



Investing in our future

**The Global Fund**

To Fight AIDS, Tuberculosis and Malaria

Minutes of the  
23<sup>rd</sup> Country Coordinating Mechanism (CCM) Meeting  
Venue: Main Conference Hall, Ministry of Health, Thimphu  
Date : August 16, 2012



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The 23<sup>rd</sup> meeting of the Bhutan Country Coordinating Mechanism was held on August 16<sup>th</sup>, 2012 at 09:00 AM at the Main Conference Hall, MoH, Thimphu, with following objectives:

1. Present the quarterly progress updates of HIV, TB and Malaria programmes
2. Responses to TRP's questions for Transitional Funding Mechanism.
3. Brief on 26<sup>th</sup> Board and SEA constituency meeting.

#### Attendees:

#### CCM Members:

1. Ms. Phuntshok Chhoden, CCM Chair, Strategic Advisor, Bhutan Association of Women Entrepreneurs. (NGO Constituency).
2. Dr. Nani Nair, Representative, WHO Bhutan (Multilateral Constituency).
3. Mr. Mark LaPariarie, Representative, World Bank, (Government Constituency).
4. Mr. Kencho Wangdi, Portfolio Coordinator, SNV (Bilateral Constituency).
5. Mr. Wangda Dorji, Executive Director, Lhaksam (PLWD Constituency)
6. Mr. Kinley Tenzin, Sr. Program Officer, Bhutan Youth Development Fund (NGO Constituency).
7. Mr. Tashi Dhendup, Peer Counsellor (KAP Constituency)
8. Dr. Sanga Dorji, Executive Director, DPAB (NGO Constituency)

#### Alternate CCM Members:

1. Dr. Ugen Dophu, Director General, DoMS, MoH (Government Constituency)
2. Mr. Kinley Rinchen, Planning Officer, Dept. of Planning and Resources (Academic /Education Constituency).
3. Ms. Deki Zam, Program Coordinator, Draktsho Vocational Training Centre for Special Children and Youth (NGO Constituency)
4. Ms. Pema, Program Officer, Tarayana Foundation (NGO Constituency).
5. Ms. Dechen Choden, Program Officer, Royal Society for Senior Citizens (NGO Constituency)
6. Ms. Sonam Chuki, Budget Officer, Department of National Budget, Ministry of Finance (Government Constituency).
7. Ms. Karma Choden, RENEW Secretariat (NGO Constituency)

**Principal Recipient (PR) Representatives:**

1. Mr. Tandin Dorji, Chief Prpgram Officer, Communicable Disease Division, DoPH, MOH
2. Mr. Tobgay Drukpa, Sr. Program Officer, Vector-borne Disease Control Programme (VDCP), MOH.
3. Mr. Nima Wangdi Gyeltshen, Entomologist, Vector-borne Disease Control Programme (VDCP), MOH.
4. Mr. Namgay Tshering, Program Officer, National HIV/AIDS Control Program, MOH
5. Mr. Lekey Khandu, Asst.Program Officer, National HIV/AIDS Control Program, MOH
6. Mr. Chewang Rinzin,Sr.Program Officer, National Tuberculosis Control Programme, MoH
7. Mr. Tashi Dendup, Program Officer, National Tuberculosis Control Programme, MoH
8. Ms. Kinzang Wangmo, PO, PMT, MOH
9. Mr. Jigme Thinley, Asst. M&E Officer, PMT, MOH

**Sub Recipient (SR) Representatives:**

1. Ms. Ugyen Tshomo, Sr. Program Officer, NFE, MoE
2. Mr. Ugyen Tshering, Program Officer, Dratshang Lhentshog
3. Mr. Tobgay Wangchuk, Sr. Lab Technician, Military Hospital, RBA

**CCM Secretariat:**

1. Mr. Karma, CCM Coordinator
2. Ms. Suneeta Chhetri, Asst. M&E Officer

**Observers:**

1. Mr. Yeshey Dorji, Local Fund Agent, UNOPS.

**Quorum:**

Attendance - 75%

Sl.No.	Agenda	Discussion	Recommendations and Decisions
1	Opening remarks	<p>Ms. Phuntshok Chhoden, CCM Chair thanked all members for attending the 23<sup>rd</sup> CCM meeting.</p> <p>In her opening statement she highlighted the following main objectives of the meeting:</p> <ol style="list-style-type: none"> <li>1. Update the quarterly progress of HIV, TB and Malaria</li> <li>2. Outcome of Transitional Funding Mechanism.</li> <li>3. Update on 26<sup>th</sup> Board and SEA constituency meeting.</li> </ol> <p>The CCM members were acknowledged for their contribution in the development of the TFM, the WHO for technical support, and the programs congratulated for their efforts put in, especially the Malaria program on their proposal's positive review by the TRP.</p> <p>The CCM members were also informed that the 23<sup>rd</sup> CCM meeting was deliberately delayed till the news on TFM were out with TRP results to review and respond to collectively.</p>	
2	Adoption of the agenda	The CCM members endorsed the agenda for discussion.	
3	Progress update –HIV	<p>The PR representative for HIV program, Mr. Namgay Tshering, Program Officer, presented the progress update of the HIV program and presented the proposal for the CCM's endorsement :</p> <ol style="list-style-type: none"> <li>1. Since SR(BCCI) could not implement the activities in past 7-8 quarters (Phase II), the SR has requested the PR to withdraw the sum of USD 23, 970.00 from year 4 from Q13, Q14 &amp; Q15 (communicated via email)</li> </ol>	<ol style="list-style-type: none"> <li>l. With much deliberation, the CCM endorsed the proposal to relocate the BCCI's activity budget to be carried out by the Health Promotion Division, on the condition that the PR will carry out the same activities and be able to reach the targeted community to the maximum. It was also recommended that the PR will seek a letter of request for withdrawal from SR (BCCI) in</li> </ol>

		<ul style="list-style-type: none"> <li>• Activities not linked to any major indicators as highlighted in the PF</li> <li>• The activities were aimed at reaching to youths through the private sectors</li> </ul> <p>The PR proposed the fund to be allocated to Health Promotion Division to carry out the similar activities, without much deviation from the grant objectives.</p> <p>There is no approved budget under year 5 to meet the cost of refurbishing the existing HISCs in four major towns. And also very less time and budget to hire M&amp;E consultant, when there is already one M&amp;E in the PMT and with joining of two staff who is take role of M&amp;E, the program proposes the re-appropriation of USD 24000 from SDA 2.2.1. Hiring of M&amp;E Consultant in MoH to the following :</p> <ol style="list-style-type: none"> <li>1) Refurbishment of VCT centers under SDA 1.8.</li> <li>2) To carry out the NACP Annual Review Meeting.</li> <li>3) Printing of targeted IEC materials on HIV &amp; STIs (Print Publications), and</li> </ol> <p>From SDA 2.3.2. <i>Hire international expert for targeted TA to Undertake Supervision and Monitoring Visit.</i></p>	<p>formal writing (hard copy letter).</p> <ol style="list-style-type: none"> <li>2. The CCM endorsed the proposal, however, the CCM requested assurance on the the two staff joining in will have an M&amp;E expertise to efficiently carry out strong M&amp;E, and there should be no requirement for M&amp;E, later.</li> <li>3. With regard to the excess expenditure, PR will re-present the case for excess expenditure in clear tabular format (tracing back all the previous meeting that endorsed their request) and, if need be, communicate with the Global Fund and LFA. The PR through CCM Secretariat will propose their case to CCM to look into their concerns, either calling for an Ad hoc CCM meeting or via electronically. The stipulated time to present the detail case to CCM is two weeks.</li> <li>4. It was also recommended that the Programs will first put their request of re-appropriation of budget to their Chief Program and the Director General, before coming to the CCM.</li> </ol>
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4	Outcome of TFM Proposal- HIV	<ol style="list-style-type: none"> <li>1. The Program Officer, HIV Program presented the review of TRP recommendation on the TFM proposal, and highlighted the justifications requested in,             <ol style="list-style-type: none"> <li>a. Conditions related to technical criteria and clarification and/or conditions related to the scope of TFM that is required by TRP.</li> <li>b. Clarification and/or conditions related to technical criteria (not falling under the eligibility and TFM-specific requirements sections), and conditions related to the scope of TFM, required by the GF Secretariat during grant negotiations.</li> </ol> </li> </ol>	<ol style="list-style-type: none"> <li>1. The CCM read the outcome of the TRP review, and the PR representative was recommended that they will respond appropriately.  However, on some justification requested in the TFM proposal, such as the human rights issue, the justification presented by the program was further asked to be refined including concerns like the confidentiality issues, empowering vulnerable groups- mentioning the works of Lhaksam and that they are the key supported agency, etc.</li> <li>2. It was also recommended that the program maintain the consistencies, like in the figures of the patients on ART treatment and people living with the diseases, etc.</li> <li>3. On the activity related to training, the CCM recommended that the training program representing 32% of the total budget should be reviewed for any cut-backs (if appropriate) and this component then more elaborately justified</li> </ol>
5	Progress update -TB	<p>The PR representative for TB program, Mr. Chewang Rinzin, Sr. Program Officer, presented the progress update of the TB program and presented the proposal for the CCM's endorsement :</p> <ol style="list-style-type: none"> <li>1. Approval or endorsement for the implementation of activities</li> </ol>	<ol style="list-style-type: none"> <li>1. It was recommended that the PR will represent the case for excess expenditure in clear tabular format (tracing back all the previous meeting that endorsed their request) and, if need be, communicate with the Global Fund and LFA.</li> </ol>

		<p>carried over from Phase 1 to 2 of the <i>Activity codes 2.5 and 2.6 amounting to 21600\$ and 8600\$ for Provide enablers to MDR-TB patients and International training on DOTS Plus.</i></p> <p><b>Re-appropriation approval</b></p> <p>From activity code 2.5 Balance amount of USD 25,000 from activity of Technical Assistance through GLC to be proposed for over spillover activities of Phase 1 2.4 Balance budget of USD 16,000 from activity procurement of Second Line Drugs to be used for additional 5 MDR-TB patients. Balance budget of USD 18,000 from activity procurement of X-ray machine to be used for the expenditure incurred against X-ray machine procurement done during the start of Phase 2 which was the activity of Phase 1.</p>	<p>The PR through CCM Secretariat will propose their case to CCM to look into their concerns, either calling for an Ad hoc CCM meeting or via electronically. The stipulated time to present detail case to CCM is for two weeks.</p> <p>2. As per the functions of CCM, it was decided that any reprogramming proposals must be first discussed with division chief and head of department, before formally requesting to Bhutan CCM.</p>
6	Outcome of TFM Proposal- TB	<p>The Program Officer, TB Program presented the review of TRP recommendation on the TFM proposal, and highlighted the justifications requested in,</p> <p>c. Conditions related to technical criteria and clarification and/or conditions related to the scope of TFM that is required by TRP.</p> <p>d. Clarification and/or conditions related to technical criteria (not falling under the eligibility and TFM-specific requirements sections), and conditions related to the scope of TFM, required by the GF Secretariat during grant negotiations.</p>	<p>1) It was recommended that the overall budget is not so low, and hence, the program must retain the amount proposed, and the responses should be well articulated with respect to the clarifications sought, particularly on MDR-TB, TB-HIV and ASCM.</p> <p>2) The program should use word “essential drugs” instead of just “drugs”.</p> <p>3) It was also recommended that they should target the traditional healers for the ASCM activity for the TFM proposal.</p>
7	Progress update – Malaria	<p>The PR representative for Malaria program, Mr. Tobgay, Sr. Program Officer, presented the progress update of the Malaria program and the following unimplemented activities to be reprogrammed :</p>	<p>1. It was recommended that for the activity relating to the masters program, the Malaria focal person will follow up with</p>

		<ol style="list-style-type: none"> <li>1. Under activity, recruit entomologist to guide the programme, budget \$12,000 –to be re-programmed to out-country to meet the need the expenses for Masers in entomology and diploma in parasitology.</li> <li>2. Master in Tropical Medicine 40,000 -Proposed for reprogram to send two malaria technicians in Parasitology in the region</li> <li>3. Procurement of Dehumidifier 22,222- DVED is still looking specification to procure.</li> </ol> <p>The program also presented the following challenges :</p> <ul style="list-style-type: none"> <li>• Budget shortages due to fluctuation of dollar rate</li> <li>• Difficulty in finding institute for planned training</li> <li>• Difficulty in getting specifications for some of the items</li> </ul>	<p>the help of Dr.Ugen Dophu and sit with HR Dept. of Ministry of Health.</p> <ol style="list-style-type: none"> <li>2. It was recommended that for procurement specification and for finding the right institutions, the program should seek assistance from WHO. It was also recommended that the programs should build the capacity of their personnel.</li> <li>3. With regard to the excess expenditure, PR will re-present the case for excess expenditure in clear tabular format (tracing back all the previous meeting that endorsed their request) and, if need be, communicate with the Global Fund and LFA.</li> </ol> <p>The PR through CCM Secretariat will propose their case to CCM to look into their concerns, either calling for an Ad hoc CCM meeting or via electronically.</p> <p>The stipulated time to present the detail case to CCM is two weeks.</p> <ol style="list-style-type: none"> <li>3. It was also recommended that the Programs will first put their request of re-appropriation of budget to their Chief Program Officer and the Director General, before coming to the CCM.</li> </ol>
8	Outcome of TFM Proposal-	The Program Officer, Malaria Program presented the review of TRP recommendation on the TFM proposal. The Malaria program had no	



	Malaria	technical weakness in the proposal and the program officer attributed their success to organised set of dedicated staff working together and that they hired the same consultant who had worked in development of previous proposals.	
9	Briefing on Twenty-Sixth Board meeting held in Geneva, Switzerland and SEA constituency meeting.	<p>The CCM Chair made a brief presentation on Twenty-Sixth Board meeting held in Geneva, Switzerland from 10-11 May 2012, that discussed the following key areas :</p> <ol style="list-style-type: none"> <li>1. A new financial forecast of \$1.6 billion was announced for funding during 2012-14 period, and Board voted to implement available funds in effective programs that save lives, accelerating implementation of the Board's new funding strategy.</li> <li>2. Board Revisits the '55% Rule'.</li> <li>3. Reaffirming role of civil society.</li> <li>4. Launch of a selection process for the appointment of a new Executive Director.</li> </ol> <p>She also highlighted the following discussions of the SEA Constituency meeting, held at Colombo, Sri Lanka from 20-21 June 2012</p> <ul style="list-style-type: none"> <li>• Regional overviews per disease by WHO Regional Advisors/specialists.</li> <li>• Role of WHO vis-à-vis GF programmes in the region</li> <li>• Briefing by Paula Hacopin of Board Relations on workings of the Board, committees etc and how regions must strategise.</li> <li>• Report by Nepal BM – status and progress</li> <li>• Rotation pattern finalized and agreed upon in representation of SEA constituency in the larger GF Board. Current Board Member being from Sri Lanka and Alternate BM from Thailand.</li> </ul>	

**Closing Remarks:**

The meeting adjourned with the Chairperson thanking all the CCM members for their participation, the program teams for their hard work and on the outcome of the TRP reviews.

The Chair, also urged and requested all the CCM members to continuously support the programs by attending the future meetings. Of the CCM for greater ownership and meaningful discussions and outcomes

She also acknowledged and thanked CCM members for being there with their presence particularly at crucial meetings when important decisions had to be made and hopes that spirit would continue.

Signature: 

Mr. Nima Wangdi, Bhutan CCM Vice Chair

**23<sup>rd</sup> Bhutan-Country Coordinating Mechanism Meeting****Venue: Main Conference Hall, MoH, Thimphu****Date: 16<sup>th</sup> August 2012,****Draft Agenda****Objective:**

- Quarterly progress update (HIV/AIDS, TB, Malaria)
- Outcome of Transitional Funding Mechanism
- Update on 26<sup>th</sup> Board and SEA constituency meeting

<b>Time</b>	<b>Topic</b>	<b>Responsibility</b>
9:30am	Registration	CCM Secretariat
10:00am	Opening Remark	CCM Chair
10:10am	Outcome of TFM Proposal/plans to address & Progress update (quarter 17)	HIV Program
10:25am	Discussion/recommendation	Full CCM/program
10:45am	Outcome of TFM Proposal/plans to address & progress update (quarter 17)	TB Program
11:00am	Discussion/recommendation	Full CCM/program
11:20am	Outcome of TFM Proposal/plans to address & progress update (quarter 16)	Malaria Program
11:35am	Discussion/recommendation	Full CCM/program
<b>11:35am</b>	<b>Tea /refreshment</b>	<b>Tea will be served in the meeting</b>
11:40am	Update on expenditure report, Phase II (Q9-17, HIV & TB and Q9-16 Malaria)	Project Implementation Unit
11:50am	Discussion	CCM/program
12:10pm	Briefing on 26 <sup>th</sup> Board and SEA constituency meeting	CCM Chair
12:20pm	Any other business	CCM/Program
<b>12:30pm</b>	<b>Lunch</b>	

**TASHI DELEK!**