

MINUTES OF OVERSIGHT COMMITTEE MEETING

1. INPUT FIELDS INDICATED BY YELLOW BOXES

MEETING DETAILS		(Place "x" in the Relevant Box)			
LOCATION/VENUE	1 ST Floor CCM Secretariat Meeting Room				
MEETING NUMBER	02	TOTAL NUMBER OF PARTICIPANTS/ (INCLUDING ALTERNATIVES & CCM SECRETARIAT STAFF)	OC MEMBERS	5	
DATE (dd.mm.yy)	23 Mar 2021		RMC MEMBERS		
MEETING SCHEDULE START	01:30		CCM SECRETARIAT STAFFS	3	
MEETING ACTUAL STARTED	01:30		OTHERS	6	
MEETING ACTUAL ENDED	04:30		TOTAL	14	
DETAILS OF PERSON WHO CHAIRED THE MEETING			MEETING TYPE		
HIS / HER NAME & ORGANIZATION	First Name	Mr. Viengsone			
	Family Name	Leuangkhamsing	Regular Meeting	X	
	Position/Title	OC Alternate Member	Extra-ordinary Meeting		
	Organization	Ministry of Home Affairs	Other Meeting		
HIS / HER ROLE ON THE MEETING	Chair	X	GLOBAL FUND SECRETARIAT / LFA ATTENDANCE AT THE MEETING	LFA	
	Vice-Chair			FPM / PO	
	OC Member			OTHERS	
	Alternate			NONE	

2. AGENDA OF THE MEETING

AGENDA SUMMARY		
AGENDA ITEM No.	WRITE THE AGENDA TITLE OF EACH AGENDA ITEM/TOPIC	Responsible Person
Agenda Item #1	<p>The final results of CCM Evolution Threshold, priority areas and interventions for improvements in core CCM responsibilities</p> <ul style="list-style-type: none"> CCM Secretariat will present the final results of CCM Evolution Threshold, priority areas and interventions for improvements in core CCM responsibilities; OC will review and discuss these issues and prepare recommendations to CCM. 	CCM Secretariat OC
Agenda Item #2	<p>Progress update on implementation of the Global Fund Grants</p> <ul style="list-style-type: none"> Representatives of PR will present the progress updates; OC will review and prepare comments/recommendations for the next CCM meeting. 	PR Representatives OC
Agenda Item #3	<p>AOB and close the meeting</p> <ul style="list-style-type: none"> Close the meeting 	Chair

3. MINUTES OF EACH AGENDA ITEM

Agenda Item #1	The final results of CCM Evolution Threshold, priority areas and interventions for improvements in core CCM responsibilities
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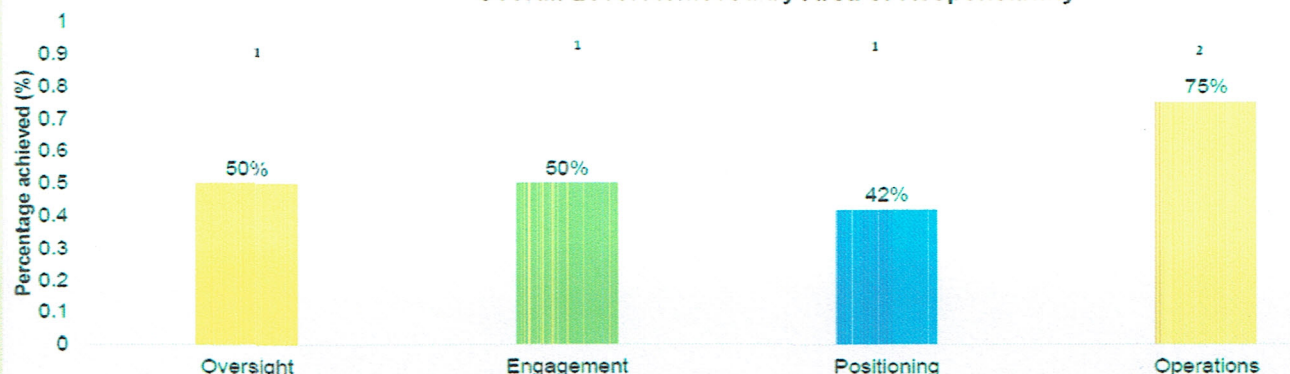
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

The chair opened the meeting and welcomed all participants.
The meeting agenda was presented for comments.

CCM Secretariat has presented the final results of CCM Evolution Threshold, priority areas and interventions for improvements in core CCM responsibilities as below:

Global Fund Validated Results Dashboard

Overall Level Achieved by Area of Responsibility



Overall Numerical Level				
Area	0	1	2	3
Oversight		25%	58%	90%
Engagement		25%	58%	90%
Positioning		25%	58%	90%
Operations		25%	58%	90%

Area of Responsibility	Indicator	Summary Findings	Level by Indicator
Oversight	The oversight function is aligned with the Global Fund (GF) grant priorities and relevant national processes (e.g., national program reviews and national planning)	A current costed Oversight Plan is in place and is being implemented on schedule. OC committee membership is aligned with the grant. The committee has a TOR and updated membership list. Meetings are held regularly prior to CCM meetings and are well-documented. There is good sharing and presentation of key grant documents: reports, proposals, PU/DRs, Global Fund Guidance and so on. Significant and persistent attention is paid to the tracking of co-financing commitments. A formal/regularized risk management approach/process has not been adopted into the oversight process. There does not appear to be a current grant risk and mitigation plan in place for the OC to regularly check in on. The OC has not been involved in any risk identification/prioritization exercises recently. Whilst data sharing is exemplary there is not much evidence of performance data analysis, distillation of	2
	Use of strategic information for action and decision-making throughout the Global Fund (GF) grant-life cycle		2
	Adoption of a risk management approach to oversight		0
	CCM supports the realization of co-financing commitments		2

		critical performance issues, bottleneck solution brainstorming or requests from OC to CCM for a decision or action to unblock a bottleneck. There are duplicative progress updates from PR into both OC and CCM. It was noted that site visits often find persistent recurring issues that remain unresolved.	
Engagement	CCM constituencies selection/election processes abide by principles of good governance and ensure quality engagement	Clear efforts are being made to realize the ideals around community engagement that are embodied by the CCM model. From a constitutional point of view this engagement is fully enshrined in the relevant CCM documentation and membership lists.	2
	CCM constituencies engagement in GF processes	There is also good evidence that this engagement extends to processes that pertain to the national programmes as a whole such as NSP development and the disease-specific taskforces.	2
	Representatives of CCM constituencies (particularly Civil Society members) engage in country processes pertaining to the national response (e.g., National Strategic Planning, National Program Reviews and Prioritization, Development Partner's Country Operational Planning, etc.)		2
	CCM members (particularly CS members) carry out activities to solicit inputs from and provide feedback within their constituencies to contribute to sound decisions.	The main issue appears to be the struggle to realize systematic bi-directional consultations with constituencies. This was formalized with Red Cross resources and coordination support at one point but appears to have dropped off once that project closed out. Given the challenges with giving the community voice in CCM meetings (time constraints, cultural constraints, language barrier etc.) the role of the CSO coordinating committee becomes even more pertinent.	0
Positioning	The CCM proactively defines a "strategic positioning" vision to ensure alignment with and/or integration into national structures/coordinating bodies and formal links with donor partner platforms.	Positioning is a critical issue for Lao CCM as the country moves to new implementation arrangements that pool GF funding into the WB HANSA project. Alignment with national structures is a significant part of the rationale behind the GF's decision to pool the funds in this way. The questions of how the CCM links with the HANSA Steering Committee and what its respective role is in relation to the national HANSA project coordination office in the DPC have yet to be resolved. A possible organogram has been presented to CCM and OC and been discussed. The sense among CCM stakeholders is that the decision will be made by the Ministry (rather than by the CCM.) The as yet undetermined merged governance arrangements present potential risks for the CCM particularly in relation to the CCM's leverage and the extent	1
	Ensuring buy-in and ownership of the vision by all relevant stakeholders (particularly national government)		1
	The CCM aligns its functions and structures with the national response		2

	for enhanced harmonization of systems, processes and decision-making for greater impact and efficiencies.	to which a meaningful role in governance for communities can be preserved.	
	Civil society members and communities are proactively represented and engaged in coordination, governance and decision-making bodies and processes beyond the CCM		1
Operations	CCM ensures ethical decision-making processes are adopted and mainstreamed throughout its operations.	On an administrative level the execution of the operational side of CCM functioning is exemplary. Operations are well documented, plans are in place and costed, meeting minutes are complete and efficiently turned around. Initiative is taken to ensure that new requirements from GF, such as the Ethics Code of Conduct, are put in place. A documented appraisal process of the Secretariat is in place and so on. If there are any shortcomings this would be mainly on strategic support. Processes as they currently stand do not accommodate a significant role for the secretariat in strategic analysis/filtering of data that is presented into the CCM and the Oversight Committee. Part of the issue here is that, as with many CCMs, the progress reports are not being made available in sufficient time before meetings for there to be an pre-meeting analytic review and completeness check. If the Secretariat were to take up such a role there would need to be an assessment of any logistical and capacity constraints as well as contextual constraints around authority structures. A new role for the CCM in relation to HANSA would also have implications for the relative weighting given to administrative versus strategic support provided to the CCM by the Secretariat.	2
	The CCM Secretariat provides strategic support to the CCM and its structures		2
	The CCM has appropriate and relevant structures in place, which operate optimally and efficiently		2
	The CCM's operations are effectively managed		3

Objective and Priority Activities

Based on collective findings as discussed with the CCM Task Force, below is a prioritized list of core areas of CCM responsibilities validated by the Global Fund. The two priority areas for the Evolution project are assigned levels "1" and "2", which should receive immediate attention. However, the CCM is encouraged to work in all areas during the Evolution project as discussed with the Evolution Task Force.

Priority Level	Areas of responsibility	Objectives
2	Oversight	Improve the quality and impact of the strategic oversight and risk management. Integrate CBM as part of oversight in 2021.

3	Engagement	Enhance systematic bi-directional consultations with civil society constituencies in the day-to-day affairs of the CCM Train on Community Based Monitoring (CBM) data tools and analysis
1	Positioning	Define a strategy for the strategic positioning of the CCM on the national health structure and revise the CCM governance documents and committee structure to specify its new mandate and reporting processes in relation to the HANSA steering committee, implementation and coordination units.
4	Operation	

Validated Interventions

Based on the findings, below are the Global Fund validated interventions for each area core responsibility. The amount should be used exclusively for the implementation of validated interventions within the framework of the Evolution project by the end date of June 2023.

#	Area	Intervention	Modality	Source of funds	Amount to be disbursed (in USD)
1	Oversight	Hire an Oversight/Transition Officer (2 years)	Additional staff	Additional resources (CCM Evolution)	48,000
2	Oversight	Update CCM Oversight Plan with specific roles and responsibilities	Guidance Note / Online Orientation	Without additional resources-CCM Funding Agreement	0
3	Engagement	Train Civil Society representatives pre- and post- CCM meetings	Local Consultant	Additional resources (CCM Evolution)	4,800
4	Engagement	Train on Community Based Monitoring (CBM) data tools and analysis	Civil Society Regional Platforms	Additional resources (CCM Evolution)	12,500
5	Positioning	Map existing health governance bodies and platforms	Local Consultant	Additional resources (CCM Evolution)	5,000
6	Positioning	Develop positioning options and a Positioning strategy plan	Local Consultant	Additional resources (CCM Evolution)	5,000
7	Operations	Implement CCM Secretariat Performance Management	Guidance Note / Online Orientation	Without additional resources-CCM Funding Agreement	0
Total:					75,300

Key discussion points and comments from the meeting

- The final results with comments from the OC meeting today will be presented to the coming CCM Meeting for further review and endorsement. Subject to the CCM's endorsement, CCM Hub will include Evolution interventions in the CCM's annual workplan, and send an implementation letter for CCM signature to validate the updated costed work plan;
- CCM Hub will disburse additional resources under Oversight, Positioning and Engagement (pre-post meeting) directly to the CCM for implementation of Evolution interventions. Implementation of these activities will be on an annual basis, and will share more information on CCM performance management through the course of the project;
- The meeting noted that there are currently many plans for the CCM functions, e.g. annual CCM work plan using the format developed since 2016 that supported by the GF TA, annual costed-work plan, CCM improvement plan with connection to EPA assessment, and CCM oversight plan. The new integrated work plan aims to identify priority areas and interventions for improvements in core CCM responsibilities. Based

on the evolution threshold results, the two priority areas are Positioning and Oversight but the CCM is encouraged to work in all areas during the evolution project. In this regards, CCM Hub will share term of reference for implementation of the priority areas and interventions and will also share the draft of the oversight workplan (short version) to CCM Secretariat to review and adapt to the current version;

- Regarding to the additional budget CBM intervention, the representative of CHAS and PMU noted that CBM intervention has already included in the HIV Catalytic Funding (Sustainability of HIV services for Key Population in Asia (SKPA), which many activities including training on CBM at the provincial level have been implemented as progress update reported by PMU. The additional \$12,500 for CBM training funded by CCM Evolution should be reviewed and reallocated to cover other activities to avoid the overlapping implementation. In this regards, PMU will provide more detail information on the CBM in SKPA grant that was submitted by CHias to make sure that this budget is not overlapping. In the meantime, CHias was suggested to update to the CCM on the CBM training activities by using the SKPA grant and the reason of additional resource need for this intervention as a big amount of fund under the SKPA grant is remaining which is currently reprogramming;
- Regarding to the engagement of the civil society, the meeting suggested that the national programs and concerned partners should conduct the monitoring both financial and the results of activity implementation conducted by CSOs in order to ensure that there is no overlapping and effective used of funds as they received funding from many sources such as FEI5%, the three disease programs and HANSA project.
- According to the decrees, all projects and funding sources that CSOs received from the donors should be reported to the concerned ministries, such as Ministry of Home Affairs, Ministry of Foreign Affairs and Ministry of Health to ensure the aid effectiveness principles. In practice, it is difficult to track the effective used of funds. This issue is under discussion between the concerned ministries.

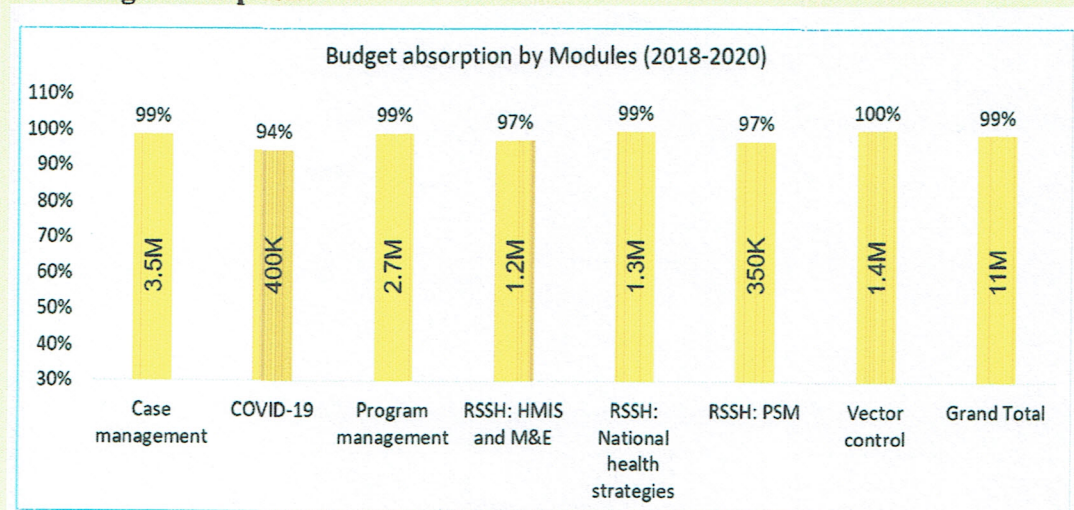
Agenda Item #2 **Progress update on implementation of the Global Fund Grants**

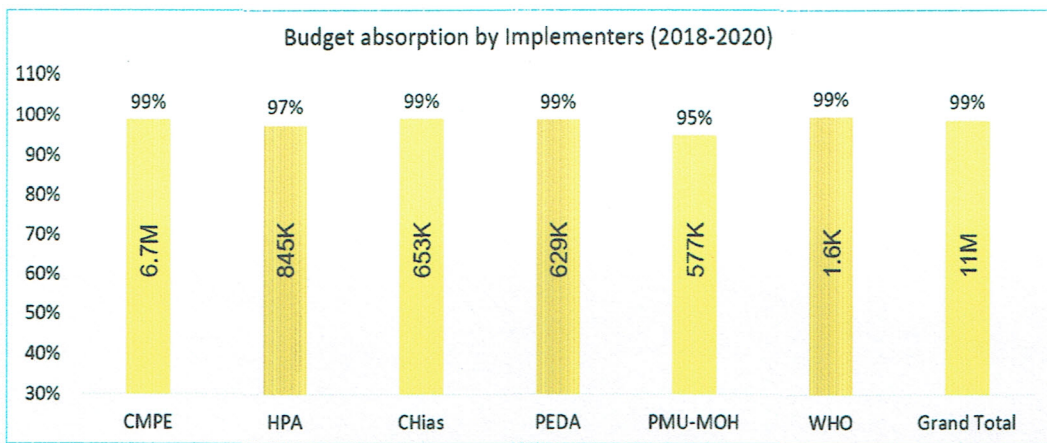
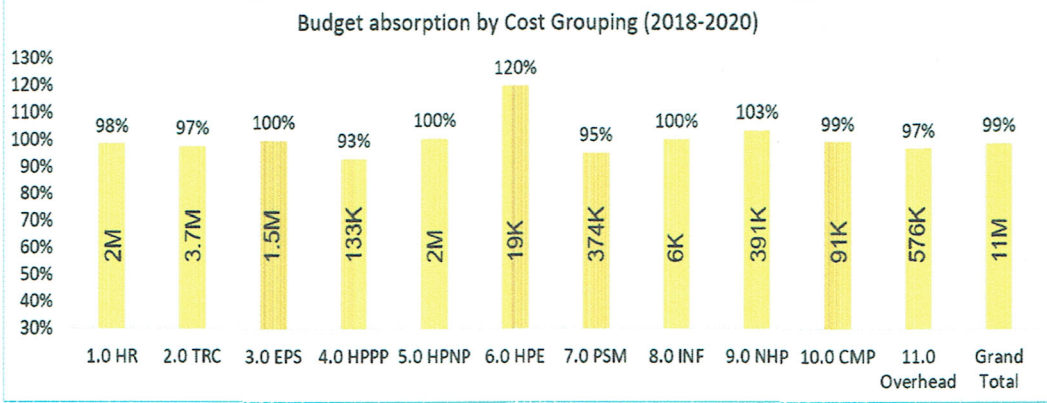
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED

Malaria Program

The representative of UNOPS has presented the progress update on RAI (Malaria) Grant as below:

1. Budget absorption





2. Performance targets and results

21 indicators were reported for Jul-Dec 2020 PUDR

4 impact indicators

1. API
2. # active foci
3. TPR
4. Inpatient malaria death

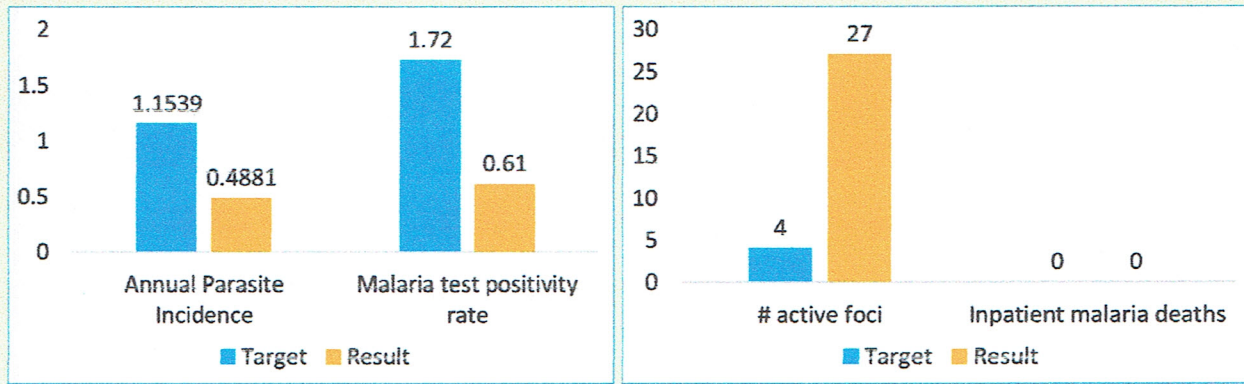
6 outcome indicators

1. % slept under ITN previous night
2. % HH with 1 ITN/2 people
3. % existing ITN used previous night
4. ABER
5. % of MMP slept under ITN
6. % of MMP with fever who accessed malaria diagnosis

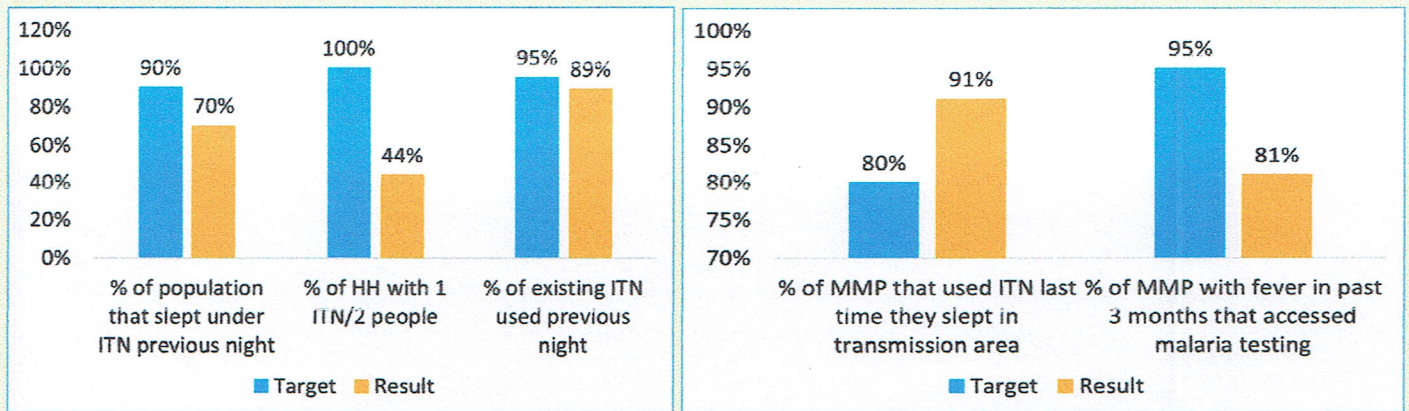
11 coverage indicators

1. # LLINs - continuous
2. # testing – public
3. # testing – community
4. # testing – private
5. % treated – public
6. % treated – community
7. % treated - private
8. % no stock out
9. % cases investigated and classified
10. % foci investigated and classified
11. % timely reporting

Impact indicators for 2020: targets and results

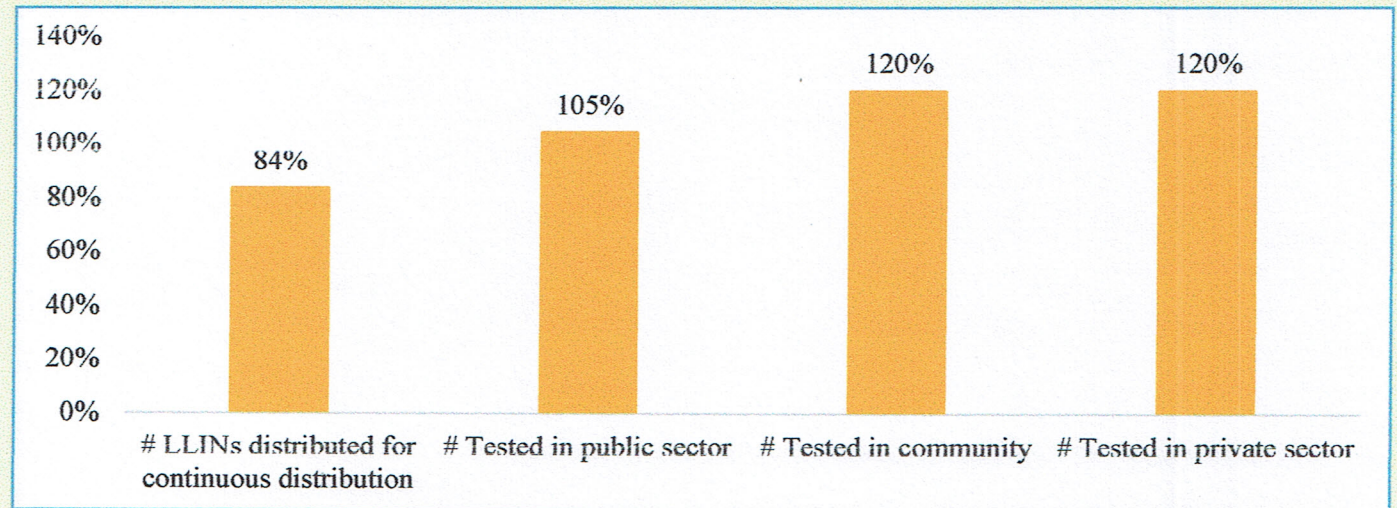


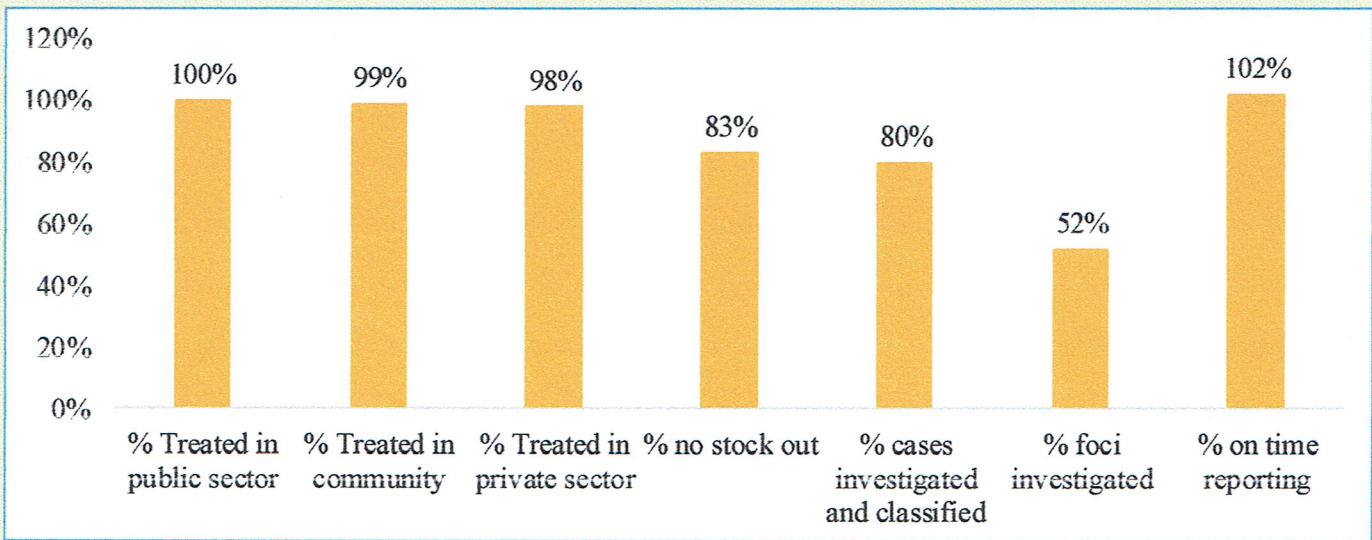
Outcome indicators for 2020: targets and results



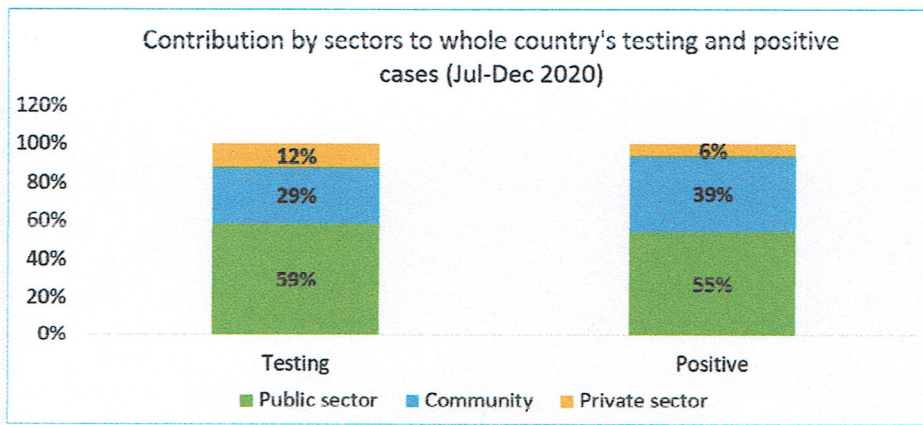
- Annual Blood Examination Rate: Target 12.8%; Result 19.5%

Coverage indicators Jul-Dec 2020: achievement %





Contribution by sectors to whole country's testing and positive cases (Jul-Dec 2020)



3. Programmatic achievement

Key programmatic achievements Jul-Dec 2020

1. 77,935 LLINs distributed to MMPs, militaries and pregnant women.
2. 314,405 malaria tests for malaria suspected cases
3. 2,423 malaria treatment for malaria positive cases
4. 139 case investigation conducted
5. 10 foci investigated and responded

Trainings

- ICCM trainings for 18 provinces, 148 districts, > 1,000 health centers & ~ 1,800 VMWs
- Surveillance trainings for 18 provinces & 148 districts
- DHIS2 trainings for 18 provinces & 148 districts

Meetings

- RAISE grant making
- FTAT review
- Bottom-up planning with all 18 provinces and 148 districts
- Quarterly reviews and annual review
- TWGs (Technical Working Groups)

Surveys

- LLINs survey for LLINs coverage assessment after 2019 mass distribution campaigns
- MMPs survey

Others

- Pv radical cure in all health centers
- Active case detections and outbreak responses
- Routine supervision to different levels
- Recruitment of new VMWs for RAI3E

4. PR support

PR support to SRs

Capacity building

- Training on Prevention of Sexual Exploitation and Abuse for all CSOs
- Financial compliance and reporting trainings for all provincial staff
- Training on bottom-up planning for CMPE staff

Program management

- Support to CMPE for bottom-up planning SOP development
- Support to CMPE for bottom-up planning with all 18 provinces and 148 districts for Q4-2020
- Quarterly review meetings with all SRs
- Day to day program management support

Grant management

- Reprogramming to identify savings for COVID support and procurement of additional RDTs to avoid stockout
- Grant Making for RAI3E: grant documents for RAI3E 2021 – 2023 approved by Global Fund in Q4 2020
- RAI2E grant closure for all SRs

Procurement & supply chain

- Procurement of PPEs for COVID funded by reinvested RAI2 savings
- Procurement of LLINs, RDTs and ACTs
- Supply chain support: improvement of supply chain for VMWs

Financial management

- Periodic expenditure verification with all SRs
- Financial supportive supervision visits

Monitoring & Evaluation

- Supportive supervision visits for data quality and program quality
- Data quality desk reviews at all SRs

5. RAI3E Status

RAI3E (2021-2023) status

Agreement signing

- Project Cooperation Agreement UNOPS – MOH: signed
- Grant Agreements signed: CMPE, CHIAS, HPA, PEDDA, MPSC, DPC – HMIS
- Grant Agreement signing in progress: with WHO

Disbursement

- Disbursement for Q1 from Bank of Lao MoH account to Sub Recipients:
 - Completed on February 26th for CMPE, CHIAS, PEDDA, HPA;
 - Completed on March 22nd for MPSC, DPC-HMIS

Implementation readiness

- Induction Workshop with all SRs: completed on March 9th
- Bottom – up planning for Q1+Q2 workplans: completed for all 18 provinces and 148 districts
- News VMWs for RAI3E: recruitment completed in Dec-2020

Key discussion points and comments from the meeting

- The meeting agreed with the presentation and congratulated for the good results of the program implementation;
- The reasons of 17% stock out were clarified which was due to relatively stringent definition on stock out - stock out of RDTs or ACT at least for 1 day in 6 months period. Although a more granular information is unavailable for every health facility, stock out did not interrupt the malaria services for the patients at a broader level, demonstrated by sustained testing rate in the reporting period;
- Among 2,423 positive cases reported, approximately 95% were in 5 southern provinces;
- The grant agreement with WHO is in progress and no impact on the program implementation;
- The disbursement for quarter 1 from bank of Lao MOH account to sub-recipients is completed as schedules.

HIV and TB Programs

The representative of PMU has presented the progress update on TB and HIV grant (2018-2020) and activities plan hand over to NPCO/DPC (HANSA) as below:

1. TB program

Programmatic update

	Target	Result	Achievement Ratio
TB Case Notification	8592	8014	93%
Treatment Success	6485 (N#) 7205 (D#) 90%	6145 (N#) 6808 (D#) 90.3%	100%
MDR Case Notification	90	49	54%
MDR began 2nd line treatment	81	39	48%
TB/HIV Cases Receive ART	338 (N#) 376 (D#) 89.89%	292 (N#) 364 (D#) 80.21%	89%

Budget vs Expenditure for the reporting period Jan-Dec 2020

	Budget for Reporting Period	Actual Grant Cash Out-Flow - Cash Basis for Reporting Period	Budget Vs Actual Variances	Absorption Capacity
1. Principal Recipient's total expenditures (including any direct-disbursements to third-parties)	\$205,624	\$668,014	(\$462,390)	324.9%
2. Disbursements to sub-recipients	\$3,673,544	\$2,121,531	\$1,552,012	57.8%
3. Total Principal Recipient cash outflow vs. budget	\$3,879,168	\$2,789,545	\$1,089,623	71.9%

2. HIV Program

Programmatic update

	Target	Result	Achievement Ratio
KP-1c(M): Percentage of sex workers reached with HIV prevention programs - defined package of services	10,200.00	10,108.00	99%
KP-3c(M): Percentage of sex workers that have received an HIV test during the reporting period and know their results	9,180.00	9,099.00	99%
KP-1a(M): Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	1,400.00	1,509.00	108%
KP-3a(M): Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	1,260.00	1,419.00	113%
TCS-1(M): Percentage of people living with HIV currently receiving antiretroviral therapy	7,526.00	8,189.00	109%

Budget vs Expenditure for the reporting period Jan-Dec 2020

	Budget for Reporting Period	Actual Grant Cash Out-Flow - Cash Basis for Reporting Period	Budget Vs Actual Variances	Absorption Capacity
1. Principal Recipient's total expenditures (including any direct-disbursements to third-parties)	\$575,051	\$1,408,572	(\$833,521)	244.9%
2. Disbursements to sub-recipients	\$4,361,166	\$2,040,563	\$2,320,604	46.8%
3. Total Principal Recipient cash outflow vs. budget	\$4,936,217	\$3,449,134	\$1,487,082	69.9%

3. TB Catalytic Funding - Tuberculosis Elimination among Migrants (TEAM)

TB Indicators among migrants

Impact/Outcome	Target	Result	Achievement
TB O-2a; Treatment success rate of all forms of TB-Bacteriological confirmed plus clinically diagnosed, new and replace case.	90%	71.4286%	
Coverage			
724TCP-6b: Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)	724	169	23%

TB Migrants – Challenges and Mitigations

Challenges	Mitigations
<ul style="list-style-type: none"> ▪ Access to migrant population ▪ Data collection has not been updated ▪ Language communication has also been difficult ▪ Information System is being scaled up countrywide but not yet fully functional ▪ Cross border exchange for patient follows up ▪ COVID 19 situation and no access to foreign workers camps even before the Lao Government lock-down 	<ul style="list-style-type: none"> ▪ Update of Mapping of migrant population by Coordinating with government agencies, especially PHO, DHO, Labour and Community based by CSOs. ▪ M&E (TB tracker) supports (capacity building, supervision and material) ▪ Link the cross-border info system ▪ Coordinate with COVID teams to conduct ACF in Quarantine sites ▪ IEC video clip in 4 different languages (Lao, English, Chinese and Vietnamese) ▪ Publish IEC materials (Lao, English, Chinese and Vietnamese) ▪ LED monitor signboard about health messages has already been installed at 3 border points: Luangnumtha Province, Savannakhet Province, and Borkeo Province. ▪ Plan with partners and 8 target provincials for implementing the catch-up plan: Advocacy, Quarterly re-mapping, and consultative and planning meeting at provincial level.

Budget vs Expenditure for the reporting period Jan-Dec 2020

Budget	Expenditure	Variance	Comments
\$ 201,204.13	177,102.65	24,101.48	The balance is saving to be carried forward in Q1 2021

4. HIV Catalytic Funding - Sustainability of HIV services for Key Populations in Asia (SKPA)

Activities planned in the reporting Quarter	Activities Implemented/Major Accomplishments	Challenges faced and mitigation measures during implementation of this activity
1. Community Base Monitoring (CBM) consultation training in Khammoune Province	33 representatives from peer counselors, healthcare worker and stakeholders which outcomes of the meeting are: 1. Identified CBM model/ approach 2. Identified focus areas. 3. CBM data collections tools (draft) 4. Identified potential sites for CBM. 5. Identified target population Comprehensive consultation meeting report	CBM tools are new in Laos which healthcare workers still not understand what CBM is? And also, CBM tools need to agree by all healthcare worker and community throughout the country
2. Community Base Monitoring (CBM) consultation training in Vientiane Capital	35 Representatives from stakeholders attended this meeting which outcome of the meeting are: 1. Finalize CBM data collections tools 2. Agreement of potential sites for CBM. 3. Agreement for target population 4. Agreement of potential site 5. Understanding about KP review report 6. Make sure the QI data collection is not different from CBM data collection 7. Comprehensive consultation meeting report – English language	CBM tools it's self still not clear in utilization due to it has many tools inside which health care workers and stake holder worry that it might be overlap with the existing tools, therefore healthcare worker suggests to conduct another meeting to harmonize the tools and adapt the tools to utilize in over the country
3. Stigma & Discrimination training for health care workers and Peer supporters	27 Peer counselors, 30 healthcare workers attend this consultation workshop which the outcomes of the training are: ➢ Health care worker sensitize on stigma and discrimination ➢ Healthcare worker and peer counselor know about feedback mechanism and feedback mechanism has been reviewed	Feedback mechanism is new in Laos which it needs to implement by community, we are not sure that how much community understand and know how to use it? How can community implement efficiency?

4. Demand Creation detail activity work plan and budget with APCOM	DG detail activity work plan and budget has been completed and submitted to AFAO and shared with CHAS partner in August 2020 and expected to implement the activity by January 2021	CHias is still waiting for the approval from AFAO in terms of reprogramming budget for 2021
5. focus group discussion (FGD) on community demands	20 MSM & TG will be attended Through this FGD consultation meeting, a comprehensive report will be developed which will include, but not limited to the following; <ul style="list-style-type: none"> ➤ MSM/TGW behavior and perception for the creation of demand generation activities in VTE city; ➤ Effective messages to promote demand generation activities in VTE city; ➤ Bottlenecks and challenges, along with its mitigation strategy, and recommendations for developing sustainable and robust campaign in VTE city. 	<ul style="list-style-type: none"> ➤ Too many questions for participant and most of questions are technical which very hard to understand in terms of IT information. ➤ PrEP is also new in Laos which participant may not understand and response the question
6. The budget for PrEP and tests (OralQuick) to cover 200 MSM/TG has been approved and in process of purchasing.	Completed development plan for PrEP and tests (OralQuick) for the 1st year and also that PrEP costs to cover 200 MSM/TG and MoH has been approved.	The main challenging of the plan development is the advocating to national partners about the drug procurement due to partners have their plan of activity but no cost for PrEP and testing kits procurement budget,
7. Recruited PWID consultant, developing protocol and costing developing.	The selection committee completed of selection consultant for PWID and the consultant's contract has been developed. The implementing of the project will be started in January 2021	Delayed of implementation due to the COVID-19 pandemic. Therefore, only one consultant applied for this call due to whole countries lockdown and external people could not travel

Y2 2020 Budget vs Expenditure for the reporting period - CHias

Budget	Expenditure	Variance	Comments
\$ 617,628.65	\$ 172,184.52	\$ 445,444.13	Absorption rate is 27.9%. only few activities were taken place during reporting period (2020), that is due to Covid 19 pandemic. Most TRC activities are carried over and reprogrammed in 2021 in order to catch up and reach the targets as planned.

5. Update on Closure activities and proposed to be handed over to NPCO/DPC

5.1. LAO-H-GFMOH and LAO-T-GFMOH

	Activities	Responsible	PMU Update Mar 2021	Comments
Finance	1.Final Progress Update for (Jan-Dec 2020) for national TB&HIV grants	PMU	Completed and LFA review is under process	
	2. C19RM Funding activities (Ending period 30 June 2021 for activities implementation)	PMU till end of April 2021 and afterwards over to NPCO/HANSA team under DPC as discussed and agreed in the meeting dated	Any goods and services yet to be received, classify as financial obligations in the PU and will be verified in the financial closure report as a full payment and will be integrated in final closure report due date on 1st. August 2021	HIV: 28 items/budget lines, estimated expenditure is USD 1,580k (including direct payments will be made by the GF to the suppliers); TB: 5 items/ budget lines= USD185k.

		10 March 2021 between PMU and NPCO representatives		The details of activities/budget lines are in the list annexed to this update report.
	3. Audit Year 2020 (report) due date 30 June 2021	few PMU staff remain in Apr with support from NPCO finance officers and proposed to hand over to NPCO	Start communicating with EA E&Y Tunisia in Mar and the field work probably starts in Apr and will take at least two and half months (based on prior year experience).	C19RM expenditures has to be included in this audit period.
	4. Final Tax report for the grants due date 30 June 2021	Responsible: few PMU staff remain in Apr	PMU team is collecting information, the consolidated report might be shared to the GF in Apr before the due date.	
	5. Final Financial Closure Report due date 1st. Aug 2021	PMU with support from NPCO finance officers	few PMU staff remain till in Apr can share and support all related financial data to NPCO finance officers and handover to NPCO	Final Financial Closure Report will include all expenditures related to Covid 19, financial obligations and approved budget for grant closure (PMU +SRs). HIV: USD1,638k TB: USD 371k.
	6. Fixed Assets Report due date 30 June 2021	PMU with support from NPCO finance officers	PMU team is working on Fixed Asset updated Dec 2020 with proposing plan after end of the grants. Probably, this could be done and shared to the GF in April.	need Support from NPCO Finance Officers
Procurement of drugs and Health products (including items under c19RM)	7. TLD 300/300/50mg (Req#9827) with date of expected delivery 30 April 2021	PMU with support from NPCO Procurement officers	Included in the Covid 19 items above & Co-financing of procurement for 2021: NPCO	need Support from NPCO Procurement Officers
	8. mRDT (Req#10348) with date of expected delivery 30 June 2021	PMU with support from NPCO Procurement officers	Malaria for Covid (C19RM)	need Support from NPCO Procurement Officers
M&E	1. Quarterly Progress Update (Oct-Dec 2020) 2. Annual Progress Update (Jan-Dec 2020) 3. Develop the final PU in template section (with Finance section) 4. Collect the Support Documents	PMU	Receiving the reports from SRs 31 Jan 2021 Finalizing the PU: 3 Mar 2021 Clearing the LFA comments and questions: April 2021 and No need to report programmatically on C19 RM activities	Completed

5.2. Regional TB Grant: UNOPS PR: Ending period for this grant is 31st Dec 2021

	Activities	Responsible	PMU Update Mar 2021	Comments
Finance	Ongoing Cash forecasting and disbursement request to UNOPS PR	NTC and PMU staff remain in Apr and hand over to DPC	Q9 Jan-March 2021 cash report & Q10 Apr-Jun 2021 are done	Middle of month three of each quarter (or 15th of the last month of each quarter), that is mean by mid June 2021 Q10 cash report and Q11 cash forecasting have to be complete and submit to UNOPS etc...
M&E	1.Six-month Progress Update to UNOPS (Jan- June 2021) due date 30 Jul 2021 2.Annual Progress Update to UNOPS (Jan-Dec 2021)due date 31 Jan 2022	NTC and NPCO/DPC		


5.3. Regional HIV Grant – SKPA: AFAO PR

	Activities	Responsible	PMU Update Mar 2021	Comments
Finance	Ongoing update and disbursement request (quarterly) to AFAO	Responsibility: few PMU staff remain in Apr and hand over to DPC		no later than the 15th day of the following month after the end of the relevant quarter.Continue
Procurement of drugs and Health products	Lamivudine300mg/ Tenofovir300mg	PMU/CHAS/ CHIAs	Procurement done in wambo: (goods expected to receive by 31 March 2021)	follow up required _SKPA PreP
M&E	Quarterly Progress Update to AFAO 15 days after end of each quarter Annual Progress Update to AFAO (Jan-Dec 2021) Submitting the reports: 31 Jan 2022	PMU/CHAS/ CHIAs	Q8 Oct-Dec 2020Programmatic report done. Q9 Jan-March 2021 in progress	Continue, Proposed to be handed over to DPC for annual progress update

Key discussion points and comments from the meeting

- It was noted that low absorption of the current budget supported for Covid19 response in the country has been reported;
- The cost for in-country distribution of the LLIN is not included in the budget plan. The PMU will discuss with the finance officer and will update later;
- PMU was recommended to regularly update a progress of risk management approach and co-financing expenditures to every CCM Meeting. PMU was also suggested to improve the format of presentation for the next meetings;
- The current PMU will be closed at the end of April 2021.

4. MINUTES PREPARED BY:

TYPE/PRINT NAME	Mr. Budhsalee Rattana	DATE:	05 April 2021
FUNTION/ POSITION	Coordinator and Finance Officer CCM Secretariat	SIGNATURE	

5. MINUTES APPROVED BY:

TYPE/PRINT NAME	Mr. Viengsone Leuangkhamsing	DATE:	05/04/2021
FUNTION/ POSITION	OC Meeting Chair	SIGNATURE	