

Minutes of the CCM TB Committee: 8 June 2018: 2nd Floor Boardroom, Kaguvi Building: 0900hours

| Name | Organization |
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| Committee Members | |
| 1. Dr C. Zishiri (chairing) | The Union |
| 2. Dr C. Sandy | MOHCC-NTP |
| 3. Dr S. Nyadundu | MOHCC-PMD |
| 4. Dr P. Magande | MOHCC-PCU |
| 5. Mr F. Mudzimu | MOHCC-PCU |
| 6. Mr H. Mutunzi | MOHCC-NTP |
| 7. Mr K. Ndlovu | MOHCC-NTP |
| 8. Ms T. Nkomo | MOHCC-NTP |
| 9. Mr A. Nyambo | MOHCC-NTP |
| 10. Dr M. Ngwenya | WHO |
| 11. Dr T. Nyamundaya | EGPAF |
| 12. Dr S. Dube | The Union |
| 13. Ms T. Phiri | The Union |
| 14. Mr L. Tinarwo | WHC/TIMS |
| 15. Mrs C. Sirewu | NAC |
| 16. Mr A. Matadi | NAC |
| 17. Mr O. Mundida | CCM Sec |
| 18. Mr E. Mushambi | CCM Sec |
| 19. Mr. L Chikondowa | CCM Sec |
| 20. Ms N. Mujuru | UNDP |
| 21. Ms J. Munhenga | UNDP |
| 22. Dr J. Mutsvangwa | BRTI |
| 23. Ms E. Chikoto | LFA |
| 24. Ms J. Jokwero | JHWO |
| 25. Ms M. Mukundwi | JHWO |
| 26. Mr L. Mupaza | Island Hospice and Healthcare |
| 27. Ms T. Kutadza | DAPP-Zim |

| Narration | |
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| <p>1. Prayer, Opening Remarks and Adoption of the Agenda: The meeting was called to order at 0915hours. The CCM Executive Secretary announced the dissolution of the June 2015 – May 2018 TB committee and advised the house to choose the chairperson for the day. The house unanimously agreed to choose Dr. C. Zishiri to chair the meeting. The chairperson welcomed all members present. Mr Mudzimu led into the devotions and this was followed by self-introductions by the participants. The proposed agenda of the meeting was adopted after an addition on TB in the Mines (TIMS) update to 4.1 (g). None of the members declared to be conflicted following a call from the chair.</p> <p>2. Minutes of the previous meeting: Minutes of the previous meeting were adopted as a correct record of what transpired during the previous meeting of 27 February 2018 after the following correction:</p> <ul style="list-style-type: none"> - Page 2, item 3.3 ---there delivery for---, corrected to read, ---the delivery for--- | |

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| <p>3. Matters arising</p> <ul style="list-style-type: none"> - The following action points were discussed under matters arising: <ul style="list-style-type: none"> a. Procurement of sputum mugs - 69 x 1000 units had been procured and distributed, and more were expected. The need to expedite the delivery was underscored since the level of stock was at 0,8 months. It was noted that the specimen mugs were used for other samples and this required MOHCC to address since no procurements had been done even for 2017. There was a suggestion to solicit for support from other players like EGPAF and CHAI. Another suggestion was to recommend for inclusion in the PAAR the procurement of sputum mugs through savings because of the dire need. Mr Mudzimu was tasked to give feedback on the developments in the procurement of the commodity. b. Engagement of PMDs and Lab Services Directorate on the specimen transportation system- TWG had been set up to address the issue, tasked to develop an action plan by end of June which addresses the challenge. It was noted that the document had not yet been shared as agreed (2 weeks) and was now 4 weeks after the deliberations. The observation was that there were different transportation models by different players, and there was need for harmonization, and PCU was tasked to take up the issue. c. Follow up on outstanding RHZE loan from South Sudan – Got a donation covering 4-6 months. d. Follow up on outstanding RHZE delivery from GDF- Update indicated that GF had been engaged on the issue. NTP and PCU (Dr Sandy & Mr Mudzimu) were tasked to follow up on the delivery issue, and WHO pledged to assist in the issue. A suggestion was to have all necessary facts at hand so that the GF CT could also be appraised during the upcoming country visit. e. PCU to engage the FA and GF secretariat on the possibility of making the 50% advance for the GxAlert machines as per the supplier’s requirement- this could not be done and was cancelled. A new arrangement was that TB Challenge took up the issue. f. Renovation of health sites – completed g. PFMS challenge – some challenge still experienced in making transactions, especially at health facility level - MOHCC was working with the Ministry of Finance to address the challenges. h. Health Sector IT Policy- completed and will be shared with stakeholders in due course i. Conditions Precedent – approved and finalized | <p>PCU</p> <p>Mr Mudzimu</p> <p>PCU</p> <p>NTP/PCU</p> <p>PCU</p> |
| <p>4. New business</p> <p>4.1 Grant Implementation Updates</p> <p>4.1.a PCU-MOHCC Update – Mr Mudzimu</p> <ul style="list-style-type: none"> - The update highlighted that most of the grant conditions for the new grant had been satisfied, except two conditions that included PCU External Review scheduled to start on 18 June 2018, and HRH long term plan for transitioning from Retention scheme which was due by 31 December 2018. Quarter 1 disbursements to PMDs/SRs had been done in March 2018 and this translated to 2 weeks period for implementation of the activities which is not practical. - Further update highlighted that all the 3 grants budgets were now seated on the PFMS and were split down to District level. PFMS configuration had been complete and the GF was said to be satisfied with the development. The house also learnt that the Auditor General’s report was submitted and was unqualified. - The Grants rating for the period January –June 2017 was A2 for the Malaria grant and B1 for the TB grant. Training plans had been approved for quarter 1, and the PR had conducted SR review meeting in April 2018 for the period under review. It was further highlighted that the | <p>PCU</p> |

RBF learning visit to Rwanda was conducted end of April 2018 and the report would be ready for sharing soon after getting signed.

- The financial update showed that the old grant burn rate was at 65% before commitments and at 71% after commitments. Quarter 2018 TB grant budget utilization was at 23% against a target of 80%, and this was attributed to delayed receipt of resources. Further details showed budget utilization by cost category as well as by implementing partner for the purposes of analysis on budget absorption.
- The PSM update highlighted on the different levels of the procurement processes, and shipments would be expected as per timelines.
- Performance indicator for the TB grant for the period under review indicated that 7 out of the 8 tracked indicators achieved 91% and above, while only 1 indicator (Percentage of notified TB cases all forms contributed by non-NTP providers - community referrals) scored 60%. This was attributed to low reporting at that level, and MOHCC was working on addressing the issue.
- The presented concluded by highlighting on the obligations requiring CCM endorsement, and the PR requested for the TB committee’s recommendation for CCM endorsement. The request was to have the proposed activities be part of the PARR for consideration when resources become available. The proposal had a grand total of **\$5,208,130.90** from the different proposed activities. The Ministry had identified some budget line through savings for the activities highlighted in green on the table.

Comments

- The house expressed concern on the low burn rate for the period under review, and the presenter attributed this to delayed disbursement. The Ministry argued that procurements were the major set-back on the absorption of resources, and the GDF and new procurement guidelines were major impediments on the process for the reported period. Efforts were underway to address the challenges.
- **Endorsement of the proposal:** The PR was requested to give full and convincing justification for moving the proposed items in the PAAR. The issue was discussed until the TB committee agreed to recommend for endorsement by the CCM, the inclusion in the PAAR, the proposed activities amounting to **\$5,208,130.90**.

4.1.b NTP Update: Dr C. Sandy

- The presentation highlighted on the epidemiological information which showed that TB remains a major public health threat although declining in both incidence and prevalence. TB was said to be fuelled by high HIV prevalence, 14.6% among adults aged 15-64 years (2015 ZDHS report). The TB program targets and priority areas of focus were also highlighted.
- Indicator performance update highlighted that out of 9 tracked indicators, 2 performed poorly at 60% and 82% respectively. These were both indicators that focus on case notification. The rest scored above 92%.
- The challenges highlighted by the presenter covered laboratory services, finance, PSM, and monitoring and evaluation. The suggested recommendations included the following:
 - a. External formal evaluation of the PFMs system that is geared towards identifying key issues affecting optimal utilization,
 - b. Develop a PFMS Capacity Plan - Designing and implementing a combination of basic and advanced certified user training, intensified mentoring and a province based Super user/Specialist to support PMDs to Districts,
 - c. Finance SOP should be reviewed with implementers to address persistent concerns,
 - d. Support Service providers who need direct US dollars support by paying directly through

UNDP to ensure better absorption.

Comments

- Concern was expressed on the low performance by the Community TB Notification (60%) indicator, and clarification was sought on the obtaining position. The presenter clarified that generally there was low reportage on community TB notifications because of the existence of different M&E systems from different players. It was further argued that the work is done at operational level but the information was not fed into the national M&E system. The need for harmonized reporting system was underscored to address the challenge. NTP envisaged some improvement in performance from this indicator when semester reporting is implemented.
- Another member felt that there could be some other factors leading to the poor indicator performance, and the Ministry was urged to explore further. Areas suggested exploring included analysis of volunteer incentive systems in existence at community level, use of other payment methods besides PFMS in settling payments for community-based activities.
- Pursuant to addressing the low performance of the indicator, another suggestion was to take advantage of the 'End TB Partnership' to strengthen synergies to address the low community level reporting.
- The finance SOPs in place were cited as not user-friendly for community programs where reimbursement of bus-fares using PFMS would take much longer yet the volunteers would be in desperate need of money for transport. The PCU felt that the challenges identified could be addressed and efforts were underway to address challenges to do with community based activities. Further discussion revealed more operational challenges that were faced during the implementation of community-based activities that required some redress. This led the TB committee to resolve that the PCU and NTP should have some bilateral on the identified challenges and give feedback to the committee.

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4.1.c The Union Update: Dr S. Dube

- The update from International Union Against Tuberculosis and Lung Disease (The Union) indicated that the SR received the 1st disbursement in mid-March and not much could be done owing to delayed receipt of resources.
- Targeted screening for active TB among high risky communities was reported to be on-going at the time of the meeting in Umuza district. It was highlighted that 2 new trucks for use in the program had just been received and were not yet in use since they were not yet registered.
- The SR only managed to utilize \$38,886.58 (14%) of the total budget of \$286,260.37 and this was attributable to delayed receipt of the disbursement.
- The other activities conducted by the Union during the period under review included the reorientation of the FACT team to integrate childhood TB and adding BMI to screening tool. This was done in March 2018.
- It was further reported that FACT was engaged in the screening exercise at HIFA and ZITF with support from CTB. At ZITF in April 2018, a total of 372 clients were screened for active TB and 28 presumptive TB cases were identified. During the ZITF screening exercise, 18 people were screened for DM and 171 for HIV and 4 were diagnosed HIV positive. The presenter highlighted that all clients with positive results were linked to care.
- A total of 741 people were screened for active TB at HIFA and 166 presumptive TB cases were identified, and 12 were diagnosed HIV positive. These were also linked to care.
- The presentation concluded by highlighting on the challenges and the suggested solutions.

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| <p>Comments</p> <ul style="list-style-type: none"> - Clarification was sought on the inclusion of BMI in the screening exercise, and the response clarified that BMI was now part of the national screening package in the screening of HIV/TB. <p>4.1.d NAC TB Grant Update – Mr Antony Matadi</p> <ul style="list-style-type: none"> - The presentation opened by highlighting on the grant implementation arrangement where National AIDS Council is both the SR and implementer for the TB grant covering 10 provinces and 32 prioritized districts across the Country. The project is being implemented through Provincial and District NAC structures. - The update on sensitization of traditional and faith healers on TB/HIV in the 32 districts indicated a 95% performance. It was clarified that some districts could not get the required number of participants hence the shortfall on target achievement. The financial absorption showed that 77% burn rate was achieved although the salaries for the program personnel had not yet been effected at the time of the meeting. - The presenter reported as best practice Centenary district which had managed to establish a committee for pastors that would work with DACs and TB Coordinators in the control of TB. - The challenges highlighted by NAC included lack of budget for support and supervision for the program, and inadequacy of the salary budget for the program staff. Request for supplementary budget had been submitted to the PR, and the SR was still waiting for the response. | <p>NAC</p> <p>NAC/PC U</p> |
| <p>Comments</p> <ul style="list-style-type: none"> - The presenter was advised to guard against setting parallel structures but to complement the existing ones in the response to TB in the country. The response confirmed that NAC was working with MOHCC and other partners and no parallel structures were set. The presenter was also advised to take advantage of the existing support and supervision visits to fulfill his duties as the program did not have a budget line for support and supervision. NAC clarified that the SOPs are different and it was not possible to ride on existing visits for different GF supported programs. - The members felt that the PR and SR should have bilateral and settle the issue amicably, and it was suggested that such issues should be solved during peer review meetings. The SR argued that the issue had been discussed in the last peer review meeting but no positive results had been realized. The PR was prepared to discuss the issue and felt the issue was not supposed to have been escalated to this forum since it could be solved at the PR-SR level. | <p>NAC/PC U</p> |
| <p>4.1.e) Regional TIMS Grant – Mr L. Tinarwo</p> <ul style="list-style-type: none"> - The TIMS PR update highlighted on the beginning of phase 2 of the TIMS grant after phase 1 ended in December 2017. The phase 1 grant was signed in March 2018 and no activities had started at the time of the meeting, and the grant is under the PR-ship of Wits Consortium. The on-going activity was the Occupational Health Centres which were said to be operational in 7 countries including Zimbabwe. - The selection of two SRs was done and they were identified as ECF and ACHAP. Cluster 1 countries under the SR-ship of ECF covers Mozambique, South Africa, Lesotho, Swaziland, and Namibia. Cluster 2 countries included Zambia, Zimbabwe, Botswana, Tanzania, and Malawi and are under the SR-ship of ACHAP. The signing of SR contracts was in progress at the time of the meeting. - The phase 2 grant will be operating in 5 districts in Zimbabwe including 2 more districts (Mazoe and Shurugwi) that were added to cover artisanal miners. The grant was said to be lagging behind by 6 months in implementation terms. Updates in grant progress will be given | <p>Mr Tinarwo</p> |

during quarterly TB committee meetings and target achievement will be the focus.

Comments

- The house requested to know the process involved in the SSR selection. The response highlighted that the SSRs were already identified. The committee was concerned on the SSR selection process which was perceived to be not open and democratic since it was not availed to all interested players. A suggestion was also provided for the grant to identify a Focal Person who will be working with the Zimbabwe CCM for information sharing. The response clarified that this will be addressed as soon as disbursements are received.
- An ex-mine worker from Bulawayo (representing ex-mine workers association) who was present during the meeting expressed dissatisfaction with the compensation process for the ex-mine workers. He highlighted that even those with all the required papers had failed to benefit from the compensation fund from South Africa. Clarification highlighted that there was about 9 million rands fund earmarked for compensation, and the issue should be followed up through the right avenues for resolution.
- It was learnt that Zimbabwe is part of the countries that should benefit from the 9 million rand compensation fund from South Africa.

Mr
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4.2 Lab Services Update: Mr Mutunzi

- The presentation started by highlighting on the TB diagnostic services coverage for the country highlighting on the service availability down to district level.
- The commodity stock status update indicated that Sputum Containers (1000 pcs) and TB Consumable Kits (1000T) had low stock levels of 0,8 and 3,1 months of stock respectively. The presenter clarified that 69 x 1000 units of sputum mugs had been procured and distributed, although this was not enough to cater for the country needs. More commodities were expected, and the committee urged DLS to expedite delivery process.
- The quarter 1 2018 update highlighted that all provinces had managed to conduct refresher trainings on smear microscopy and Xpert MTB/Rif in April 2018 as per training plan. This translated to training of 198 laboratory personnel from the provinces. The Ministry had also conducted TB EQA visits in all provinces.
- MOHCC DLS had also reviewed the annual service and maintenance contracts (ASMC) for the equipment that included GeneXpert devices, MGIT machines, Hain equipment, and Safety Cabinets and microscopes. Further update highlighted that re-assessment of the bio-safety and ventilation systems of NTBRL & NMRL was done in April 2018 and this resulted in the final decision to massively renovate both laboratories.
- The DLS presentation concluded by highlighting on the challenges faced by the department, as well as presenting their next quarter 2018 plan of action.

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Comments

- The members expressed concern on the stagnation or non -progress on the NTBRL renovation project and there was non-committal from the funders on the project. The feeling from the house was to revisit and reenergise the agreements in place relating to the NTBRL project.
- The suggestion and way-forward was for all critical players to become well -coordinated including PR MOHCC, NTP, Directorate of Laboratory Services, and funders. The document produced after the re-assessment that recommended for renovation should be availed as reference point. It was agreed that the players in this project would sit down and address the issue without delay. There was need for action points and timelines as way forward. The Union would give feedback to the funders on the agreed position by the TB committee.

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| <p>5. Selection of new CCM TB Committee members</p> <p>The members present deliberated on the selection of new CCM TB committee members for the June 2018 – May 2021 period and agreed that it will be comprised of the following:</p> <ol style="list-style-type: none"> 1. Mrs. E Garan’anga 2. Dr Ngwenya 3. Mr. Mutunzi 4. Dr. C. Sandy 5. Dr Nyadundu 6. Mr. A Mangwiro 7. Mrs. J Chaumba 8. Communities Representative 9. Dr Zishiri 10. TIMS SR 11. NAC 12. ZAN 13. Mining community Representative | |
| <ul style="list-style-type: none"> - There being no other business the meeting adjourned at 1320 hours with a prayer. | |
| <p>Action Points</p> | |
| <ul style="list-style-type: none"> - Update on the procurement and stock status of sputum mugs - Update on the harmonization of transport models for the samples - Update on outstanding RHZE delivery from GDF | <p>PCU PCU PCU/NT P</p> |
| <ul style="list-style-type: none"> - Update on PCU External Review which was scheduled for June 2018 - Update on sharing the report for RBF learning visit to Rwanda conducted in April 2018 - PCU and NTP to have bilateral on the way-forward to address challenges faced on implementing community-based activities and give feedback to the committee. | <p>PCU PCU PCU/NT P</p> |
| <ul style="list-style-type: none"> - Update on the registration of 2 new trucks for the active TB screening program | <p>The Union</p> |
| <ul style="list-style-type: none"> - Update on the payment of salaries for program staff - Update on the request for supplementary budget for salaries and support and supervision - Secondment of the Focal person to CCM | <p>NAC NAC Mr Tinarwo</p> |
| <ul style="list-style-type: none"> - Update on NTBRL renovation project - The Union would give feedback to funders on the outcome of the TB committee -NTBRL | <p>DLS Dr Zishiri</p> |