27th CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS					
COUNTRY (CCM)		Bhutan	TOTAL NUMBER OF VOTING MEMBERS PRESENT (INCLUDING ALTERNATES)		14
MEETING NUMBER (if applicable)		27th CCM meeting			
DATE *(dd.mm.yy)*		4 April 2014	TOTAL NUMBER OF NON-CCM MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)		13
DETAILS OF PERSON WHO CHAIRED THE MEETING					
HIS / HER NAME & ORGANISATION	First name	Mr. Nima	QUORUM FOR MEETING WAS ACHIEVED (yes or no)		Yes
	Family name	Wangdi	DURATION OF THE MEETING (in hours)		9
	Organization	Government constituency	VENUE / LOCATION	Jambayang Resort, Thimphu	

HIS / HER ROLE ON CCM (Place 'X' in the relevant box)			MEETING TYPE (Place 'X' in the relevant box)		
	Chair	X		Regular CCM meeting	X
	Vice-Chair			Extraordinary meeting	
	CCM member			Committee meeting	
	Alternate		GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)	LFA	
				FPM / PO	
				OTHER	X
				NONE	

HIS / HER SECTOR* (Place 'X' in the relevant box)

GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS
X							

LEGEND FOR SECTOR*			
GOV	Government	PLWD	People Living with and/or Affected by the Three Diseases
MLBL	Multilateral and Bilateral Development Partners in Country	KAP	People Representing 'Key Affected Populations'
NGO	Non-Governmental & Community-Based Organizations	FBO	Religious / Faith-based Organizations
EDU	Academic / Educational Sector	PS	Private Sector / Professional Associations / Business Coalitions

AGENDA SUMMARY

AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box) — GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS														
		Review progress, decision points of last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals/appointments	Constituencies engagement	CCM Communications /consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
AGENDA ITEM #1	Follow up report – 26th CCM meeting	X														
AGENDA ITEM #2	Overview on New Funding Model (NFM)								X							
AGENDA ITEM #3	Overview on NFM & status- HIV								X							
AGENDA ITEM #4	Overview on NFM & status- TB								X							
AGENDA ITEM #5	Overview on NFM & status- Malaria								X							X
AGENDA ITEM #6	Overview on Program allocation/disease split													X		

AGENDA ITEM #7	CCM eligibility and performance assessment – status						X									
AGENDA ITEM #8	Progress Update and management issues – TFM proposal											X				
AGENDA ITEM #9	Any other Business															X

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and click on the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

MINUTES OF EACH AGENDA ITEM

AGENDA ITEM #1	Follow up report – 26th CCM meeting

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

Non

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>	Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The CCM Secretariat reported that the sub committees of the CCM (Oversight Development Committee and Proposal Development Committee) are formed. The Chair and the vice chairs of these committees appointed, as follows:

Chair of OSC : Ms. Shaheen Nilofer, Representative, UNICEF Bhutan
Vice Chair of OSC : Ms. Tandin Lhamo, Sr Program Coordinator.

Chair of the PDC : Dr. Nani Nair, Representative, WHO Bhutan
Vice Chair of PDC :Mr. Sherub Gyeltshen, Planning Officer, GNHC.

It was informed that Ms. Nani Nair has left the country, in place of her the CCM endorsed that the Acting Representative from WHO will take her place.

It was informed that RIHS, was sent a letter requesting them to be a member of the PDC, but due to busy admission sessions, the Director of the RIHS, sent his regret to be a member.

Mr. Wangda Dorji, Lhaksam, member from the PLWD constituency approached CCM Secretariat stating that he would like to be a part of the proposal development committee and insisted that his request be put up to the CCM for their approval.

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies' contributions to the discussion in the spaces provided.

GOV	By including Lhaksam as member of PDC, if any COI, then it should be addressed by the committee by refraining the members' participation. Also the member representing Multilateral constituency, Dr. Nani Nair, WHOR is replaced by Acting Representative of WHO.
MLBL	
NGO	PLWD should be encouraged to be in the PDC committee and if the need arises the committee shall mitigate the COI.
EDU	
PLWD	
FBO	
KAP	

DECISION(S) *Summarize the decision in the section below*

The 27th CCM meeting endorsed all the members of the oversight committee and the proposal development committee, including the membership of MrWangdaDorji, representing PLWD in PDC.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
Update the members in the PDC committee	CCM Secretariat	April 2014

DECISION MAKING

MODE OF DECISION MAKING (Place'X' in the relevant box)			IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	CONSENSUS*	X			
	VOTING		VOTING METHOD (Place'X' in the relevant box)	SHOW OF HANDS	X
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		14
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
*Consensusisgeneral or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		0

AGENDA ITEM #2	Overview on NFM

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

Non

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>	Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The CCM members were presented the overview of the new funding model, as follows :

- Eligibility is determined by a country's **income level** and official **disease burden data.**
- The Global Fund eligibility determinations will be made annually.
- Allocations are made once every three years

Components	Income category	Disease burden	Eligible for funding	Type of proposal
HIV	Lower - LMI	Low	Yes	stand-alone
TB	Lower - LMI	Severe	Yes	stand-alone
Malaria	Lower - LMI	Moderate	Yes	Stand-alone
HSS			Yes	Cross cutting HSS

- Total allocation **US$ 7.6 million**, after considering existing grant of TFM, Bhutan may receive **US$ 6,684,595**

Counterpart financing requirements:
To access new funding from TGF, the countries are require to demonstrate;
- Minimum government contribution (20 % counterpart financing)
- Increasing contribution overtime to the Global Fund supported (a) disease program (b) health program
- Reliable disease and health expenditure date to measure & monitor the compliance.

Willingness to pay (WtP) requirement:
To encourage countries to increase national spending beyond counterpart financing ;
- The 15 percent of the total allocation is contingent upon meeting 'willingness' to pay commitment.
- The allocation will finalized after CCM decides fund split across three diseases.

Bhutan falls under Band 4: Higher income, lower disease burden.

The members were informed that the CCM Secretariat wrote to the FPM via email on several of issues and also on 15 percent WtP commitment. The responses received were read out to the members.

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies' contributions to the discussion in the spaces provided.

GOV	The member enquired about the 15 percent WtP, as to how and when should PR provide the proof.
MLBL	
NGO	The member enquired how SR's counterpart financing should be projected.
EDU	
PLWD	
FBO	
KAP	

DECISION(S) Summarize the decision in the section below

There were still doubts on the 15 percent WtP commitment as to how and when should PR provide the proof, there was request for more information.

The members were also clarified that SRs counterpart financing is not separate, the whole country proposal's counterpart financing is calculated and PR should make calculations of the overhead costs, and other costs related not proposed in the NFM.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
It was decided that the CCM Secretariat, during the teleconference, to be held on 8 April 2014, will seek more clarifications on the 15 percent WtP commitment and when and how should the PR provide the proof.	Karma, CCM Secretariat	8 April 2014

DECISION MAKING

MODE OF DECISION MAKING (Place'X' in the relevant box)			IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	CONSENSUS*	X			
	VOTING		VOTING METHOD (Place'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		0
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		0

AGENDA ITEM #3	Overview on NFM & status- HIV

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

Non

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The Program Officer, NACP presented the progress update of the TFM for P21 and P22, as follows:

The program'scurrent period budget was USD 165305 but the program did not receive any disbursement, as they had the balance fund from the previous grant (P20) which was USD 157969.98. The program reported the total expenditure during the quarter to be USD 150652.34.

The program reported that due to delay ingrant negotiations they were not able to reach the intended target, the program reported the update of the following activities:

#	Indicator Description	Intended Target to date	Actual Result to date
1.1	Number of MSM reached with HIV prevention program	10	0
1.2	Number of FSWs reached with HIV prevention program	100	15
1.3	Number of drug users and people who inject drugs reached with HIV Prevention program	300	10
2.1	Number of migrant workers, truckers and taxi drivers reached with HIV prevention program	1200	161
2.2	Number of uniformed personnel (RBA, RBP, RBG) reached with HIV prevention program	1000	188
2.4	Number and percentage of infants born to HIV infected women who receive a virological test for HIV within 2 months of birth	90	0
3.1	Number of adults and children with advanced HIV infection currently receiving antiretroviral therapy	100	199
3.2	Number and percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit during the reporting period among all adults and children enrolled in HIV care and seen for care in the reporting period	90%	0

He also presented the proposal application gaps for the new funding model:

National STI & HIV/AIDS Control Program- Road Map for Concept Note Submission for the New Funding Model

		March				April				May				June			
Sl. #	Details of Activities	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	National Program Review (Desk Review)	X	X	X													
2	GARPR and MESS workshop		X														
3	Call for expression of interest				X												
4	Identification and recruitment of Technical Assistance		X														
5	Country Dialogue on band allocation					X											
6	Consultation with stakeholders and potential partners(NGOs,CBOs)						X		X				X				
7	Arrival of TA in the country						X										
8	Concept Note Development phase						X	X	X	X							
9	Presentation of Draft CN to the TWG and other partners								X								
10	Presentation of Draft CN to Proposal Development Committee (CCM)									X							
11	Draft proposal to be shared with key technical organizations like WHO/UNAIDS for peer review									X	X						
12	Final CN presentation to CCM for endorsement												X				
13	Final Submission of CN for TRP Review														X		

Overview of the NSP:

Goal: To reduce new STI and HIV infections and provide continuum of care to people living with and affected by HIV.

Strategies

Prevention of STIs and HIV/AIDS
II: Treatment and Care for people living/affected by HIV/AIDS
III: Institutional strengthening
IV: Strategic information, M&E and Research
V: Partnership and coordination

Programmatic Gaps

Prevention including HIV and STIs screening

- Condom promotion activities including water-based lubricants targeted to generate the demand for the use of condoms among the vulnerable and most at risk groups of populations.

- Improve promotional activities through mass media campaigns using both broadcast and print medium.
- Revision of the STI management guidelines to promote standardization of STI management.
- Strengthening targeted interventions for MARPs
- Ensuring accessibility to testing and treatment services

Improving Treatment, Care and Support services

- Introduce HIV DNA viral load testing facility for adequate ART monitoring and IED services
- Ensure continued ARV drugs supply
- Decentralize HIV care and treatment services
- Post Exposure Prophylaxis to be made available in the major hospitals managing the HIV cases or the hospitals with surgical facilities.

Institutional strengthening:

- To recruit additional staff on contract system to support management and implementation of GF supported programmes
- Strengthen the functioning of the Expert Panel Group instituted in four major hospitals. Train the members and regularize the functioning of the panel members.
- Upgrade laboratory facilities
- Improving Procurement, Supply and Management -Apply Logistic Management Information System

Improving Strategic Information:

- Strengthen M&E system in the National Program and deploy additional manpower to improve data flow from centers to the National Programme.
- Establishing mobile network linkages to closely monitor the clients on treatment (ART), ensure compliance, facilitate patient transfer, conduct follow-up and improve retention care and minimize lost to follow-up cases.
- Strengthening surveillance

Partnership and coordination:

- Build the capacity of Lhaksam through recruitment of additional National/International experts to provide mentorship to Lhak-sam on programme management, resource mobilization, report writing and carrying out Monitoring and Evaluation.
- Funding Lhak-Sam's Strategic Plans
- Strengthening MSTF and funding MSTF plans
- Strengthening of coordination mechanism

Current Funding Scenario:

- Global Fund TFM period – 1st Feb 2013-31st Jan 2015
- Amount – USD 324,877 (2015)
- UN 18month work plan - USD 45,500 for 2015

Detail Budget as per Operational Plan:

Key Strategic Areas	2015	2016
Strategy 1 (a): Crosscutting prevention for all populations	11870425	12527175
Strategy I (b): Targeted interventions for prevention of STI and HIV among most at risk populations and most at risk including youth	3226369	3600119
Strategy I (c): Prevention of STI and HIV among people at increased risk	30616122	21527747
Strategy I (d): Prevention of STI and HIV among people at increased vulnerability	2963567	2740817
Strategic Priority II: Care and treatment for people living with HIV	7207000.5	7777087.5
Strategic Priority III: Institutional Strengthening	24857880	32708755
Strategic Priority IV: Strategic Information, Monitoring and Evaluation, Research	945700	1583900
Strategy V: Partnership and coordination	6659575	9324633.333
	88,346,638.50	**91,790,233.83**

Budget for 3 years:

Year	In Nu.	In USD
2015	88,346,638	1,448,305
2016	91,790,233	1,504,757
2017	96,379,745	1,504,757
Total	**276,516,616**	**4,457,819**

Budget allocation by GF for HIV - 2,158,593

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies' contributions to the discussion in the spaces provided.

GOV	Scale up HIV patients' testing. Hepatitis B has less focus in the intervention. Focus on research, relevant stakeholders could be involved, like the academic institutions.
MLBL	
NGO	HIV/TB testing was done from before, what is more needed is counseling.
EDU	
PLWD	
FBO	
KAP	

DECISION(S) *Summarize the decision in the section below*		
It was discussed that the conventional approaches to fighting HIV needs to be done away with, new methods must be applied particularly in awareness. Involvement of many stakeholders in the fight against the HIV is necessary and the program should look not only at completing the grant activities but explore more in the preventions.		
ACTION(S)	**KEY PERSON RESPONSIBLE**	**DUE DATE**
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
The concept note development process should include more stakeholders, particularly the PLWD and NGOs, and guide them to partner with NACP to HIV prevention in Bhutan.	Program Officer, NACP	Throughout the proposal development period.

DECISION MAKING

MODE OF DECISION MAKING (Place'X' in the relevant box)			IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	CONSENSUS*	X			
	VOTING		VOTING METHOD (Place'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		

AGENDA ITEM #4	**Overview on NFM & status- TB**
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
Non	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>	

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The Program Officer, NTCP presented the progress update of the TFM for P21 and P22, as follows:

- The program consolidated budget for period was USD 1841918.00. The program received disbursement of USD 310390.00 and the expenditure reported for the period was USD 70312

The program reported that due to delay in grant negotiations they were not able to reach the intended target of the following activities:

#	Indicator Description	Intended Target to date	Actual Result to date
1	Number and proportion of microscopy centers showing adequate performance in external quality assurance for smear microscopy among the total number that undertake smear microscopy	32/32 (100%)	88% (28/32)
2	Number of TB cases (all forms) notified to the national program	694	80%(552/694)
3	Number of new smear-positive TB cases notified to the national health authorities	248	88%(219/248)
	Treatment success rate, new smear-positive cases (number and percentage)	90%	90% (197/220) 100%
	Number and proportion of reporting units that have had at least one supervision using checklist by the NTP and have received feedback	16/16 (100%)	93.8%(15/16)
	Number of migrant workers screened for symptoms of TB	1600	300% (4805/1600
	Number of laboratory confirmed MDR-TB patients enrolled on second line anti-TB treatment during the specified period of assessment	12	141.66%(17/12)
	Laboratory confirmed MDR-TB cases successfully treated (cured plus treatment completed) among those enrolled in second line anti-TB treatment during the specified period of assessment (number and percentage)	75%	92%(11/12) 122%
	MDR-TB cases initiated on second line anti-TB treatment who have a negative culture at the end of six months of treatment during specified period of assessment (number and percentage)	65%	5/6(83%) 127%
	HIV positive patients who are started on or continue previously initiated anti-retroviral therapy during or at the end of TB treatment, among all HIV positive TB patients registered during the reporting period (number and percentage)	95%	0 (No TB-HIV cases detected)
	TB patients registered during the reporting period who had an HIV test result recorded in the TB register among the total number of TB patients during the reporting period (number and percentage)	30%	33%(183/552) 110%(33/30)

The program officer also presented the plan for NFM Application as follows:

Sl#	Activity	Timeline	Status

1	Assessment of epidemiological data	April 2014	Ongoing
2	Joint Monitoring Mission of NTP	March 2014	Completed
3	Preparation of Concept Note (TA)	April 2014	TA identified (tentative dates April 21-May 3)
4	Call for application of interest from stakeholders	April 2014	Initiated through print media / official communication
5	Consultations on proposal development with CCM, stakeholders and partners	1st consultation on April 10, Through out	Initiated
6	Country dialogue on program split discussion and decision	April 4 2014	
7	Review of draft CN by TWG/ PDC, CCM and potential SRs (at least 2 times)	1st Week of May Last week of May	
8	Share the first draft CN to the GF and other technical agencies	1st week of May 2014	
9	Update/review on the CN development progress to CCM /PDC	As and when coordinated by the CCM	
10	Mock TRP	?	WHO
11	Final endorsement by CCM	At least 1 week prior to submission	
12	Application to GF	June 10, 2014	

Overview of NSP

Goal

To reduce TB and MDR-TB burden until it no longer poses a public health problem in Bhutan

Objectives

1. To sustain and increase case notification rate of ≥ 90% among prevalent cases
2. To sustain and increase treatment success rate of ≥ 90%
3. To improve MDR-TB case detection and achieve treatment success rate of 75% by 2016
4. Improve TB/HIV co-infection case detection to register at least 80% of estimated co-infected individuals by end of 2016
5. To ensure adequate and competent human resource at all levels to deliver services efficiently

Programmatic Gaps:

- Strengthening DOT implementation
- Ensuring observation of intake of medicine, Incentivize DOT provider???, strengthening supervision
- Development of modules and training/refresher of health workers
- Engage VHWs/ CSO/ NGOs to support provision of DOT and follow up
- Identification and training of peer counselors
- Increasing Case Finding
- Awareness/educational programs, urban TB care plan, Implement practical approach to lung health concept, sensitization/screening in congregate settings & high TB case load districts
- Improving diagnosis and treatment
- Revision of guidelines, training on TB guidelines/ TB control, drug procurement, childhood TB, EPTB
- Training of lab technicians with poor QA/ new recruits, expand sputum microscopy centers in heard to reach BHUs, procure LED microscopes/ reagents, expand radiology facilities to new reporting centers and high burden areas
- Improving management of MDR-TB cases and infection control
- Establish solid culture at RRH, sample shipment, supplies and equipment, newer tech for MDR-TB and TB detection, SLD procurement,
- Clinical and programmatic capacity, expand facility to house MDR-TB, OR on MDR-TB, infection control, trainings, refurbishments, surveillance, trainings, identification & training of counselor, ACSM on MDR-TB, recreational facilities
- Reaching hard to access / high risk population
- Intensified case finding (prisons, mines, schools, transport workers, industries), procurement of diagnostic products, awareness and educational programs, cross border activities, DOTs centre at works place
- Advocacy, communication and social mobilization
- Engaging print and broadcast media and other private firms, IEC materials, capacity building, ACSM plan, advocacy for commitment

Funding Gap (in USD)

	2014	**2015**	**2016**	**2017**	**Total**
Total projected need as per NSP	1175271	1234035	1295737	1360524	
Total available fund through GF	238998	0	0	0	
Total available fund through other sources (RGOB, WHO, GDF)	25000	0	0	0	
Total Gap	928273	1234035	1295737	1360524	**3890296**

Budget allocation by GF for TB – USD 2,564,298

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies' contributions to the discussion in the spaces provided.

GOV	None of our hospitals have isolation rooms for TB patients, think how to resolve.
MLBL	The programs have always looked at providing services, change the situation, instead of providing services, see how to create demand.
NGO	Involve CSO who work at the ground level to provide services. Use media to catch the young ones for TB and diet advocacy. Explore new technologies for TB preventions, like the foldscopes.
EDU	
PLWD	

FBO	
KAP	

DECISION(S) *Summarize the decision in the section below*

It was observed that the services provided needs a scale up, with better methods. It was highlighted that there was an urgent need of CSOs' support to work at the ground level.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
The concept note should be inclusive whereby the TB program should have PLWD and many other stakeholders involved throughout the proposal development period and discuss for better methods required to scale up TB preventions.	Program Officer	Throughout the proposal development period.

DECISION MAKING

MODE OF DECISION MAKING (Place'X' in the relevant box)			IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	CONSENSUS*	X			
	VOTING		VOTING METHOD (Place'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		

AGENDA ITEM #5	Overview of NFM & status of Malaria

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

Non

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>	

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The Program Officer, VDCP presented the progress update of the TFM for P21 and P22, as follows:

- The program budget for period was USD 610807.7. The program received disbursement of USD 405269.00 and the expenditure reported for the period was USD 338351

The program also reported target achieved of the following activities:

Sl#	Indicators	Target	Achieved	Reason for variance
1	Number of LLIN distributed to risk population	97,531	94,680	In this reporting period the programme has distributed 94,680 LLINs as part of mass distribution. The Remaining balance will be reported in next reporting period.
2	Percentage of confirmed malaria cases among all reported cases (clinical and confimed cases)	95%	100%	There is no clinical malaria reported in this reporting period, so all the are confirmed cases showing the 100%
3	Percentage of malaria cases treated as per national treatment guideline	100%	100%	All 33 patients diagnosed and treated as per the treatment protocol. There is no private clinic who diagnose and treat malaria, this authenticate 100% treatment.
4	Number of CAG supported per year	30	0	We are not able to train CAG in this period. The programme schedule to train in next period and will be reported in next reporting period.
5	Percentage of health facilities sending timely and complete report	220	209	Out of 220 health centers in the country a209 health centers has reported through fax and telephone

The program officer, VDCP also presented the **plan for NFM Application, as follows:**

Sl#	Activity	Timeline	Status
1	Assessment of epidemiological data	April 2014	Ongoing???
2	Joint Monitoring Mission of NTP	March 2014	Completed
3	Preparation of Concept Note (TA)	April 2014	TA identified (tentative dates April 21-May 3)
4	Call for application of interest from stakeholders	April 2014	Initiated through print media / official communication
5	Consultations on proposal development with CCM, stakeholders and partners	1st consultation on April 10, Through out	Initiated
6	Country dialogue on program split discussion and decision	April 4 2014	

7	Review of draft CN by TWG/ PDC, CCM and potential SRs (at least 2 times)	1st Week of May Last week of May	
8	Share the first draft CN to the GF and other technical agencies	1st week of May 2014	
9	Update/review on the CN development progress to CCM /PDC	As and when coordinated by the CCM	
10	Mock TRP	?	WHO
11	Final endorsement by CCM	At least 1 week prior to submission	
12	Application to GF	June 10, 2014	

Overview of NSP, 2012-2016

Vision : Bhutan with no indigenous malaria

Mission : To empower the communities at risk of malaria and the health care providers for implementation of evidence-based malaria control plan with the ultimate aim of eliminating indigenous malaria in Bhutan.

Goal : To achieve zero indigenous case of malaria in Bhutan by 2016

Objectives

1. To intensify vector control and other preventive measures against malaria
2. To provide early diagnosis and prompt treatment of malaria
3. To strengthen surveillance system
4. To strengthen technical and managerial capacities for efficient and effective control of malaria leading towards malaria elimination.
5. To sustain political and inter-sectoral support geared towards malaria elimination.

Key Strategies

Objective 1

- Geographical reconnaissance and mapping
- Micro-stratification by village
- Integrated Vector Management
- Universal coverage of LLIN
- Focal Indoor Residual Spraying
- Entomological surveillance
- Operational research
- BCC

Objective 2

- Quality and timely diagnosis
- Strengthening quality assurance system
- Providing effective and prompt treatment
- Empowering communities for malaria diagnosis and treatment
- Monitoring of antimalarial drug resistance
- Operational research
- BCC

Objective 3

- GIS based data-base on cases and vectors
- Case investigation and classification
- Strengthening active case surveillance
- Establish border screening centers
- Immediate notification of all cases
- Establishment of rapid response teams

Objective 4

- Human resource development
- Supportive Supervision, Monitoring and evaluation
- Strengthening Procurement Supply Management
- Strengthening Institutional system

Objective 5

- Strengthening governance for malaria elimination in the country
- Reorient health sector and other stake holders on malaria elimination
- Inter-sectoral coordination

- Advocacy meeting with political leaders and higher authorities for sustained political commitment
- Cross-border collaboration

Expected Outcomes

- No indigenous malaria cases in the country by 2016
- No deaths due to malaria in the country by 2016
- Establish border screening centres& treatment of migrant workers
- Universal coverage of LLINs (2 nets per household)
- Community empowerment

Malaria Strategic Plan Goal: To achieve zero indigenous transmission by 2018 and WHO certification by 2020

11th Plan Targets

- Sustain Annual Parasite Incidence below 1/1000 population
- Number of malaria cases reduced from 436 cases in 2010 to 70% reduction by 2018 (Zero Indigenous transmission by 2018 and achieve WHO certification by 2020).
- Number of attributed death from 2 in 2010 to Zero by 2018
- Sustain Universal Coverage of LLIN in Malaria endemic Districts
- Strengthen surveillance for other vector-borne diseases
- Establishment for centre for Tropical and Zoonotic Center

Gearing towards malaria elimination

- Establishing malaria as a notifiable disease
- Revised forms and registers
  - Case investigation form
- Case-based investigation and interventions
- Geographical reconnaissance
  - Mapping all 2013 cases and past three years
  - Mobile technology – point taking and reporting
  - Online web based - recording/reporting
- Therapeutic Efficacy studies
  - Genotyping & pharmacokinetic back up
- Development of National Centre for Tropical and Zoonotic diseases
- Mass screening of high risk population – (Hydro project sites/Labourers/ find out asymptomatic cases)

Planned programmatic changes

- Elimination program formulation & sensitization – Orientation of health workers /policy makers
- Mobilize domestic funding – public private partnership;
- Legislations – Insecticide use law/ public health law
- Reorientation of health staff (microscopy, cases management)
- Develop capacity to undertake research through establishment of Center for Tropical and Zoonotic Diseases – will this increase research capacity
- Community participation and ownership – participation in control activity and environment management
- New partnerships and international linkages – Reference lab/Institutes for research collaboration
- Strengthening Cross border collaboration – with whom, how, what will be the aims? why hasn't it happened already? (Bordering states of India/ need to synchronization of routine control activities & joint surveillance)

Financial Gap Analysis (Malaria)

		2015-2016	2016-17	2017-18	Total
A	Total funding needs(US $)	2,836,852	2,932,529	2,612,383	8,381,764
B	National funding	1,309,216	1,449,620	1,612,856	4,371,692
C	External Source	267,778	249,578	267,778	785,134
C1	GFATM	0	0	0	0
C2	GOI	177,778	177,778	177,778	533,334
C3	WHO	40,000	21,800	40,000	101,800
C4	APMEN	50,000	50,000	50,000	150,000
D	Total planned resources (B+C)	1,576,994	1,699,198	1,880,634	5,156,826
E	Financial gap	**1,259,858**	**1,233,331**	**731,749**	**3,224,938**

Budget allocation by GF for Malaria - 2,564,298

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies' contributions to the discussion in the spaces provided.

GOV	Insecticide use law/ public health law: the programs could communicate with MOFA and sign MOU and the law would not be necessary.

MLBL	Lack of awareness: people travel from high risk areas, and if they have fever they should test for malaria, which is often not done.
NGO	Are there complaints in using nets? Can local private companies not produce LLINS?
EDU	
PLWD	
FBO	
KAP	

DECISION(S) *Summarize the decision in the section below*

It was discussed that the program should see if there are any neglected activities and use better methods to fight against Malaria, partnering with many stakeholders.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
The concept note should be inclusive whereby the Malaria program should have PLWD and many other stakeholders involved throughout the proposal development period.	Sr. Program Officer	Throughout the proposal period.

DECISION MAKING

MODE OF DECISION MAKING (Place'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING		VOTING METHOD (Place'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		

AGENDA ITEM #6	Overview on Program allocation/disease split

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

Non

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The CCM Coordinator presented the**Key allocation information to Bhutanand program split process to the CCM as follows:**

Eligible for: HIV,TB, Malaria & cross-cutting HSS
Counterpart financing : 20 percent to disease program
Willingness to pay requirement : to access 15 percent of the total allocation
Country band : Band 4 (higher income, lower disease burden)

Disease components	Existing funding (US$)	Additional funding (US$)	Total	Proportion of allocation
HIV	283,109	2,158,593	2,441,702	32 %
TB	187,009	2,377,199	2,564,298	34%
Malaria	415,495	2,148,803	2,564,298	34%
TOTAL	**885,703**	**6,684,595**	**7,570,298**	

Program split process:

- The country has the **flexibility to allocate funding** among the disease and cross-cutting HSS in a manner that best meets the country need.
- The proposed program split must account for the **total funding amount**, including **existing and new funding**
- Country may choose to move even **existing funding** across eligible disease if that will led to greater impact
- Country can base the **program split** on information available at country level. Otherwise,

The CCM coordinator also highlighted that the program split must be supported by :

- decision making process (CCM minutes)
- rationale for the proposed split
- the program split must be communicated prior to the submission of concept note (at the latest)

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM *Please summarize the respective constituencies' contributions to the discussion in the spaces provided.*	
GOV	The members from government constituencies asked Principal Recipient how the fund allocation would be sufficient and meet the programmatic and financial needs. Accordingly, the CCM will decide.
MLBL	The total fund allocation seems lower against the total requirement
NGO	Actually, the program split should be decided after developing proposal and incorporating the activities from the SRs. Since it is mandatory to submit the program split prior to the disease split, the members agreed to go by disease split done of the Global Fund.
EDU	Since the funds requirement is more than total allocation under new funding model, the CCM member from education constituency proposed to maintain with the Global Fund allocation/program split.
PLWD	After considering the existing and additional fund, the PLWD will go by the Global Fund program split
FBO	
KAP	

DECISION(S) *Summarize the decision in the section below*
After lengthy discussion, the floor decided to maintain the same disease/program split of the Global Fund.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
Inform the GF Secretariat on the funding spilt	CCM Coordinator	April 2014

DECISION MAKING

MODE OF DECISION MAKING (Place'X' in the relevant box)			IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	CONSENSUS*	X			
	VOTING		VOTING METHOD (Place'X' in the relevant box)	SHOW OF HANDS	X
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		

AGENDA ITEM #7	CCM eligibility and performance assessment – status
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)	
Non	
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>	
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED	

Ms Dechen Wangmo, TA provider, who is currently assigned to do the CCM assessment, presented the CCM eligibility and performance assessment and status to the CCM members as follows:

Eligibility Requirement

- Transparent and inclusive concept note
- development process
- Open and transparent PR selection process
- Oversight planning and implementation
- CCM membership of affected communities,
- including and representing PLWD and KAP
- Processes for electing non-government CCM member
- Management of conflict of interest on CCMs

Concept note submission

Annually performance assessment tool

Performance Assessment tool

CCMs will be required to carry out a CCM Eligibility and Performance Assessment and produce a complete diagnostic to determine the level of functionality of the CCM"
Eligibility & Performance Assessment

Three Key Components:

Self-assessment by the CCM

- The stakeholder interviews by the TA provider
- Improvement plan (for certain CCMs) for which the CCM and the TA provider have joint responsibility

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM *Please summarize the respective constituencies' contributions to the discussion in the spaces provided.*	
GOV	The secretariat will work with the TA provider and review all CCM requirements are fulfilled.
MLBL	
NGO	We should ensure the entire eligibility requirements are fulfilled.
EDU	
PLWD	
FBO	
KAP	

DECISION(S) *Summarize the decision in the section below*

The Secretariat will work with the TA provider and review all CCM requirements are fulfilled and the assessments successfully completed.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
Work with the TA provider and review all CCM requirements are fulfilled and the assessments successfully completed and share the outcome with CCM.	CCM Secretariat and TA Provider	May 2014

DECISION MAKING

MODE OF DECISION MAKING (Place'X' in the relevant box)			IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	CONSENSUS*	X			
	VOTING		VOTING METHOD (Place'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		

AGENDA ITEM #8	**Prorgamme management issues – TFM proposal**

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

Non

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The members were presented the programme management issues of the three disease as follows:

1. HIV

Management Actions	**Deadline**
Program Management	
PUDR quality of reporting needs to be improved	Use appropriate templates and take due diligence in reporting. The GF PUDR guidelines are annexed to this letter.
PR's oversight and monitoring of the activities of SRs should be strengthened. SR's reporting of the programmatic progress to the PR not on time.	Enhance its oversight of SR and ensure timely reporting by SRs using the standard reporting templates developed for all future PUDRs.
Financial Management	
PR uses the exchange rate of the date of fund receipt. The rate used by PR is lower than the average rate of central bank. This practice is non-compliant with the GF guidelines.	Follow the PUDR guidelines related to the use of exchange rate for reporting purpose for all future

Hence, the expenditure is overstated and financial burn rate is also higher than what it should be.	PUDR
No exchange gain/loss was reported by the PR	Provide exchange gain/loss with the next PUDR since the beginning of the grant.
Statement of Sources and Uses of Funds (SSUF) has not been provided along with the PUDR. This is a non-compliant of PUDR guidelines (Page 19)	Provide the SSUF and refer the PUDR guidelines Annex 1 to this letter.
PR has been consistently reporting advances as expenditures.	Reconcile the advances with the next PUDR
GF verified closing balance on 30 June 2013 with DPA amounting to US$ 25,883.47, while the PR reported cash balance of US$ 7,318	Prepared cash balance reconciliation statement from the beginning of the grant as of 30/06/2013
SR financial info: There is lack of consistency in some of the information provided by the PR. Cumulative disbursement and closing balance in Annex SR-Financials is not matching amounts provided in PR Total cash outflow 3A and actual SRs balances reflected in PRs financial system.	Reconcile budget, disbursement, actual expenditure and closing balance of each SR that will match with PR total Cash Outflow 3A and the balance as per PRs books of accounts.

Status of Condition Precedents and Special Conditions.

Observations	Recommendations
Update the information for key health products in the GF's on-line Price and Quality Reporting (PQR) database	We kindly request the PR to update on-line PQR will all pending data for all products by 15/01/2014 at the latest
Update the PF by 31 Oct 2013. Revise the targets and submit a revised proposal for TFM year 2 indicators (based on latest available epidemiological and programmatic evidence)	The submit a revised PF by 15/01/2014. The GF will review the targets and once approved will issue an Implementation letter to reflect changes in the PF.
EFR (Enhanced Financial Reporting)	
Observations	**Recommendation**
PRs expenditure statement for year 5 for HIV program (1 Feb 2012 – 31 January 2013) does not corresponded to the EFR. There is neither the information regarding the cumulative expenditure nor any analysis per cost category or SDA.	Resubmit the EFR using the correct template. Include proper variance analysis for all cost categories and SDAs. Variance should be broken down in 3 amounts – savings, delayed activities (including commitments) and over expenses with explanations.

2. **Tuberculosis**

Management Actions	Deadline
Program Management	
Strengthen clinical management of MDR/TB cases by scheduling visits of a specialist to Gidakom hospital. Ensure specialist from national referral hospital is involved closely in the management of cases.	With only one TB specialist and budget constrain, GF suggests the PR, in case of savings, to prepare a proposal for GF with the next PUDR to use the savings.
Appropriate technically qualified national Program manager is still not recruited for TB program.	Update the GF on the process to recruit the Program Manager with the next PUDR.
Financial Mgt.	
Statement of sources & uses of funds (SSUF) has not been provided along with PU 21&22	Provide the SSUF, refer GF guideline from the next PUDR.
PR has been consistently reporting advances as expenditures	Reconcile the advances with the next PUDR
PR uses the exchange rate prevailed on the date of fund receipt. The rate used by PR is lower than the average rate of central bank. This practice is non compliant with the GF guidelines. Hence, the expenditure is overstated and financial burn rate is also higher that what it should be.	Follow the PUDR guidelines related to the use of exchange rate for reporting purpose for all future PUDR
No exchange gain/loss was reported by the PR	Provide exchange gain/loss with the next PUDR since the beginning of the grant.
GF verified closing balance on 30 June 2013 with DPA amounting to US$ 331,407.41. There was no cash balance in hand and cash balance at Bank, as per gov. financial system, the PR has to return unspent cash balance as of 30 June to DPA account. Hence, DPA balance reflects the total fund available to PR as of 30 June 2013.	Prepared cash balance reconciliation statement from the beginning of the grant as of 30/06/2013 to match with the GF verified cash balance of US$ 331,407.41.
The cash outflow for this period amount to US$ 70,312	PR wrongly reported excess expenditure of US$ 2626.25, which needs to be corrected.
Pharmaceutical and Health Product Management	
PR should do proper procurement planning. Monitor stock levels and consumption data in order to spot (on time).	All centres should analyse the stock levels and follow good storage practices.
Storage of Pharmaceutical and Health Products should be as per the international standards. Refer Annex 3 guidelines to good storage practices for further guidance.	Share any checklist and report on storage conditions of all storage facility. Prior to next procurement of FLDs and SLDs the PR is requested stock report of these products. For SLDs also provide existing no. of patients (with date of initiation of treatment).

Ensure drug inventory records are maintained at all sites where drugs are stored.	Ensure the drug inventory is kept and updated at all storage by the next PUDR.
According to the available information to the GF, the Quality Control Laboratory (Shriram Institute for Industrial Research), where PR has sent test samples does not meet requirements outlined in the GF QA assurance policy document. This laboratory is not listed in WHO prequalified labrotatries, it does not possesses ISO 17025 certification.	Submit proposal with the next PUDR, a sampling plan, that includes sampling procedures and sampling places. Identification and contracting of suitable QC lab. GF Strongly recommends PR not to use grant funds to test samples at incompliant lab.

Management Actions	Deadline
M & E	
No meaningful analysis on the national data on MDR/TB and the increase in 2013 to 17 patients on MDR/TB treatment, considering only 6 MDR/TB cases were reported in 2012	Further analyze the reasons behind in the next PUDR.
Monitoring of DOTS provision is weak.	Ensure DOTS is closely monitored and provided as per WHO guidelines.
Bumthang, Dewathang Military, PemaGatshel and Sipsoo hospitals did not submit slides for quality assurance due to transportation problems.	Ensure all slides are submitted for quality assurance with the next PUDR.
Lack of manpower	While one TB program officers is on supervision visits, one stays in the Ministry to continue working at national levels.
Audit Reports	
For this year's Audit, No Audit TOR were provided to the RAA or submitted to the GF for approval.	Ensure that audit TORs for the period 1 July 2013 to June 2014 are (i) prepared by PR according to the GF's guidelines. TOR shared and agreed with RAA, submitted to GF for approval prior to starting auditing.
Audit report currency: some of the financial statements are reported only in Ngultrum, while the grant currency is in US$.	Prepare financial statements also in US$ for audit and the Auditor should also be present in its findings in US$ for GF verification.
EFR from 1 Jan – 31 Dec 2012	
EFR for year 5, total cumulative expenses is US$ 1,108018.45 (69% of the approved budget. A huge difference with the last period update reported (P20) cash outflow.	Resubmit the EFR using the correct template. Include proper variance analysis for all cost categories and SDAs. Variance should be broken down in 3 amounts – savings, delayed activities (including commitments) and over expenses with explanations.

3. Malaria

Management Actions	Status
Programmatic management	
Management Action 1.Hard to reach areas not mapped. Action : Areas considered no more at risk needs to be updated. Submit list of hard to reach areas along with a map showing location of health centers within the hard to reach areas.	Immediately
2. Annual Malaria report 2012 has several errors that needs to be corrected Action : Correct and edit reports.	Immediately
M & E	
Management Action 1.Errors in reporting results can be avoided by careful review. Supporting doc should be submitted on time. Action : Carefully review all the results before submission and submit necessary documents.	For next submission of PU
2. Using growth rate to estimate at risk for calculating API is inaccurate. An alternative method to estimate population at risk more accurately needs to be identified. Action : Discuss with NSB. In absence to this, use population of 7 endemic districts and population and not at-risk in endemic areas.	For next submission of PU
Finance	
3. Statement of sources & uses of funds (SSUF) has not been provided along with PU 21&22 Action: Provide the SSUF; refer GF guideline from the next PUDR.	For next submission of PU
5. No exchange gain or loss reported. PR uses the exchange rate prevailed on the date of fund receipt. The rate used by PR is lower than the average rate of central bank. This practice is non compliant with the GF guidelines. Hence, the expenditure is overstated and financial burn rate is also higher that what it should be. Action: Report the gain or loss in the exchange rates.	For next submission of PU
Procurement	
6.A total of 580 doses of Coartum were found expired Action: improve controls and procedures on inventory.	Immediately
Pending issues from previous mgt. letter	
1. Malaria incidence is highest in Sarpang district and it seems the focus of intervention and prevention, early diagnosis and treatment is inadequate. Action: Focus on relevant activities and training health workers, farmers. Detailed	Immediately

analysis of the high risk areas should be conducted and the report should be submitted.	
2. High risk area not mapped out and the number of the population in the high risk areas is not available for reviewing achievement of the key indicators in these high risk areas. Action: Discuss with NSB on calculating population in the high risk areas at the sub-district and village level if possible. In absence of such data, consider using endemic districts only when making calculation. Status : Not met.	Immediately
Finance	
3. Transfer of trained accountant as per govt. norms. Action: Ensure adequate handover and provide in-house training to the new accountant. Status : partially met	Immediately
3. Difference in cumulative medicines and pharmaceutical expenditure as GF records (US$ 15,570) and as per the PUDR (US$ 5271) and for health products as our records (US$ 621,019) and PUDR (US$ 768,579). Action : Update cumulative expenditure balance in PU. Status : Not met.	Immediately

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies' contributions to the discussion in the spaces provided.

GOV	The discrepancies in the figures with the DPA should be corrected. Make use of the PUDR guidelines.
MLBL	
NGO	The programs should provide proper explanation on issues such as interest giving banks. The exchange gain or loss reporting should discuss agree with GF if any real constrains in doing so.
EDU	
PLWD	There could be gain or loss especially while proposing for the funding request and at the time of fund receiving - the dollar rates have by then increased.
FBO	
KAP	

DECISION(S) *Summarize the decision in the section below*

The programs need to refer the guidelines and terms and conditions properly and also while reporting, report with adequate explanation.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
Address the issues in the management letters and refer the guidelines.	Program Officers- HIV, TB and Malaria	Next PU reporting

DECISION MAKING

MODE OF DECISION MAKING (Place'X' in the relevant box)			IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	CONSENSUS*	X			
	VOTING		VOTING METHOD (Place'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		

*Consensus is general or widespread agreement by all members of a group.

AGENDA ITEM #9	Any other issues

CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

Non

WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>	

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The Coordinator of the CCM Secretariat invited CCM members to join the teleconference with FPM to be held on 8 April 2014 to discuss on the NFM and any other issues.

The Coordinator also informed the CCM members about the nomination of admin focal person for the submission of proposal for the NFM, who will have the key access to the online Grant Management Platform. He informed that according to the GF, the admin focal points should be individuals who:

- ideally have experience using technology (computers, internet, Microsoft Office, etc.) and are comfortable with new technologies; and
- will be available to help and/or train other CCM users on the tool.

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM

Please summarize the respective constituencies' contributions to the discussion in the spaces provided.

GOV	The CCM secretariat should be always engaged and have the main access to GMP
MLBL	
NGO	
EDU	
PLWD	
FBO	
KAP	

DECISION(S) *Summarize the decision in the section below*

If there are any CCM members wishing to join the teleconference, the CCM Secretariat will contact them and inform them the time and venue.

The admin focal person can be the relevant organisations such as GNHC and finance as especially members from the proposal development committee. The admin focal person were agreed as follows:

1. Mr. Karma, CCM Secretariat
2. Mr. Sherub Gyeltshen, Planning Officer, GNHC
3. Ms Chuni Dorji, Program Officer, DPA, MoF

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.		
The CCM Secretariat will update on the time and venue and get confirmation from the interested CCM members. The admin focal person agreed here should be reported to the FPM	CCM Secretariat	8 April 2014

DECISION MAKING

MODE OF DECISION MAKING (Place'X' in the relevant box)			IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	CONSENSUS*	X			
	VOTING		VOTING METHOD (Place'X' in the relevant box)	SHOW OF HANDS	
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS IN FAVOUR OF THE DECISION >		
			ENTER THE NUMBER OF MEMBERS AGAINST THE DECISION >		
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS WHO ABSTAINED>		

SUMMARY OF DECISIONS& ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #1	Follow up report – 26th CCM meeting	CCM SECRETARIAT	
AGENDA ITEM #2	Overview on New Funding Model (NFM)		
AGENDA ITEM #3	Overview on NFM & status- HIV		

AGENDA ITEM #4	Overview on NFM & status- TB		
AGENDA ITEM #5	Overview on NFM & status- Malaria		
AGENDA ITEM #6	Overview on Program allocation/disease split		
AGENDA ITEM #7	CCM eligibility and performance assessment – status		
AGENDA ITEM #8	Progress Update and management issues – TFM proposal		
AGENDA ITEM #9	Any other Business		

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)	
TIME, DATE, VENUE OF NEXT MEETING (*dd.mm.yy*)	Will be decided later after confirming dates with the members of the CCM
PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
AGENDA ITEM #1	Recap on decision points of previous meetings
AGENDA ITEM #2	Overview of draft proposal for NFM
AGENDA ITEM #3	Progress update of HIV, TB and Malaria
AGENDA ITEM #4	Any other business
AGENDA ITEM #5	

To add another 'Agenda Item' highlight the entire row corresponding to the last 'Agenda Item #' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows.

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
ANNEXES ATTACHED TO THE MEETING MINUTES	Yes	No
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	
IF 'OTHER', PLEASE LIST BELOW:		

CHECKLIST (Place'X' in the relevant box)			
	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE	X		The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members 2 weeks before the meeting took place.
ATTENDANCE SHEET COMPLETED	X		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING	X		Meeting minutes should be circulated to all CCM members, Alternates and non-members within 1 week of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*		X	Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.
MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	X		Final version of the CCM minutes distributed to CCM members, Alternates and Non-members and posted on the CCM's website where applicable within 15 days of endorsement.

* Often CCM minutes are approved at the next meeting. Since many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

GLOSSARY FOR ACROYNMS USED IN THE MINUTES:

ACROYNM	MEANING
GFATM	Global Fund to fight against HIV, TB and Malaria.
CCM	Country Coordinating Mechanism
PR	Principal Recipient
NFM	New Funding Model
PDC	Proposal Development Committee
OSC	Oversight Committee
WtP	Willingness to pay
GMP	Grant Management Platform

To add an additional 'Acronym', highlight the entire row corresponding to the last 'Acronym' in the table. Right click on the mouse and select the 'Insert' menu item, then select the 'Insert Rows Below' option. Repeat as necessary to add additional rows

CCM MINUTES PREPARED BY:

TYPE / PRINT NAME >	Suneeta Chhetri	DATE >	08/04/2014
FUNCTION>	**M&E Officer**	SIGNATURE >	

CCM MINUTES APPROVAL:

APPROVED BY (NAME) >	**Nima Wangdi**	DATE >	**14/05/2014**
FUNCTION>**CCM Chairman**		SIGNATURE >	

Page **19** of **19**