

# CCM Meeting Minutes

INPUT FIELDS INDICATED BY YELLOW BOXES



MEETING DETAILS										
COUNTRY (CCM)			Mongolia				TOTAL NUMBER OF <u>VOTING</u> MEMBERS PRESENT (INCLUDING ALTERNATES)			12
MEETING NUMBER (if applicable)			81 <sup>st</sup>				TOTAL NUMBER OF <u>NON-CCM</u> MEMBERS / OBSERVERS PRESENT (INCLUDING CCM SECRETARIAT STAFF)			3
DATE (dd.mm.yy)			On 21 <sup>st</sup> of June, 2019				QUORUM FOR MEETING WAS ACHIEVED (yes or no)			Yes
DETAILS OF PERSON WHO CHAIRED THE MEETING										
HIS / HER NAME & ORGANISATION		First name	Myagmar				DURATION OF THE MEETING (in hours)			3.40
		Family name	Byambasuren				VENUE / LOCATION			MOH, Conference room A
		Organization	Trade Union							
HIS / HER ROLE ON CCM (Place 'X' in the relevant box)		Chair				MEETING TYPE (Place 'X' in the relevant box)		Regular CCM meeting		X
		Vice-Chair						Extraordinary meeting		
		CCM member						Committee meeting		
		Alternate						GLOBAL FUND SECRETARIAT / ATTENDANCE AT THE MEETING		
HIS / HER SECTOR* (Place 'X' in the relevant box)								LFA		X
								FPM / PO		
GOV	MLBL	NGO	EDU	PLWD	KAP	FBO	PS	OTHER		X
							X	NONE		

## LEGEND FOR SECTOR\*

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

## SELECT A SUITABLE CATEGORY FOR EACH AGENDA ITEM (Place 'X' in the relevant box)

### GOVERNANCE OF THE CCM, PROPOSALS & GRANT MANAGEMENT RELATED TOPICS

AGENDA SUMMARY	AGENDA ITEM No.	WRITE THE TITLE OF EACH AGENDA ITEM / TOPIC BELOW	Review progress, decision points of last meeting – Summary Decisions	Review CCM annual work plans / budget	Conflict of Interest / Mitigation	CCM member renewals/appointments	Constituencies engagement	CCM Communications / consultations with in-country stakeholders	Gender issues	Proposal development	PR / SR selection / assessment / issues	Grant Consolidation	Grant Negotiations / Agreement	Oversight (PUDRs, management actions, LFA debrief, audits)	A request for continued funding / periodic review / phase II / grant consolidation / closures	TA solicitation / progress	Other
	AGENDA ITEM #1	Introduction of an agenda, previous meeting decisions and its performances: <ul style="list-style-type: none"> <li>Information on Multi-Country Grant proposal Sustainability of services for key populations in the South East</li> </ul>	X							X							

	Asia region																
AGENDA ITEM #2	The GF supported-projects' implementation in Mongolia <i>Questions and answers</i>							x			x						
AGENDA ITEM #3	Site visit report <ul style="list-style-type: none"> <li><b>In Ulanbator</b>  New Positive Life NGO  Perfect Ladies NGO  General hospital of Nalaikh District</li> <li><b>Rural area</b>  Tuv, Dundgobi, Umnugobi provinces  Bayankhongor, Uvurkhangai provinces</li> </ul>															x	
AGENDA ITEM #4	Debrief CCM Oversight activities and Dashboard presentation CCM Oversight plan 2019-2020, <i>Questions and answers</i>		x														
AGENDA ITEM #5	Discussion on CCM composition: Selection of Oversight committee chair and CCM chair										x						

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

**MINUTES OF EACH AGENDA ITEM**

AGENDA ITEM #1	<b>Introduction of an agenda, previous meeting decisions and its performances: Information on Multi-Country Grant proposal Sustainability of services for key populations in the South East Asia region</b>
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

None

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

SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED/

**B.Myagmar:** The meeting was chaired by B.Myagmar (Chair of the Country Coordinating Mechanism), introduced the meeting agenda and members approved the agenda.  
**B. Oyundari, CCM coordinator** introduced the previous 80th meeting decision and its action points.

**SUMMARY OF DECISIONS & IMPLEMENTATIONS**

2019-02-21

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #5	The CCM Secretariat obliged to summarize all of the above-mentioned obstacles and recommendations to share with all CCM members for approval to submit the official letter to the Health Minister. The	CCM-MoH-PCU	90%

	<p>introduction of the PR solutions will have to be presented by the MOH at the next 81st CCM meeting. Both CCM and PCU have to collaborate for submission of requirements, and to monitor MOH solutions and its implementation should be reviewed in a timely manner. The members have approved the decision by 100% of their votes.</p> <p>The CCM Secretariat obliged to revise the Terms of Reference for the CCM site visit by considering the suggestions of the CCM members and the members would discuss for approval at the next CCM meeting.</p>		
AGENDA ITEM #7	<p>CCM Secretariat obliged to reflect members' comments on the CCM funding request in 2019-2020. CCM members unanimously endorsed the CCM funding request in 2019-2020 and CCM self-assessment evaluation sheet to submit to the Global Fund.</p>	CCM	100%
AGENDA ITEM #8	<p>At the next meetings, if the PCU presentation included in the agenda for introducing, mandatory preparatory materials should be distributed to CCM members when the meeting hours are tight members could be familiar with the relevant materials and more accessible. This problem has also arisen in the past, so we hope that the PCU coordinator will take this into account.</p> <p>The members of the CCM Secretariat reviewed and approved the Terms of Reference for the CCM. The CCM members discussed and approved the proposal by the CCM members and presented them to the next CCM meeting.</p>	PCU coordinator	100%

- **Sustainability of services for key populations in the South East Asian region /Multi-Country Grant/ presented by Youth for Health NGO, D.Myagmardorj, Executive Director of Youth for Health NGO /Please see Attachment-1/**

Based on input from key stakeholders in February 2018, the terms of reference were developed for the multi-country grant in Asia. This eight-country Global Fund grant will be covering Bhutan, Papua New Guinea, Timor Leste, Malaysia, Philippines, Laos, Mongolia, and Sri Lanka.

The Sustainability of HIV Services for Key Populations in Asia Program (SKPA Program) ...aims to promote sustainable services for key populations at scale to stop HIV transmissions and AIDS-related deaths by 2030.

#### **Role of Country SR**

- Youth for Health responsible to AFAO
- Youth for Health implements and/or sub-contracts lead agencies and other organizations to implement specific activities
- Youth for Health facilitates country level partnerships and sharing of information with key partners (CCM, National AIDS Program, UN Agencies, etc.)
- Youth for Health receives technical support and guidance from AFAO, Regional Advisory Group, and Country Advisory Group

#### **Role of Regional Advisory Group**

- Chaired by UNAIDS with representation of regional and country key population networks, other technical partners and country partners
- To provide high-level input to the Principal Recipient
- To provide advisory input and assistance in monitoring program implementation including:

- Foster collaboration and harmonization in addressing program objectives and implementation
- Provide advice on program development, revision and sustainability.

**Role of Country Advisory Committee**

- Promote collaboration between civil society organizations working with key populations and other partners, including government, in implementing the program
- Monitor and provide advice on implementation of in-country activities, as well as advise on support provided by regional partners
- Facilitate harmonization and ongoing planning

...

- Regional Advisory Group meeting (Dr.Suvd, CCM member participated)
- Global fund approved SKPA project.
- Planned to sign on country grant agreement by June, 20th.

We hope to cooperate in the future and work together to implement the project effectively. Thank you!

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

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

AGENDA ITEM #2	<b>The GF supported-projects' implementation in Mongolia</b> <i>Questions and answers</i>			
CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)				
None				
WAS THERE STILL A QUORUM AFTER MEMBERS' RECUSAL DUE TO DECLARED CONFLICTS OF INTEREST (yes or no)>				No
SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED				
<b>T.Enkhzaya, Director of PHD of MoH, CCM member</b> , introduced the followings. <i>/Please see Attachment-2/</i>				
<i>Digital Xray apparatus in Mongolia</i>				
	Province/district	Financed	Year	Total -16
1	Dornod	TGF	2017	6
2	Khovd	TGF	2017	
3	Selenge	TGF	2017	
4	Bayanzurkh district	TGF	2017	
5	Prison 429	TGF	2017	
6	Chingeltei district	District Governor's Office	2017	
7	NCCD TB DepT	TGF	2018	10
8	Darkhan Uul	TGF	2018	
9	Dornogobi	TGF	2018	
10	Khuvsgul	TGF	2018	
11	Zavkhan	TGF	2018	

12	Tuv	TGF	2018
13	Bayankhongor	TGF	2018
14	Uvurkhangai	TGF	2018
15	Khentii	TGF	2018
16	Uvs	TGF	2018

### Diagnosis by province, in 2018

№	Province/district	X-ray	Sputum	Approved by microbiology
1	Bayankhongor	0	0	0
2	Darkhan Uul	1059	56	2
3	Dornogobi	1686	95	3
4	Zavkhan	200	39	3
5	Uvurkhangai	2189	145	2
6	Tuv	3558	75	0
7	Uvs	0	0	0
8	Khuvsgul	0	0	0
9	Khentii	887	23	3
10	NCCD	1311	86	3
		10890	519	16

### Increased number of screening tests

- State inspector of Office of Inspection General's recommendation of "Provide protection of radiation and ensure safe operation" have been submitted to the medical institutions of diagnosis. / 2019-5-29 /
- In 2018 and in the first 5 months of 2019, a total of 4,675 children of 53 schools and 1 kindergarten screened for tuberculin tests, 7,556 teachers and students were tested chest radiographs and 67 tuberculosis cases detected and treated.

### Further action

- Review suggestions of Monitoring and evaluation
- Organize oversight with specialized inspection agencies
- As you can see in Uvs and Zavkhan, the implementation is inadequate. Our specialist has recently been appointed, hence we planned to deliver further recommendations.

### About TB Diagnosis

As you know, the Global fund supported TB grant is aiming to increase active screening among the key affected population. In light of these activities, the NTP conducted screening among 23 schools in 2018. In total 4,160 school children were screened and 19 TB cases were notified. All cases started treatment.

This year as of today, a total of 26 schools have been enrolled and 6,932 pupils were screened, including school children and its staff.

The result: 4 cases were bacteriologically confirmed, 43 cases were clinically diagnosed TB. Almost 87% of the total diagnosed cases were detected from only one school. We have targeted to enroll in a total of 90 schools during the grant implementation period.

The Government of Mongolia, the Prime Minister of Mongolia is aware of this issue. Several high-level discussions have been organized involving all related stakeholders and come to a decision to screen all secondary school children.

**Brief introduction of "Eliminating Syphilis"**

The total STIs 38%-syphilis, 25%-Trichomoniasis, 29%-Gonorrhoea HIV-0.2%. STI is highly detected among people aged 15-23. The main problem of this type of diseases increases since 1990, due to the influx, over usage of alcohol, early sexual intercourse, multiple sexual partners, and prostitution. Syphilis is growth in all groups of people, including pregnant women and general populations. In total 6,580 syphilis cases were reported in 2018, of which 65% were women and 34% were men. Because pregnant women have to be checked twice during their pregnancy period. Congenital syphilis have been detected 52 in 2015, 42-2016 and 46-2017. Therefore, we plan to collaborate with Governors for STI screening and analysis of university students, hand miners, mining employees, remote transport drivers and homeless people. There is considerable funding required to implement this plan.

CCM members watched very short advertisement film about Prevention of STI and Syphilis, while T.Enkhzaya was explaining about the content.

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

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

Trade Union	
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Answer(S) *Summarize the answer in the section below*

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

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**DECISION MAKING**

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

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

<b>AGENDA ITEM #3</b>	<p><b>Site visit reports</b></p> <ul style="list-style-type: none"> <li>• In Ulanbator</li> </ul> <p><b>New Positive Life NGO</b> <b>Perfect Ladies NGO</b> <b>General hospital of Nalaikh District</b></p> <ul style="list-style-type: none"> <li>• Rural area</li> </ul> <p><b>Tuv, Dundgobi, Umnugobi provinces</b> <b>Bayankhongor, Uvurkhangai provinces</b></p>
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

None.

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

**1. New Positive Life NGO, Perfect Ladies NGO, General Hospital of Nalaikh District) presented by S.Dondov, Member of the CCM;**  
*/Presentation attached to Annex 3/*

**“Health Department of Nalaikh district”**

The Health Department of Nalaikh District has 366 employees and have been implementing the Global fund supported projects since 2003. According to the Health Minister’s 145<sup>th</sup> Order all local private sector workers are encouraged to receive medical services and supervision from the local Health Department, which help them to serve foreigners.

In 2017, four times for more than 400 people were screened and 8 new cases of tuberculosis were detected.

In 2018, two times 1,600 people screened and 19 were treated.

We are planning to move to a new TB Department in September, 2019.

**STI cabinet and VCT center**

**Condition**

The STI cabinet has a doctor, a social worker and 2 nurses. Early detection is well organized. Cooperates closely with governmental and non-governmental organizations. The regular inspection takes place in the police station, hotel and tourist campuses.

A new HIV case detected in Terelj.

**Obstacles**

- Health workers are insufficient.
- Infectious diseases are more common among Mongolians than foreigners.

**TB dispensary of the General Hospital**

**Condition**

Tuberculosis dispensary ventilation system of US \$ 35,000 funded by the GF.

The report has been sent by TUBIS program semi-annually. The Nalaikh’s registrar enters with her own code, therefore, personal privacy is secured. In 2018, 54 patients had recovered in 84 days in the hospital, .

We seek to diagnose and detect suspects separately. Healthy people are screened in separate rooms for screening and testing.

**Obstacles**

- Physicians are insufficient.
- Due to the lack of diagnostic equipment, sending a sample to the NCCD is time-wasting.
- Sometimes borrow a portable X-ray apparatus from the UB Health Department in order to do the screening.
- It is difficult to reach distant living patients.
- There are problems with the treatment of homeless people.
- Doctors need financial support and assistance in managing a variety of activities.
- A donation box was created to support TB patients.

**“Perfect Ladies”NGO**

**Conditions**

The result of the advocacy meetings among administrative, decision makers, and law enforcement agencies and police officers, the cooperation between government and non-government organizations were improved and received positive information about sex workers, and collaborating on HTC.

The cooperation with the organization working against violence have improved, counseling and protecting services can be provided to FSWs affected violence.

The number of reached FSWs increased, due to the result of the advocacy meetings with pimps and owners of the bar, sauna massage.

### **Obstacles**

Recently beginning of 2018, the general police department is regularly organizing namely "Sauna Massage" event, to prevent and combat crimes against others.

FSWs have changed their location when bars, saunas, and massage centers are closed,. Due to this, to reaching the FSWs community is getting more difficult.

The number of sex workers using social media to find clients was increased, under the advertisement of financial support.

There is more risk of violence among sex workers.

### **CCM suggestions**

Promote your activities to the public.

There should be a good understanding of the projects' partnership (Ministry of Health, PCU, CCM and other partners)

Cooperation is the key to understand and support each other.

## **“New Positive Life” NGO**

### **Conditions**

The organization serves for 80-90 people with HIV and their relatives of 800-900 people. Aim to work with newly appointed medical practitioners to cooperate with the public for the sake of non-discrimination and protection. The HIV registered in UB, Darkhan and 429th prison.

Cooperates with Youth Health NGO. People, who have been attended the training of Youth Health had a common understanding of our activities.

In addition, our publications have been updated with real-time stories on our Facebook page. Training manuals, textbooks and advertisement pages are published and used.

Within the framework of the project, we visited 21 aimags of Mongolia and lectured each and every of them.

9 of the registered persons are currently living in foreign countries.

### **Achievement**

Focusing on the target group is very intense.

In 2018, 8 new cases of HIV were receiving social payment from the State.

Medications were given to 3 patients with MDR-TB.

Conducted meetings with 8 people each time. PLWDs are more likely to participate with their friends.

Implementing our program in the 429th prison.

## **“New Positive Life” NGO**

### **Obstacles**

No professional psychologist.

Due to the misunderstanding of society, our communities are closed and feel a burden. It is also hard to change the social psychology.

### **Suggestion**

- Psychologist required in order to enable a friendly environment for PLWD.
- Society needs to be informed right information at the right time.
- In the future, the public-private partnership should be improved and cooperate with the State owned ORGs.
- Announce the teachers' name and picture with meeting's title and information. That can maximize the participation of meetings



Rural area

**2. Presentation of Tuv, Dundgovi, Umnugovi provinces presented by G.Nyampurev, CCM member**  
*/The introduction is attached to Annex 4/*

You all have this presentation hence I better explain our suggestion to SRs and main conclusion on our site visits.

***The main conclusion***

- Project activities are being implemented in Tuv, Dundgovi and Umnugovi aimags;
- Providing the equipment, medicines and reagents supplied in those 3 aimags;
- In Dundgovi aimag received 6 suggestions from the National Center for Communicable Disease at Control and Prevention in 2018 and fulfilled that with 66.7% (4). Mechanical ventilation system is not working properly, due to the lack of motor. Building hospital extension is under discussion.
- 6 recommendations of the National Center for Communicable Diseases in 2018 were complied with 83.3% (5) and the laboratory flows were not fully resolved due to building issues;
- Required to have Portable X-ray apparatus in Dundgovi province.
- According to the National Center for Communicable Disease's 9 suggestions in Control, Umnugovi in the year of 2018, 55.6% (5) has been fully complied to equipped to increase the human resources, to take tuberculosis and to take sputum specimens and ambulatory environment. But infectious Epidemiologist has not been hired.

**CCM suggestions:**

- Conduct special training in accelerated testing for Hospital practitioners by improving the use of a rapid diagnostic apparatus (Gene-Expert) and laboratory coordination;
- Cooperate with professional organizations on regular operation of the mechanical ventilation system;
- Required to hire a TB epidemiologist;
- The Bio-Device has been damaged since 2015 and the doors are blocked and the risk of infection has to be corrected immediately.
- Insurance for future use of equipment. Improve maintenance;
- There are 30 people in the room for 20 patients;
- Infectious and tuberculosis buildings are not in accordance with standards;
- Use of apparatus and equipment use sheets.
- Focus on increasing human resources.
- Plan a laboratory air source when drawing the design of a new house and consult a professional organization such as placing it in the room;
- Prepare tuberculosis nurses
- Required to solve the damage of mechanical ventilation systems of tuberculosis and dispensers;
- Provide proper air flow to the 2nd floor of the Infectious Disease Room, install the sputum cabinets and operate that regularly;
- To schedule Health checks and diagnosis at a newly built hospital;
- Train to increase TB doctors;

Rural area

**3. Presentation of Bayankhongor, Uvurkhangai provinces presented by B.Suvd, CCM member**  
*/The introduction is attached to Annex 4/*

**Tuberculosis prevalence**

Bayankhongor aimag is one of the mid-tier TB cases, with the statistical report in 2018 reporting

on tuberculosis cases at 7.2 per 10,000 populations, and has been increasing since 2014. There is a large number of hand-miners operating in high-risk groups in the aimag.

In Uvurkhangai aimag, tuberculosis cases were lower, according to the TB report of 2018, the incidence rate of TB cases per 10 000 population was higher than the national average (11.3 per 100 000 population). Decreasing to 6.1 in 2014, 3.5 in 2018 in the population of 10 000.

### **STI prevalence**

Sexually Transmitted Infections per 10,000 population in Bayankhongor Province during the first quarter of 2019, syphilis-5.9 (national average 4.2), Trichomoniasis 17.8 (3.2 to 5 times higher than national average), gonorrhoea 22.9 (4.2-5 times higher than the national average) and it is 2-4 times higher than the previous year.

Sexually transmitted infections of Uvurkhangai aimag per 10,000 population in 2018. The level of syphilis 16.1 (national average 19.4), gonorrhoea is 9.7 (national average 17.2) trichomoniasis 7.6 (national average 14.1), and there is also one HIV infection.

As we visited with the NSC, we provided information and suggestions on every relevant persons, such as head of the Citizens' Representatives Hural, Province Governors and Heads of the hospitals.

### ***The main conclusion***

#### **In Uvurkhangai aimag**

- Two new cases were detected out of 2000 people's diagnosis by a portable X-ray. One technician take 900 photographs at a time, which could lead a high impact on the quality. STIs cabinet moved to new building, but lacked structural arrangements. For example, two doctors are situated in a go through rooms. The toilet is in a doctor's room. That means that a citizen can't use a toilet. There is also no dressing room to change. The women's examination bed was used for 40 years and outdated. That can easily tear off when people try to get on bed.
  - Condoms and reagents supply decreased
  - Thermostat is broken
  - Received a PC from TGF but Governors office took that . It has been suggested that these should be corrected.

#### **MAFMS**

- All journal entries complied with guidance
- Monthly medicines are received from TB dispensaries
- Sputum collection containers and transport containers are provided

#### **Bayankhongor aimag**

The portable X-ray apparatus was not used because radiation license was not released. However, these diseases are at great deal at the aimag level.

#### **For STIs**

- Even if the room was repaired, ventilation was poor and the room was dirty
- One examination room and a doctor provide a great deal of service.
- In the first quarter of 2019, the NCCD laboratory inspected that the STI laboratory diagnostic test results were incorrect.

#### **MAFMS**

- It is difficult to carry the sample specimen without the specimen container. Therefore, if symptoms of TB are detected, they send directly to the General Hospital. There are no registrations whether if checked by the General Hospital.
- Incidence of pulmonary tuberculosis is recorded and medication is administered in the corner of

the drug, and in some cases, possible to deliver medicines to their home.

One common thing in these aimags was that of 1 or 2 STI doctors under a great deal of work pressure and no condition to detect STI contacts. Lack of Epidemiologist. The laboratory was isolated, so there are problems occurring when transporting tests. The organization has a lot of organizational issues. TB Department's ventilation system is insufficient. The use of tools was poor, for example, they didn't use their tools at 'Army recruitment' at the process. As a result, the CCM has to provide official recommendations and demand its fulfillment because the general performance was poor.

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

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

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

The CCM Secretariat obliged to summarize all of the above-mentioned obstacles and recommendations in 3 directions and to share with all CCM members for approval to submit the official letter to the MOH (PR) and district/province Governors' office or Citizen Representatives if required and as well as relevant SR organizations.

The introduction of the PR solutions will have to be presented by the MOH at the next 81st CCM meeting. The members have approved the decision by the majority of their votes.

**DECISION MAKING**

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING	X	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	12
			SECRET BALLOT		
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u>	>	
			ENTER THE NUMBER OF MEMBERS <u>AGAINST THE DECISION</u>	>	
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u>	>	

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

<b>AGENDA ITEM #5</b>	<b>Debrief CCM Oversight activities and Dashboard presentation CCM Oversight plan 2019-2020, Questions and answers</b>
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

None.

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

**SUMMARY OF PRESENTATIONS AND ISSUES DISCUSSED**

**B.Oyundari**, CCM Secretariat Coordinator presented CCM Oversight activities and Dashboard and CCM Oversight plan 2019-2020,  
/Introduction has attached to Annex 5/  
**CCM Site visit activities' plan in 2019-2020**

		Site visit places	<u>Time</u>	Reason
1	<u>UB city</u>	<ul style="list-style-type: none"> <li>Prison 429</li> </ul>	4 <sup>th</sup> week of August	<ul style="list-style-type: none"> <li>TB services to prisoners</li> </ul>

2		<ul style="list-style-type: none"> <li>• Mongolian Anti TB Association</li> <li>• Mongolian Red Cross Society</li> </ul>	2 <sup>nd</sup> week of September	<ul style="list-style-type: none"> <li>• TB project implemented in UB and rural areas;</li> <li>• TB service for homeless.</li> </ul>
3		<ul style="list-style-type: none"> <li>• “Gal Golomt National Movement” NGO</li> <li>• “Youth for Health” NGO</li> </ul>	2 <sup>nd</sup> week of January	<ul style="list-style-type: none"> <li>• Advocating activities towards governors</li> <li>• HIV project towards KAP and MSM</li> </ul>
4		<ul style="list-style-type: none"> <li>• Chingeltei District General Hospital</li> <li>• Songinokhairkhan District General Hospital</li> </ul>	1 <sup>st</sup> week of February	<ul style="list-style-type: none"> <li>• Ventilation system is about to be installed by TGF new Tb project. .</li> <li>• Moving to the new hospital building.</li> </ul>
1	<b>Rural area</b>	Bulgan, Khuvsgul	3 <sup>d</sup> week of August	<ul style="list-style-type: none"> <li>• Portable digital X-ray was supplied by TGF in 2018.</li> </ul>
2		Gobi-Altai	2 <sup>nd</sup> week of October	<ul style="list-style-type: none"> <li>• The CCM have not visited during the last 3 years and planned to visit to the soum through the road.</li> </ul>
3		Bayan-Ulgii, Khovd	January	<ul style="list-style-type: none"> <li>• Portable digital X-ray apparatus’ accessories supplied by TGF project in 2018-2020 to Khovd.</li> </ul>

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

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

Trade Union	<p><b>B.Myagmar:</b> Mr.Tsogtbaatar.B Vice chair of the CCM, will present how the financial issues raised by the CCM will be discussed at the previous Executive Committee meeting. The CCM submitted the Minister’s order drawing in accordance with the decision of the meeting. In general, the CCM funding interrupts every change of the State Secretariat of MOH. Therefore, the MOH representatives were obliged to speedily resolve this situation.</p>
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MOH-PR	<p><b>B.Tsogtbaatar:</b> According to the obligation of the Executive Committee, we have conducted the meeting with the Health Minister and State Secretariat of MoH and resolved the problem and to take further action in order to avoid further delays. Therefore, Health Minister A4 / Order No. 296 was just issued today. According to this order, the 1st signature for approval by the Deputy Health Minister and 2nd signature by Senior Accountant of the Ministry of Health O.Uranchimeg. As of today, the request was submitted to the Ministry of Finance. Therefore, it is said that there will be no obstacles during the financial period.</p>
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Answer(S) *Summarize the answer in the section below*

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

The CCM Secretariat obliged to revise the *CCM Site visit activities’ plan in 2019-2020* by considering the suggestions of the CCM members and the members would discuss for approval by e-mail.

<b>DECISION MAKING</b>				
MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS	
	VOTING	X	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS <b>12</b>
			SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF</u> THE DECISION >	
			ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION >	
*Consensus is general or widespread agreement by all members of a group.			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >	

<b>AGENDA ITEM #4</b>	<b>Discussion on CCM composition: Selection of Oversight committee chair and CCM chair</b>
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CONFLICT OF INTEREST. (List below the names of members / alternates who must abstain from discussions and decisions)

None.

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

**B.Myagmar:** I have chaired CCM last 2 years and before that I used to be the Oversight Committee chair and a CCM member. But my term expired hence I would like you to discuss on Selection of new CCM chair.

No	Names of members	Position	Representation (area)	Date
1.		<b>OvCo chair</b>		
2.	<b>Ts.Davaasu en</b>	Anti-Tuberculosis Association	<b>Non-Governmental Organization</b>	2018-07-05
3.	<b>A.Tsetsegmaa</b>	UN Resident Coordination Specialist	<b>Multilateral Organization</b>	2017-06
4.	<b>G.Nyampurev</b>	Youth Health NGO	<b>PLWD/HIV</b>	2018-01-16
5.	<b>S.Enkhjin</b>	MOH officer	<b>Governmental Organization</b>	2018-06-20

Also CCM Oversight Committee chair has not been appointed since 2018

**CCM OVERSIGHT COMMITTEE MEMBERS**

SUMMARY OF SPECIFIC CONTRIBUTIONS / CONCERNS / ISSUES AND RECOMMENDATIONS RAISED BY CONSTITUENCIES ON THE CCM  
*Please summarize the respective constituencies' contributions to the discussion in the spaces provided.*

UN	<b>A.Tsetsegmaa:</b> Article 4.2 of the CCM Charter: "The issue of termination of the Chair and Vice-Chair shall be resolved by a two-thirds majority or 70 percent of all members." Therefore, it is impossible to discuss because this meeting does not reach the attendance requirement today.
Trade Union	<b>B.Myagmar:</b> Today, we can discuss the Chair of the Oversight Committee because it can be approved by 51% of the CCM members vote.
CCM Secretariat	<b>B.Oyundari:</b> Article 9 of the CCM charter outlines the Oversight committee. Currently, there are 4 active members, who were previously chaired by A.Nyamdorj, a former Youth Representative. Since his term was expired OvCo have to select the Chair.  In the 78th CCM meeting, the members of the Oversight Committee are incorporated into the charter in accordance with the requirements of the GF. Therefore, we have selected the following

	<p>members for the committee.</p> <p>From the financial side, S.Enkhjin, Monitoring and evaluation officer of the Ministry of Health, KAP/PLWD-G.Nyampurev, Youth for Health NGO,</p> <p>Human Resources-Ts.Davaasuren, Union of Mongolian Tuberculosis Partners</p> <p>Management- A.Tsetsegmaa, Coordination Specialist of the United Nations Resident Coordinator's office.</p>
MOH-PR	<b>B. Tsogtbaatar:</b> I would like to vote for Mrs.Munkhjargal.J, a representative of the National Security Council for the Oversight Committee chair.
Trade Union	<b>B.Myagmar:</b> The Oversight Committee chair has to be a leader. Therefore, I am here to support B.Tsogtbaatar 's idea to vote for her. Do you have any other proposal or to volunteer?... If there is no, lets vote for J.Munkhjargal.

Answer(S) *Summarize the answer in the section below*

- 10 members of the CCM have approved the CCM chair selection to take place at the next 82nd CCM meeting. At the same time, the CCM Secretariat has obliged to take special care to ensure the attendance of 2/3 of the majority of CCM members.
- CCM members unanimously approved J.Munkhjargal as a Chair of the CCM Oversight Committee.

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

#### DECISION MAKING

MODE OF DECISION MAKING (Place 'X' in the relevant box)	CONSENSUS*	X	IF 'VOTING' WAS SELECTED, INDICATE METHOD AND RESULTS		
	VOTING	X	VOTING METHOD (Place 'X' in the relevant box)	SHOW OF HANDS	11
				SECRET BALLOT	
			ENTER THE NUMBER OF MEMBERS <u>IN FAVOUR OF THE DECISION</u> >		
			ENTER THE NUMBER OF MEMBERS <u>AGAINST</u> THE DECISION >		
			ENTER THE NUMBER OF VOTING CCM MEMBERS <u>WHO ABSTAINED</u> >		

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

#### SUMMARY OF DECISIONS & ACTION POINTS

AGENDA ITEM NUMBER	WRITE IN DETAIL THE DECISIONS & ACTION POINTS BELOW	KEY PERSON RESPONSIBLE	DUE DATE
AGENDA ITEM #3	<p>The CCM Secretariat obliged to summarize all of the above-mentioned obstacles and recommendations in 3 directions and to share with all CCM members for approval to submit the official letter to the MOH (PR) and district/province Governors' office or Citizen Representatives if required and as well as relevant SR organizations.</p> <p>The introduction of the PR solutions will have to be presented by the MOH at the next 81st CCM meeting. The members have approved the decision by the majority of their votes.</p>	CCM	
AGENDA ITEM #4	The CCM Secretariat obliged to revise the <i>CCM Site visit activities' plan in 2019-2020</i> by considering the suggestions of the CCM	CCM	

	members and the members would discuss for approval by e-mail.		
AGENDA ITEM #5	<ul style="list-style-type: none"> <li>10 members of the CCM have approved the CCM chair selection to take place at the next 82nd CCM meeting. At the same time, the CCM Secretariat has obliged to take special care to ensure the attendance of 2/3 of the majority of CCM members.</li> <li>CCM members unanimously approved J.Munkhjargal as a Chair of the CCM Oversight Committee.</li> </ul>	CCM	

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

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

TIME, DATE, VENUE OF NEXT MEETING (dd.mm.yy)	<b>2019</b>
PROPOSED AGENDA FOR NEXT MEETING	WRITE THE PROPOSED AGENDA ITEMS IN THE SPACES PROVIDED
AGENDA ITEM #1	
AGENDA ITEM #2	
AGENDA ITEM #3	
AGENDA ITEM #4	
AGENDA ITEM #5	

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

SUPPORTING DOCUMENTATION	Place an 'X' in the appropriate box	
	Yes	No
ANNEXES ATTACHED TO THE MEETING MINUTES		
ATTENDANCE LIST	X	
AGENDA	X	
OTHER SUPPORTING DOCUMENTS	X	
APPENDIX 1-10	X	
IF 'OTHER', PLEASE LIST BELOW:		
Grant presentation from CCM, PCU.		

**CHECKLIST** (Place 'X' in the relevant box)

	YES	NO	
AGENDA CIRCULATED ON TIME BEFORE MEETING DATE	X		The agenda of the meeting was circulated to all CCM members, Alternates and Non-CCM members <u>2 weeks</u> before the meeting took place.
ATTENDANCE SHEET COMPLETED	X		An attendance sheet was completed by all CCM members, Alternates, and Non-CCM members present at the meeting.
DISTRIBUTION OF MINUTES WITHIN ONE WEEK OF MEETING	X		Meeting minutes should be circulated to all CCM members, Alternates and non-members within <u>1 week</u> of the meeting for their comments, feedback.
FEEDBACK INCORPORATED INTO MINUTES, REVISED MINUTES ENDORSED BY CCM MEMBERS*	X		Feedback incorporated into revised CCM minutes, minutes electronically endorsed by CCM members, Alternates and non-members who attended the meeting.

MINUTES DISTRIBUTED TO CCM MEMBERS, ALTERNATES AND NON-MEMBERS	<b>x</b>	Final version of the CCM minutes distributed to CCM members, Alternates and Nonmembers and posted on the CCM's website where applicable within <u>15 days</u> of endorsement.
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\* Often CCM minutes are approved at the next meeting. For many months can pass before the next scheduled meeting, electronic endorsement of the CCM minutes is considered to be a more efficient method for effective meeting management.

<b>GLOSSARY FOR ACROYNMS USED IN THE MINUTES:</b>	
ACROYNM	MEANING
CN	<b>Concept Note</b>
MOH	<b>Ministry of Health</b>
CCM	<b>Country Coordinating Mechanism</b>
NGO	<b>Non-Governmental organization</b>
WHO	<b>World Health Organization</b>
UN	<b>United Nations</b>
COIWC	<b>Conflict of Interest Working Committee</b>
CMJ	<b>Confederation of Mongolian Journalists</b>
PCU	<b>Project Coordinating Unit</b>
PR	<b>Principal Recipient</b>
MOF	<b>Ministry of Finance</b>
PLWD	<b>People Living With Deseases</b>

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

<b>CCM MINUTES APPROVAL:</b>			
APPROVED BY (NAME) >	<b>B.Myagmar</b>	DATE >	<b>June 28, 2019</b>
	<b>CCM chair</b>	SIGNATURE >	

<b>CCM MINUTES REVIEWED BY:</b>			
TYPE / PRINT NAME >	<b>B.Oyundari</b>	DATE >	<b>June 28, 2019</b>
FUNCTION>	<b>CCM Secretariat Coordinator</b>	SIGNATURE >	

<b>CCM MINUTES PREPARED BY:</b>			
TYPE / PRINT NAME >	<b>L.Nomin-Erdene</b>	DATE >	<b>June 28, 2019</b>
FUNCTION>	<b>CCM Secretariat assistant</b>	SIGNATURE >	



