Minutes of the 79th CCM Meeting
May 28, 2015

Ministry of Labor, Health and Social Affairs of Georgia

Participants:

#	CCM Members	
1	**Tamar Gabunia**	Chief of Party USAID funded Georgia Tuberculosis Prevention Project, University Research Corp. LLC CCM Vice-Chair
2	**Nino Kochishvili, on behalf of Janos Herman**	Ambassador, Head of EU Delegation to Georgia
3	**Rima Beriashvili, on behalf of Zurab Vadachkoria**	Rector of Tbilisi State Medical University
4	**Khatuna Todadze**	Center for Mental Health and Prevention of Addiction GFATM funded methadone substitution therapy program
5	**Nino Lomtadze, on behalf of Zaza Avaliani**	National Center of Tuberculosis and Lung Diseases Director
6	**Tamar Sirbiladze**	USAID, Health and Social Development Office, Director Member of OC
7	**Lasha Tvaliashvili**	Real People-Real Vision Executive Director
8	**Konstantine Labartkava**	New Vector Board Chairman
9	**Rusudan Klimiashvili**	WHO Georgia, Head of Country Office
10	**Elguja Meladze**	Employers' Association of Georgia, President
11	**David Ananiashvili**	"Georgian Plus Group"

		Director Chair of OC
12	**Tamar Natriashvili**	Former TB Patient
13	**Archil Talakvadze**	Deputy Minister of Internal Affairs Member of OC
14	**Tamaz Marsagishvili**	Deputy Minister of Education and Science
15	**Tornike Khonelidze, on behaf of Ketevan Tsikhelashvili**	First Deputy State Minister of Georgia for Reconciliation and Civic Equality
16	**Amiran Gamkrelidze**	NCDC&PH, General Director
	Guests/Invitees	
17	**Sandra Elisabeth Roelofs**	GFATM Board Member from EECA Constituency
18	**Irakli Katsitadze**	LFA, Team Leader
19	**Mzia Tabatadze**	Alternative Georgia
20	**Andrei Mosneaga**	TB Advisor, USAID/ IUATLD
21	**Tamar Germanashvili**	GHRN, Executive Director
22	**Anna Dovbakh**	Deputy Director for Information and Technical Support, Eurasian Harm Reduction Network (EHRN); NGO with the Special Consultative Status with Economic and Social Council (ECOSOC)
23	**Joost Van der Meer**	Public Health & Humanitarian Aid Consultant Phesta - Public Health, Epidemiology, Strategy, Action
24	**Akaki Zoidze**	Curatio International Foundation, Consultant
25	**Tinatin Zardiashvili**	Curatio International Foundation, Consultant
26	**Alexander Asatiani**	NCDCPH, PIU, GFATM HIV M&E Specialist
27	**Giorgi Kutchukhidze**	NCDCPH, PIU, GFATM TB M&E Officer
28	**Keti Stvilia**	NCDCPH, PIU, GFATM HIV Program Manager
29	**Nino Lortkipanidze**	NCDCPH, PIU, GFATM TB Program Manager

	Secretariat	
30	**Irina Grdzelidze**	Executive Secretary
31	**Natia Khonelidze**	Administrative Assistant

Agenda

16:00 – 16:10	**Opening speech /remarks** **Ms. Tamar Gabunia - CCM Vice- Chair, USAID Funded Georgia Tuberculosis Prevention Project, Chief of Party**
16:10 – 16:15	**Addressing the members with the request to declare the presence of the Conflict of Interest** **Secretariat**
16:15 – 16:25	**Update from the Board and touching base with projects in Georgia** **Mrs. Sandra E. Roelofs** - GFATM Board Member, Eastern Europe & Central Asia Constituency
16:25-16:40	**Introducing CCM governance manual/discussion/agreement** **Ms. Tamar Gabunia** – CCM Vice-Chair
16:40- 17:10	**Presenting the final draft version of TB NSP/Discussion** **Mr. Andrei Mosneaga** - TB Advisor, USAID/ IUATLD
17:10 – 17:20	**Regional high-level policy meeting "Building a dialogue on responsible transition from donor to national funding in response to HIV and drug use"** **Ms. Anna Dovbakh**- Deputy Director for Information and Technical Support, Eurasian Harm Reduction Network (EHRN); NGO with the Special Consultative Status with Economic and Social Council (ECOSOC)
17:20-17:30	**AIDS2018: a platform for Eastern Europe and Central Asia** **Mr. Joost van der Meer -** Public Health & Humanitarian Aid Consultant Phesta - Public Health, Epidemiology, Strategy, Action

17:30 – 17:50	**HIV and TB grants implementation status/dashboard** **Introducing of the Oversight Committee recommendations/ report on the OC activities** **Mr. Alexander Asatiani** – NCDCPH, GFATM HIV M&E Specialist **Mr. Giorgi Kuchukhidze** – NCDCPH, GFATM TB M&E Officer **Mr. David Ananiashvili** – Chair of the Oversight Committee
17:50-18:00	**AOB/announcements**

Tamar Gabunia – greeted the participants and thanked them for coming. The Vice-Chair extended special thanks to Mrs. Sandra E. Roelofs, Global Fund Board Member for attending the meeting. Ms. Gabunia briefly overviewed the agenda and gave the floor to **Ms. Grdzelize.**

Irina Grdzelidze - addressed the members with the request to declare the presence of the Conflict of Interest if any.

Comment: no members presented at the meeting declared the presence of the Conflict of Interest in connection with the agenda items. The filled out CoI forms are kept in the CCM Office.

Tamar Gabunia – gave the floor to **Mrs. Sandra E. Roelofs.**

Sandra Elisabeth Roelofs – Mrs. Roelofs briefed attendees on the processes in the GFATM Board, EECA Constituency and the representation of the Constituency in the Board's committees. Mrs. Roelofs herself was nominated as the member of the Strategy, Investment and Impact Committee (Mrs. Roelofs has been confirmed as a SIIC member). Similar to Georgia's CCM EECA Constituency has recently conducted a governance review**.** Mrs. Roelofs focused on the future funding possibilities for the region and for Georgia in particular and presented possible scenarios. Afterwards Mrs. Roelofs provided the attendees with the feedback of two-day site visits to the GFATM funded and other projects in Georgia. The projects are on-going successfully. The Board Member expressed great satisfaction with the progress made recently in the National TB Center. She expressed her hope that the areas that still need to be addressed will be fully reflected in the TB Concept Note. Mrs. Roelofs gave high ranks to the implementation of the USAID funded Georgia Tuberculosis Prevention Project and highly appreciated involvement of agents for change (e.g teachers, church leaders) for raising awareness among population and contribution to the preventive activities. In the context of AIDS2018 Mr. Roelofs mentioned that the organizers of AIDS2018 are in search of agents of change to attend the conference in Amsterdam. Mrs. Roelofs provided the attendees with the information on the consultative meeting held at the Ministry of Foreign Affairs of the Netherlands on the preparation of the AIDS2018 conference.

Tamar Gabunia – thanked Mrs. Roelofs and presented to the members final draft of the CCM Governance Manual which had been broadly discusses among the stakeholders for final review (Presentation attached)

The Vice-Chair focused on the following components of the Governance Manual providing detail explanations on each of them: Mandate; General Principles; Core functions; Composition; Selection Procedure; Members' Rights and Responsibilities; Meeting procedures; Leadership; Organizational Structure; Communication and Information Sharing; CoI.

Ms. Gabunia paid special attention to the implementation of the Minimum Standard P ("To guarantee effective decision making, the CCM ensures that the number of members in the CCM with CoI does not exceed 1 person per constituency (excluding Ex-Officio Members with no voting rights") and introduced more specific constituency categories as described below:

The following number of voting members are (s)elected from the various sectors comprising the G-CCM:

- **Sector 1**: Government, including government-owned enterprises[1]: **12** (40%)
  - Permanent organizational members of the government sector: **5**
    - Ministry of Labor, Health and Social Affairs;
    - National Centers for Disease Control and Public Health;
    - Infectious Diseases, AIDS, and Clinical Immunology Research Center;
    - National Center for Tuberculosis and Lung Diseases; and,
    - Center for Mental Health and Prevention of Addiction
  - Other government representatives, including other line ministries: **7**

- **Sector 2**: Civil society organizations: **14** (47%)
  - The following constituencies as listed below:
    - NGOs (either international or national) active in the area of HIV/AIDS (3)
    - NGOs (either international or national) active in the area of TB (2)
    - **Key affected populations**[2]:
      - People who inject drugs (1)
      - Man who have sex with man (1)
      - Other HIV KAP (1)
      - TB KAP as defined and prioritized by the National TB Strategy(1)
    - People living with HIV/AIDS (1)
    - People living with or previously living with TB (1)
    - Faith-based organizations: **1**
    - Academic/ educational/research institutions: **1**
    - Private sector: **1**
- **Sector 3:** Development Partners: **4** (13%)
  - Bilateral development partners: **2**
  - Multilateral development partners: **2**

  Total =**30**

[1] Each member of the government sector is considered to be representing a different constituency.
[2] Each member of the KAP is considered to be representing a difference constituency

While speaking on the issue of communication and information sharing the Vice-Chair noted that this role is successfully implemented by the Secretariat who ensures smooth information sharing among all relevant stakeholders. The CCM web-site which has become much more informative and useful provides comprehensive information for main stakeholders and a broader audience. Ms. Gabunia focused on the novelty of the document which stipulates that all external communications (e.g. media, Global Fund

Secretariat, Government of Georgia) shall be the responsibility of the Chair and Vice-Chair. Any other CCM member must first seek written approval from either the Chair or Vice-Chair to communicate on behalf of the CCM. Afterwards, the Vice-Chair focused on the next steps to be undertaken: elaboration of the renewal calendar (approximately within one month) and implementation of the renewal plan hereafter. Ms. Gabunia underlined that the CCM renewal does not necessarily mean the change of the CCM members and that it's not recommended to renew more than 1/3 of the CCM's composition annually. She added that some pending requests for CCM membership will be considered and the decision will be made. Ms. Gabunia opened the floor for questions/comments if any and put the draft document to vote.

The Governance Manual was approved by all members presented at the meeting. None voted against. None of the members abstained.

Tamar Gabunia – gave the floor to Mr. Andrei Mosnega.

Andrei Mosnega – greeted the participants and extended special thanks to Mrs. Roelofs for her continuous support to TB issues at the global and regional level. Afterwards Dr. Mosneaga thanked stakeholders involved in the elaboration of the document and presented to the attendees the draft TB NSP 2016-2018 (presentation attached). The rapporteur outlined the reasons for necessity of revisiting NSP and the process of the NSP preparation. Afterwards he focused on the following: main achievements in TB control; TB case notifications for the years of 2005-2014 in absolute numbers; MDR-TB prevalence among new and retreatment culture-positive cases for 2005-2014 in percentage; treatment success and default rates, all TB cases, for 2002-2013 cohorts in percentage; treatment success and default rates, new AFB+ cases, 2004-2013 cohorts in percentage; key challenges; NSP Principles; Goal and Targets of TB NSP; framework of the document. Mr. Mosneage presented in details the objectives, interventions and NSP financial needs' estimate for 3 years (2016-2018) by objectives; estimated total NSP funding needs and funding gap for 2016-2018; key challenges to address in the new NSP. The importance of increased government support was underlined. The future steps were presented as follows: preparation of draft Concept Note (mid-June 2015); receiving feedback from CCM members; Feedback on / review of NSP by WHO; Finalization of NSP based on CN budget and CCM and WHO feedback; CCM endorsement and submission to the Global Fund the Concept Note; Endorsement of NSP at the national level.

Tamar Gabunia – opened the floor for discussion.

The main issues discussed were as follows: funding of the NSP activities;; main sources for filling funding gaps; isoniazid preventive treatment; It was pointed out that the financial estimates need to be agreed with the health department of the MoLHSA. It was agreed that the TB NSP will be finalized based on the CCM and WHO feedback.

Tamar Gabunia - announced the plan proposed by the Ministry to set up a high-level ad-hoc group with the CCM to coordinate all on-going and upcoming innovative projects and clinical studies related to introduction of new treatment schemes in Georgia for CCM agreement. The ToR will be developed and shared with the CCM for agreement.

The issue was agreed with the CCM. The ToR will be shared with the CCM upon its development.

Tamar Gabunia - gave the floor to Ms. Dovbakh.

Anna Dovbakh – presented to the members the mission, strategic objectives of the EHRN, main components of the GFATM funded Regional Program "Harm Reduction Works. Fund it". The speaker highlighted the importance of sustainability and continuation of harm reduction activities in the region. Ms. Dovbakh briefed the members on the details of the Regional high-level policy meeting scheduled to be convened in Tbilisi in autumn 2015. Ms. Dovbakh provided the members with the outcomes of the separate meeting with the

Minister Labor, Health and Social Affairs and asked the CCM's support in organizing of this important event.

Tamar Gabunia – stressed the importance of the planned event and expressed the willingness to support. The Vice-Chair gave the floor to Mr. Joost van der Meer.

Joost van der Meer – expressed his gratitude for the opportunity to be presented at the CCM meeting. Mr. van der Meer presented to the attendees brief overview of plans and planning for Interational Conference AIDS2018 to be convened in Amsterdam, Netherlands which will be focused on EECA. The speaker presented suggested approaches of the Plan of Action which includes identification of new partners/agens for change, examples of activities, stakeholders group and key questions that have been discussed during the consutative meetings: analysis of HIV response: achievements, obstacles; participation in AIDS Conferences; success factor for AIDS Conference; factors enabling participation; linking up with other events, getting high level representation (presentation attached). Mr. Joost van der Meer expressed the readiness to answer any questions the participants might have either at the meeting or through an e-mail communication.

Tamar Gabunia – thanked Dr. van der Meer for sharing this important information and for the opportunity to be involved in such important consultations. The Vice-Chair gave the floor to Mr. David Ananiashvili.

David Ananiashvili – briefly overviewed the recent activities of the oversight Committee and actions taken in response to the recommendations and decisions of the dashboards of the P2. Mr. Ananiashvili thanked the PIU staff for excellent collaboration and providing data for HIV and TB dashboards P3 (October 2014-Decembr 2014).

Alexander Asatiani – presented to the members the financial, management and programmatic data that constituted the basis for the HIV dashboard and main status of HIV program implementation.

The audience discussed the issue of the stock of methadone (P4). The recommendation was given to PR to improve the procurement process in order to avoid any potential risks of stock out in the future. However, the PR noted that this delay was mainly resulted from lengthy procedures related to the need of increase methadone quota for the country before initiation of the procurement; also, PR has developed contingency plan to avoid any potential stock out.

Giorgi Kutchukhidze - presented to the members the financial, management and programmatic data that constituted the basis for the TB dashboard and main status of TB program implementation. While speaking of financial part he stressed that big procurement for anti-TB drugs was made in P3 for objective 3 of the program. Due to increased prices the cumulative expenditures slightly exceeded planned cumulative budget. Summarizing the dashboard for P3 the speaker highlighted two main issues: Percentage of TB patients who had an HIV test result recorded in the TB register he stressed that the work is on-going in order to achieve the increased target for the next period.

It was decided to conduct site visit to TB Center as soon as possible to thoroughly analyze all issues identified in P3 and anticipated for P4

In overall the OC Chair positively assessed the work done by the PR and the progress made.

(dashboards for P3 attached)

Tamar Gabunia – announced that according to the Governmental decree electronic reporting within TB State program through E-TB -module became mandatory from May 1, 2015. The USAID funded Georgia Tuberculosis Prevention Project has constantly supported the implementation of the E-module on sites. Afterwards, the Vice-Chair one more time raised the issue of TA for elaborating cross-cutting health systems strengthening component for inclusion into the TB concept note. As recommended by the Global Fund Country portfolio manager this work will be conducted by Curatio International Foundation. This issue (including ToR for this assignment) had been already communicated to the TB Working Group and all CCM by e-mail communication and generally agreed.

The CCM agreed with the need of this TA and the ToR for elaborating cross cutting HSS component and reallocation of the savings for the period March 1, 2014 – February 28, 2015 under the CCM Funding Agreement to cover costs of consulting services to be provided by Curatio International Foundation.

Comment: the consultants from Curatio had left the conference room and did not present at the discussion on Curatio's involvement in TA

Afterwards, the need of the TA from WHO for external review of the TB NSP was one more time raised and agreed with the members.

Tamara Sirbiladze - informed CCM members that USAID beside providing Bedaquline for programmatic use will provide technical assistance to support the drug introduction in Georgia and its safe and effective use. This TA will be targeted at strengthening pharmacovigilance system.

Nino Lortkipanidze – noted that there is on-going discussion with GDF on the arrival of the shipment. Details will be coordinated with USAID

Tamar Gabunia – thanked everyone for being attended and announced the meeting as closed.

Decisions:

1. To approve the Governance Manual
2. To finalize the TB NSP based on CCM and WHO feedback
3. Curatio International Foundation to provide Technical Support for cross-cutting HSS to be incorporated into the upcoming TB Concept Note. To approve the ToR for this assignment. The savings for the period March 1, 2014 – February 28, 2915 under the CCM Funding Agreement will be reallocated to cover costs of consulting services to be provided by Curatio International Foundation.

4. To set up a high-level ad-hoc group with the CCM to coordinate all on-going and upcoming innovative projects and clinical studies related to introduction of new TB treatment schemes in Georgia
5. To conduct site visit to National TB Center

Tamar Gabunia

CCM Vice-Chair

Natia Khonelidze

CCM Administrative Assistant

Annexes:

Annex 1

Presentation on Governance Manual (Eng)

Annex 2

Presentation on draft TB NSP (Eng)

Annex 3

Presentation on International Conference AIDS 2018 (Eng)

Annex 4

HIV Dashboard P3

Annex 5

TB Dashboard P3

GEORGIA
COUNTRY COORDINATING MECHANISM
GOVERNANCE MANUAL

May 28, 2015

Content

- **MANDATE of the G-CCM**
- **GENERAL PRINCIPLES OF THE G-CCM**
- **CORE FUNCTIONS OF THE G-CCM**
- **G-CCM COMPOSITION**
- **G-CCM SELECTION PROCEDURE**
- **RIGHTS AND RESPONSIBILITIES OF G-CCM MEMBERS**
- **G-CCM MEETINGS**
- **G-CCM LEADERSHIP**
- **ORGANIZATIONAL STRUCTURE**
- **G-CCM COMMUNICATIONS AND INFORMATION SHARING**
- **ANNEX 1: CONFLICT OF INTEREST (POLICY AND FORMS INCLUDED)**
- **ANNEX 2: ORIENTATION PROCEDURES FOR NEW G-CCM MEMBERS**
- **ANNEX 3: ROADMAP FOR THE EVOLUTION AND TRANSITION OF THE G-CCM**

MANDATE

- Coordinate development of Global Fund Concept Notes and their submission under the New Funding Model;
- Nominate Principal Recipients (PRs) for implementation of Global Fund grants;
- Provide oversight to all Global Fund supported programs;
- Manage and mitigate internal conflict of interest issues, especially in relation to Concept Note submission, PR nomination, and grant oversight; and,
- Fulfill other duties as given by Resolution #220.

Composition: Government (1)

- **Sector 1**: Government, including government-owned enterprises: **12** (40%)
  - Permanent organizational members of the government sector: **5**
    - Ministry of Labor, Health and Social Affairs;
    - National Centers for Disease Control and Public Health;
    - Infectious Diseases, AIDS, and Clinical Immunology Research Center;
    - National Center for Tuberculosis and Lung Diseases; and,
    - Center for Mental Health and Prevention of Addiction
  - Other government representatives, including other line ministries: **7**
  - **Each member of the government sector is considered to be representing a different constituency**.

Composition: Civil Society(2)

- **Sector 2**: Civil society organizations: **14** (47%)
  - The following constituencies as listed below:
    - NGOs (either international or national) active in the area of HIV/AIDS (3)
    - NGOs (either international or national) active in the area of TB (2)
    - **Key affected populations**:
      - People who inject drugs (1)
      - Man who have sex with man (1)
      - Other HIV KAP (1)
      - TB KAP as defined and prioritized by the National TB Strategy(1)
    - People living with HIV/AIDS (1)
    - People living with or previously living with TB (1)
    - Faith-based organizations: **1**
    - Academic/ educational/research institutions: **1**
    - Private sector: **1**
- **Each member of the KAP is considered to be representing a different constituency**

Composition: Development Partners (3)

- **Sector 3:** Development Partners: **4** (13%)
  - Bilateral development partners: **2**
  - Multilateral development partners: **2**
- Total number of members in the G-CCM **30**

Membership (1)

- **Government members (12):** The six permanent organizational members shall nominate an individual to serve as a G-CCM member and shall be endorsed by the G-CCM. The other six non-permanent organizational members from the government sector shall be decided upon by the G-CCM and approached by G-CCM leadership and requested to nominate an individual for endorsement by the full G-CCM.
- **Multilateral and bilateral development members (4):** Four members shall be elected to represent bilateral and multilateral development partners. Of these four members, two members will represent the bilateral sector and two members will represent from the multilateral sector. Each of these constituencies will nominate their members according to their corresponding procedures which should be transparent, inclusive, and documented.
- **Civil society members specific to NGOs and CBOs (5):** For this category:
  - the G-CCM will develop a clear definition of this constituency before its election;
  - the election process must be transparent, inclusive, and documented;
  - if possible, elections should be managed by a neutral third party and include due diligence of all participating organizations; and,
  - elections must be timely.
- **Key affected populations for HIV and TB, and malaria (4):** The same civil society election procedures as listed in Section above should be applied to this group.
- **People living with or affected by HIV and TB (2):** The same civil society election procedures as listed in Section 30.3 above should be applied to this group.
- **Academic, educational and research institutions member (1):** The G-CCM leadership will approach the top-tier medical and public health institutions and request that one volunteers to represent this constituency.
- **Private sector member (1):** This G-CCM will request that this constituency nominate a member with relevant experience and the procedure should be transparent, inclusive, and documented.
- **Faith-based organizations (1):** This G-CCM will request that this constituency nominate a member with relevant experience and the procedure should be transparent, inclusive, and documented.

Membership (2)

- All G-CCM members (individuals) are designated **for a two-year term renewable for one additional two-year term**.
- Each voting member shall have one designated alternate who is ideally a senior member of the same organization. Alternates must be from the same constituency as the designated voting member. Names of alternates must be forwarded to the CCM Secretariat for inclusion on the CCM membership list.
- The hierarchy of authority within the G-CCM will be the full CCM (minuted consensus decisions and voted decisions), Chair and Vice-Chair. The Vice-Chair only has formal powers when acting on behalf of the Chair.
- The G-CCM shall establish a Secretariat and appoint a G-CCM Secretariat Executive Secretary to operate the Secretariat. The G-CCM Secretariat shall be a non-voting member of the G-CCM.

Individual member's responsibilities

- All G-CCM members must attend and participate in all G-CCM meetings in a responsible manner.
- In the case where a member is unable to attend in person, the member must make sure his/her alternate attends the meetings.
- A G-CCM member or his/his alternate cannot miss more than 51% of G-CCM meetings in any twelve-month period.
- Members who do not attend at least 51% G-CCM meetings in any twelve-month period or do not send his/her alternate instead can be removed from the G-CCM based on a majority vote of the G-CCM.
- Depending on the original (s)election procedure, the member with the next highest votes will be asked to replace the removed member or a new representative will be nominated from within the constituency.

G-CCM Meetings (1)

- The G-CCM shall hold at least six (6) meetings per year.
- Per Resolution #220, extraordinary and/or additional meetings may be called by the Chair or the Vice-Chair or may be called pursuant to a request submitted to the G-CCM Secretariat by at least one-third (10 of 30) G-CCM Members who have voting rights.
- If required by the agenda of the meeting, the G-CCM Secretariat may invite one or more SRs or any subject expert as a special invitee for one specific G-CCM meeting to support G-CCM discussions.
- The Local Fund Agent (LFA) shall have a standing invitation to attend all G-CCM meetings. The LFA will be requested by the G-CCM Secretariat to provide an invitation to the G-CCM for all debriefings that the LFA provides to PR(s). At least one G-CCM member without any conflict of interest should be in attendance at any LFA debriefing for a PR.

G-CCM Meetings (2)

- **Quorum:**
  - Per Resolution #220, no decision made at a G-CCM meeting is valid unless at least two-thirds (66%) of G-CCM members or their alternates are present at the time of the decision. If G-CCM members are unable to reach quorum for a G-CCM meeting, the Chair may request that G-CCM members vote electronically on urgent issues provided that at least a simple majority agree to an electronic vote on the particular issue at hand. This electronic voting procedure, however, does not count toward the minimum requirement of six (6) meetings per year.
- **Voting & Decisions:**
  - Decisions shall be made preferably by consensus; in case consensus cannot be achieved it will be by a show of hands vote or by secret ballot, if a majority of voting members request that the vote be conducted by secret ballot (e.g. for particularly sensitive issues).
  - Per Resolution #220, decisions will be taken by a simple majority provided that there is a quorum, except in the case of modifying the Governance Manual which will require a two-thirds majority vote. In the case of a tie, the G-CCM Chair will have the deciding vote.
  - The G-CCM may decide to remove a member by a two-thirds majority vote, if there is quorum in circumstances where it perceives that said member has not explicitly declared a conflict of interest and offered to be recused from participation in the relevant discussion and/or decision(s). Any such issue will be documented in the minutes of the meeting.

G-CCM Meetings (3)

- **Notice and Agenda:**
  - All G-CCM members must receive, by email, fax or letter, prior notice of each meeting of the G-CCM by at least one week. The notice must include the proposed agenda. The agenda may be modified, based on G-CCM member feedback, and must be approved at the start of each meeting.
  - Background papers should be sent to members at least one week prior to the meeting. PR progress reports must be included among the background papers every six months.
  - There shall be two standing agenda items for every CCM meeting, namely; 1) at the start of every meeting all G-CCM members will be asked to review the agenda and, based on this review, declare any potential conflicts of interest; and, 2) the Oversight Committee Chair will be asked to provide an update on any oversight activities and the findings, conclusions and recommendations based on those activities.

- **Minutes/Proceedings:**
  - Draft minutes/proceedings of G-CCM meetings shall be prepared and distributed to all G-CCM members by the G-CCM Secretariat within two weeks of each meeting. At the following meeting, these draft minutes/proceedings shall be discussed, amended as necessary, and formally approved.
  - The G-CCM Secretariat shall distribute approved minutes/proceedings of meetings of the G-CCM sub-committees to all G-CCM members.
  - The minutes/proceedings of G-CCM meetings shall record any decisions passed by a vote, and shall record any major dissents articulated at the meeting to any such decision (unless those dissenting agree that the dissent need not be recorded in the minutes).

G-CCM LEADERSHIP (1)

- The G-CCM shall elect from among its members a Chair and Vice-Chair. Any G-CCM member can nominate another G-CCM member for the position of Chair or Vice-Chair. Both nominations must be seconded by another G-CCM member. Once the Chair is nominated, seconded, and elected, then the Vice-Chair will be nominated, seconded, and elected.
- The Chair and Vice-Chair of G-CCM shall be elected by a vote of G-CCM members by a show of hands or by secret ballot voting.
- The Chair and Vice-Chair must be from two different sectors (See G-CCM Composition Section).
- Either the Chair or Vice-Chair must be present for the scheduled G-CCM meeting. If both are absent, the meeting will be cancelled and re-scheduled.

G-CCM LEADERSHIP (2)

- **G-CCM Chair**
- The G-CCM shall have one Chair.
- No individual may serve more than four years as Chair. If the Chair resigns, retires or is transferred, the Vice-Chair shall serve as Chair until the position is filled, at which time the new incumbent will automatically take over as Chair for the remainder of the term.
- **G-CCM Vice-Chair**
- The G-CCM shall have one Vice-Chair.
- The Vice-Chair shall perform tasks delegated by the Chair, stand in for the Chair when the Chair is unable to fulfill his/her functions, and provide advice to the Chair as requested.
- No individual may serve more than four years as Vice-Chair. If the Vice-Chair resigns, retires or is transferred, an election shall take place at the G-CCM meeting at which the Vice-Chair's departure is announced.

ORGANIZATIONAL STRUCTURE (1)

- The G-CCM reserves the future right to constitute an Executive Committee with a specific Terms of Reference, if by a majority vote of the G-CCM, it is determined that there is need for such a Committee.
- The G-CCM shall have an Oversight Committee. The Oversight Committee is not a decision-making entity; rather, it provides recommendations to the G-CCM based on the findings and conclusions from the oversight activities.
- The role of the Oversight Committee is to: analyze reports submitted by the PR including the annual PR audit report, and conduct at least one field visit per year to each PR to monitor progress and provide guidance in addressing the challenges in implementation.
- The Oversight Committee will be comprised of at least three members of the G-CCM from three different sectors and may include non-CCM members (either officially or as an expert pool) that have required expertise to carry out the oversight function effectively.
- Additionally, the Oversight Committee should strive to include at least one representative from a key affected population and one person living with the disease representative.

ORGANIZATIONAL STRUCTURE (2)

- The G-CCM may set up ad-hoc committees as needs arise. Examples of such committees include: 1) the G-CCM Secretariat Performance Review Committee; 2) technical working groups; 3) a communications committee; 4) a conflict of interest committee; and, 5) a Concept Note development committee.
- Each Committee shall conduct tasks assigned to it by the G-CCM via specific Terms of Reference, and report to the G-CCM.
- The composition of each Committee shall be determined by the G-CCM and may include individuals who are not members of the G-CCM.
- Each committee shall elect a Chair, who must be a member of the G-CCM.

CCM SECRETARIAT

- The G-CCM shall establish a Secretariat and approve its Terms of Reference and operations procedures.
- The Executive Secretary of the G-CCM Secretariat shall provide overall supervision, management, and guidance to the G-CCM Secretariat.
- The G-CCM Chair and Vice-Chair will conduct the Performance Reviews of the G-CCM Secretariat. If additional feedback is needed, the G-CCM will constitute an ad hoc G-CCM Secretariat Performance Review Committee, to conduct the performance reviews of G-CCM Secretariat staff.
- Each new employee of the G-CCM Secretariat hired after the endorsement of this Governance Manual will be under a probation period during the first six months of employment and undergo two performance reviews in his/her first year of employment. After one year of employment, G-CCM Secretariat staff will undergo an annual performance review.
- The G-CCM Secretariat shall be comprised of a minimum of two full-time staff. This will include a G-CCM Executive Secretary and an Administrative Assistant.

G-CCM COMMUNICATIONS AND INFORMATION SHARING (1)

- G-CCM members shall be provided with:
  - All important documents from the Global Fund, including guidelines and deadlines for Concept Notes and the final version of the Concept Note for submission to the Global Fund.
  - All formal correspondence from the Global Fund to the G-CCM, and vice versa, including comments of the Technical Review Panel on Concept Notes submitted by the G-CCM.
  - All current information regarding Global Fund guidelines and requirements for CCMs.
  - All important documents relating to the implementation of programs funded through Global Fund grants, including periodic reports prepared by the PR and sent to the Global Fund.
  - Copies of any information materials about the G-CCM prepared by the G-CCM Secretariat for external distribution (e.g., media releases, newsletters).
  - Up-to-date G-CCM membership lists complete with contact information.
  - Financial and operational Dashboards which should include all important strategic information on PR finances, management, programmatic outcomes, and pending actions.

G-CCM COMMUNICATIONS AND INFORMATION SHARING (2)

- The G-CCM will submit to the Global Fund:
  - reports on oversight activities;
  - updates on membership;
  - notice and minutes of the G-CCM meetings; and,
  - any other requested documents.
- All information produced by the G-CCM shall be available on the G-CCM web site (http://www.georgia-ccm.ge/)
- **All external communications** (e.g. media, Global Fund Secretariat, Government of Georgia) shall be the responsibility of the Chair and Vice-Chair. Any other G-CCM member must first seek written approval from either the Chair or Vice-Chair to communicate on behalf of the G-CCM.

Next steps

- Governance Manual effective from June 1st, 2015
- CCM Renewal calendar will be prepared and endorsed
- Civil society membership renewal plan prepared

National Tuberculosis Strategic Plan 2016-2020

Andrei Mosneaga, Tuberculosis Advisor, USAID/IUATLD

CCM meeting
Tbilisi, 28 May 2015

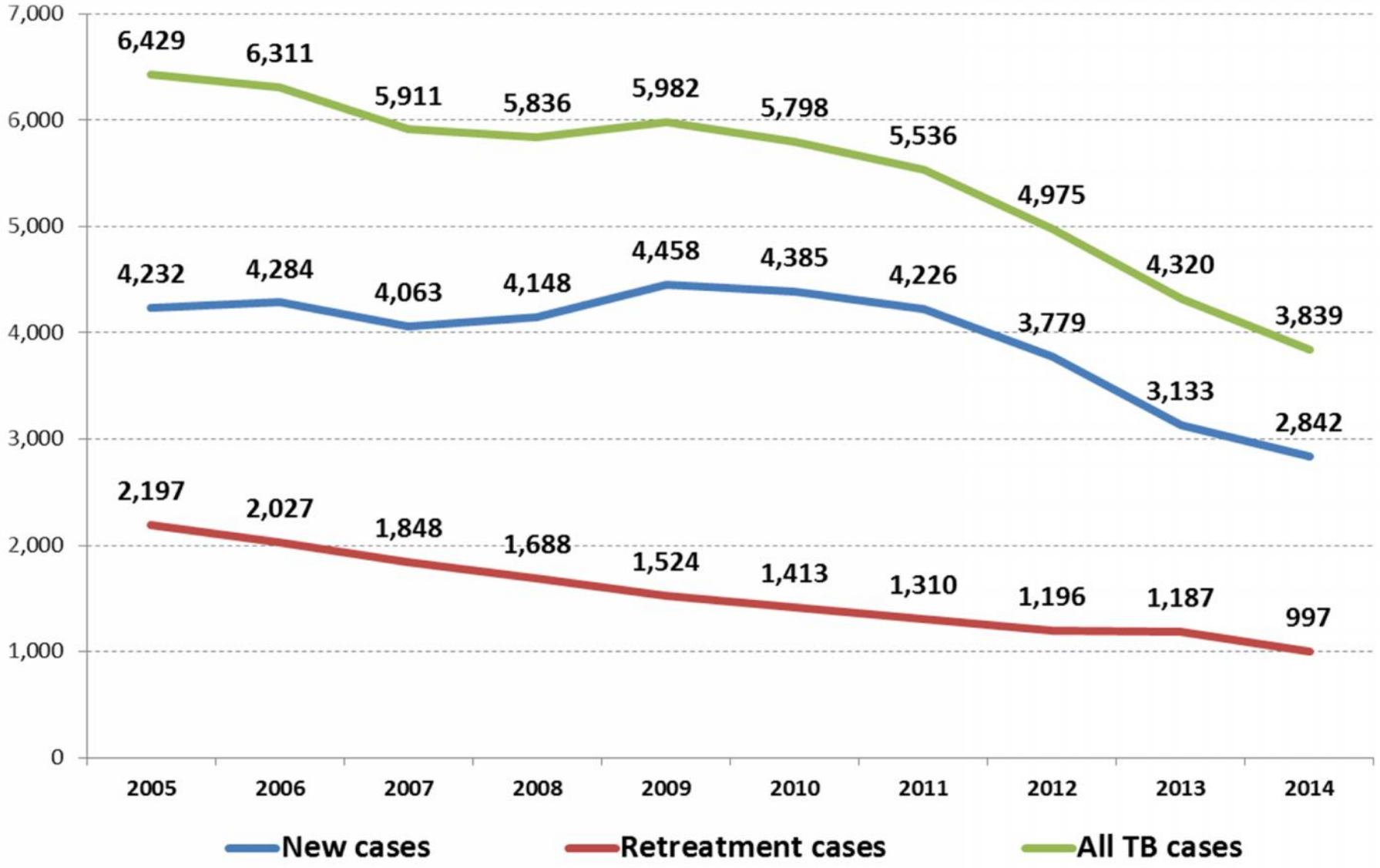
Background

- Georgia: National TB plans 2007-2011 and 2013-2015
- *Global strategy and targets for tuberculosis prevention, care and control after 2015* approved by the World Health Assembly (May 2014)
- Development of robust NSPs for TB is actively encouraged by WHO and other partners
- The Global Fund 'mandates' the availability of costed NSPs for NFM applications
  - Georgia: TB TGF application to be submitted by 15 July 2015
- Participatory NSP development process
  - Close involvement of all national stakeholders
  - Technical Working Group (TWG) on TB NSP and Concept Note development set up by the CCM
    - Five TWG meetings took place between December 2014 and May 2015
  - Technical assistance to TWG and CCM is provided by USAID (TB Advisor, URC TPP)
  - Draft NSP submitted to WHO/EURO for review (21 May 2015)

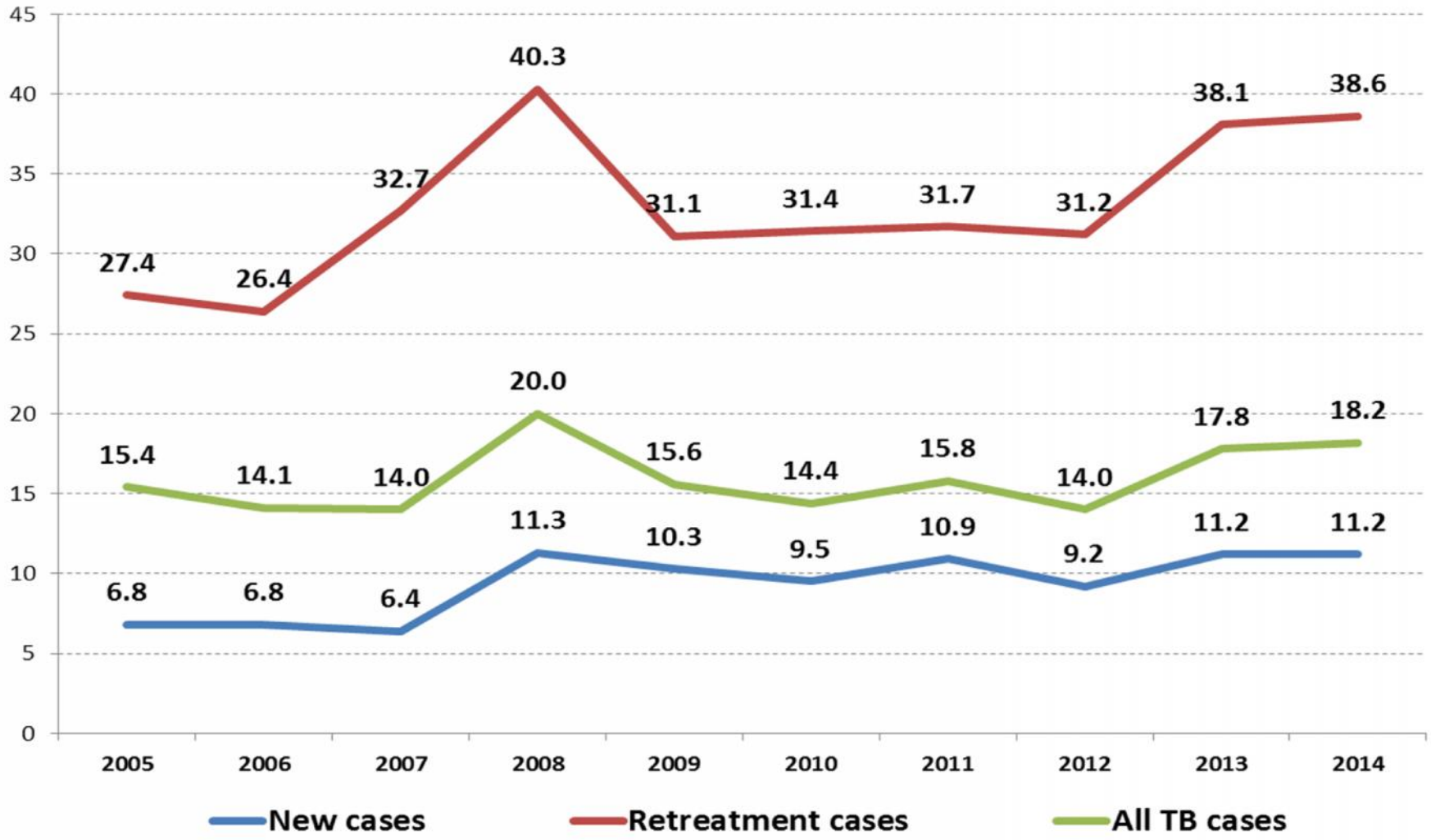
Main achievements in TB control

- Remarkable successes in uptake and implementation of contemporary international strategies and guidance in TB control
- Substantial improvements in relation to TB burden: decreasing number of TB cases and TB rates (including decreasing TB cases in children).
- Prevalence of drug-resistant forms of TB consistently contained at levels that are substantially lower compared to other countries in the region.
- Universal access is ensured to diagnosis and treatment of all forms of TB including M/XDR-TB.
- Scaled up use of novel rapid diagnostic methods and newly developed anti-TB drugs
- Improved treatment outcomes of sensitive TB cases, including steady decrease in proportion of patients lost to follow-up (LFU)
- TB control in prusons fully integrated in the overall national TB program
- Progress in aligning TB care delivery system to epidemiologic challenges and international best practices (outpatient TB case management, reduced frequency and duration of hospitalizations)
- Effective implementation of external support (TGF and other partners)

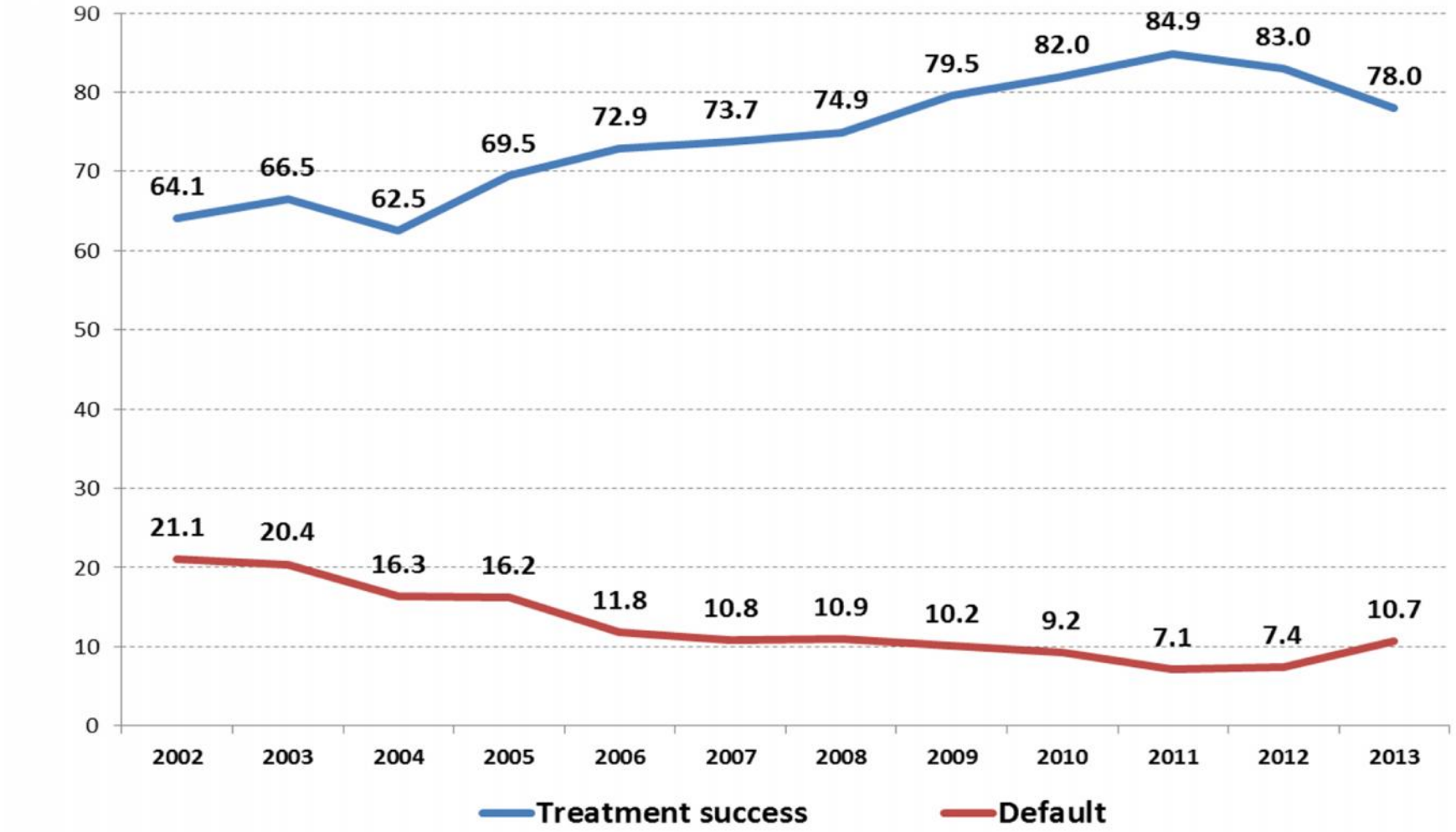
TB case notifications, all country, 2005-2014, abs.



MDR-TB prevalence among new and retreatment culture-positive cases, all country, 2005-2014, %

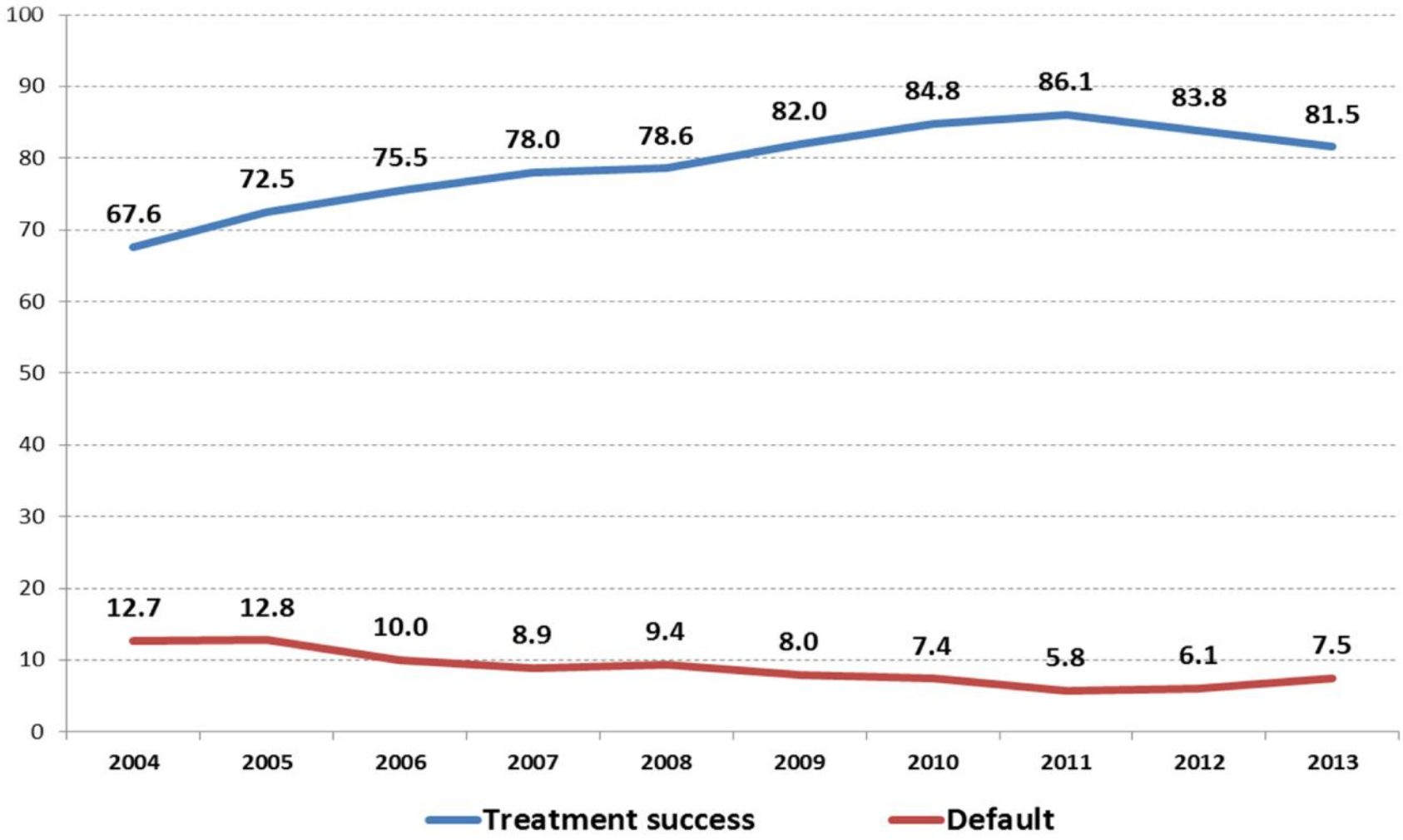


Treatment success and default rates, all TB cases, all country, 2002-2013 cohorts, %



***Note*: recalculated for revised WHO definitions of treatment outcomes (2013)**

Treatment success and default rates, new AFB+ cases, all country, 2004-2013 cohorts, %



Note: recalculated for revised WHO definitions of treatment outcomes (2013)

Key challenges

- TB is an important public health issue; the overall TB situation remains worrisome, first and foremost due to high burden of drug-resistant TB
- TB case detection / diagnosis requires strengthening to address undiagnosed and/or lately diagnosed TB and provide for rapid detection of DR-TB
- Poor outcomes of M/XDR-TB treatment need to be addressed through implementing novel treatment / case management approaches
- TB/HIV burden and impact is underestimated and needs to be properly addressed through strengthened collaborative activities, esp. in MARPs
- TB control interventions need to be effectively integrated in the overall health system's reform / development initiatives as a priority public health function of the Government (governance, financing / URC, human resources, service delivery)
- Pressing need on the Government for effective funding and programmatic takeover of essential interventions, which are heavily dependent on external support (first of all, the Global Fund)

NSP Principles

- Country ownership and increased political commitment to effective TB control
- Alignment with the overall national development policies and health sector strategies and plans
- Multisectoral cooperation among governmental partners and involvement of non-state actors
- Protection and promotion of human rights, ethics and equity
- Compliance with the up-to-date international evidence-based strategies and guidance (Post-2015 Global TB Strategy and Framework, International Standards for Tuberculosis Care, and the latest WHO guidelines and tools)

NSP Goal and Targets

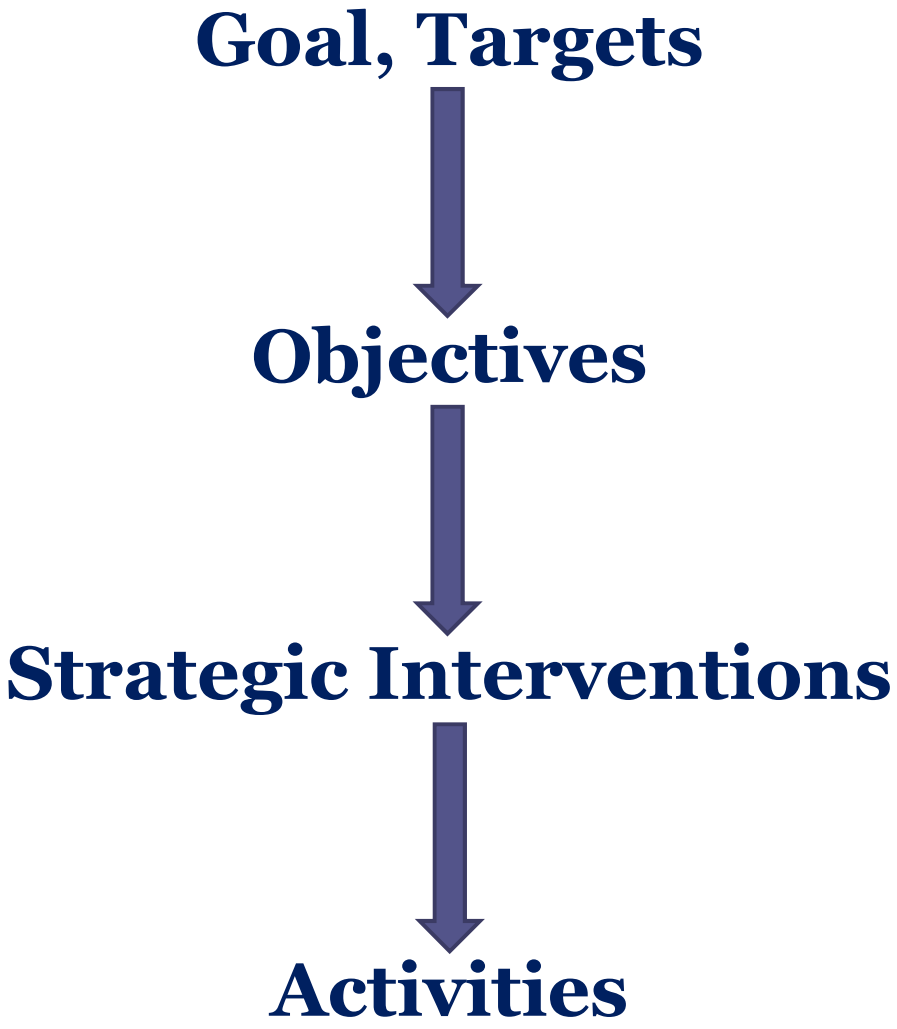
Goal

- To decrease the burden of tuberculosis and its impact over the overall social and economic development in the country, by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB, which will decrease illness and deaths and prevent further development of drug resistance.

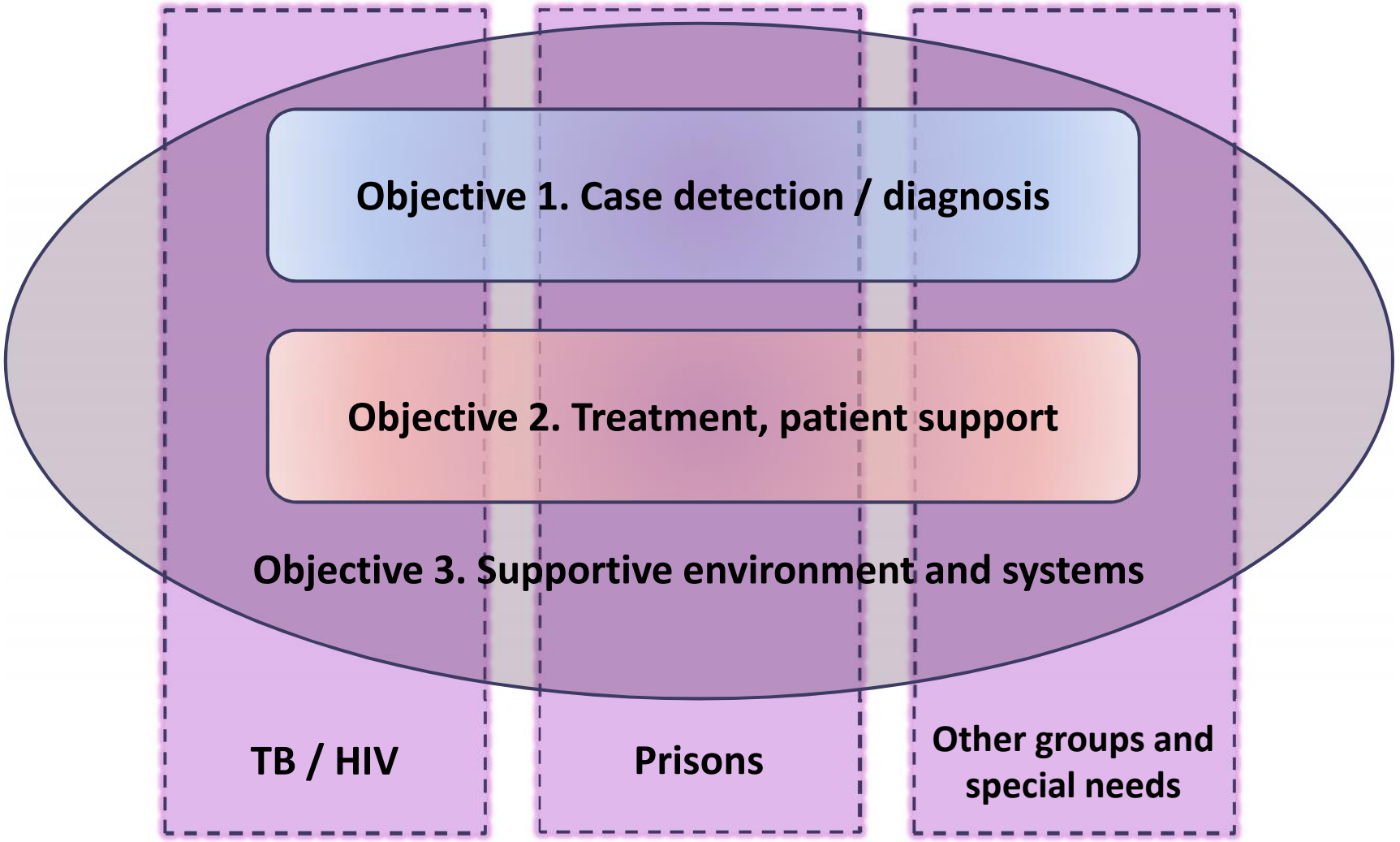
Targets (2020), compared to baseline (2014)

- Reducing TB mortality rate by at least **25%**
- Reducing TB incidence rate by at least **15%**
- Maintaining the prevalence of MDR-TB among new cases under **15%** and among previously treated TB cases – under **40%**
- Ensuring universal access to diagnosis and treatment of all forms of TB, including M/XDR-TB:
  - At least **90%** of estimated MDR-TB cases are diagnosed, and
  - At least **75%** of all notified MDR-TB cases are successfully treated

NSP framework (1)



NSP framework (2)



Objective 1: Case detection / diagnosis (1)

Strategic Interventions:

1.1 Rollout of Xpert MTB/RIF technology

1.2 TB diagnostic investigations at regional and national level

1.3 Contacts' investigation, screening and active case finding for TB among high-risk groups including people living with HIV

1.4 Support to operations of the laboratory network

Objective 1: Case detection / diagnosis (2)

'What is new'?

- Roll out molecular technology diagnostics (Xpert MTB/RIF) at peripheral TB service delivery level:
  - In line with strong WHO recommendations and best practices
  - As ***initial*** diagnostic test for TB and RR/MDR-TB
  - Will render for improved access, decreased delays in diagnosis and treatment, and infection control => decreased spread of DR-TB
- Scale up rapid culture and DST
  - Including DST to second-line drugs in MDR patients
  - Regionalization (yet to be defined!)
- Intensify screening for active TB among risk groups
  - Household contacts and other close contacts of patients with active TB, PLHIV and detainees are high priorities
  - Other groups with selected medical conditions to be included
  - Requires substantial effort at service delivery level

Objective 2: Treatment, patient support

Strategic Interventions:

2.1 Supply of anti-TB drugs and drug management system

2.2 Patient support to improve adherence to TB treatment

2.3 Treatment monitoring, management of adverse drug reactions and comorbidities

2.4 TB infection control in health care facilities

2.5 Preventive treatment and vaccination against TB

2.6 Support to operations of TB treatment institutions

Objective 2: Treatment, patient support (2)

'What is new'?

- Introduce and scale up the use of newly developed / repurposed anti-TB drugs
  - Comprehensive clinical patient monitoring
  - Improved management of ADRs
  - ***Pharmacovigilance system (PV)***
- Introduce and scale up shorter treatment regimens for MDR-TB
  - Patient monitoring, management of ADRs and PV, as above
  - Meeting operational research requirements for external funding
- Improve management of comorbidities
  - TB/HIV, diabetes and viral hepatitis as priorities
- Scale up management of latent TB infection (LTBI)
  - Identification of risk groups
  - Supplies and systems for LTBI diagnosis and treatment

Objective 3: Supportive environment (1)

Strategic Interventions:

3.1 Strengthening core health system functions for TB control

3.2 Advocacy, communication, social mobilization and civil society engagement for TB control

3.3 Addressing legal and ethical issues of TB control

3.4 Research in priority areas of TB control

Objective 3: Supportive environment (2)

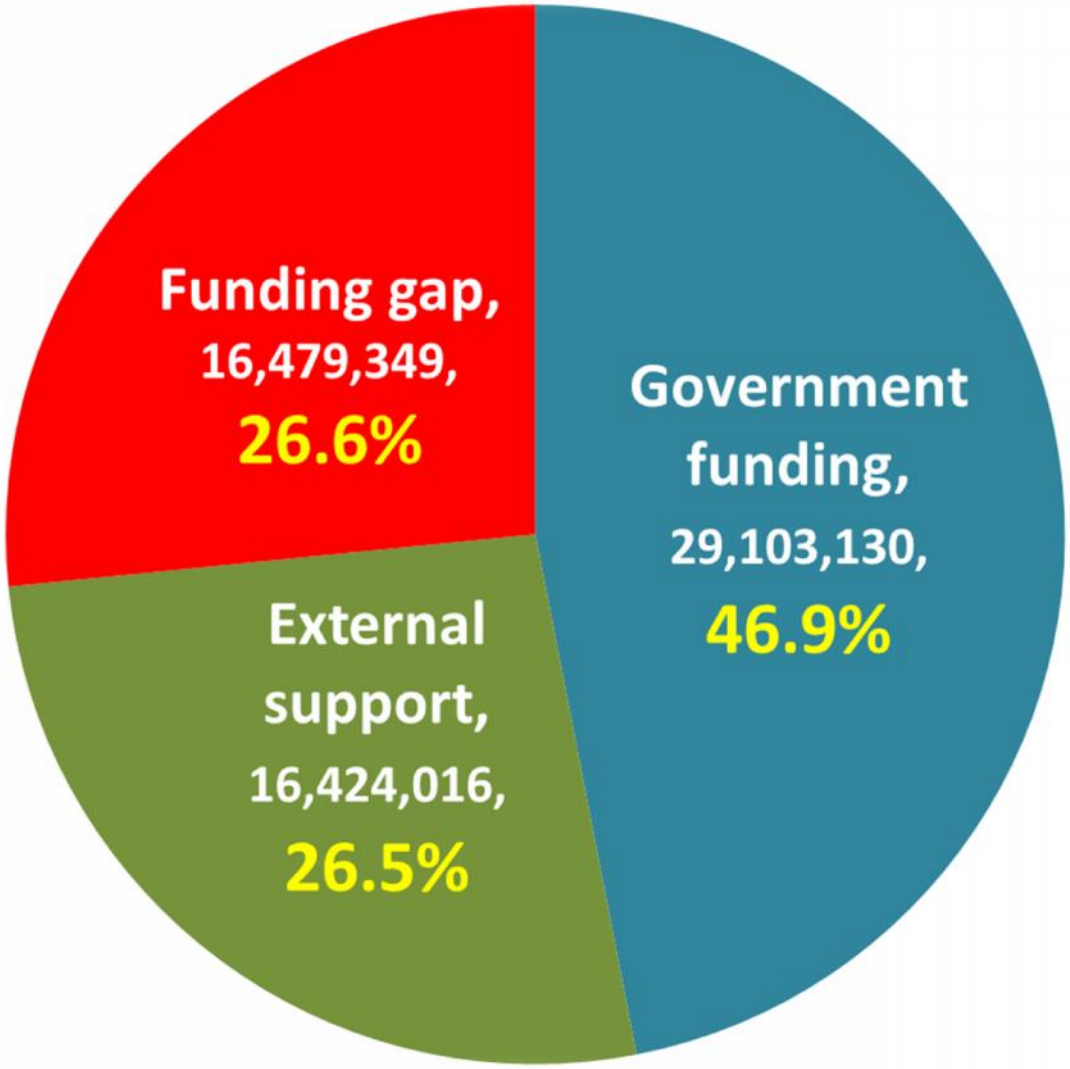
'What is new'?

- Strengthen NTP governance and management
  - Strengthening current arrangements vs new arrangements
- Improve financing and allocation
  - Bridging the funding gaps
  - UHC application for TB control interventions
  - Changing allocation and provider payment mechanisms
- Ensure appropriate human resources
  - HR planning for TB service, phthisiatry / pulmonology merging
- Optimize TB service delivery
  - Further support to outpatient case management / improvement of hospitalization practices
- Clarify relationships between public sector and private service providers
- Promote civil society involvement in TB control
  - Government (funding) support (?)
- Address TB legal and ethical issues
  - Bylaws and regulations to support the TB Law
  - Human and patient rights vs coercive isolation / treatment

NSP financial needs' estimate for 3 years (2016-2018), by Objective USD

	2016	2017	2018	Total
Objective 1: Case detection / diagnosis	3,639,226	3,896,235	3,622,284	**11,157,745**
Objective 2: Treatment, patient support	13,385,804	14,834,285	15,247,102	**43,467,192**
Objective : Supportive environment	1,533,130	2,113,130	1,666,330	**5,312,590**
Annual cost increase adjustment	0	1,042,183	1,026,786	**2,068,968**
Total	**18,558,160**	**21,885,833**	**21,562,502**	**62,006,495**

Estimated total NSP funding needs, Government funding, external funding and funding gap, total for 3 years 2016-2018, USD



Key challenges to address in the new NSP

- NTP governance and management (at central and regional level)
- Alignment and integration with the overall health system transformation processes (UHC, public / private mix)
- Diagnostic strategy and laboratory network: vision and actions for the next 5 years (including rollout of rapid molecular diagnostics to peripheral level)
- Programmatic and financial takeover by the country from TGF, including
  - Anti-TB drugs (including new drugs for M/XDR-TB treatment)
  - Laboratory investigations for TB and DR-TB
  - Patient support measures (incentives, enablers)
  - Supervision, M&E system, training and other essential NTP activities
- TB/HIV collaboration
- Involvement of non-state actors / civil society / communities

NSP and TGF NFM application: next steps

- Draft TGF NFM application / Concept Note (mid-June 2015)
- Feedback from CCM members on NSP draft
- Feedback on / review of NSP by WHO
- Finalization of NSP based on CN budget and CCM and WHO feedback
- CCM endorsement and submission of TGF NFM application (15 July 2015)
- Endorsement of NSP at the national level

AIDS2018: a platform for EECA

Brief overview of plans and planning

PHESTA / Joost van der Meer

vandermeerj@phesta.nl

2018

International aids Conference in Amsterdam :

Focus on Eastern Europe and Central Asia

Broad participation from this region

Plan of Action

Plan identifies strategies and activities which will address following suggested approaches:

- Link with other meetings
- Expand and support ongoing intiatives related to Sexual and Reproductive Health and Rights and HIV in EECA
- Build on lessons learned in funding programmes from the Netherlands (e.g. MATRA)
- Build on regional and international declarations
- Identify new partners in EECA

Examples of Activities

- Sharing information
- Twinning and cooperation / using existing links
- Scouting of talents and community initiatives
- Mentoring, coaching (e.g. submitting conference posters, abstracts, publications, workshop ideas etc.)

Stakeholder Group

- Civil society
  - PLHIV
  - Key populations (PWID, LGBT, SW, Prisons)
  - Policy
- Government, UN
- Science
- Donors
- NL Embassies
- Media (where possible)

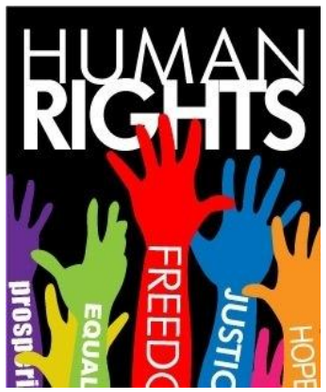
UNAIDS
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
UNHCR UNICEF WFP UNDP UNFPA UNODC ILO UNESCO WHO WORLD BANK

ВБО "Всеукраїнська мережа ЛЖВ"
МЕРЕЖА

ecuo
East Europe & Central Asia Union of PLWH

Key questions

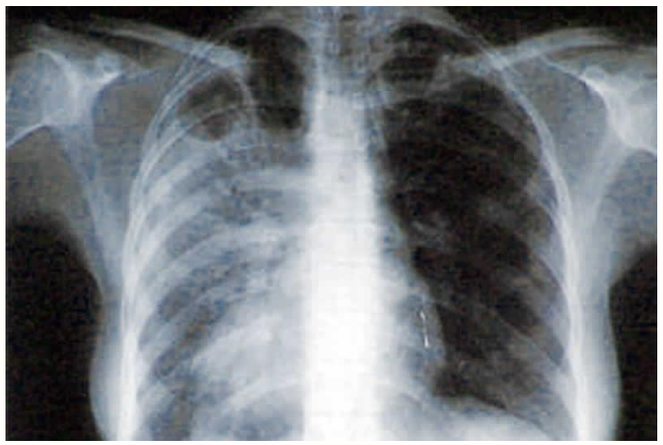
- Analysis HIV response: achievements, obstacles
- Participation in AIDS Conferences
- Success factor AIDS Conference
- Factors enabling participation
- How to link up and ‘use’ other events (EECAAC, UNGASS etc.)
- How to get high level representation




We Need YOU!


STOP RIGHT NOW
VIOLENCE
AGAINST

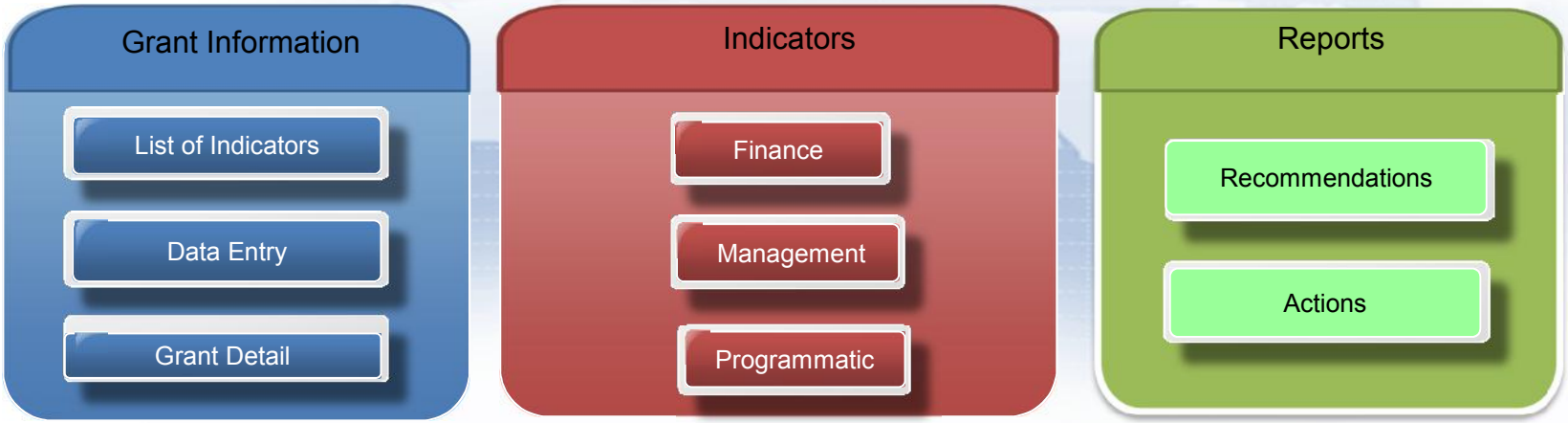

HIV
HIV



Dashboard: Georgia - HIV / AIDS

HIV / AIDS Round 10, Phase 2 **Grant No.: GEO-H-NCDC**

Select the option you want to see:



V1.0

Menu

Name:	
F1: Budget and disbursements by Global Fund	**Cumulative budget:** Sum of the grant budget from period one (quarter, trimeste **Cumulative Disbursments by GF:** Sum of all the funds transferred by the GF the dasboard reporting period.
F2: Budget and actual expenditures by Grant Objective	**Cumulative Budget per Objective:** Sum of the grant budget ***by Objective*** , frc **Cumulative Expenditure per Objective:** Sum of amounts spent ***by Objective*** ***up to and including*** dashboard reporting period, by Objective

F3: Disbursements and expenditures	**Disbursement by GF: Prior to this Reporting period:** Sum of amounts transf ***but not including*** dashboard reporting period. **Disbursement by GF: Reporti** drugs, equipment, bed nets), during dashboard reporting period. **PR disbursements and expenditure: Prior to this Reporting period:** Total f ***including*** dashboard reporting period. **PR disbursements and expenditure** Recipients (SRs) during dashboard reporting period. **Disbursements to SRs: Prior to this Reporting period:** The total amount tra **Disbursements to SRs:Reporting period:** The total amount transferred by the **SR expenditures: Prior to this Reporting period:** The sum of all expenditu **Reporting period:** The sum of all expenditures reported by the SRs, during das
F4: Latest PR reporting and disbursement cycle	**Days taken to submit final PU/DR to LFA –** This indicator measures **t**he num (PU/DR) to the LFA after the end of the period. A 'final' PU/DR would be one for The expected value is 45 days from the end of the period, as defined in the Grar The actual value is the number of calendar days from the end date of the period **Days taken for disbursement to reach PR –** This indicator measures the numl receipt of the acceptable PU/DR by the LFA. The expected number is 45 days. The actual number is the number of days from the date of transmission by the P **Days taken for disbursement to reach SRs –** This indicator measures the ave The expected value for this indicator will be set locally by the PR and SRs, prefe The actual value is the average of the number of days from the receipt of the receive funds on different dates and this indicator is the average across all SRs

Name:	
M1: Status of Conditions Precedent (CPs) and Time Bound Actions (TBAs)	**Number of Conditions Precedent (CPs) and Time Bound Actions (TBAs) fu** Within the Unfulfilled category, we distinguish between those CPs and TBAs wh
M2: Status of key PR management positions	**Number of PR grant management positions planned currently filled or** otherwise planned) and directly responsible for ensuring grant implementation a work on the grant's management, as well as any staff seconded from other divis
M3: Contractual arrangements (SRs)	**Identified:** Total number of potential SRs identified by the PR for the phase. A function as SRs for the grant. **Approved:** Total number of SRs that have been a grant. **Receiving funding:** Total number of SRs that are getting funds and/or su Numbers of SRs Identified, Assessed, Approved, Signed and Receiving funds ar If an SR does not need new approval in Phase II, then approval in Phase I is cou If an SR was signed in a previous Phase but is **not** working in the current Phase
M4: Number of complete reports received on time	The total number of periodic reports with up-to-date financial, management a (SSRs) by the expected date. A 'complete' report is one that contains all the data The expected date would be set by the PR in the sub-agreements.

M5: Budget and Procurement of health products, health equipment, medicines and pharmaceuticals	This indicator measures the budget approved for the current phase of the grar and 5 in the new Enhanced Financial Report), and the cumulative amounts of fin Budget **approved:** Total approved budget for purchases (categories 4 and 5) ***fo*** costs, etc. **Cumulative Obligations:** Total of all order(s) placed and monies committed for of the Phase, budget should equal obligations. **Cumulative expenditure:** Total of actual Expenditures on category 4 and 5 ***up*** another entity like GF or other). **Note:** Category 6 of the EFR will not be considered as part of the budget for pha as warehousing costs, distribution costs (particularly when distibution is done by

M6: Difference between current and safety stock	This indicator is a snapshot of the difference between the current (or last mon kits, etc.) of a particular dose, expressed in monthly needs (number of months c months) as established by the disease program, warehouse system or essential The table will show the difference in months in colors: • RED: when the difference is negative or 0, showing that months of existing stoc • YELLOW: when we have more than the level of safety stock (>0) but less than • GREEN: when the difference is between 3 and 18 months. • VIOLET: When the difference shows that the level above the safety stock is gre For a full description of how this indicator is calculated, please see the User's Ma

P

Indicator	Definitio

Indicator Number: Name (Perf Framework No.)	
The indicators should be selected by the PRs and members c	

Dashboard: Georgia - HIV / AIDS

Financial information

Definition	Measurement
ɛr, or semester) of the current phase, ***up to and including*** the dashboard reporting period. to either the PR or paid directly to suppliers (e.g. drugs, equipment, bed nets), ***up to and including***	Currency of the grant ($ or Euro) C Figures refer to budget and disburs the periods of the phase up to and dashboard reporting period
ɔm period one of the current phase ***up to and including*** the dashboard reporting period. directly by the PR plus the amounts transferred by the PR to all SRs from the beginning of the phase	• Cumulative – Figures refer to bu disbursements or expenditure for *a* of the phase up to and including th reporting period.

erred by the GF to either the PR or paid directly to suppliers (e.g. drugs, equipment, bed nets), up to **ing period:** Sum of amounts transferred by the GF to either the PR or paid directly to suppliers (e.g. unds reported as being spent by the PR and/or disbursed to the Sub Recipients (SRs) up to ***but not*** **: Reporting period:** Total funds reported as being spent by the PR and/or disbursed to the Sub ansferred by the PR to Sub Recipients (SRs), up to ***but not including*** dashboard reporting period. PR to Sub Recipients (SRs), in dashboard reporting period. res reported by the SRs, up to ***but not including*** dashboard reporting period. **SR expenditures:** hboard reporting period.	Currency of the grant ($ or Euro) • Reporting period – Figures refer t disbursements or expenditure for tl period to which the dashboard refe • Prior to reporting period - Figures total budget, disbursements or exp the periods before ***but not includi*** period.
nber of calendar days it took the PR to send a final Performance Update and Disbursement Request which the LFA did not require any further clarifications from the PR. nt Agreement. to the date on which the PR sent to the LFA the final PU/DR. ber of calendar days it took the Global Fund to send the latest disbursement to the PR's account after R to the LFA of the acceptable PU/DR to the date the disbursement is received by the PR at its bank. rage number of days for disbursements to be made to all the SRs. rably in the Grant Operations Manual. funds from the GF by the PR to the date the funds are received by each SR. Different SRs coudl for the latest disbursement.	Number of calendar days; it refers reporting period for which the lates disbursement was received and is **cumulative**

Management Information

Definition	Measurement
ılfilled, or unfulfilled. ose deadline has not passed and those for which the deadline has passed.	Number, cumulative to the dashbo period. Number of fulfilled CPs anc unfulfilled CPs and/or TBAs should total number set by the Global Fun
vacant. Full time equivalents of the **managerial** positions that are on the organizational chart (or at the PR, and lead SRs (if necessary). This will include new hires, current staff who are assigned to ions or partner organizations.	Number, in current reporting perioc
Assessed: Total number of potential SRs assessed by the PR to determine whether they qualify to ıpproved**. Signed:** Total number of SRs that have signed agreements/contracts with the PR under the ıpplies from the PR. re cumulative for the phase, with the following exceptions: ınted. , that SR is no longer counted in Identified, Assessed, Approved.	Number, cumulative to the reportin SR is an institution or program with workplan, budget and performance
nd performance (programmatic) data received by the PR from SRs and by SRs from the SubSRs a that the PR requires for the PU/DR.	Number of reports received. The fi only the period of reporting; it is ***nc*** ***cumulative.***

ıt for purchase of health products and equipment and pharmaceuticals and medicines (categories 4 ıancial obligations and expenditures up to the dashboard reporting period. ***or the entire phase*** of the grant. It does not include the amounts for fees, management, operational these purchases by the PR ***up to and including*** the dashboard reporting period. Ideally, by the end ***o to and including*** the dashboard reporting period (whether paid by PR or authorized to be paid by armaceuticals. Category 6 has several expenditures that are difficult to disaggregate or quantify, such MOHs), and others that are related to operational costs of the PSM component.	Currency of the grant ($ or Euro)

th) stock level of a specific product (medicine in single, fixed-dose combination, bednets, diagnostic of treatment available) for all patients in the program, and the safety or buffer stock (also expressed in drugs program, for the particular product and dosage. ck are lower than or equal to what has been established as months of safety stock 3 months (+3). eater than or equal to 18 months indicating a potential overstock) problem. anual.	Number of months

Programmatic Indicators (from Performance Framework)

n (from M&E Plan, June 2007)	Measurement

Definition	**Measurement**

of the CCM or the CCM Technical Committee, from the Performance Framework

	Data Sources
;umulative – sements for all including the	PR banking or accounting information; TGF disbursment notification; PU/DR; GF website
dget, ll the periods e dashboard	PR banking or accounting information; TGF disbursment notification; PU/DR; GF website

:o budget, he reporting ers. refer to the enditure for all ***ng*** the current	PU/DR; PR data: SR reports to PR
only to t **not**	PR, LFA, GF emails and records; bank notification document or the notice of receipt by the PR to GF; SR reports to PR based on bank records

	Data Source
ard reporting l/or TBAs plus l equal the d on the grant	PR records; Grant Performance Reports;
d	PR records
g period. A n its own e targets.	PR records; Sub-agreements/MOUs; CCM records
gure reflects ***ot***	PR and SR records

	Grant agreement approved budget (for categories 4 and 5 of Enhanced Finance Reporting in current phase); and PR financial data (for expenditures), and/or PSM unit (for orders placed and funding committed or obligated).

	PR records: Warehouse data.

	Data Source

	Data Source
	Performance Framework

Menu

Grant information

Country:	Georgia	*Title of the Grant:*	ח of effective HIV/AIDS prevention activities, improving surviva		
Grant No.:	GEO-H-NCDC	*Component:*	HIV / AIDS	*Total Funding:*	17 58
Principal Recipient:	NCDC	*Round:*	Round 10	*Phase:*	Pha
Start Date (dd/Mmm/yy):	01.აპრ.14	*Local Fund Agent:*	UNOPS		
Latest Rating:	A2	*Fund Portfolio Manager:*	Tsovinar Sakanyan		

Information reporting period

Report Period:	P3	*From:*	01.ოქტ.14	*To:*	31.დეკ.14	*Date of entry of information:*	
Prepared by:	Alexander Asatiani, M&E Specialist				

Information on indicators

Enter the data based on the colour-coded cells

Financial Information: *Management Information:* *Programmatic Information:*

Financial Information:

Currency of the grant **€**

F1: Budget and disbursements by Global Fund

	Disbursement						
Reporting period	**P1**	**P2**	**P3**	**P4**	**P5**	**P6**	**P7**
Budget (in €)	2 994 962	966 859	2 403 315	1 897 217	3 343 056	4 975 383	1 000 723
Disbursements by GF (in €)	4 418 000	0	0				
Cumulative budget	2 994 962	3 961 821	6 365 136	8 262 353	11 605 409	16 580 792	17 581 515
Cumulative disbursements	4 418 000	4 418 000	4 418 000				

F2: Budget and actual expenditures by Grant Objective

Grant Objective	Cumulative Budget (in €)	Cumulative Expenditures (in €)
To establish supportive enviroment for HIV/AIDS prevention, treatment, care and support	54 612	0
To increase coverage and quality of preventive interventions targeted at MARPs	3 012 455	1 760 070
To sustain treatment, care and support for PLHIV including Abkhazia frozen conflict area	2 801 578	1 096 735
To generate evidences and document HIV program effectivness	266 520	135 808
PR Program Manangment	229 971	134 760
Total	6 365 136	3 127 373

OK: Data match

F3: Disbursements and expenditures

	Prior to reporting period	Current reporting period	Total Spent and Disbursement (in €)
Disbursed by Global Fund	4 418 100	0	4 418 100
PR expenditure and disbursement	1 389 649	1 737 724	3 127 373
Disbursed to SRs	1 319 253	801 997	2 121 250
SR expenditures	1 521 760	834 422	2 356 182

F4: Latest PR reporting and disbursement cycle

Last fund disbursement: Number of calendar days		
	Expected (days)	Actual (days)
Days taken to submit final PU/DR to LFA	60	60
Days taken for disbursement to reach PR	45	0
Days taken for disbursement to reach SRs	5	3

Management Information:

Enter management data in e

M1: Status of Conditions Precedent (CPs) and Time Bound Actions (TBAs)

	Fulfilled	Not fulfilled, but within deadline	Not fulfilled, and past the deadline	Total
Conditions precedent (CPs)	6			6
Time Bound Actions (TBAs)	2			2

M2: Status of key PR management positions

	Planned	Filled	Vacant
PMU	16	15	1

M3: Contractual arrangements (SRs)

	Identified	Assessed	Approved	Signed	Receiving Funding
SRs	6	6	6	6	6

M4: Number of complete reports received on time

	# Expected	# Received	Pending
SSR to SR	162	162	
SRs to PR	18	18	

M5: Budget and Procurement of health products, health equipment, medicines and pharmaceuticals

	Jan-June	Jul-Sep	Oct-Dec				
	P1	P2	P3	P4	P5	P6	P7
Budget Approved*	1 831 818	1 774	1 050 104	562 244	2 126 124	3 131 570	1 774
Obligations	0	0	1 199 761				
Expenditures	0	6 139	836 457				
Budget Approved cumulative*	1 831 818	1 833 592	2 883 696	3 445 940	5 572 064	8 703 634	8 705 408
Obligations cumulative	0	0	1 199 761				
Expenditures cumulative	0	6 139	842 596				

* Includes only EFR category 4 and 5 (Health products and health equipment & Medicines and Pharmaceuticals)

M6: Difference between current and safety stock

Component	Products	(1) Number of tablets per patient per day (Review country treatment guidelines)	(2 = 1 x 30) Monthly treatment (Tablets per patient x 30 days)	(3) Total patients in treatment	(4 = 2 x 3) Total # tab/pills required for all patients per month	(5) Current stock in central warehouse (that does not expire within the next 3 months)	(6 = 5 / 4) Stock level expressed in months of treatment for all current patients
Please Select	Zidovudine/Lamivudine	2	60	651	39 060	408 900	10,5
	Methadone (Mg)	40	1200	510	612 000	5 344 053	8,7
	Condoms (MSM)	0,12	3,45	1 087	3 750	62 130	16,6
	Syringes (1ml)	0,62	18,48	5 235	96 743	643 753	6,7

Programmatic Information:

TOP 3

Programmatic indicators (Performance Framework)	Code	Directly Tied?		Jan-June P1	Jul-Sep P2
Number of MARPs (IDUs, MSM and FSWs) covered with HIV testing and counselling (including provision of results)	1	Yes	Target	7 720	6 795
			Achieved	9 770	5 975
Number and percentage of MSM reached with HIV prevention programmes - defined package of services	2,1	Yes	Target	945	680
			Achieved	346	620
Number and percentage of eligible adults and children currently receiving antiretroviral therapy	3	Yes	Target	2 330	2 530
			Achieved	2 311	2 410
Number of prisoners covered with VCT (HIV testing and counselling, including provision of results)	1,1	Yes	Target	2 250	1 350
			Achieved	2 464	1 311
Proportion of new individuals who test positive for HIV, enrolled in care (pre-ART or ART) services	1,2	Yes	Target	1	1
			Achieved	1	1
Number and percentage of IDUs reached with HIV prevention programmes - defined package of services	2,2	Yes	Target	17 524	12 500
			Achieved	1 910	7 952
Number and percentage of FSWs reached with HIV prevention programmes - defined package of services	2,3	Yes	Target	1 015	650
			Achieved	825	714
Percentage of individuals receiving OST who received treatment for at least 6 months	2,4	Yes	Target	420	450
			Achieved	420	427
Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	3,1	Yes	Target	1	1
			Achieved	1	1
Number of patients with HIV Hep C co-infection receiving Hep C treatment	3,2	Yes	Target	70	110
			Achieved	60	72

Table is automatically updated. No data or information is to be entered here.

	Code	Directly Tied?		P1	P2
Number of MARPs (IDUs, MSM and FSWs) covered with HIV testing and counselling (including provision of results)	1	Yes	Target	7 720	6 795
			Achieved	9 770	5 975
Number and percentage of MSM reached with HIV prevention programmes - defined package of services	2,1	Yes	Target	945	680
			Achieved	346	620
Number and percentage of eligible adults and children currently receiving antiretroviral therapy	3	Yes	Target	2 330	2 530
			Achieved	2 311	2 410

al rates of people wit
1 515 EUR
se 2
10.მარ.15

Enter finance data in every orange cell like this.

P8	P9	P10	P11	P12	% Cumulative
					69%
0	0	0	0	0	
0	0	0	0	0	

very blue cell.

P8	P9	P10	P11	P12

(7) Level of safety stock (expressed in months and defined by country)	(8 = 6 - 7) Difference between current stock and safety stock
6	4,5
3	5,7
3	13,6
3	3,7

Enter performance data in every yellow cell.

Oct-Dec

P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
7 503	5 976	5 976	6 345	6 345					
6 969									
748	990	990	1 258	1 258					
708									
2 740	3 000	3 000	3 270	3 270					
2 264									
1 500	1 708	1 708	1 750	1 750					
1 206									
89%									
91%									
9 973	9 141	9 141	9 319	9 319					
17 886									
582	735	735	914	914					
796									
450	480	480	600	600					
429									
83%									
81,5%									
150	35	70	110	150					
113									

P3	P4	P5	P6	P7	P8	P9	P10	P11	P12
7 503	5 976	5 976	6 345	6 345	0	0	0	0	0
6 969	0	0	0	0	0	0	0	0	0
748	990	990	1 258	1 258	0	0	0	0	0
708	0	0	0	0	0	0	0	0	0
2 740	3 000	3 000	3 270	3 270	0	0	0	0	0
2 264	0	0	0	0	0	0	0	0	0

July - December Acheivment As Reported in PU	25 838
2014 Q4 Acheivment concidering the new coverage calc. scheme (two services)	17 886
2014 Q3 Target	12 500
2014 Q3 Acheivment concidering the new coverage calc. scheme (two services)	7 952
2014 Q4 Defined Target	5 425
Aggregated Target for 2014 Q4 (B5+(B3-B4))	9 973
2014 Q4 Acheivment concidering the new coverage calc. scheme (two services)	179%

Based on IL:1

The beneficiary is considered reached if received at least two services from the list of basic package (condom, consultation, information materials, syringe/needle) and one of them has to be syringe/needle.

Menu

http://www.crwflags.com/fotw/flags/country.html

Dashboard: Georgia - HIV / AIDS

Country:	**Georgia**			Title of the Grant:	**Sustaining and scaling up the existing national responses for implementation of effective HIV/AIDS prevention activities,**		
Component:	**HIV / AIDS**	Grant No.	**GEO-H-NCDC**	Start Date:	**01.აპრ.14**	Total Funding	**$17 581 515**
Round:	**Round 10**	Phase:	**Phase 2**	Principal Recipient:	**NCDC**		
Report Period:	**P3**	from:	**01.ოქტ.14**	to:	**31.დეკ.14**	Latest Rating:	A2
Local Fund Agent:	**UNOPS**			Fund Portfolio Manager:	**Tsovinar Sakanyan**		
Prepared by:	**Alexander Asatiani, M&E Specialist**			Report preparation date:	**10.მარ.15**		

Dashboard: Georgia - HIV / AIDS

Round 10 Phase 2 | Report Period: P3

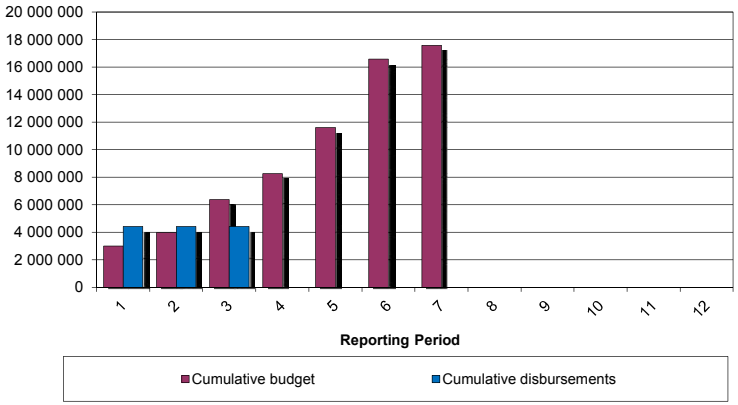
Latest Rating: A2 | **NCDC** | From: 01.ოქტ.14

effective HIV/AIDS prevention activities, improving survival rates of people with | To: 31.დეკ.14

Financial Indicators

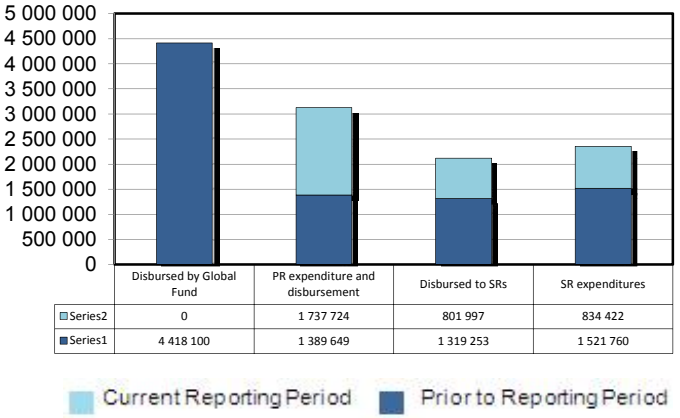
F1: Budget and disbursements by Global Fund - in (€) Report Period: P3

Comments:



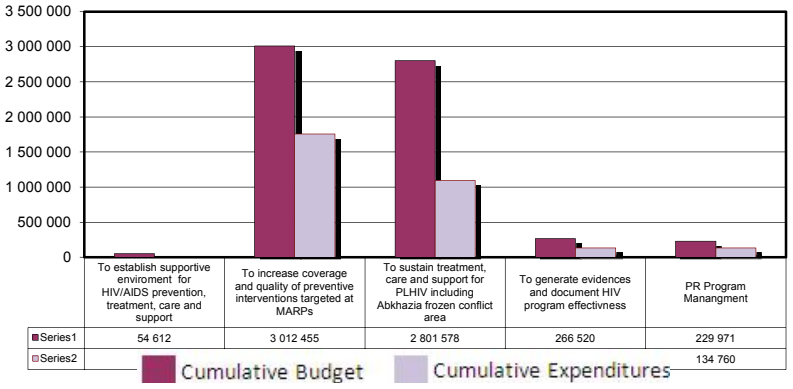
F3: Disbursements and expenditures - in (€) Report Period: P3

Comments:



F2: Budget and actual expenditures by Grant Objective - in (€) Report Period: P3

Comments: Objective 1 Implementation started form February 2015



F4: Latest PR reporting and disbursement cycle Report Period: P3

Comments:

Last fund disbursement: Calendar days		
	Expected (days)	Actual (days)
Days taken to submit final PU/DR to LFA	60	60
Days taken for disbursement to reach PR	45	0
Days taken for disbursement to reach SRs	5	3

Menu

Dashboard: Georgia - HIV / AIDS

Round 10 Phase 2 | Report Period: P3

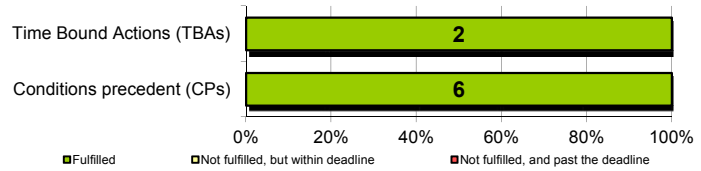
Latest Rating: A2 | **NCDC** | From: 01.ოქტ.14

ılementation of effective HIV/AIDS prevention activities, improving survival rates of people with advanced H | To: 31.დეკ.14

Management Indicators

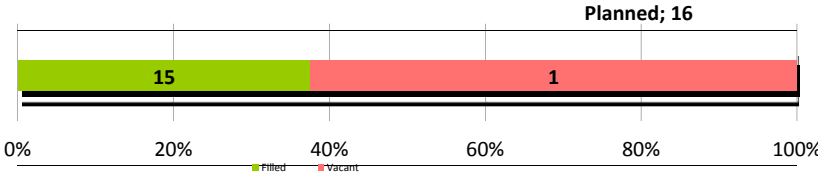
M1: Status of Conditions Precedent (CPs) and Time Bound Actions (TBAs) **Report Period: P3**

Comments:



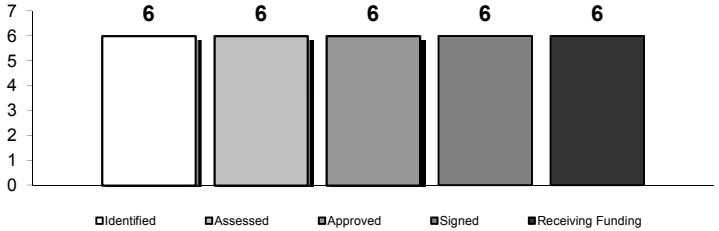
M2: Status of key PR management positions **Report Period: P3**

Comments: PR is currently in selection process of candidates for Objective 1 M&E Specialist Pos.



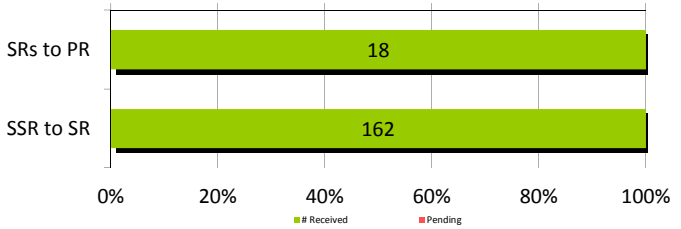
M3: Contractual arrangements (SRs) **Report Period: P3**

Comments: Implementation of Objective 1 Started form February 2015, 4/6 SR selected



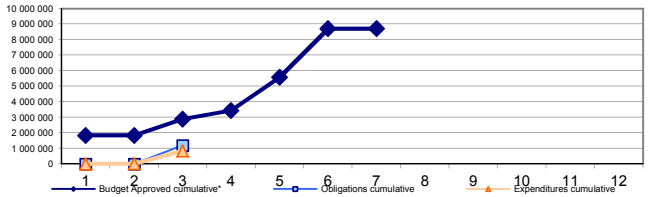
M4: Number of complete reports received on time **Report Period: P3**

Comments:



M5: Budget and Procurement of health products, health equipment, medicines and pharmaceuticals

Comments:



** Includes only EFR category 4 and 5 (Health products and health equipment & Medicines and Pharmaceuticals)*

M6: Difference between current and safety stock **Report Period: P3**

Comments:

Component	Products	Stock level expressed in months of treatment for all current patients	Months of safety stock	Difference between current stock and safety stock
Please Select	Zidovudine/Lamivudine	10,5	6,0	**4,5**
	Methadone (Mg)	8,7	3,0	**5,7**
	Condoms (MSM)	16,6	3,0	**13,6**
	Syringes (1ml)	6,7	3,0	**3,7**

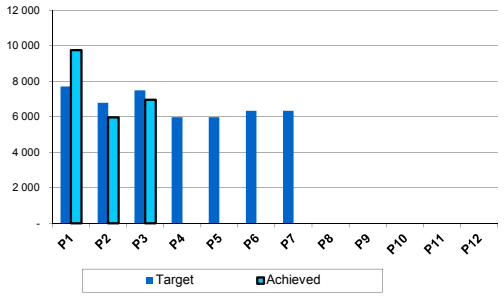
Menu

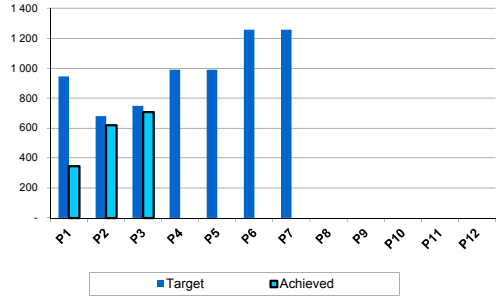
Dashboard: Georgia - HIV / AIDS

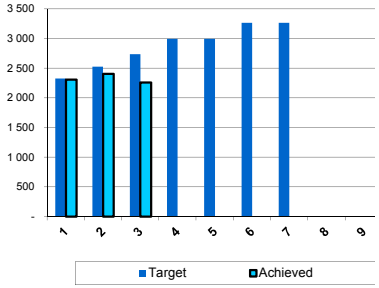
Round 10 Phase 2 — Report Period:
Latest Rating: A2 — **NCDC** — From:
plementation of effective HIV/AIDS prevention activities, improving survival rates of people with advanced H — To:

Programmatic Indicators

Number of MARPs (IDUs, MSM and FSWs) covered with HIV testing and counselling (including provision of results)		Number and percentage of MSM reached with HIV prevention programmes - defined package of services		Number and percentage of eligible adults and children curre	
Comment: P1		Comment: P2	Coverage criteria changed **Based on IL:1**	Comment: P3	







Indicators	Target	Achieved	0% - 59%	60% - 89%	> 90%	
Number of MARPs (IDUs, MSM and FSWs) covered with HIV testing and counselling (including provision of results)	7 503	6 969		**93%**		
Number and percentage of MSM reached with HIV prevention programmes - defined package of services	748	708		**95%**		**Based on IL:1** MSM is considered to be reached with HIV prevention progr (provision of condoms, lubricants, counseling and informatic
Number and percentage of eligible adults and children currently receiving antiretroviral therapy	2 740	2 264		**83%**		
Number of prisoners covered with VCT (HIV testing and counselling, including provision of results)	1 500	1 206		**80%**		
Proportion of new individuals who test positive for HIV, enrolled in care (pre-ART or ART) services	89%	91%		**102%**		The indicator is be reported annually
Number and percentage of IDUs reached with HIV prevention programmes - defined package of services	9 973	17 886		**179%**		**Based on IL:1** The beneficiary is considered reached if received at least tw information materials, syringe/needle) and one of them has Due to introduction of the new calc. for coverage indicator, compliance to the defined semi-anual targets in PF and repo further details.

Number and percentage of FSWs reached with HIV prevention programmes - defined package of services	582	796	**137%**	**Based on IL:1** The beneficiary is considered reached if received at least two and counseling) and one of them has to be condom
Percentage of individuals receiving OST who received treatment for at least 6 months	450	429	**95%**	
Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	83%	82%	**98%**	The indicator is be reported annually
Number of patients with HIV Hep C co-infection receiving Hep C treatment	150	113	**75%**	This is due to a low acceptance of the treatment by the patie

P3

01.ოქტ.14

31.დეკ.14

ntly receiving antiretroviral therapy

Comments
ams if received at least two services from the list of basic package on materials) and one of them has to be condom
o services from the list of basic package (condom, consultation, to be syringe/needle. P2 acheivment was reviewed and P3 target was set accordingly, with orted data in PU2. Reffer to the sheet "GHRN Targets and Acheivments" for

o services from the list of basic package (condom, information materials
ents as well as Sofosbuvir Capaign Influence

Menu

Dashboard: Georgia - HIV / AIDS

Round 10 Phase 2 | Report Period: P3

Latest Rating: A2 | NCDC | From: 01.ოქტ.14

n of effective HIV/AIDS prevention activities, improving survival rates of people with a | To: 31.დეკ.14

Recommendations

Are all funds reaching implementation levels and being spent according to budget?

Financial	Summary Comments	Recommendations
F1		
F2	Objective 1 Implementation started form February 2015	
F3		
F4		

Are procurement and hiring on schedule?

Management	Summary Comments	Recommendations
M1		
M2	PR is currently in selection process of candidates for Objective 1 M&E Specialist Pos.	
M3	Implementation of Objective 1 Started form February 2015, 4/6 SR selected	
M4		
M5		
M6		

Are technical targets being achieved?

Programmatic	Summary Comments	Recommendations
P1 - trend		
P2 - trend	Coverage criteria changed Based on IL:1	
P3 - trend		
P1		
P2	Based on IL:1 MSM is considered to be reached with HIV prevention programs if	
P3		
P4		
P5	The indicator is be reported annually	
P6	Based on IL:1 The beneficiary is considered reached if received at least two	
P7	Based on IL:1 The beneficiary is considered reached if received at least two	
P8		
P9	The indicator is be reported annually	
P10	This is due to a low acceptance of the treatment by the patients as well as Sofosbuvir Capaign Influence	

Menu

Dashboard: Georgia - HIV / AIDS

Round 10 Phase 2 | Report Period: P3

Latest Rating: A2 | **NCDC** | From: 01.ოქტ.14

tation of effective HIV/AIDS prevention activities, improving survival rates of people with ad | To: 31.დეკ.14

Decisions and Actions

What is the overall status of this grant implementation?

	Key Recommendations from Oversight Group(s)	CCM Decision	Due Date	Person Responsible
Current Reporting Period	PR to ensure speed up of full implementation of Objective 1	To follow up with the PR	nolater than p	OC Chair

Actions to Implement / Previous Period

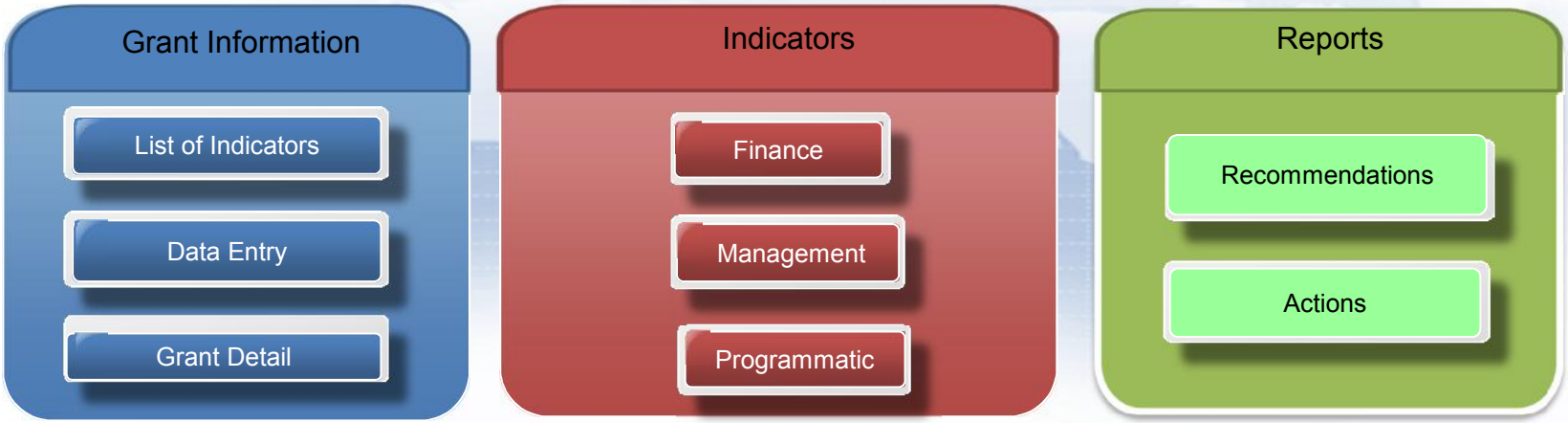
What is the overall status of this grant implementation?

	CCM Decision	Action Taken	Date	Person Responsible
Previous Reporting Period	Follow up with PR regarding the preparations for objective 1	The OC Chair had regular meeting with		PR
	For ministry to prepare the framework necessary for the national procurement of first line treatment to avoid stock out.	The focal point was appointed	December 201	MoH
	Follow up with PR on how to improve Hep C treatment indicator	The series of the meetings were conduc	Started in Dece	OC David Ananiashvili
	Urgent appointment of a representantive of the MoH within the OC	The representative was appointed	December 201	MoH
	Urgent recruitment of the Executive Secretary	Completed	Decemebr 10	MoH
	Agreement of the CCM on the recommendation of the OC about the tranfering of remaining assets procured by former PR to SRs and SSRs	The list of remaining assets was one mo	December 201	OC David Ananiashvili

Dashboard: Georgia - TB

TB Round 10, Phase 2 **Grant No.: GEO-T-NCDC**

Select the option you want to see:



V1.0

Menu

Dashboard: Georgia - TB

Financial information

Name:	Definition	Measurement	Data Sources
F1: Budget and disbursements by Global Fund	**Cumulative budget:** Sum of the grant budget from period one (quarter, trimester, or semester) of the current phase ***up to and including*** the dashboard reporting period. **Cumulative Disbursments by GF:** Sum of all the funds transferred by the GF to either the PR or paid directly to suppliers (e.g. drugs, equipment, bed nets), ***up to and including*** the dasboard reporting period.	Currency of the grant ($ or Euro) Cumulative – Figures refer to budget and disbursements for all the periods of the phase up to and including the dashboard reporting period	PR banking or accounting information; TGF disbursment notification; PU/DR; GF website
F2: Budget and actual expenditures by Grant Objective	**Cumulative Budget per Objective:** Sum of the grant budget ***by Objective***, from period one of the current phase ***up to and including*** the dashboard reporting period. **Cumulative Expenditure per Objective:** Sum of amounts spent ***by Objective*** directly by the PR plus the amounts transferred by the PR to all SRs from the beginning of the phase ***up to and including*** dashboard reporting period, by Objective	• Cumulative – Figures refer to budget, disbursements or expenditure for all the periods of the phase up to and including the dashboard reporting period.	PR banking or accounting information; TGF disbursment notification; PU/DR; GF website
F3: Disbursements and expenditures	**Disbursement by GF: Prior to this Reporting period:** Sum of amounts transferred by the GF to either the PR or paid directly to suppliers (e.g. drugs, equipment, bed nets), up to ***but not including*** dashboard reporting period. **Disbursement by GF: Reporting period:** Sum of amounts transferred by the GF to either the PR or paid directly to suppliers (e.g. drugs, equipment, bed nets), during dashboard reporting period. **PR disbursements and expenditure: Prior to this Reporting period:** Total funds reported as being spent by the PR and/or disbursed to the Sub Recipients (SRs) up to ***but not including*** dashboard reporting period. **PR disbursements and expenditure: Reporting period:** Total funds reported as being spent by the PR and/or disbursed to the Sub Recipients (SRs) during dashboard reporting period. **Disbursements to SRs: Prior to this Reporting period:** The total amount transferred by the PR to Sub Recipients (SRs), up to ***but not including*** dashboard reporting period. **Disbursements to SRs:Reporting period:** The total amount transferred by the PR to Sub Recipients (SRs), in dashboard reporting period. **SR expenditures: Prior to this Reporting period:** The sum of all expenditures reported by the SRs, up to ***but not including*** dashboard reporting period. **SR expenditures: Reporting period:** The sum of all expenditures reported by the SRs, during dashboard reporting period.	Currency of the grant ($ or Euro) • Reporting period – Figures refer to budget, disbursements or expenditure for the reporting period to which the dashboard refers. • Prior to reporting period - Figures refer to the total budget, disbursements or expenditure for all the periods before ***but not including*** the current period.	PU/DR; PR data: SR reports to PR
F4: Latest PR reporting and disbursement cycle	**Days taken to submit final PU/DR to LFA –** This indicator measures the number of calendar days it took the PR to send a final Performance Update and Disbursement Request (PU/DR) to the LFA after the end of the period. A 'final' PU/DR would be one for which the LFA did not require any further clarifications from the PR. The expected value is 45 days from the end of the period, as defined in the Grant Agreement. The actual value is the number of calendar days from the end date of the period to the date on which the PR sent to the LFA the final PU/DR. **Days taken for disbursement to reach PR –** This indicator measures the number of calendar days it took the Global Fund to send the latest disbursement to the PR's account after receipt of the acceptable PU/DR by the LFA. The expected number is 45 days. The actual number is the number of days from the date of transmission by the PR to the LFA of the acceptable PU/DR to the date the disbursement is received by the PR at its bank. **Days taken for disbursement to reach SRs –** This indicator measures the average number of days for disbursements to be made to all the SRs. The expected value for this indicator will be set locally by the PR and SRs, preferably in the Grant Operations Manual. The actual value is the average of the number of days from the receipt of the funds from the GF by the PR to the date the funds are received by each SR. Different SRs coudl receive funds on different dates and this indicator is the average across all SRs for the latest disbursement.	Number of calendar days; it refers only to reporting period for which the latest disbursement was received and is **not cumulative**	PR, LFA, GF emails and records; bank notification document or the notice of receipt by the PR to GF; SR reports to PR based on bank records

Management Information

Name:	Definition	Measurement	Data Source
M1: Status of Conditions Precedent (CPs) and Time Bound Actions (TBAs)	**Number of Conditions Precedent (CPs) and Time Bound Actions (TBAs) fulfilled, or unfulfilled.** Within the Unfulfilled category, we distinguish between those CPs and TBAs whose deadline has not passed and those for which the deadline has passed.	Number, cumulative to the dashboard reporting period. Number of fulfilled CPs and/or TBAs plus unfulfilled CPs and/or TBAs should equal the total number set by the Global Fund on the grant	PR records; Grant Performance Reports;
M2: Status of key PR management positions	**Number of PR grant management positions planned currently filled or vacant.** Full time equivalents of the **managerial** positions that are on the organizational chart (or otherwise planned) and directly responsible for ensuring grant implementation at the PR, and lead SRs (if necessary). This will include new hires, current staff who are assigned to work on the grant's management, as well as any staff seconded from other divisions or partner organizations.	Number, in current reporting period	PR records
M3: Contractual arrangements (SRs)	**Identified:** Total number of potential SRs identified by the PR for the phase. **Assessed:** Total number of potential SRs assessed by the PR to determine whether they qualify to function as SRs for the grant. **Approved:** Total number of SRs that have been approved. **Signed:** Total number of SRs that have signed agreements/contracts with the PR under the grant. **Receiving funding:** Total number of SRs that are getting funds and/or supplies from the PR. Numbers of SRs Identified, Assessed, Approved, Signed and Receiving funds are cumulative for the phase, with the following exceptions: If an SR does not need new approval in Phase II, then approval in Phase I is counted. If an SR was signed in a previous Phase but is **not** working in the current Phase, that SR is no longer counted in Identified, Assessed, Approved.	Number, cumulative to the reporting period. A SR is an institution or program with its own workplan, budget and performance targets.	PR records; Sub-agreements/MOUs; CCM records
M4: Number of complete reports received on time	The total number of periodic reports with up-to-date financial, management and performance (programmatic) data received by the PR from SRs and by SRs from the SubSRs (SSRs) by the expected date. A 'complete' report is one that contains all the data that the PR requires for the PU/DR. The expected date would be set by the PR in the sub-agreements.	Number of reports received. The figure reflects only the period of reporting; it is ***not cumulative.***	PR and SR records
M5: Budget and Procurement of health products, health equipment, medicines and pharmaceuticals	This indicator measures the budget approved for the current phase of the grant for purchase of health products and equipment and pharmaceuticals and medicines (categories 4 and 5 in the new Enhanced Financial Report), and the cumulative amounts of financial obligations and expenditures up to the dashboard reporting period. Budget **approved:** Total approved budget for purchases (categories 4 and 5) ***for the entire phase*** of the grant. It does not include the amounts for fees, management, operational costs, etc. **Cumulative Obligations:** Total of all order(s) placed and monies committed for these purchases by the PR ***up to and including*** the dashboard reporting period. Ideally, by the end of the Phase, budget should equal obligations. **Cumulative expenditure:** Total of actual Expenditures on category 4 and 5 ***up to and including*** the dashboard reporting period (whether paid by PR or authorized to be paid by another entity like GF or other). **Note:** Category 6 of the EFR will not be considered as part of the budget for pharmaceuticals. Category 6 has several expenditures that are difficult to disaggregate or quantify, such as warehousing costs, distribution costs (particularly when distibution is done by MOHs), and others that are related to operational costs of the PSM component.	Currency of the grant ($ or Euro)	Grant agreement approved budget (for categories 4 and 5 of Enhanced Finance Reporting in current phase); and PR financial data (for expenditures), and/or PSM unit (for orders placed and funding committed or obligated).

M6: Difference between current and safety stock	This indicator is a snapshot of the difference between the current (or last month) stock level of a specific product (medicine in single, fixed-dose combination, bednets, diagnostic kits, etc.) of a particular dose, expressed in monthly needs (number of months of treatment available) for all patients in the program, and the safety or buffer stock (also expressed in months) as established by the disease program, warehouse system or essential drugs program, for the particular product and dosage. The table will show the difference in months in colors: • RED: when the difference is negative or 0, showing that months of existing stock are lower than or equal to what has been established as months of safety stock • YELLOW: when we have more than the level of safety stock (>0) but less than 3 months (+3). • GREEN: when the difference is between 3 and 18 months. • VIOLET: When the difference shows that the level above the safety stock is greater than or equal to 18 months indicating a potential overstock) problem. For a full description of how this indicator is calculated, please see the User's Manual.	Number of months	PR records: Warehouse data.

Programmatic Indicators (from Performance Framework)

Indicator	Definition (from M&E Plan, June 2007)	Measurement	Data Source

Indicator Number: Name (Perf Framework No.)	**Definition**	**Measurement**	**Data Source**
The indicators should be selected by the PRs and members of the CCM or the CCM Technical Committee, from the Performance Framework			Performance Framework

Menu

Grant information

Country:	Georgia	*Title of the Grant:*		
Grant No.:	GEO-T-NCDC	*Component:*	TB	*Total Funding:*
Principal Recipient:	NCDC	*Round:*	Round 10	*Phase:*
Start Date (dd/Mmm/yy):	01.აპრ.14	*Local Fund Agent:*		UNC
Latest Rating:	Please Select	*Fund Portfolio Manager:*		Tsovinar S

Information reporting period

Report Period:	P3	*From:*	01.ოქტ.14	*To:*	31.დეკ.14	*Date of en*
		Prepared by:	Giorgi Kuchukhidze			

Information on indicators

Enter the data based on the colour-coded cells

Financial Information: *Management Information:* *Programmatic Information:*

Financial Information:

Currency of the grant ***€***

F1: Budget and disbursements by Global Fund

	Disbursement					
Reporting period	**P1**	**P2**	**P3**	**P4**	**P5**	**P6**
Budget (in €)	921 623	426 020	2 922 402	519 657	3 484 340	274 655
Disbursements by GF (in €)	691 821	701 371	2 391 463			
Cumulative budget	921 623	1 347 643	4 270 045	4 789 702	8 274 042	8 548 697
Cumulative disbursements	691 821	1 393 192	3 784 655	3 784 655	3 784 655	3 784 655

F2: Budget and actual expenditures by Grant Objective

Grant Objective	Cumulative Budget (in €)	Cumulative Expenditures (in €)
1- To strengthen the national TB Control Program management, coordination, monitoring and evaluation	190 803	135 006
2-Improve diagnosis of TB including M/XDR TB	479 322	217 047
3-To insure quality treatment of all forms of TB	2 419 397	2 484 956
4-To insure adherence to TB treatment by intensive patient support and follow up	841 703	223 219
5-Project nanagement of the PR	338 820	192 223
Total	4 270 045	3 252 451

OK: Data match

F3: Disbursements and expenditures

	Prior to reporting period	Current reporting period	Total Spent and Disbursement (in €)
Disbursed by Global Fund	1 393 192	2 391 463	3 784 655
PR expenditure and disbursement	324 098	2 928 353	3 252 451
Disbursed to SRs	145 030	86 667	231 697
SR expenditures	164 201	95 777	259 978

F4: Latest PR reporting and disbursement cycle

Last fund disbursement: Number of calendar days		
	Expected (days)	Actual (days)
Days taken to submit final PU/DR to LFA	60	60
Days taken for disbursement to reach PR	45	0
Days taken for disbursement to reach SRs	5	2

Management Information:

Enter manag

M1: Status of Conditions Precedent (CPs) and Time Bound Actions (TBAs)

	Fulfilled	Not fulfilled, but within deadline	Not fulfilled, and past the deadline	Total
Conditions precedent (CPs)	9	1	0	10
Time Bound Actions (TBAs)	3	0	0	3

M2: Status of key PR management positions

	Planned	Filled	Vacant
PMU	11	11	0

M3: Contractual arrangements (SRs)

	Identified	Assessed	Approved	Signed	Receiving Funding
SRs	1	1	1	1	1

M4: Number of complete reports received on time

	# Expected	# Received	Pending
SSR to SR			0
SRs to PR	3	3	0

M5: Budget and Procurement of health products, health equipment, medicines and pharmaceuticals

	P1	P2	P3	P4	P5	P6
Budget Approved*	412 658	0	2 179 104	174 273	2 960 715	0
Obligations	0	0	0			
Expenditures	0	0	2 411 851			
Budget Approved cumulative*	412 658	412 658	2 591 762	2 766 035	5 726 750	5 726 750
Obligations cumulative	0	0	0	0	0	0
Expenditures cumulative	0	0	2 411 851	2 411 851	2 411 851	2 411 851

* Includes only EFR category 4 and 5 (Health products and health equipment & Medicines and Pharmaceuticals)

M6: Difference between current and safety stock

Component	Products	(1) Number of tablets per patient per day (Review country treatment guidelines)	(2 = 1 x 30) Monthly treatment (Tablets per patient x 30 days)	(3) Total patients in treatment	(4 = 2 x 3) Total # tab/pills required for all patients per month	(5) Current stock in central warehouse (that does not expire within the next 3 months)
TB	Cycloserine	3	90	400	36 000	262 510
	PAS	2	60	300	18 000	243 400
	Clarithromycin	2	60	50	3 000	47 964
	Clofazimine	3	90	40	3 600	35 400

Programmatic Information:

TOP 3

Programmatic indicators (Performance Framework)	Code	Directly Tied?		P1
Percentage of TB patients who had an HIV test result recorded in the TB register	2,1	Yes	Target	63,00
			Achieved	113
Number and percentage of M/XDR-TB patients on treatment receiving cash incentives for better adherence to treatment during out-patient phase	4,2	Yes	Target	70
			Achieved	69
Number of notified cases of all forms of TB - (i.e. bacteriologically confirmed +clinically diagnosed) (new and relapse)	3,1	Yes	Target	1 018
			Achieved	702
Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	2,3	Yes	Target	91
			Achieved	91
Number of bacteriologically confirmed TB cases in a specified period who subsequently were successfully treated (sum of WHO outcome categories "cured" plus "treatment completed")	3,2	Yes	Target	529
			Achieved	402
Number of TB patients enrolled on standardized 1st line treatment in the specified calendar year	3,3	Yes	Target	1 109
			Achieved	901
Laboratory-confirmed X/MDR-TB patients enrolled on second line anti-TB treatment in the specified calendar year	3,4	Yes	Target	130
			Achieved	133
Percentage of previously treated TB patients receiving DST	3,5	Yes	Target	95
			Achieved	98
Percentage of cases with drug resistant TB (RR-TB and/or MDR-TB) started on treatment for MDR-TB who were lost to follow up during the first six months of treatment	3,6	Yes	Target	12
			Achieved	11
Number of and percentage of TB patients on 1st line treatment receiving cash incentives for better adherence to treatment	4,1	Yes	Target	70
			Achieved	0

Table is automatically updated. No data or information is to be entered here.	Code	Directly Tied?		P1
Percentage of TB patients who had an HIV test result recorded in the TB register	2,1	Yes	Target	63
			Achieved	113
Number and percentage of M/XDR-TB patients on treatment receiving cash incentives for better adherence to treatment during out-patient phase	4,2	Yes	Target	70
			Achieved	69
Number of notified cases of all forms of TB - (i.e. bacteriologically confirmed +clinically diagnosed) (new and relapse)	3,1	Yes	Target	1 018
			Achieved	702

11 182 992
Phase 2
)PS
Sakanian

ıtry of information:	10.მარ.15

Enter finance data in every orange cell like this.

P7	P8	P9	P10	P11	P12	% Cumulative
309 910	431 499	1 892 886				
						89%
8 858 607	9 290 106	11 182 992	0	0	0	
3 784 655	3 784 655	3 784 655	0	0	0	

ement data in every blue cell.

P7	P8	P9	P10	P11	P12
11 700	116 799	1 481 720			
5 738 450	5 855 249	7 336 969	7 336 969	7 336 969	7 336 969
0	0	0	0	0	0
2 411 851	2 411 851	2 411 851	2 411 851	2 411 851	2 411 851

(6 = 5 / 4) Stock level expressed in months of treatment for all current patients	(7) Level of safety stock (expressed in months and defined by country)	(8 = 6 - 7) Difference between current stock and safety stock
7,3	4	3,3
13,5	4	9,5
16,0	4	12,0
9,8	4	5,8

Enter performance data in every yellow cell.

P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
65	65	75	75	75	75	75	75		
108	63								
75	75	75	75	75	75	75	75		
70	72								
1 018	1 017	1 016	1 016	1 016	1 015	1 014	1 014		
646	784								
91	91	91	91	91	91	91	91		
80	82								
529	529	604	604	604	605	603	603		
403	369								
1 109	1 109	1 106	1 106	1 106	1 105	1 103	1 102		
804	944								
130	130	130	130	130	129	129	129		
132	134								
95	95	95	95	95	95	100	100		
92	88								
6	9	11	11	10	10	10	10		
11	11								
70	70	70	70	70	70	70	70		
65	69								

P2	P3	P4	P5	P6	P7	P8	P9	P10	P11
65	65	75	75	75	75	75	75	0	0
108	63	0	0	0	0	0	0	0	0
75	75	75	75	75	75	75	75	0	0
70	72	0	0	0	0	0	0	0	0
1 018	1 017	1 016	1 016	1 016	1 015	1 014	1 014	0	0
646	784	0	0	0	0	0	0	0	0

P12

P12
0
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0
0

Menu

http://www.crwflags.com/fotw/flags/country.html

Dashboard: Georgia - TB

Country:	**Georgia**			Title of the Grant:			-
Component:	**TB**	Grant No.	**GEO-T-NCDC**	Start Date:	**01.აპრ.14**	Total Funding	**$11 182 992**
Round:	**Round 10**	Phase:	**Phase 2**	Principal Recipient:		**NCDC**	
Report Period:	**P3**	from:	**01.ოქტ.14**	to:	**31.დეკ.14**	Latest Rating:	
Local Fund Agent:		**UNOPS**		Fund Portfolio Manager:		**Tsovinar Sakanian**	
Prepared by:		**Giorgi Kuchukhidze**		Report preparation date:		**10.მარ.15**	

Dashboard: Georgia - TB

Round 10 Phase 2

Latest Rating:

NCDC

Report Period: P3

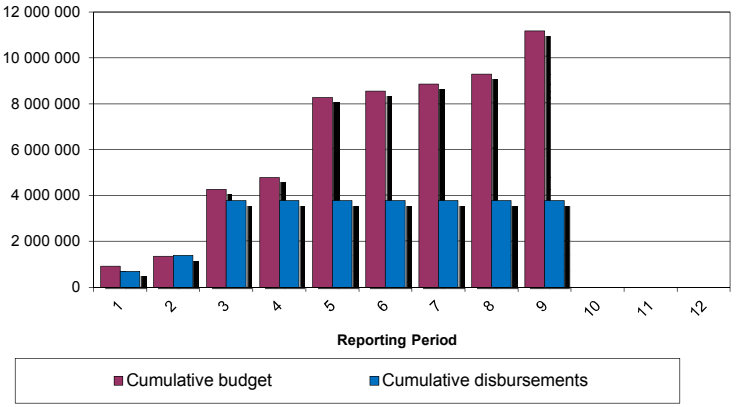
From: 01.ოქტ.14

\- To: 31.დეკ.14

Financial Indicators

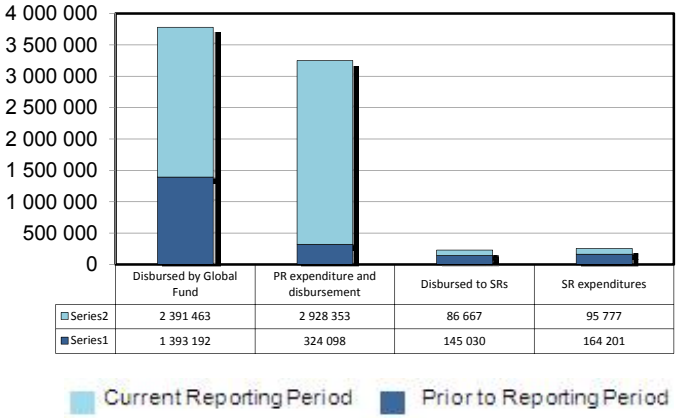
F1: Budget and disbursements by Global Fund - in (€) Report Period: P3

Comments:



F3: Disbursements and expenditures - in (€) Report Period: P3

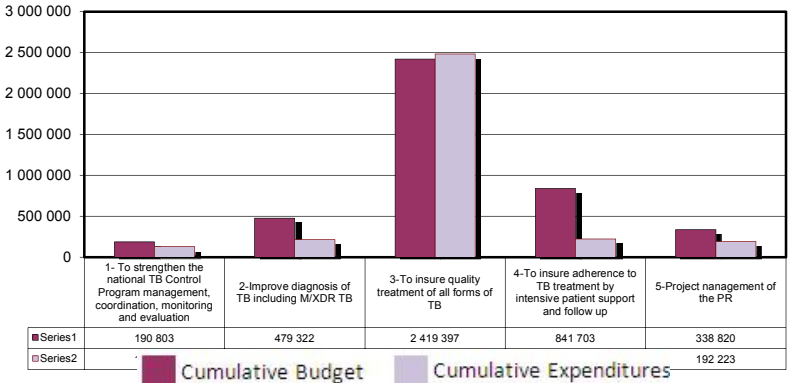
Comments:



	Disbursed by Global Fund	PR expenditure and disbursement	Disbursed to SRs	SR expenditures
Series2	2 391 463	2 928 353	86 667	95 777
Series1	1 393 192	324 098	145 030	164 201

F2: Budget and actual expenditures by Grant Objective - in (€) Report Period: P3

Comments:



	1- To strengthen the national TB Control Program management, coordination, monitoring and evaluation	2-Improve diagnosis of TB including M/XDR TB	3-To insure quality treatment of all forms of TB	4-To insure adherence to TB treatment by intensive patient support and follow up	5-Project nanagement of the PR
Series1	190 803	479 322	2 419 397	841 703	338 820
Series2	-				192 223

F4: Latest PR reporting and disbursement cycle Report Period: P3

Comments:

Last fund disbursement: Calendar days		
	Expected (days)	Actual (days)
Days taken to submit final PU/DR to LFA	60	60
Days taken for disbursement to reach PR	45	0
Days taken for disbursement to reach SRs	5	2

Menu

Dashboard: Georgia - TB

Round 10 Phase 2

Latest Rating:

NCDC

Report Period: P3

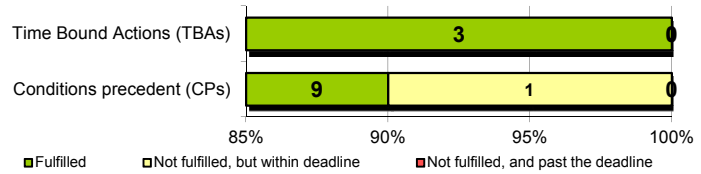
From: 01.ოქტ.14

\- To: 31.დეკ.14

Management Indicators

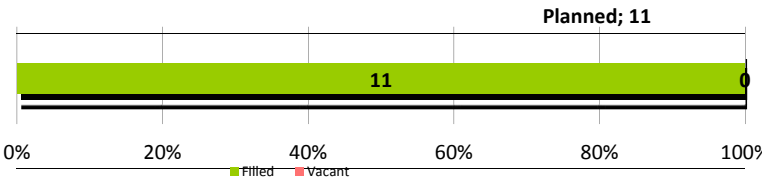
M1: Status of Conditions Precedent (CPs) and Time Bound Actions (TBAs) **Report Period: P3**

Comments:



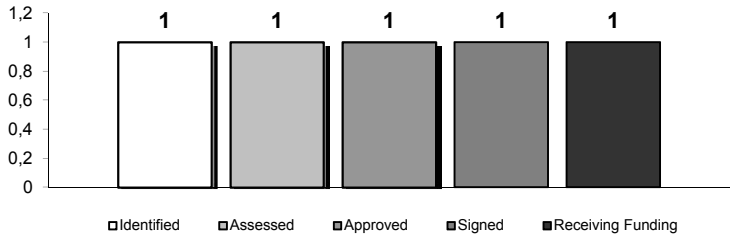
M2: Status of key PR management positions **Report Period: P3**

Comments:



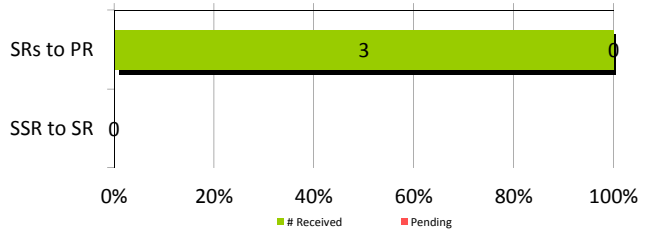
M3: Contractual arrangements (SRs) **Report Period: P3**

Comments:



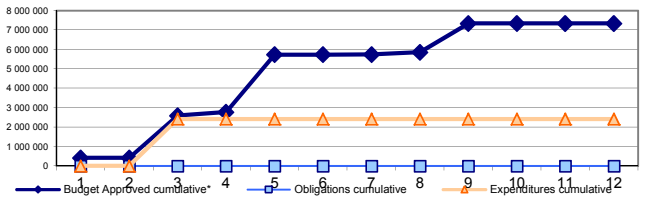
M4: Number of complete reports received on time **Report Period: P3**

Comments:



M5: Budget and Procurement of health products, health equipment, medicines and pharmaceuticals

Comments:



** Includes only EFR category 4 and 5 (Health products and health equipment & Medicines and Pharmaceuticals)*

M6: Difference between current and safety stock **Report Period: P3**

Comments: The new order is expected to deliver in April 2015

Component	Products	Stock level expressed in months of treatment for all current patients	Months of safety stock	Difference between current stock and safety stock
TB	Cycloserine	7,3	4,0	**3,3**
	PAS	13,5	4,0	**9,5**
	Clarithromycin	16,0	4,0	**12,0**
	Clofazimine	9,8	4,0	**5,8**

Menu

Dashboard: Georgia - TB

Round 10 Phase 2
Latest Rating:

NCDC

Report Period: P3
From: 01.ოქტ.14
To: 31.დეკ.14

Programmatic Indicators

Percentage of TB patients who had an HIV test result recorded in the TB register

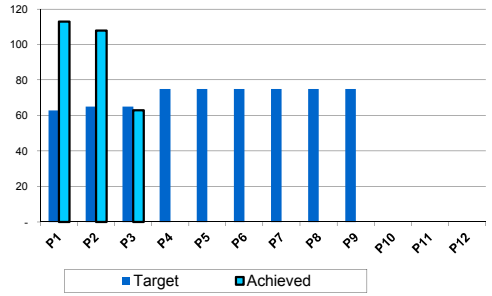
Comment: P1

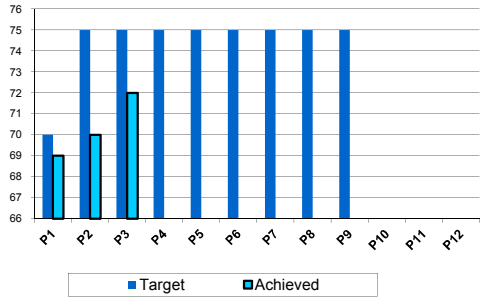
Number and percentage of M/XDR-TB patients on treatment receiving ca

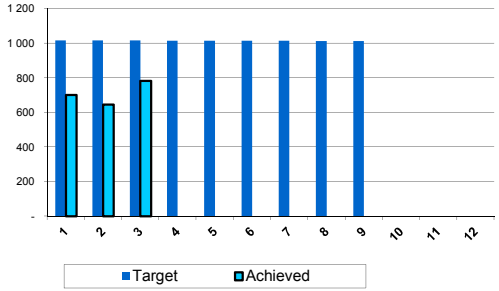
Comment: P2

Number of notified cases of all forms of TB - (i.e. bacteriologically confirmed +cli

Comment: P3







Indicators	Target	Achieved	0% - 59%	60% - 89%	> 90%	Comments
Percentage of TB patients who had an HIV test result recorded in the TB register	65	63			97%	The GF has requested the coutry to use the electronic data system as a source for this indicator
Number and percentage of M/XDR-TB patients on treatment receiving cash incentives for better adherence to treatment during out-patient phase	75	72			96%	
Number of notified cases of all forms of TB - (i.e. bacteriologically confirmed +clinically diagnosed) (new and relapse)	1 017	784			77%	
Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	91	82			90%	
Number of bacteriologically confirmed TB cases in a specified period who subsequently were successfully treated (sum of WHO outcome categories "cured" plus "treatment completed")	529	369			70%	
Number of TB patients enrolled on standardized 1st line treatment in the specified calendar year	1 109	944			85%	
Laboratory-confirmed X/MDR-TB patients enrolled on second line anti-TB treatment in the specified calendar year	130	134			103%	

Percentage of previously treated TB patients receiving DST	95	88	**93%**	
Percentage of cases with drug resistant TB (RR-TB and/or MDR-TB) started on treatment for MDR-TB who were lost to follow up during the first six months of treatment	9	11	**122%**	
Number of and percentage of TB patients on 1st line treatment receiving cash incentives for better adherence to treatment	70	69	**99%**	

Menu

Dashboard: Georgia - TB

Round 10 Phase 2

Latest Rating:

NCDC

Report Period: P3

From: 01.ოქტ.14

To: 31.დეკ.14

Recommendations

Are all funds reaching implementation levels and being spent according to budget?

Financial	Summary Comments	Recommendations
F1		
F2		
F3		
F4		

Are procurement and hiring on schedule?

Management	Summary Comments	Recommendations
M1		
M2		
M3		
M4		
M5		
M6	The new order is expected to deliver in April 2015	

Are technical targets being achieved?

Programmatic	Summary Comments	Recommendations
P1 - trend		
P2 - trend		
P3 - trend		
P1	The GF has requested the coutry to use the electronic data system as a source for this indicator	
P2		
P3		
P4		
P5		
P6		
P7		
P8		
P9		
P10		

Menu

Dashboard: Georgia - TB

Round 10 Phase 2 | Report Period: P3

Latest Rating: A2 | **NCDC** | From: 01.ოქტ.14

\- | To: 31.დეკ.14

Decisions and Actions

What is the overall status of this grant implementation?

	Key Recommendations from Oversight Group(s)	CCM Decision	Due Date	Person Responsible
Current Reporting Period	To conduct jointly with the PR site visit to TB center to adress all issues identified by the dashborad for P3 and anticipated for P4	To conduct site visit to TB Center	as soon as poss	David Ananiashvili, OC C

Actions to Implement / Previous Period

What is the overall status of this grant implementation?

	CCM Decision	Action Taken	Date	Person Responsible
Previous Reporting Period	For ministry to prepare the framework necessary for the national procurement of first line treatment to avoid stock out.	the focal point within the Ministry was	December 201	MoH
	For the OC to annalyse the issue data delay and make a recommendation to the CCM	Completed/the site visit to TB Center w	December 201	