

Draft 33rd CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS										
COUNTRY (CCM)		Bhutan			TOTAL NUMBER OF <u>VOTING MEMBERS PRESENT</u>			15		
MEETING NUMBER (if applicable)		33 rd CCM meeting			(INCLUDING ALTERNATES)					
DATE (dd.mm.yy)		26-27 May 2016			TOTAL NUMBER OF <u>NON-CCM MEMBERS / OBSERVERS</u>			15		
DETAILS OF PERSON WHO CHAIRED THE MEETING					PRESENT (INCLUDING CCM SECRETARIAT STAFF)					
HIS / HER NAME &		First name	Dr DORJI			QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes	
		Family name	Wangchuk			DURATION OF THE MEETING (in hours)			5	
ORGANISATION		Organization	Government Constituency			VENUE LOCATION	/ Rochog Pel Hotel, Thimphu			
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair			X	MEETING TYPE (Place 'X' in the relevant box)		Regular meeting	CCM	X
		Vice-Chair						Extraordinary meeting		
		CCM member						Committee meeting		
		Alternate				GLOBAL SECRETARIAT / ATTENDANCE AT THE MEETING (Place 'X' in the relevant box)		LFA		X
HIS / HER SECTOR* (Place 'X' in the relevant box)			FUND LFA		FPM / PO					
			OTHER		X					
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	NONE		
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

SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM

(Place 'X' in the relevant box)

GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS

AGENDA SUMMARY

AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	Review progress, decisions points of last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflicts of Interest / Mitigation	CCM members renewal / appointments	Communications /consultations with country stakeholders	CCM Governance	Proposals / selection / issues	PR / SR / assessment / issues	Grant Consolidation / Agreement	Oversight (PUDRs, management actions, LF A debrief, audits)	Request for continued funding / periodic review / phase II / grant consolidation / closures	TASOL initiative / progress	Other
AGENDA ITEM #1	Introduction - Objectives and Agenda-Orientation and 33 rd CCM meeting	X												
AGENDA ITEM #2	CCM Update / endorsement - Endorsement of the New members - Signing of COI - Process of Election - Election of Vice chair - Selection/nomination of Oversight and Proposal development committee (Executive committee)		X											
AGENDA ITEM #3	- Update on the CCM Secretariat, Staff recruitment, GF mission visit and transition plan													
AGENDA ITEM #4	Update on the NFM grant- HIV, TB, Malaria	X		X										
AGENDA ITEM #5	Any other issues		X							X				

To add another 'Agenda Item' highlights 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	Introduction - Objectives and Agenda - Orientation and 33 rd 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			
<p>The CCM Secretariat updated the meeting's agenda and objective. They were informed that the orientation will be followed by 33rd CCM meeting. During the CCM meeting, all members nominated will be endorsed and an election of Vice Chair will take place and the CCM Chair – Dr DORJI Wangchuk will continue as the Chair until the period of his retirement and the election of Chair shall take place only after the appointment of new Secretary of Health and the new Director of Department of Youth and Sports.</p> <p>Dr DORJI wangchuk, CCM Chair, in his opening remark, thanked the CCM members for their presence. He informed that this CCM meeting will be his last meeting, as he will be retiring from service.</p>			
SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM			
<i>Please summarize the respective constituencies' contributions to the discussion in the spaces provided.</i>			
GOV			
MLBL			
NGO			
EDU			
PLWD			
FBO			
KAP			
PVT			
DECISION(S) <i>Summarize the decision in the section below</i>			
The agenda was endorsed for discussion.			
ACTION(S)			KEY PERSON RESPONSIBLE
			DUE DATE
<i>Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.</i>			
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
			SHOW OF HANDS
			SECRET BALLOT
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >
		ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	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 #2

CCM Update / endorsement

- Endorsement of the New members
- Signing of annual COI
- Process of Election
- Election of Vice chair
- Selection of Oversight and Proposal development committee (Executive committee)

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 32nd CCM meeting endorsed to renew/re-elect members by reaching communicating with each Constituency
- The CCM membership tenure is for two years.
- CCM constituency.

The members were inform of the process of Nomination /Election of CCM members from their own constituency:

- 5 Govt (2 MoH, 1 GNHC, 1 MoF, 1 MoE) – Nomination: All govt agencies were written a letter requesting them to nominate a CCM and CCM Alternate member.
- 2 Multilateral – election / nominate: UN agency representative were written a letter requesting them to nominate 2 CCM and CCM Alternate member, through the regular UN meeting.
- 1 Bilateral – election – Four Bilateral Organisation in Bhutan, all were written to, all wanted JICA to be CCM member as they les no link in health programs in Bhutan.
- 7 NGO – election – CSOA were written letter and CSO were arranged for election process. All elected CCM members were circulated minutes and asked to CSO nominate CCM members and alternate from their organisation.
- 1 Academic – election/nomination: Under the RUB (Royal University and Bhutan) all colleges are registered, hence they were asked to nominate a CCM members and alternate.
- 1 FBO - election/nomination – CRO were written to nominate a CCM member and alternate.
- 1 PLWD – election - Lhakam is positive network of PHLIV, hence was asked them to nominate a CCM members and alternate
- 1 KAP – election – LGBT and TB (alternate) : LGBT community elected and the alternate member was taken from the list of hospital's record of ex-TB patient.
- 1 Private Sector: election/ nomination – BCCI is nodal agency for private sector, and hence two - CCM members and alternate nominated.

Therefore the current list of the CCM members and alternate include the following:

CCM Member 2016- 2018			
SL#	Name	Designation	Organisation
Government Constituency (GOVT)			
1	Dr DORJI wangchuk (Mr)	Secretary	Ministry of Health
2	Dr Pandup Tshering (Mr)	Director	DoPH, Ministry of Health
3	Mr Sherab Gyeltshen	Sr Planning Officer	Gross National Happiness
4	Ms Phintsho Choden	Director General	Dept of Youth & Sports, MoE
5	Mr Gyembo	Chief Budget Officer	Dept of National Budget, MoF
Multilateral/ Bilateral Organisations (ML/BL)			
6	Dr Ornella Lincetto (Ms)	Resident Representative	WHO Bhutan
7	Mr Yeshey Dorji	Asst Resident Representative	UNFPA Bhutan
8	Mr Koji Yamada	Chief Representative	JICA Bhutan
Non Government Organisation (NGO)			
9	Ms Deki Zam	Dy Director	Draktsho Vocational Center
10	Ms Roseleen Gururung	Sr Programme Officer	Tarayan Foundation
11	Ms Beda Giri	Executive Director	Ability Bhutan Society
12	Mr Tshewang Tenzin	Executive Director	Chideun Phenday
13	Ms Karma Choden	Sr Counselor	RENEW
14	Mr Kinley Tenzin	Program Coordinator	Bhutan Youth Development Fund
15	Mr Tashi Namgay	Executive Director	Bhutan Kidney Foundation
Academia/ Education Sector (A/Edu)			
16	Mr Kinley Rinchen	Sr Planning Officer	Royal University of Bhutan
Private Sector (PS)			
17	Mr Kesang Wangdi	Dy Secretary General -AFD	Bhutan Chamber of Commerce and Industry
People Living with Disease & Key Affected Population (PLWD & KAP)			
18	Mr Wangda Dorji	Executive Director	Lhaksam
19	Mr Kencho Tshering	Member	LGBT Bhutan community
Faith Based Organisation (FBO)			
20	Mr Lekey Tshering	Dy Chief Programme Officer	Choedev Lhentshog

CCM Alternate Member 2016- 2018			
SL#	Name	Designation	Organisation
Government Constituency (GOVT)			
1	Dr Ugen Dophu (Mr)	Director General	DMS, Ministry of Health
2	Mr Jayendra Sharma	Sr Flanning Officer	PPD, Ministry of Health
3	Ms Tandin Lhamo	Sr Program Coordinator	Gross National Happiness
4	Mr Thinley Rinzin	Offg Chief Planning Officer	Dept of Youth & Sports, MoE
5	Ms Sonam Chuki	Dy Chief Budget Officer	Dept of National Budget, MoF
Multilateral/ Bilateral Organisations (ML/BL)			
6	Dr Suraj Man Sherestha	Medical Officer -HSS	WHO Bhutan
7	Ms Karma Tshering	National Program Officer	UNFPA Bhutan
8	Mr Sho Takano	Dy Chief Representative	JICA Bhutan
Non Government Organisation (NGO)			
9	Mr Gaden Chopel	Program Coordinator	Draktsho Vocational Center
10	Ms Wangme	Programme Officer	Tarayan Foundation
11	Ms Chey Chey	Communication Officer	Ability Bhutan Society
12	Mr Tshering Wangchen	Program Manager	Chideun Phenday
13	Ms Yeshey Choden	Sr Counselor	RENEW
14	Ms Roma Pradhan	Program Coordinator	Bhutan Youth Development Fund
15	Mr Karma Tobgay	Program officer	Bhutan Kidney Foundation
Academia/ Education Sector (A/Edu)			
16	Ms Dorji Lhamo	Sr Flanning Officer	Royal University of Bhutan
Private Sector (PS)			
17	Mr Sonam Dorji	Sr Human Resource Officer	Bhutan Chamber of Commerce and Industry
People Living with Disease & Key Affected Population (PLWD & KAP)			
18	Mr Kesang Thinley	Member	Lhaksam
19	Ms Phurpa Dema	Ex TB patient	NA
Faith Based Organisation (FBO)			
20	Ngodrup Dorji	Secretary General	Ati Foundation

Challenges in Election

- Duration to nomination/elect members
- Frequent changes in membership
- No notice of change in membership to CCM

Signing of annual COI

Election Process

Steps for voting :

- Election Committee of three shall be constituted.
- All ballot papers shall consist of signature of the Secretariat and a serial number.
- Ballot papers shall be placed in a ballot box.
- The election committee will open the ballot paper and read out each name on ballot paper and count the votes.
- The committee will declare results of the election.
- If there are two candidates with equal number of votes, all the members shall vote for the second round to the two candidates.

BALLOT PAPER
Election of Bhutan CCM Vice Chair
 27 May 2016

Name: _____ (Voting for)

Organization: _____

(SERIAL NUMBER: _____)

Signature of authorizing entity: _____)

Election of CCM Vice Chair

- As per the Governance Manual, the CCM shall elect one Vice-chair (either from civil society or from multi/bi-lateral sector, this is to ensure balance.
- All CCM Members will vote by means of secret ballot for only one candidate.
- Quorum for election of CCM Vice-Chair shall be two-thirds of appointed members.
- Alternates shall not participate in election of the CCM Vice-Chairs.

Selection of CCM Oversight

- CCM shall select members to the positions Oversight committee.
- Individuals who are employed by a principal recipient, a sub-recipient, a sub-sub-recipient, or who otherwise have a conflict of interest within the terms of the CCM Conflict of Interest Policy are ineligible for membership
- The functions of the Oversight Committee shall be determined by the Terms of Reference of the CCM Oversight
- The Oversight Committee shall have 6 members in total of CCM and non CCM members.
- All members are required to sign COI,
- Expertise: Technical, Financial, Management, procurement expertise.

Proposal Development Committee

- Consist of 6 members in total, 3 CCM members and 3 Ordinary.
- All CCM members appointed to the Committee must belong to different sectors.
- The Proposal Development Committee shall not include members whose organization is proposing to be a PR or SR in a current Global Fund round.
- All Committee members, both CCM and Ordinary, shall comply with the CCM Conflict of Interest Policy.
- Members may be appointed to the Proposal Development Committee on an annual basis and may be reappointed for further terms.
- The Proposal Development Committee may access technical advice in the relevant disease and service development areas from development partners and other sources of expertise, including from persons in organizations proposing to be PRs, SRs or SSRs in current rounds, however, those persons will not be members of the committee.

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	<p>A member recommended that the term “termination” is added to the sentences.</p> <p>In addition, the Secretariat should also include in the clause that it should follow the PRR for procurements and FRR for financial matters.</p> <p>The CCM Secretariat will make the Executive Committee (EC) functional for proper check and balance.</p> <p>For any activities that are outside of the work plan, the CCM Secretariat should seek prior approval of the CCM, and for implementation of the approved work plan, the Secretariat will apprise to the EC electronically, and further update it during the CCM meeting.</p> <p>The CCM secretariat will also apprise to the EC for any activity that are directly communicated for execution by the Global Fund Secretariat.</p>
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After the approval of the EC, the Secretariat will route through AFD, MOH for procurement, in order to follow the procedures correctly, and maintain the consistency.

Any matters that need urgent approval of the EC, the Secretariat will provide enough information of its urgency. If despite of this there is delay, the Secretariat can seek ex post facto approval for the same.

The secretariat will also update on the list of inventory at the end of the year to the CCM, and a selected member from the OSC or the CCM will do the physical verification.

A member suggested that the CCM Secretariat will follow the terms and conditions of the Contract agreement and salaries as per the BCSR rules. A member added that there should be additional clauses to address the staff's releasing with monetary conditions and obligations.

MLBL

NGO

While requesting for endorsement electronically to the Four-member EC, the secretariat should have three member's endorsement for execution, and if two members refuse, the Secretariat will seek for explanation and seek for endorsement again.

EDU

PLWD

FBO

The secretariat should seek for basis of refusal of any endorsement by the EC or by the CCM.

KAP

PVT

DECISION(S) Summarize the decision in the section below

Recruitment of additional staff

- Requirement to recruitment an additional staff for CCM Secretariat was endorsed. On the deliberations for the required qualification criteria in the TOR, a revised TOR shall be shared to Executive Committee members for their endorsement. It was decided that a key required qualification of the candidate should be finance knowledge.
- It was decided that the Secretariat should process for recruitment of additional staff, as per the revised CCM Administrative Structure.
- The CCM Administrative Structure was agreed and endorsed as a corrective measure to address any challenges. The CCM Administrative Structure with revised clauses (that includes the CCM recommendations) should be circulated along with the minutes for finalisation.
- It was decided that the BCSR Contractual agreement shall be followed for the CCM Secretariat staff.
- It was decided that CCM Secretariat should submit to the CCM executive committee for all matters, appraisal, approval and endorsements via electronically, and further apprised to the CCM.
- Lastly, the Secretariat should rework on the sentences in the clauses of CCM Administrative structure as per the recommendations, and circulate to the CCM for fine-tuning.

CCM Audit :

Fund diversion for training of Accounts personnel.

- On the training of accounts personnel, it was decided that CCM Secretariat should in future seek prior approval of the CCM for execution of any activities outside of the approved work plan even if there is balance of funds available. The Secretariat ensures the revised CCM Administrative structure should be guidelines to follow, to avoid any such lapses.
- The CCM unanimously endorsed the funding used for training of the accounts personnel..

Fund diversion for procurement of laptop for TB program official.

- The CCM recommended that the CCM Administrative structure should be the guidelines to follow, to avoid any such lapses in future.

- The CCM unanimously endorsed that the Secretariat should write to the program to return the laptop to the secretariat at an immediate possible date.

CCM Membership :

- The CCM recommended that the CCM members themselves shall not decide the extension of their tenure as CCM members as they were elected/ nominate by their constituencies. Therefore, the Secretariat should write to all constituency organizations for their consent if they would like to continue/extend the nominated official’s membership a little further from the NFM grant closure (that is until the end December 2018). In addition, the secretariat should also explain the reason for doing so.
- The Secretariat should write to the Lhaksam, for PLWD members.
- The Secretariat should contact the MSM/TG community, and coordinate an election among them for CCM KAP representative. Contact some TB patients, and coordinate an election to nominate as alternate KAP member.

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
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Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.

<ul style="list-style-type: none"> ➤ Recruit additional staff, as per the revised CCM Administrative structure The TOR shall be submitted to CCM Executive Committee for approval. ➤ Write to Audit on the measures taken by the CCM within two working days ➤ Write to all constituency organizations for their consent if they would like to continue/extend the nominated official’s membership a little further from the NFM grant closure (that is until the end December 2018). Clearly explain the reason for doing so. ➤ Write to the Lhaksam, for PLWD members. ➤ Contact the MSM/TG community, and coordinate an election among them for CCM KAP representative. Similarly, contact TB patients, and coordinate an election to nominate as alternate KAP member. 	CCM Secretariat	December 2015
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DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*		IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING	X	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	
			SECRET BALLOT		X
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >		15
			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >		0
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >		0

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

AGENDA ITEM #3

Update on the CCM Secretariat, Staff recruitment, GF mission visit, transition plan

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

CCM Chair, who also happens to be Secretary of MOH and Director of DOPH, recused themselves from the meeting at the decision point for the TFM grant.

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

Update
 CCM Secretariat staff recruitment :

- Under CCM funding budget two staffs
- Advertised in the media three times with the criteria :
- **Title** : CCM Coordinator
- **Position level:** P3-A
- **Required qualification:** 5-8 years work experience plus qualification of Bachelors degree, preferably Masters Degree in Public Health / Financial Management/ Business Administration/ Commerce or with work experience in related field.
- 1st call – three applicants, one withdrew and another was out of country.
- 2nd call- two applicants, one withdrew.
- 3rd call- no applicants.

Endorsement on CCM coordinator's effective date of release order as CCM Coordinator.

- (Left office 1st wk June 2015 on leave, an office later received his resignation on 8 August). No release could be issued as there were no audit clearances. Now clearance is received. Secretariat used the expertise of MOH-HR; they recommended issuing release order w.e.f 30 June).
- GF mission in Bhutan from 6-9 June.
- Transition meeting on 8-9 June at Terma Linca
- Debrief session on 9 June for CCM and with programs at Terma Linca at 2:00 pm (2 hours).

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	
MLBL	
NGO	
A/Edu	
EDU	
PLWD	
FBO	
KAP	
PVT	

DECISION(S) Summarize the decision in the section below

ACTION(S)	KEY PERSON RESPONSIBLE	DUE DATE
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Summarize below any actions to be undertaken indicating who is responsible for the action and by when the action should be completed.

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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 <u>IN FAVOUR OF THE DECISION</u> >	15
			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >	0
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>>	0

AGENDA ITEM #4	Update on the NFM grant (HIV, TB and Malaria Program) <ul style="list-style-type: none"> - Update of the Global Fund grant - Malaria program - Update of the Global Fund grant - TB control program - Update of the Global Fund grant - HIV/AIDS program
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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)>

**Y
e
s**

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

1. New Funding Model, HIV/AIDS Control Program

Country:	Bhutan	Title of the Grant:	Preventing HIV/AIDS and strengthening treatment of PLHIV				
Component:	HIV/AIDS	Grant No.	BTN-H-MOH	Start Date:	1st July 2015	Total Funding	USD 1,990,350
Round:	NFM	Phase:	Year I	Principal Recipient: Ministry of Health			
Report Period:		from:	1st July 2015	to:	30 June, 2016	Latest Rating:	B1
Local Fund Agent:	<u>Dr.Tandin Dorji</u>			Fund Portfolio Manager:	<u>Cristina Riboni</u>		
Prepared by:	NACP			Report preparation date:	25.05. 2016		

Goal - To reduce new HIV infections and provide continuum of care to people living with and affected by HIV (Goal of NSP 2012-2016).

Objectives:

- To scale up HIV treatment, care and support to 90% of those diagnosed with the virus in order to reduce mortality and morbidity, and leverage the prevention effects of early treatment.
- To scale up HTC among key affected and vulnerable populations by adopting an intensified case-finding approach in order to diagnose at least 60% of those estimated to be living with HIV in Bhutan.
- To provide a comprehensive package of HIV prevention services at high coverage targeted to key affected and vulnerable populations.
- To ensure that strategic information for an evidence-based response is in place, and the capacity of MoH and CSOs to monitor the response is well-developed.
- To strengthen health and community system to deliver an equitable, gender sensitive and sustainable response.

Grant Recipients

- Principle Recipient

-Ministry of Health

Sub Recipients/Implementers

-Youth Development Fund

-Lhaksam

-Royal Bhutan Army

-Royal Bhutan Police

-Bhutan Narcotic Control Agency

-Youth Development Fund

-University of Medical Science

Budget Summary by Modules

By Module	Year 1	Year 2	Year 3	Total
Prevention programs for MSM and TGs	43760.26	10192.04	3877.685	57829.99
Prevention programs for sex workers and their clients	20526.95	6459.915	6719.045	33705.91

Prevention programs for other vulnerable populations (please specify)	262412.9	167372.6	172905.3	602690.8
Treatment, care and support	237148.8	129540	106524.4	473213.2
TB/HIV				
HSS - Health information systems and M&E	261559.3	79174.93	40210.52	380944.8
Removing legal barriers to access	46729.85	4435.789		51165.64
Community systems strengthening	26905.11	16669.29	13342.45	56916.85
Program management	154305.3	99820.13	79757.21	333882.6
Total	1053349	513664.6	423336.6	1990350

Cost Category and Budget

By Cost Grouping	Year 1	Year 2	Year 3	Total
1.0 Human Resources (HR)	55417	55417	55417	166252
2.0 Travel related costs (TRC)	321597	156409	75911	553917
3.0 External Professional services (EPS)	169686	65500	30000	265186
4.0 Health Products - Pharmaceutical Products (HPPP)	54446	75199	86251	215896
5.0 Health Products - Non-Pharmaceuticals (HPNP)	69375	64900	88277	222552
6.0 Health Products - Equipment (HPE)	110095	7684		117779
7.0 Procurement and Supply-Chain Management costs (PSM)	45604	38307	45334	129245
8.0 Infrastructure (INF)	1524			1524
9.0 Non-health equipment (NHP)	171626			171626
10.0 Communication Material and Publications (CMP)	12477	8103		20580
11.0 Programme Administration costs (PA)	37523	38169	38169	113862
12.0 Living support to client/ target population (LSCTP)	3977	3977	3977	11930
Total	1053349	513665	423337	1990350

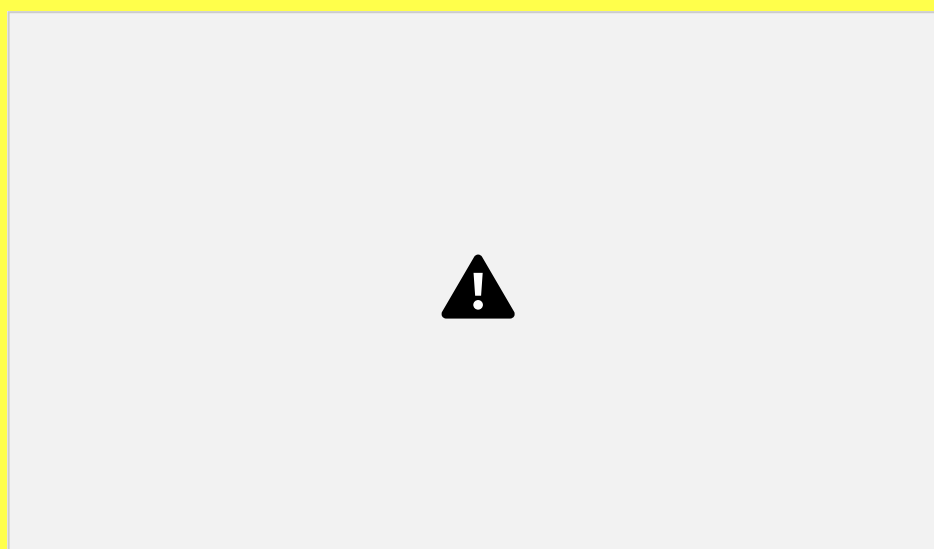
Release vs expenditure

- Allocated budget for year 1 =USD 1053349 equals to Nu.68.47 million
- Release received USD 978014 equals to Nu.63.57 million
- Budget utilization(1st July,2015-30th June,2016) =Nu.48.35 which is equals to 70% of total in year 1

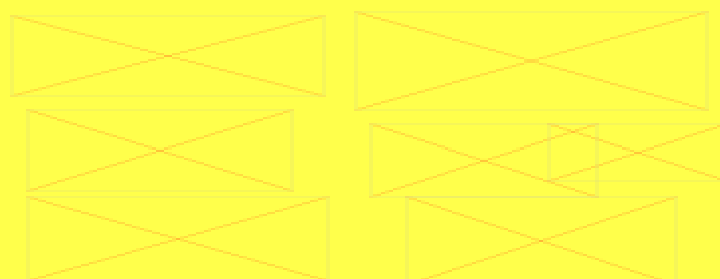
IV. Financial Progress by cost categories

By Cost Grouping	Allocated in USD	Allocated in Nu	Expenditure in Nu	Balance
1.0 Human Resources (HR)	55417	3,601,780	2,600,000	1,001,780
2.0 Travel related costs (TRC)	321597	20,903,805	14,403,805	65,00,000
3.0 External Professional services (EPS)	169686	11,029,590	6,004,180	5,025,410
4.0 Health Products - Pharmaceutical Products (HPPP)	54446	3,538,990	3,538,990	0
5.0 Health Products - Non-Pharmaceuticals (HPNP)	69375	4,509,375	4,509,375	0
6.0 Health Products - Equipment (HPE)	110095	7,156,175	4,049,695	3,106,480
7.0 Procurement and Supply-Chain Management costs (PSM)	45604	2,964,260	700,000	2,364,260
8.0 Infrastructure (INF)	1524	99,060	99,060	0
9.0 Non-health equipment (NHP)	171626	11,155,690	10,830,690	325,000
10.0 Communication Material and Publications (CMP)	12477	811,005	0	0
11.0 Programme Administration costs (PA)	37523	2,438,995	1,356,355	1,082,640
12.0 Living support to client/ target population (LSCTP)	3977	258,505	258,505	0
Total	1053349	68467230	48350655	19405570

Cost Categories wise expenditure



VI. Activity Progress (Major Activities)



V. Performance Framework

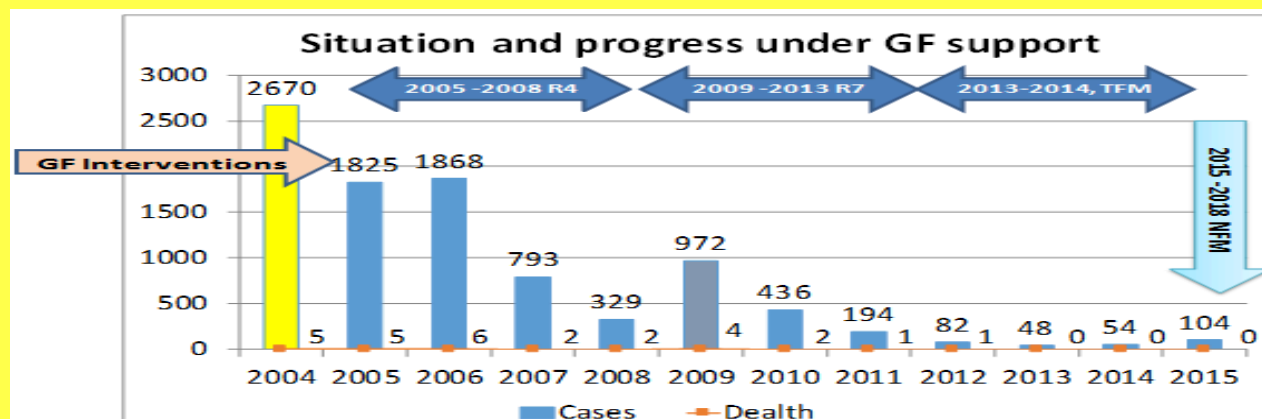
Linked to objective(s) /#	Outcome indicator	Country	Baseline			Required disaggregation
			Value	Year	Source	
1	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Bhutan	75%	2014	Patient records	Sex, Age, Duration of treatment
2,3	HIV O-5: Percentage of sex workers reporting the use of a condom with their most recent client	Bhutan	TBD	2014	BSS (Behavioral Surveillance Survey)	Sex
2,3	HIV O-7: Percentage of other vulnerable populations who report the use of a condom at last sexual intercourse	Bhutan	TBD	2015	BSS (Behavioral Surveillance Survey)	

- All the Indicators and targets under the agreed PF will be reported by end of June, 2016, as most of the targets will be derived from Annual Program Progress Report, ongoing IBBS Survey, Migrant workers screening camp (Ongoing) etc.

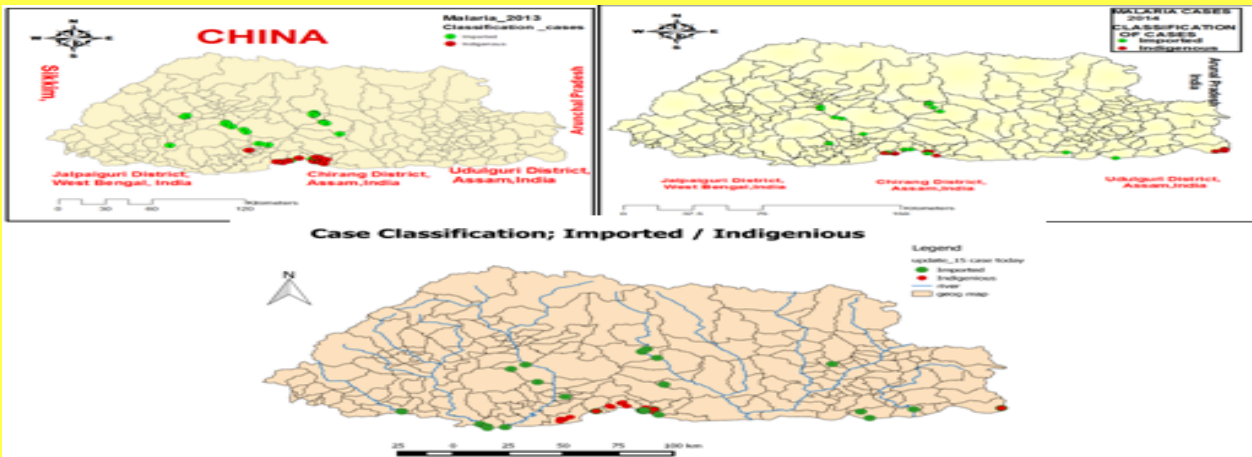
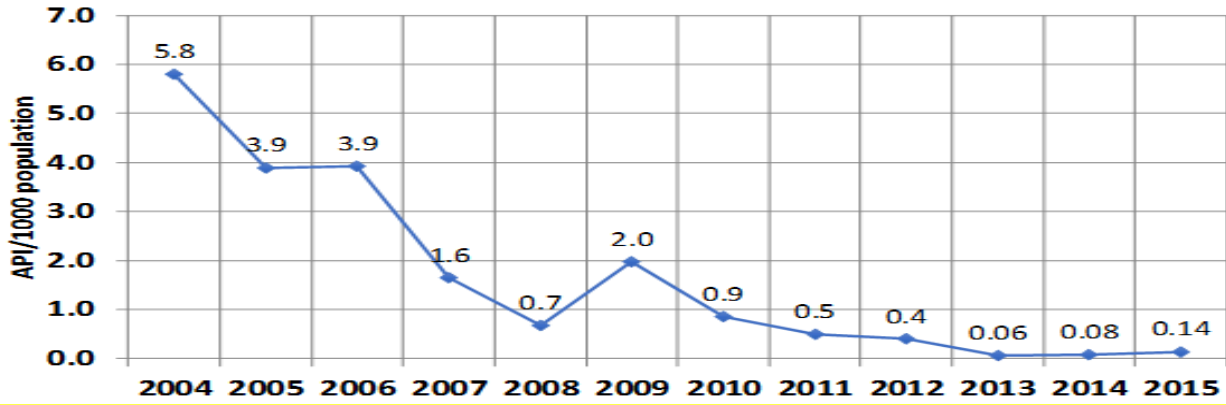
Issues

- So many TA related activities in the year. Sought GF permission to defer some of TA related activities to year 2.
- Global Fund doing Micro Management, sometimes delays our implementation

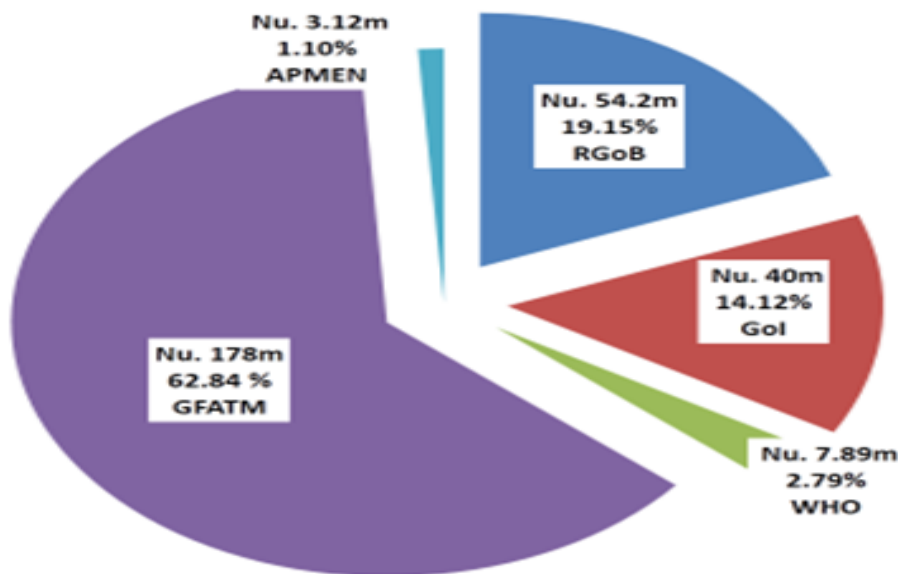
2. NFM Progress update Malaria



API per 1000 population , 2004 - 2015



Funding outlay by Donors for Malaria Programme in 11th FYP



Excludes Government Support to the districts for Malaria control and prevention activities

New Funding Model, Malaria

Country:	Bhutan		Title of the Grant:	Acceleration towards achieving zero Indigenous Malaria in Bhutan			
Component:	MALARIA	Grant No.	BTN-M-MOH	Start Date:	1st June 2015	Total Funding	\$1,942,261
Round:	NFM	Phase:	Year I	Principal Recipient:	Ministry of Health		
Report Period:	P1	from:	1st July 2015	to:	30th Oct. 2015	Latest Rating:	A2
Local Fund Agent:	<u>Dr TandinDorji</u>		Fund Portfolio Manager:	<u>Cristina Riboni</u>			
Prepared by:	VDCP/CCM Secretariat		Report preparation date:				

Goal and Objectives

- **Goal:** To achieve zero indigenous malaria in Bhutan by 2018 and obtain WHO-malaria free certification by 2020.
- **Outcome Objectives:**
- Active Foci of malaria eliminated by 2016
- Resurgence of malaria prevented from 2015 onwards
- Zero malaria death achieved and sustained
- Health system and community system strengthened to sustain malaria elimination

Concept Note Objectives

- **Strategic Objectives:**
- Focused prevention, elimination of transmission and prevention of re-introduction (Foci classification and targeted intervention)
- Quality assured laboratory diagnosis, treatment and follow up
- Intensified surveillance and response
- Strengthened Governance and institutional capacities

Impact Indicators

	Impact Indicators	Baseline	Target		
			Year 1	Year 2	Year 3
1	Reported malaria cases - presumed and confirmed	48 (2014)	46	42	39
2	Confirmed malaria cases (microscopy or RDT) per 1000 persons per year	0.2 (2014)	0.19	0.17	0.15
3	Inpatient malaria deaths per 1000 persons per year	0 (2014)	0	0	0
4	Malaria test positivity rate	0.070 (2014)	0.056	0.051	0.047

Fund by modules

By Module	Year 1	Year 2	Year 3	Total
Vector control	177,253	548,874	134,109	860,236
Case management	137,478	129,442	142,135	409,055
HSS - Health information systems and M&E	228,655	144,870	37,583	411,108
Community systems strengthening	24,578	22,803	22,803	70,184
Program management	69,109	63,012	59,557	191,678
Total	637,072	909,001	396,188	1,942,261

By Cost Grouping

By Cost Grouping	Year 1	Year 2	Year 3	Total
1.0 Human Resources (HR)	29,993	30,127	30,261	90,382
2.0 Travel related costs (TRC)	342,199	199,342	170,717	712,258
3.0 External Professional services (EPS)	31,500	93,686	20,000	145,186
4.0 Health Products - Pharmaceutical Products (HPPP)	1,079	1,079	1,079	3,236
5.0 Health Products - Non-Pharmaceuticals (HPNP)	92,730	368,157	91,469	552,356
6.0 Health Products - Equipment (HPE)	17,387	69,064	23,887	110,338
7.0 Procurement and Supply-Chain Management costs (PSM)	30,685	108,207	34,263	173,155
8.0 Infrastructure (INF)				
9.0 Non-health equipment (NHP)	63,112	4,565		67,677
10.0 Communication Material and Publications (CMP)	5,825	14,002	5,080	24,907
11.0 Programme Administration costs (PA)	22,562	20,774	19,433	62,768
Total	637,072	909,001	396,188	1,942,261

Fund by Modules (Year I)

By Module	Q1	Q2	Q3	Q4
Vector control	39,048	115,557	16,911	5,736
Case management	19,004	77,090	32,655	8,728
HSS - Health information systems and M&E	39,078	56,214	83,229	50,134
Community systems strengthening	14,727	2,340	2,340	5,170
Program management	15,825	25,626	20,160	7,498
Total	127,684	276,827	155,295	77,267

Cost Grouping (Year I)

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1
1.0 Human Resources (HR)	7,498	7,498	7,498	7,498	29,993
2.0 Travel related costs (TRC)	50,686	97,657	132,406	61,450	342,199
3.0 External Professional services (EPS)	17,500	4,000	10,000		31,500
4.0 Health Products - Pharmaceutical Products (HPPP)		1,079			1,079
5.0 Health Products - Non-Pharmaceuticals (HPNP)		92,730			92,730
6.0 Health Products - Equipment (HPE)	6,387	11,000			17,387
7.0 Procurement and Supply-Chain Management costs (PSM)	1,550	29,135			30,685
8.0 Infrastructure (INF)					
9.0 Non-health equipment (NHP)	37,512	25,600			63,112
10.0 Communication Material and Publications (CMP)	1,160	2,237		2,429	5,825
11.0 Programme Administration costs (PA)	5,390	5,890	5,390	5,890	22,562
Total	127,684	276,827	155,295	77,267	637,072

Year I Progress updates

Impact Indicators

Impact (Indicators)	Baseline	Intended Target	Actual Result	Year of Result	Comments on results
	Value				
Malaria I-1: Reported malaria cases - presumed and confirmed	54 (2014)	46	34	2015	Achieved year target
Malaria I-2: Confirmed malaria cases (microscopy or RDT) per 1000 persons per year	0.2 (2014)	0.19	0.143	2015	34 indigenous malaria cases and estimated risk population (237,720)
Malaria I-3: Inpatient malaria deaths per 1000 persons per year	0 (2014)	0	0	2015	zero death in all health facilities in the country
Malaria I-4: Malaria test positivity rate	0.07	.056	0.08	2015	Total test conducted by microscopy/RDTs were 120673 and total cases were 104

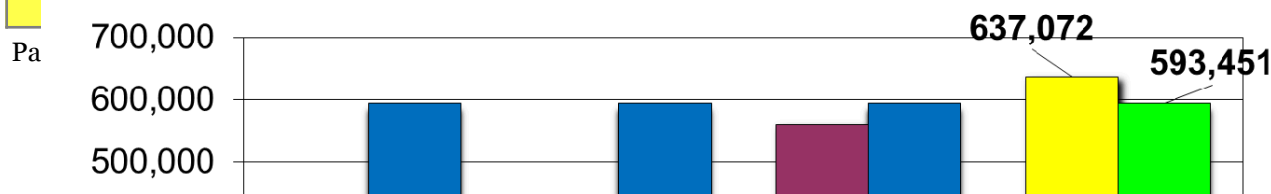
33rd CCM Meeting 26th -27th May, 2016 (Malaria)

Programmatic progress

Indicators	Target	Achieved	0% - 59%	60% - 89%	> 90%	Comments
VC-3: Number of long-lasting insecticidal nets distributed to targeted risk groups through continuous distribution	26000	26000		100%		26,000 LLIN procured and distributed
VC-5: Proportion of households in targeted areas that received Indoor Residual Spraying during the reporting period	20000	19730		98.6%		19730 household were sprayed in 2015 . Some household refused for spray or some locked during the spray time
CM-2a: Proportion of confirmed malaria cases that received first-line antimalarial treatment according to national policy at public sector health facilities	100%	100%		100%		All 104 malaria cases diagnosed in health facilities were treated as per our treatment protocols achieving 100%.
CM-4: Proportion of health facilities without stock-outs of key commodities during the reporting period	237	232		98%		5 health centers found expired anti-malaria drugs, new stock not received. Requested to keep at least two doses of anti-malarial drugs in the HC all time.
CM-6: Percentage of foci fully investigated (malaria elimination phase)	34	34		100%		All 34 indigenous malaria foci were fully investigated and mapped using GIS

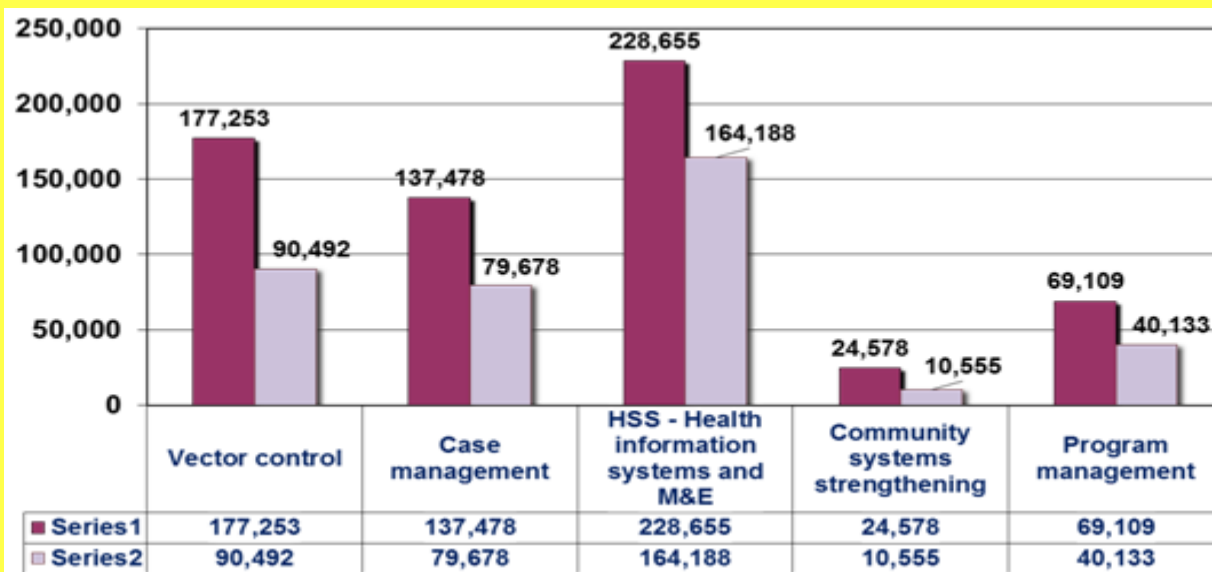
33rd CCM Meeting 26th -27th May, 2016

Approved Budget/disbursement



Disbursement / Expenditures

Approved / Expenditures



Current & ACT Safety stock

Last fund disbursement: Calendar days		
	Expected (days)	Actual (days)
Days taken to submit final PU/DR to LFA	45	0
Days taken for disbursement to reach PR	45	51

Days taken for disbursement to reach SRs	15	0
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Component	Products	Stock level expressed in months of treatment for all current patients	Months of safety stock	Difference between current stock and safety stock
MALARIA	ACT	6.8	2.0	4.8
	0		0.0	
	0		0.0	

- Difficult in calculation malaria stock balance using Dashboard tool
- Programmes have enough stock of ACT for a year and ACT expiry date is on Dec. 2017.

Proposal for Re-programming:

From	To	Justification
The Global Fund external auditor visit (USD 10,000)	Training on the Global Fund process and System for accounts personnel's of programme	The need of external audit was not felt as our audit report submitted to the Global Fund was satisfactory. This training will further enhance the understanding of the Global Fund System, thereby improving the quality of reporting and records

Time bound Action:

1. **Audit report:**
Action: Submitted the Audit report to Global Fund annually on time. Next due on 30th Sept. 2016
2. **PUDR report:**
Action: Annual PUDR submitted on time next due on 15th August, 2016

Disbursement Management letter and responds

[BTN-Malaria Grant Management Actions_GFComments_14Mar16.docx](#)

Issues/Challenges

- Delay in release of the fund (21st August, 2015), further delayed due to budget incorporation in our financial system.
- Delay in getting approval of the plan, such as training plan/ proposals.
- Prioritization for other vector-borne diseases (Zika, Dengue, Kala Azaar etc.).
- Malaria now confined to international border.

3. An Appraisal on Progress Update and TB NFM grant to CCM members

Goal

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

Objectives

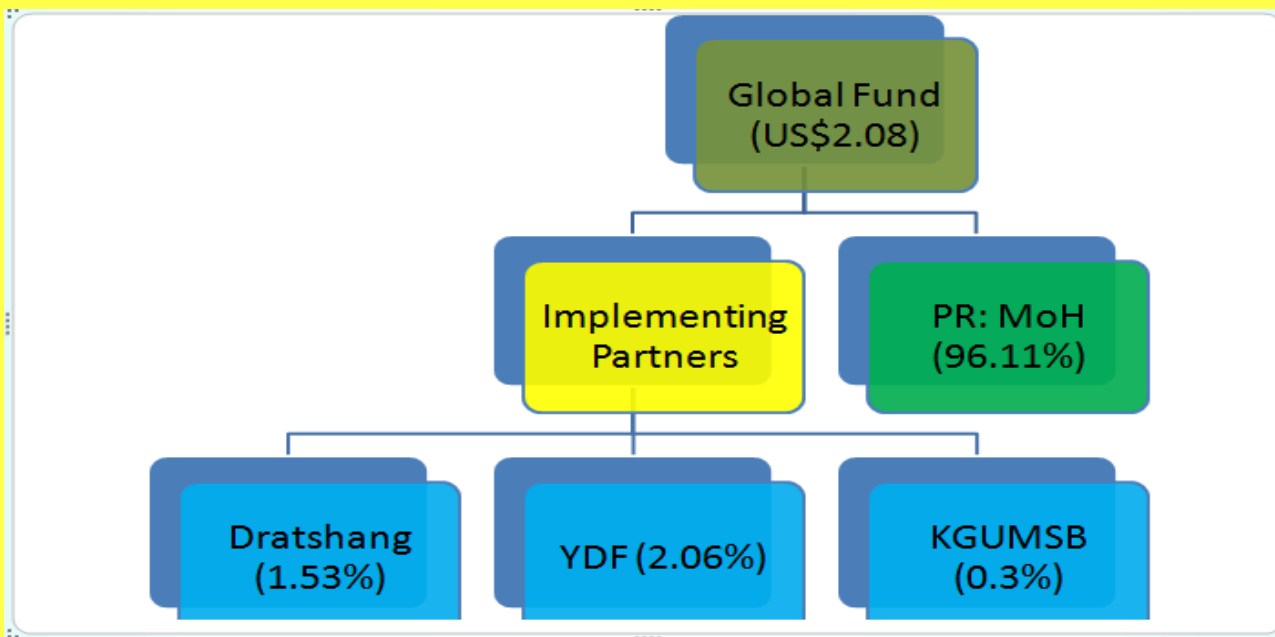
- To sustain and increase case notification rate of $\geq 90\%$ among prevalent cases
- To sustain and increase treatment success rate of $\geq 90\%$
- To ensure early diagnosis and treatment of all MDR-TB cases and sustain Treatment Success Rate of $\geq 85\%$
- Improve TB-HIV collaborative activities and increase HIV testing among TB patients to 80%

Grant Recipients

- **Principal Recipient**
– Ministry of Health

- **Implementing partners**
 - Dratshang Lhentshog
 - University of Medical Sciences of Bhutan
 - Youth Development Fund

Budget allocation for PR and IPs



Country:	Bhutan		Title of the Grant:	To Reduce TB and MDR-TB burden in Bhutan			
Component:	TB	Grant No.	BTN-T-MOH	Start Date:	1st July 2015	Total Funding	\$2.083m
Round:	NFM	Phase:		Principal Recipient:	Ministry of Health		
Report Period:		from:	1st July 2015	to:	30 th June 2018	Latest Rating:	A2
Local Fund Agent:	UNOPS			Fund Portfolio Manager:	Cristina		
Prepared by:	NTCP			Report preparation date:	23 rd May 2016		

Disbursement Request (DR) details/decision

New Funding Model (NFM) DR details	
Approved Budget for Year 1	US\$ 1,015,932
DR decision (Y1 + Q5)	US\$ 1,395,895
DR to PR (immediately)	US\$ 7,94,231
GLC fee (immediately)	US\$ 25,000
External Audit (1/10/15)	US\$10,000
Q5 budget (1/06/16)	US\$ 3,54,963
Procurement of SLDs (1/09/15)	US\$1, 86,701
GLC fee (1/06/16)	US\$ 25,000
Grand Total	US\$1,395,895

Payment and Disbursement details	Amount in US\$
Direct Payment of GLC Fee to the GDF/GLC by the GF	US\$ 25,000.00
Direct Payment to the GDF/GLC against the procurement of SLDs	US\$ 50,771.50
Total Disbursement Received from the GF	US\$ 794,231.00

Budget by Module in Year 1

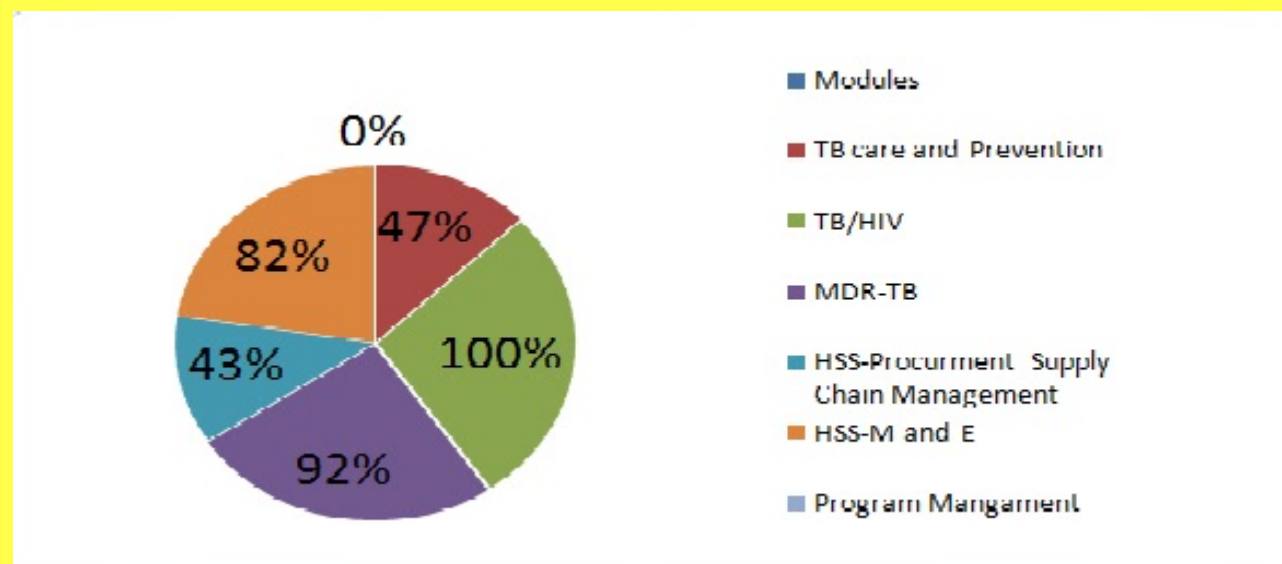
Module	Q1	Q2	Q3	Q4	Year 1
TB care and prevention	150,808	65,417	60,069	50,796	327,089
TB/HIV				1,774	1,774
MDR-TB	391,386	14,902	19,965	9,275	435,528
HSS - Procurement supply chain management (PSCM)	68,810	37,508		13,297	119,615
HSS - Health information systems and M&E	9,495	60,574	43,272	8,586	121,926
Program management			10,000		10,000
Total					1,015,932

Budget and Expenditures by Module

Module	Cumulative Budget (in \$)	Cumulative Expenditures (in \$)
TB care and prevention	327,089	1,52,455
TB/HIV	1,774	1,774
MDR-TB	435,528	4,01,155

HSS - PSCM	119,615	5,1024
HSS – HIS & M & E	121,926	99,960
Program Management	10,000	0.00

Module wise Expenditures



Management Actions

SI No.	Management Actions-Program Management	Status/remarks
1.	The Principal Recipient is requested to submit an updated cash balance as of <u>30 June 2016</u> .	Not yet Due
2.	MoH needs to share with the GF the evidence that there is a communication strategy in place to invest in TV campaign	Partially completed.
3.	While PR has established measures to improve DOTS, the implementation at the health facility level	Partially completed
4.	The high number of extra pulmonary TB cases being reported (47% of the cases) is concern	Not yet due. Will be discussed during the GF mission

5.	TB incidence, especially new smear positive cases among young people, 15-40 years of age is a major concern	Not yet due.. Will be discussed during the GF mission
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SI No.	Management Actions-Financial Management	Status/remarks
1.	The budget allocated for mobile vouchers for VHWs can only be used when MoH shares the RGoB policy approving these vouchers for VHWs.	Still pending- will be discussed during the GF mission.
2.	The PR is requested to reconcile the 2014 opening cash balance as reported in the PUDR (US\$ 38,5507) to the cash balance in the Bank (US\$ 226,847) and settlement of OBA for IDA	Completed
3.	PR has not prepared and submitted the Statement and Sources of Utilization of Funds (SSUF) as required	Not Yet due

SI No.	Management Actions-M and E	Status/remarks
1.	PR shall resolve the issues faced by the reporting centers in using the electronic registers	Partially completed and will further discuss during the GF mission
2.	MOH needs to review and update the current recording and reporting tools according to the 2013 WHO guidelines	Not yet due
3.	Reporting for the indicator TB/HIV	Not Yet due
4.	The PR is requested to improve its reporting in the subsequent PUDR to report correct numbers and achievements	Not yet due

SI No.	Management Actions-Procurement	Status/remarks
1.	PR to collaborate with WHO to develop a GeneXpert implementation plan including the review of TB/MDR-TB testing algorithms.	Completed and will be discussed during the GF mission
2.	PR to collaborate with WHO to prepare a summary of the national plan to expand MDR TB management capacity	Completed and will be discussed during the GF mission
3.	RPR to support DoMSHI in the development and deployment of the eLMIS solution for central/regional stores funded by the TB grant	Partially completed and will be further discussed during the mission visit
4.	Current pipeline stock of SLDs estimated to cover part of NFM needs; PR to estimate potential savings to support improvements at Gidakom	Partially completed and will be further deliberated during the GF mission

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	
MLBL	

NGO	
A/Edu	
EDU	
PLWD	
FBO	
KAP	
PVT	

DECISION(S) Summarize the decision in the section below

The CCM members' optimism is a speedy recruitment of additional staffs in the TB and HIV program, so that the implementation of the NFM grant.

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.

--	--	--

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	SHOW OF HANDS	
			(Place 'X' in the relevant box)	SECRET BALLOT	
	ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >				15
	ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >				0
ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>>				0	
*Consensus is general or widespread agreement by all members of a group.					

NEXT MEETING (INCLUDES OUTSTANDING AGENDA ITEMS NOT COMPLETED DURING CURRENT MEETING)

TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy)	February / March 2016
---	-----------------------

PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
---	---

AGENDA ITEM #1	Orientation of the new CCM member / Follow up – 32nd CCM meeting. Election of Chair and Vice Chair and restructuring of OSC
AGENDA ITEM #2	Progress update - HIV, TB and Malaria
AGENDA ITEM #3	Any other update /issues

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.

AGENDA ITEM #5	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)>

Yes

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

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	
MLBL	
NGO	
A/Edu	
EDU	
PLWD	
FBO	
KAP	
PVT	

DECISION(S) Summarize the decision in the section below

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.

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 <u>IN FAVOUR OF THE DECISION</u> >				15
	ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u> >				0
ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >				0	
*Consensus is general or widespread agreement by all members of a group.					

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:		
Presentations files of HIV, Malaria and TB programs.		

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 <u>2 weeks</u> 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 <u>1 week</u> 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 <u>15 days</u> 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 ACRONYMS USED IN THE MINUTES:	
ACROYNM	MEANING
GF	Global Fund
CCM	Country Coordinating Mechanism
NFM	New Funding Model
CN	Concept Note
SR	Sub Recipient
MSM	Men having sex with Men
OSC	Oversight Committee

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 >	27/11/2015
FUNCTION>	M&E Officer	SIGNATURE >	

CCM MINUTES APPROVAL:			
APPROVED (NAME)	BY	Dr. DORJI Wangchuk	DATE
			16/12/2015
FUNCTION		CCM Chair	SIGNATURE