

MINUTES OF THE MEETING



24TH COUNTRY COORDINATING MECHANISM (CCM)

HOTEL MIGMAR, THIMPHU
DECEMBER 4, 2012

Prepared by
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The 24th meeting of the Bhutan Country Coordinating Mechanism was held on December 4, 2012 at 09:30 am at Hotel Migmar, Thimphu, with following objectives:

1. Present the quarterly progress updates of HIV/AIDS, TB, Malaria programmes,
2. Restructure the Oversight committee,
3. Present the lesson learnt from Horizontal Learning Exchange (HLE) programme visit to CCM Indonesia,
4. Present the draft Oversight plan and the work plan.

Attendees:

CCM Members:

1. Mr Nima Wangdi, CCM Vice Chair/ Secretary, Ministry of Health (Government Constituency).
2. Dr Dorji Wangchuk, Director General, DoPH, MOH (Government Constituency)
3. Ms Dechen Zam, Chief Planning Officer, PPD, MoE (Govt. Constituency)
4. Mr Kencho Wangdi, Portfolio Coordinator, SNV (Bilateral Constituency)
5. Ms Chime P Wangdi, Secretary General, Tarayana Foundation (NGO Constituency)
6. Mr Wangda Dorji, Executive Director, Lhaksam (PLWD Constituency)
7. Mr Kinley Tenzin, Sr. Program Officer, Bhutan Youth Development Fund (NGO Constituency)
8. Mr Tashi Dhendup, Peer Counsellor (KAP Constituency)

Alternate CCM Members:

1. Mr Kinley Rinchen, Planning Officer, Dept. of Planning and Resources, Royal University of Bhutan (Academic /Education Constituency).
2. Ms Sonam Chuki, Budget Officer, Department of National Budget, Ministry of Finance (Government Constituency).
3. Ms Karma Chosen, Counsellor, RENEW Secretariat (NGO Constituency)

Principal Recipient (PR) Representatives:

1. Dr Lobzang Dorji, Chief Program Officer, Vector-borne Disease Control Programme (VDCP), DoPH, MOH
2. Mr Tobgay Drukpa, Sr. Program Officer, VDCP, MOH.
3. Mr Dorji Khandu, Programme Officer, VDCP, MOH.
4. Mr Namgay Tshering, Program Officer, National HIV/AIDS Control Program (NACP), MOH
5. Mr Lekey Khandu, Asst. Program Officer, NACP, MOH
6. Mr Chewang Rinzin, Sr. Program Officer, National Tuberculosis Control Programme, (NTCP) MoH
7. Mr Tashi Dendup, Program Officer, NTCP, MoH

8. Mr DorjiKhandu, Program Officer, NCCP, MOH

CCM Secretariat:

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

Observers:

1. Mr YesheyDorji, Local Fund Agent, UNOPS.
2. Dr Isabel Simbeye, Health and Nutrition Specialist, UNICEF Bhutan (Multilateral Constituency)
3. Ms SonamWangmo, Executive Director, Disabled People's Association of Bhutan (NGO Constituency)
4. Mr SangayPenjore, Sr. Programme Coordinator, GNHC (Government Constituency)
5. Ms Dechen Zam, Consultant, GIZ.

Quorum:

Attendance - 70%

Sl.#	Agenda	Discussion
1	Opening remarks	<p>The 24th CCM meeting was chaired by Mr Nima Wangdi, CCM Vice Chair. In his opening statement he thank all members for their commitment to oversee the GF financed activities in the country.</p> <p>He comprehensively shared to the CCM members, the decision points of the recent 28th GF board meeting.</p>
2	Adoption of the agenda	The CCM members endorsed the agenda for discussion.

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3	Progress update –HIV	Discussion	Recommendations and Decisions
		<p>Mr Namgay Tshering, Program Officer, presented the quarter 18 progress update on behalf of HIV/AIDS control program.</p> <ol style="list-style-type: none"> Progress update (Quarter 18): progress reports were presented using dashboard. The program informed the CCM that the overall implementations of activities are all as scheduled. Backlog activities (past quarters): the program presented list of backlog activities which were mainly caused due to delay in disbursement, poor performance of SRs (Sub-Recipients) and financial closure. The member were appraise that program will be joined by two more staffs after their master's degree thus, program expects to smooth functioning thereafter. Management letter: along with other reference materials the members were shared copies of management letter issued by GF. The program inform the floor that they are in process of responding the management issues, the members will be also informed. 	<ol style="list-style-type: none"> Since current grant is near completion, the program was requested to accelerate the implementation. CCM informed that SRs are equally important towards achieving target, thus requested to give full commitment during implementation. Since SR-BCCI (Bhutan Chamber of Commerce and Industry), is not performing well, CCM endorsed that the remaining activities of SR-BCCI will be implemented by NACP, and proposed to Lhaksam (considering their capabilities and reach) if they can help to carry out the activities with BCCI. Upon agreement of Lhaksam to work together with NACP and BCCI, the CCM endorsed the decision. Principal Recipient was requested to

		address management issues at the earliest
Declaration of Conflict of interest (COI)	<p>Mr. Nima Wangdi, Vice Chair, who is also the head of the PR organisation, and Dr. Dorji Wangchuk, Director General of the Dept. of Public Health, recused themselves during the discussion of the agenda of the reprogramming of activities.</p> <ol style="list-style-type: none"> 1. <u>Reprogramming of activities:</u> the program informed that they have achieved the intended target and proposed the re-programming of SDA 1.7 (IDU outreach services through sub grantee community organization) amount \$24,000 to Training of Primary Health Care workers (BHU Staffs) on HIV, RPR and HBsAg screening. 2. <u>TFM (Transitional Funding Mechanism) proposal:</u> the members were also updated on the current standing of the HIV proposal submitted under TFM. Program acknowledged the Bhutan-CCM for their continued support and guidance. 	<p>5. Since Global Fund has not made disbursement to SDA 1.7, the proposal of reprogramming could not discuss further. The CCM recommended PR to implement the proposed activities if program has some savings.</p> <p>6. CCM extended their appreciation to all stakeholders who were directly or indirectly involved during the proposal development.</p>

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4	Progress update –TB	Discussion	Recommendations and Decisions
		<p>Mr Tashi Dendup, Program Officer, NTCP presented the following progress update of the TB program :</p> <ol style="list-style-type: none"> 1. <u>Progress update (Quarter 18):</u>the progress report were presented using dashboard. 53% of the cumulative budget has been disbursed and from it 75% is the cumulative expenses as of the current reporting period. 2. <u>Backlog activities (past quarters):</u> the program presented list of backlog activities from P14, and the activities are in process, some activities are related to health products and equipment, that were unimplemented due to delay in PSM plan. It is now reprogrammed and proposed for approval to implement it. 	<p>1. The PR was recommended to gear up to implement all planned activities.</p>
	Declaration of Conflict of interest	Mr. Nima Wangdi, Vice Chair, who is also the head of the PR organisation, and Dr. Dorji Wangchuk, Director General of the Dept. of Public Health, recused themselves	

during the discussion of the agenda of the reprogramming of activities.

3. Reprogramming of activities/ Propositions pending decision with TGF / CCM endorsement

- a. Refurbishment of MDR-TB wards
- b. Quality testing of TB drugs
- c. Additional cost for airing of TB messages
- d. Reimbursement of expenses for lab. supplies to the government

4. TFM proposal: Program acknowledged the Bhutan-CCM for their continued support and guidance. The current status of the TB proposal under TFM are :

- TFM clarification completed on 13 November 2012.
- Approved after first round of clarifications by 14/11/2012.
- The approved amount is USD 589766.00

3. Taking into consideration that these activities are from the PSM (Procurement and Supply management) plan, which was delayed due to delay in the approval of PSM plan by the Global Fund, the CCM endorsed the proposed activities.

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5 Progress update – Malaria	Discussion	Recommendations and Decisions
	<p>Mr Tobgay, Sr.Program Officer, VDPC, presented the following progress update of the Malaria program:</p> <ul style="list-style-type: none"> ▪ <u>Progress update (Quarter 17)</u>: In this period not much expenditure are made due to non-release of DR from the Global Fund. The Expenditures are just routine payment such as vector surveillance, Salaries and wages. ▪ <u>Backlog activities (past quarters)</u>: the program’s unimplemented activities are all in process now. ▪ <u>TFM proposal</u>: The Program acknowledged the Bhutan-CCM for their support and guidance. There was slight deduction of the fund size (Actual proposed USD 850, 210 finalized amount USD 820,766 (3.4% deduction), and the program will tentatively sign the grant 	<p>1. It was recommended programme should gear up to implement all planned activities.</p> <p>The indicator that is actually a progress but is highlighted red should be addressed in future. The programmes should align their programmatic indicators in the appropriate manner.</p>

agreement by December, 2012

6 Lesson learnt from HLE visit to CCM Indonesia	Discussion	Discussion / Decisions
<p>A member of the visiting team to CCM Indonesia made a presentation on the observations and lessons learned as the following :</p> <p>Travel Dates:</p> <ul style="list-style-type: none"> • 22- 28 September 2012 (including travel days) • HLE: 24-26 September 2012 (3 working days) <p>Objective :</p> <ul style="list-style-type: none"> • To build knowledge on CCM oversight • To understand the working mechanism and management of multiple grants for the purpose of knowledge sharing. <p>Interacted with members of CCM Indonesia, member of Oversight Committee /Chair TWG HIV. Exchanged information on the GF financed activities - good and bad experiences.</p> <p>1. CCM - Lessons learned:i. Ensure that the PR submits all reports and other documentation on time to the Global Fund as per the grant agreement. ii. Ensure that it is responsive to the needs of its stakeholders.</p> <p>2. CCM Secretariat- Key features/ lessons: i.CCM Indonesia has financial support from UNAIDs and AusAid. ii. Additionally, a consultant has been providing technical assistance to the Secretariat since 2009.iii. Secretariat uses extended funding, which gives flexibility to CCMs to improve oversight, increase the engagement of CCM constituencies and enhance the alignment of CCMs with in-country structures and/or processes. iv. Design mechanism for information sharing amongst sectors/constituencies. v. Revise/ revisit manuals yearly.</p> <p>3. Oversight – observations/ lessons learned: i) Same team members involved in</p>	<ol style="list-style-type: none"> 1. The members of the visiting team to CCM Indonesia also shared their experiences with the other members of the CCM. 2. The visiting team members expressed that with regard to constituency/sector meeting, the coordination is easier for the bilateral constituencies as all of them sit on the board of the CCM. 3. The visiting team members also recommended that CCM Bhutan could strengthen the relationship with CCM Indonesia to gain knowledge and ideas. <p>And further recommended that Bhutan CCM should list its key challenges and plan to do out from now, as in future, we will be faced with same problems and still will be tackling to resolve such problems – both in areas of programme interventions to fight the three diseases and the CCM governance.</p>	

	<p>proposal development and oversight (TWG). ii) Strong technical insight to oversee the grant implementation. iii) Practice of constant coaching and mentoring in the grant implementation and evaluation of the GF grant performance grading. iv) Prevalence of two types of Field Oversight Visits- 1. General oversight visit, which is made by the CCM/Oversight Committee, and 2. Investigative Oversight Visit, which is made by the TWG. v) Ensure that PR monitor data quality and assess mechanism to reduce discrepancy, promote wider participation and dissemination of information to all sectors, vi) oversight meetings happen monthly.</p> <p>4.The OversightField Visit (CCM team visited a community health centre) - lessons learned: i) Review the work plan and plan the visit, prepare /update on the background information of the site. ii). Composition of technical experts – financial and programmatic.</p>	<ol style="list-style-type: none"> 4. It was suggested that CCM Bhutan should try to implement the best practices. 5. The Secretariat should explore possibilities of strengthening itself and the capacity of CCM. 6. The Secretariat must use a method to select members and must make an informed decision on such opportunities of ex-country travels.
<p>7 Oversight plan and way forward :</p>	<p>Ms Dechen, GIZ consultant, presented the need for oversight, and highlighted the contents in the oversight plans. She also presented the work plan of the Oversight. The oversight plan and the work plan could be reviewed by the Oversight Committee.</p>	<p>It was recommended that assistance be provided till the orientation to the new oversight committee members. The oversight plan and work plan thoroughly discussed for implementation.</p>
<p>8 Restructuring of oversight committee :</p>	<p>The CCM Coordinator proposed the formation of new CCM Oversight with the following reasons :</p> <ul style="list-style-type: none"> - to conduct vibrant oversight visit s, - to ensure timely implementation of planed activities, - to create lively working environment with PR, SR and CCM, - to complete quarterly CCM meeting within 2-3 hours, - to ensure free of COI of members in the committee. 	<p>CCM members agreed to form a new committee members and the endorsed the following composition for the Oversight comittee:</p> <ol style="list-style-type: none"> 1. CCM Chairperson 2. Mr KenchoWangdi, SNV(bilateral Constituency) 3. Mr WangdaDorji (PLWD) 4. Mr Kinley Tenzin, YDF 5. UNICEF (with technical background) 6. Personnel from Ministry of Finance 7. Personnel from GNHC 8. Personnel from RAA

Closing Remarks:

The meeting adjourned with the Vice Chair thanking all the CCM members for their support and participation, the three programme teams for their hard work, especially the Malaria programme on their success of their proposal under TFM, with a category 1 : recommended for funding, with no issues for clarification.

The Vice Chair, reminded all the CCM members to voice their opinions, as they are equal on the board CCM, and they are party to any decision made. He also encouraged the members to continuously support the programs, and at large, support in fighting against the three diseases in the country.

Signature: _____

A handwritten signature in black ink, appearing to read 'Nima Wangdi', written over a horizontal line.

Mr. Nima Wangdi, Bhutan CCM Chair

24th Bhutan-Country Coordinating Mechanism Meeting

Venue: Hotel Migmar, Thimphu

Date: 4 December 2012

Draft Agenda

Objective:

- Quarterly progress update (HIV/AIDS, TB, Malaria)
- Restructuring of Oversight committee
- Lesson learnt from Horizontal Learning Exchange visit, CCM Indonesia
- Presentation of draft Oversight plan

Time	Topic	Responsibility
9:30AM	Registration	CCM Secretariat
9:40AM	Opening Remark	CCM Chair
9:45AM	Progress update (Period 18) and TFM update	HIV Program
9:55AM	Discussion	Full CCM/program
10:10AM	Progress update (Period 18) and TFM update	TB Program
10:20AM	Discussion/recommendation	Full CCM/program
10:25AM	Progress update (Period 17) and TFM update	Malaria Program
10:35AM	Discussion/recommendation	Full CCM/program
10:35AM	Tea /refreshment	Tea will be served in the meeting
10:50AM	Lesson learnt from HLE visit to CCM Indonesia	HLE participant
11:00AM	Oversight plan and way forward	MsDechen, Consultant
12:20PM	Discussion	CCM
12:45PM	Restructuring of oversight committee	CCM Secretariat
12:50PM	Discussion/endorsement	Full CCM
1:00PM	Closing Remarks	CCM Chair
1:00PM	Lunch	

TASHI DELEK!!