for providing support for implementation at the field ➤ Strategies adopted to deal with challenges ➤ Recommendations for improvement ➤ Upcoming financial activities for next quarter 	

15. PROCUREMENT REPORT: Update on Global Fund Round 8 Procurement & Logistics Activities by Pharm. Kenji John Goyit (Procurement & Logistics Manager)

HIGHLIGHTS	QUESTIONS/COMMENTS
<ul style="list-style-type: none"> ➤ Procurement activities done ➤ Procurement activities undone ➤ Refurbishment of SCMS ➤ Logistics activities done ➤ Logistics activities undone ➤ LLINs delivery flow chart ➤ Hard nuts 	<p>1. Dr. Bola Njoku asked what the state of affairs concerning details of LLINs received, etc</p>

16. INTERNAL CONTROL MECHANISMS by Mr. Yohanna Hammadu (head, Internal Audit)

HIGHLIGHTS	QUESTIONS / COMMENTS
<ul style="list-style-type: none"> ➤ Defining Internal Control ➤ Physical Control ➤ Authorisation & Approval ➤ Arithmetic & Accounting ➤ Segregation of Duties ➤ Supervision ➤ Organisational & Management Control ➤ Management Control ➤ Initiation Strategies ➤ Implementation Strategies 	<p>1. Dr. Njoku asked how issues are handled when a lot of money has been invested in buying products and not having them delivered due to constraints, e.g. the expiry of drugs</p>

17. INTRODUCTION OF IMPLEMENTING PARTNERS AND THEIR RESPONSIBILITIES by Dr. Gafar Alawode

Implementing Partners	Representative (s)	Responsibilities
1. Gede Foundation 2. Staywell Foundation 3. Bates Cosse 4. Delybimb Malaria Foundation 5. Carter Centre	1. Mr. Godwin Etim 2. Dr. Fisayo Fagbemi 3. Messrs. Kayode Olagesin & Funmi Onabolu 4. Messrs. Bamidele Kolawole & Abiodun Salami 5. Adamu Salau K	

18. ROUND 8 OPERATIONAL WORK PLAN by Dr Gafar Alawode

- (a) Group work on Operational Work Plan**
- (b) Plenary presentation of Group work**
- (c) IPs comment on the Operational Work Plan**

HIGHLIGHTS	QUESTIONS / COMMENTS
<ul style="list-style-type: none"> ➤ Group presentations of operational work plans ➤ Comments on presentations 	1. Mr. Ali commended the groups for their presentations. He made the following observations: a). He noted that there ought to be a column for indicators. Adding that pointers are very necessary. b). He also noted that some state’s plans don’t have M&E components. He asked the South-West Zone to check their work plan. c). South-East to check their M&E component d). South-South plans do not have deadlines on many of their activities. e) he also said that cumulative deadlines were not acceptable. e). North-West should look at their means of verification 2. Dr. Gafar accepted all of Mr. Ali’s comments and added that where M&E programmes coincided with that of the Programmes Dept, they could conduct joint trainings in order to cut cost. He also said at the next programme review meeting presentations should be based on plans developed at this meeting.

19. RECOGNITION OF THE BEST ZONE OF THE QUARTER: The North East Zone emerged the winner of the Best Zone after balloting conducted by Mr Yohanna and Mrs Ewy Ogedegbe. They got a present from the Director of Programmes, Dr Remi Sogunro.

20. CLOSING REMARKS

The Director of Programmes, Dr Remi Sogunro gave the closing remarks. He began with the saying, “when there is a will, there is a way”, and that he believed all present at the meeting can be agents of change wherever they are. “We are being part of history. To be remembered as those people who walked the walk and made history by reducing child mortality. Let us go out and

walk the walk,” he said. A time will come when westerners will come and take our reports for publication. He said YGC has capacity and mentioned that one YGC staff will be going to the United Kingdom to give a presentation in October. The Director noted that one thing was lacking and that is an Advocacy Kit for YGC. He said by the following week one should be ready. He thanked the IPs, informing them that they were now part of the family. He added that he hopes the meeting served as an orientation for them and that they had the opportunity to meet the field workers whom they will be coming in contact with in the course of their work.

21. ACTION POINTS

- Need to build capacity for ACSM
- Need for a YGC advocacy tool kit
- Need to assess HWs chosen for training to sift out those with wrong motive
- Need for a collaborative curriculum review
- Need to map Role Model Care-givers
- Work plan presentations should be based on percentage, specified and broken down to avoid reporting what is not in the PF.
- Reports from Zones should be based on the *Output to Purpose Model*
- Emphasis on states ownership of programme
- Need for indicators in work plan
- Need to imbibe a data culture and improve on data quality, consistency & analysis
- ZCs and SLOs work in concert with HQ on advocacy
- Management to meet for review of MoU with states concerning vehicles

22. FOLLOW UP

- ZCs and SLOs to return to their work plans and effect corrections
- Finance/Admin to communicate to ZCs on the policy on financial autonomy of Zones
- Finance/Admin to deliver new office equipment to Zones

23. APPENDIX 1: ATTENDANCE LIST

S/N	NAME OF PARTICIPANT	ADDRESS/ORGANIZATION
1.	Dr. Remi Sogunro	Director, YGC HQ
2.	Dr. Gafar Alowode	Programme Manager, YGC HQ
3.	Dr. Bola Njoku	Manager, M&E, YGC HQ
4.	Mr. Ikenna Ndubude	Manager, Finance & Admin, YGC HQ
5.	Mr. Hammadu Yohanna	Head, Internal Audit, YGC HQ
6.	Mr. Kenji John Goyit	Manager, Procurement & Logistics
7.	Mr. Ali Bukar Bwala	M&E Officer, YGC HQ
8.	Mr. John Okache	Procurement & Logisctics Officer, YGC HQ
9.	Mr. Peter Fanope	IT Officer, YGC HQ
10.	Mr. Adeyeye Ajayi	Internal Audit, YGC HQ
11.	Mr. Samuel Ikani	M&E, YGC

12.	Mrs. Adebunola Oyeyemi	Snr. Programme Officer, YGC HQ
13.	Mrs. Ewomazino Ogedegbe	Programme Officer, YGC HQ
14.	Mr. Vincent Egede	Research & Documentation Officer, YGC HQ
15.	Mr. Nwachukwu Moses	Finance, HQ
16.	Mr. Absolute Njoku	Finance, HQ
17.	Mrs. Bridget Iluebbey	Programmes Dept, YGC
18.	Mr. Akpa Igwe	ZC, YGC, South East
19.	Dr. Olatunde Olotu	ZC, YGC, South West
20.	Dr. Toun Olateju	ZC, YGC, North Central
21.	Dr. Iliya Amaza	ZC, YGC, North East
22.	Mr. Oluwale Oluyemi	ZC, YGC, North West
23.	Mr. Uket Bassey	ZC, YGC, South South
24.	Mr. Alex Okafor	SLO, YGC, Delta
25.	Mr. Stephen Toyin Ajayi	SLO, YGC, Sokoto
26.	Hajiya Aisha Aminu Senchi	SLO, YGC, Kebbi
27.	Mr. Egiliwe Anthony	SLO, YGC, Edo
28.	Mr. Dozie Ugoji	SLO, YGC, Abia
29.	Mr. Franklyn Ehuru	SLO, YGC, Imo
30.	Pharm, Moses Onmonya	SLO, YGC, Borno
31.	Pharm, Yadu S. Awak	SLO, YGC, Yobe
32.	Pharm. Adaobi Anyachor	SLO, YGC, Benue
33.	Mr. Achimuzu Sunday	SLO, YGC, Kogi
34.	Pharm. Hamna Saleh	SLO, YGC, Zamfara
35.	Mr. Obasi Kingsley	SLO, YGC, Ebonyi
36.	Mr. Ogunmola Gabriel Bunmi	SLO, YGC, Ondo
37.	Mr. Afolagbe Moses	SLO, YGC, Osun
38.	Mr. Sarumi Taiye	SLO, YGC, Oyo
39.	Ezeokara Adaora	SLO, YGC, FCT
40.	Mr. Samson Ikani	SLO, YGC, Plateau
41.	Mr. Ishaku Dickson	SLO, YGC, Adamawa
42.	Mr Osifo Etose	SLO, YGC
43.	Dr. E. B. A. Coker	National Coordinator, NMCP
44.	Dr. Babtunde Ipaye	NMCP - TA
45.	Mr. Abegunde Ope	NMCP
46.	Mr. Funmi Onabolu	Bates Cosse
47.	Mr. Kayode Olagesin	Bates Cosse
48.	Mr. Abiodun Salami	Delybimb Foundation
49.	Mr. Bamidele Kolawole	Delybimb Foundation
50.	Mr. Adamu Sallau	The Carter Centre
51.	Mr. Godwin Etim	Gede Foundation
52.	Dr. Fisayo Fagbemi	Staywell Foundation
53.	Dr. Ebenezer Baba	SUNMAP/DFID
54.	M. A. Enoghayin	SMOH
55.	Sammy Ogunjimi	Codix Pharma
56.	Dr. Dapo Adejumo	HISD Nigeria
57.	Dan Jenshak	Yakubu Gowon Foundation
58.	Alemma Aliu	The Guardian
59.	Adibe Emeyonu	Thisday
60.	Osayande Cele	NTA Benin
61.	Simon Ebegebulem	Vanguard
62.	Denis Eguekhide	EBS

63.	Jacob Afemkhema	EBSTV
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S/N	NAME	ADDRESS/ORGANISATION
58.	Osayande Cele	NTA Benin
59.	Simon Ebegbulem	Vanguard
60.	Denis Eguekhide	EBS
61.	Pharm. Hamna Saleh	YGC, SLO (Zamfara)
62.	Jacob Afemkhema	EBSTV
63.	Achimuzu Sunday	YGC, SLO (Kogi)

24. APPENDIX 2: MEETING PICTORIAL



Director YGC, Dr. Remi Sogunro giving his opening remarks while Dr. Ebenezer Baba of SUNMAP (extreme left), Dr. Moses Momoh (2nd right), Edo State Commissioner for Health and Mr. Solomon Asemota, SAN (extreme right), YGC Governing Council Board member listen attentively.



Mr. Solomon Asemota, SAN, YGC Governing Council member (standing), Dr. Moses Momoh(left), Edo State Commissioner for Health and Dr Babatunde Ipaye



Dr. Moses Momoh (standing), Edo State Commissioner for Health declaring the meeting open, Dr. Remi Sogunro (left), Mr. Solomon Asemota, SAN (right) and (extreme right) Dr Babatunde Ipaye



Dr. Bola Njoku, M & E Manager at YGC presenting the meeting's agenda



Dr. Gafar Alawode, Project Manager YGC, presenting an overview of Global Fund R8 Malaria Grant



Dr. E. B. A.

Coker, National Coordinator, NMCP delivering his goodwill message. He later presented an overview of the National response to Malaria in Nigeria

Mrs. Ewomazino Ogedegbe, Programme Officer, YGC, presenting an overview of the AMFm grant



Mrs. Adebunola Oyeyemi, Snr. Programme Officer, YGC, presenting the BCC implementation strategy



Dr. Ebenezer Baba of SUNMAP presenting the National RDT roll-out plan



Mr. Ali Bwala, M&E Officer, YGC, presenting the R8/AMFm Performance Framework



Dr. Tunde Olotu, YGC, ZC South-West, presenting Follow- Up After Training experience sharing



Mr. Oluwale Oluyemi, YGC ZC North-West, presenting updates from his zone



Dr. Ike Ajayi, University of Ibadan, giving a presentation on the Home Management of Malaria



Mr. Sammy Ogunjimi of Codix Pharma Ltd, sole agents in Nigeria for S.D. (Standard Diagnostics), makers of the RDT kit, responding to questions/comments from participants on the RDT kit



Dr. Dapo Adejumo, Health Information System consultant, making a presentation on Health Management Information System



Mr. Dan Tenshak of Yakubu Gowon Foundation delivering an inspirational speech



A cross-section of participants at the review meeting



Mr. Ikenna Ndubude, Finance & Admin Manager, YGC, giving his presentation on Financial Management on R8 Malaria Grant



Mr. John Okache, Procurement & Logistics Officer, YGC, giving a presentation on behalf of his Department.



Representatives of some Implementing Partners at the meeting



YGC staff conducting elections for the Best Zone of the Quarter



The SLOs and ZC of the North-East Zone, winners of the Best Zone of the Quarter, receiving the award from the Director



YGC Director, Dr Remi Sogunro, giving his closing remarks

25. WORK PLAN FOR THE 6 ZONES