



Project Title: *Western Pacific Multi-country Global Fund Programme*

Project ID: 00096098
Award ID: 00090380

Member(s) of the Team Participated in the Visit:
Shirly Narayan – GF Programme Analyst
Elimi Tawake – GF Finance Associate

Monitoring Visit Start Date: *30th May, 2016*
Monitoring Visit End Date: *2nd June, 2016*

Place(s) Visited:

- *Palau Ministry of Health (MoH) - Palau Hospital*
- *Palau Hospital Laboratory and Pharmacy*
- *UN Joint Presence Office*
- *Palau MoH Health Information Resource Centre*
- *Palau Finance Department*

Approved Mission Itinerary:

Depart Suva 28th May, Arrive Koror 29th May (via Hong Kong & Guam)
Depart Koror 3rd June, Arrive Honolulu 2nd June (via Guam)

Counterparts Discussed-with/Met :(In each location)

1. *Columbo Sakuma, Senior Manager, Bureau of Public Health, Email: columbo.sakuma@palauhealth.org*
2. *Connie Bieb Olikong, TB Control and Hansen's Disease Programs, Communicable Disease Unit, Bureau of Public Health, Email: Connir.Olikong@palauhealth.org ; (680)4888517*
3. *Sharon Sakuma, UN Coordination Officer, UN Joint Presence Office, Sharon.sakuma@undp.org ; (680) 4887270, (680)7757270*
4. *Clarette Matlab, Chief Pharmacist, Acting Medical Supply and Purchasing Department Supervisor, Ministry of Health, Email: clarette.matlab@palauhealth.org ; (680) 4882552, ext. 234.*
5. *Sherilynn Madraisau, Director, Bureau of Public Health,*
6. *Hon. Gregorio Ngairmang, Palau Minister for Health*
7. *Shellvie Emiliano, Account Specialist, Communicable Disease Unit Program, Ph: (680)488-1757; Email: shellvie.emiliano@palauhealth.org*
8. *Cindy Fritz, Budget & Administration Officer, Palau Ministry of Health*
9. *Palau Ministry of Health (Finance Officer) – Myla Mira*
10. *Palau Ministry of Health International Health Coordinator – Damian O. Wally*

Objectives of the Mission :

- *Project Inception meetings and briefings/debriefing with Director, Bureau of Public Health, Palau Ministry of Health and Ministry of Finance and in-country project HIV and TB staff.*
- *Conduct SR induction including overview of UNDP policies and processes, GF expectations for Palau.*
- *Discussions on the country profile, risk matrix and programme implementation.*
- *Discussion on the project's 2016 Work plan and Budget and GF Funding mechanisms.*
- *Identification of areas in the National Strategic Plan or Development Plan and aligning programme for 2017 work plan.*
- *Detailed financial training to the in-country finance and program counterparts.*
- *PUDR Training and expectation from country for the supporting documents for reporting purposes.*
- *Discussion of any country issues and areas of assistance requested from the country*

Planned Activities/Interventions during the mission:

- *Meetings with key stakeholders*
 1. *Introduction to in-country Program and Finance teams (Columbo, Connie, Shellvie, Lynette). Sub-recipient induction sessions was held for the whole team discussing the GF support to Palau Ministry of Health, 2016 work plan, Finance responsibilities & obligations, PMU roles and responsibilities, etc.*
 2. *Briefing with Hon. Gregorio Ngairmang, the Minister for Health. He was updated on the purpose of the PR visit and he was welcoming and looking forward to the GF support to the country. The Minister was accompanied by the Director, Bureau of Public Health, Ms Sherilynn Madraisau, and the International Health Coordinator, Damien Wally*
 3. *There were individual meetings held with the Program (TB) and Program (HIV) teams discussing the 2016 work plans, re-programming areas of need and way forward. The teams were also advised of the importance of linkages between Finance & programs and adherence to work plans and budgets.*
 4. *There were individual meetings held with the Finance teams for HIV/TB and the Ministry of Health who were provided an induction to the finance responsibilities & obligations, FACE form overview and reporting requirements of the Global Fund grants, etc. They were also provided an overview of UNDP procurement and payment processes and requirements.*
 5. *A briefing was held with the UN Joint Presence rep providing an overview of the TORs of the visit to Palau and expectations from the Ministry of Health.*
 6. *A brief introductory visit was made to the Lab and Pharmacy and some medicines to be returned to PR were confirmed.*
 7. *A debriefing session was held with the Minister, Director and Operations Manager on the outcomes of the visit and recommendations. UN Joint presence rep was also present at the meeting.*

Description of Mission Conduct/ Main Findings (vis-à-vis the objectives /activities above):**Findings:****i. SR Induction**

1. *The Program team (TB and HIV) and Finance were provided with the SR Induction on the first day. The overall understanding of the grant was present within the team. It was noted that no implementation of activities have started with TB or HIV although the Advance has been issued to Ministry of Health Palau in April 2016.*
2. *Following discussions, it was noted that TB team was not very comfortable with the work plan country had submitted and requested if there could be re-programming of activities. Individual sessions were proposed for the next day meet with TB, HIV and Finance teams so that further discussions can be held with the team in order to ensure the implementation of activities in-country.*
3. *The team was reminded of the need for work plans to reflect the activities on the ground, to be realistic with timing, funds required and the importance of coordination between Finance & program teams.*
4. *TB team was met individually by Shirley (Connie and Lynette) to discuss the work plan and re-programme the activities to suit the country needs. TB has a budget of US\$12,090 advanced to Ministry of Health for TB activities. The TB activities have been re-programmed to suit the needs of the TB Program and a draft work plan is available to reflect the changes to the existing work plan. The draft re-programmed work plan is attached. A final work plan will be submitted by the Palau TB Team in 2 week's time (25 June, 2016).*
5. *The Finance team of the CDU program was provided an induction into the Global Fund program outlining their responsibilities and obligations. They were also advised of UNDP procurement and payment policies and their obligations under the FACE form acquittals and the types of documentation required.*

6. *HIV team (Columbo) met with Shirly to discuss the implementation of the HIV activities. The Implementation has been slow since Columbo has been off Island for a training. The first of the PHSAG meeting will be held next week (week beginning 13 June 2016). This outcomes of this meeting will:*
 - a. *Lead to PHSAG led dialogue with key community influencers leaders to engage the marginalized groups in the community;*
 - b. *Ensure the way forward for the community outreach programs for the key populations.*
7. *PR has been requested to assist with the communications with Empower Pacific for re-training the VCCT counsellors across Government and private clinics and accreditation of 3 sites for VCCT. PR has been requested to liaise with Empower Pacific and if the costs of the TA can be borne by the PR for the re-training and accreditation exercise with Empower Pacific.*
8. *Given the draft report was available to Palau for the Key population mapping exercise by the UNSW, Palau Ministry of Health will assess the report and recommend areas that need further research in relation to SRH groups. No advance has been issued for such activity by the PR yet; however, based on the outcomes of the recommendations of the Ministry of Health, advance for such activities can be included in future advances. It also has be noted that activities with LEG (Ladies Entertainment Group) is ongoing with the Ministry of Health and the GF funds are complementary to the activities already undertaken. There wasn't any funding advanced to the workplan activities for LEB. The team once ready, will request additional funding allocation for LEB activities.*
9. *There is a strong focus on partnership with NCD program to leverage men's wellness health programs within Ministry of Health. The availability of CSO funding was discussed with the team, however since this was an initiative of Ministry of Health, the team was confident to implement this activity without involvement of any CSO. This needs to be further discussed with UNDP GF Programme Manager and the mechanism of funding this activity when the country is ready to undertake the activities as per their work plan.*
10. *The team met with the Lab and Pharmacy team. The Pharmacy team had a box full of drug for the PR to return. This products required special clearance from customs and therefore these will be shipped across to Suva. Please note that there was no request from the country for the goods that were supplied. It has to be noted that any procurement listed on the stock take reports have to be followed up by a phone call to confirm before orders are made and sent to the any country.*
11. *The TB clinicians was also introduced to the team and briefed about the program. The case management team was also introduced to the PR team. It was great to note that clinicians and the case management team were utilizing the limited space to benefit the most to their clients. The country has to be acknowledged for their great efforts in meeting the needs of their community.*
12. *A wrap-up meeting was held with the program and finance team to debrief on the GF program and re-programming of TB activities, the outcomes of the meeting with Finance, etc. It was a great avenue to note that the program and finance teams needed to be across any work-planning, re-programming sessions in order to monitor the appropriate spending of the GF funds.*

Specific Project Performance/Implementation Issues (including key challenges) :

Challenges include:

1. *The TB & HIV programmes are working independently of each other. This can lead to duplication and inefficient utilisation of resources and gaps in the HIV/TB collaboration activities.*
2. *The Minister & Management of Health Services has flagged staff capacity as an issue within the Health Service that needs additional support.*
3. *There is obviously a disconnect between the Programme & Finance teams of the MoH. The MoH Finance team were not involved in the preparations of the FACE form and the signing of the FACE form and were seeing the FACE form for the first time at the induction.*
4. *The Finance team in the Ministry (Connie & Maila) can offer a lot of assistance to the Program team and are aware of Finance policies & practices that could be implemented by the Program team*
5. *There is a request from the Finance team to have SOP's that allow them to make exceptions for purchases under \$300 where only 1 quotation will be sufficient; currently under Palau Govt. regulations 3 quotes are needed for all procurement irrespective of amount.*

Recommendations/Follow-up Points and by whom:

Recommendations	Time	Responsible
1. MoH Finance team to provide proposed SOP's for GF funded Palau Country HIV/TB programmes	June 15 th	Shirly
2. MoH Finance team to commence the procurement of office supplies for HIV/TB programmes	June 15 th	Elimi/Shellvie/Cindy/Columbo
3. MoH Finance team to assist the HIV/TB coordinators with the compilation of work plans and budgets	June 30 th	Cindy/Shellvie
4. MoH to provide reprogrammed TB workplans for implementation	June 25 th	Shirly/Connie
5. Shirly to liaise with SPC & WHO for information on accreditation of HIV sites in Palau	June 30 th	Shirly
6. PMU to liaise with WHO TB specialist regarding revision of TB treatment guidelines for Palau MoH	June 20 th	Shirly
7. PSM team to look at any additional kits that may be provided for GenXpert machine for Palau MoH lab	June 25 th	Shirly/Tatsiana/Imran
8. PR to advise way forward for Palau LEB activity provided their non-engagement of CSO	June 30 th	Shirly/Maisoon
9. PR to maintain regular communication and follow up with Palau HIV/TB Country teams	Ongoing	Shirly/Elimi /GF PMU team

1.

Reported by: <i>Shirly Darayuan</i>	Signature: <i>[Signature]</i>
Reported by: <i>ELIMI TANAKE</i>	Signature: <i>[Signature]</i>

Endorsement by Supervisor /Head of the Unit
 I have read this report (and its Appendices) and support its outcomes and conclusions including the action plan

Signature..... *[Signature]* Date..... *8/8/16*

General Instructions:

1. The field monitoring report should be filled maximum one week following the mission
2. The filled field Monitoring Checklist is a mandatory attachment to every field monitoring report.
3. The PMU will archive both soft and hard copy versions of the final approved Field Monitoring Report.

TB Control Program Activity Work Plan

Name of Activity	Description	Proposed Date	Estimated No. of Participants	Duration of activity	Cost of Venue	Other related costs (meals, supplies, etc.)	Total Event Cost
TB Case Management Monthly Meeting for June 2016	TB Case Management meetings are done monthly together with the Regional Pacific TB Controllers Network Meeting. This one day event will cover teleconference networking in the morning and case review in the afternoon. The objective for this one day meeting is designed to increase TB controllers (physician, nurses, related workers) knowledge, competence and performance in best practice treatment in TB disease, detection and management of TB contacts, prevention of disease, delivery of DOT, and TB surveillance and case reporting	6/16/2016	15	6 hours		\$18.00/person for meals	\$270.00
TB Diabetes Collaborative Team Meeting	Based on increasing number of diabetes who develop TB disease in the Pacific, the US Affiliated Pacific Islands developed standards for the management of tuberculosis and diabetes in the Pacific Region. Palau TB DM Collaborative Team was created as a working group to ensure full implementation of these standards. This collaborative team was created in 2013 and have been meeting regularly for review, updates, etc.	6/24/2016	12	2 hours		\$18.00/person for meals	\$216.00
TB Case Management Monthly Meeting and PCSI Report Back	TB Case Management Meeting for the month of July together with a report back from the team who will be attending the Annual Program Collaboration and Services Integration Conference in Majuro, RMI on July 11-15, 2016.	7/25/2016	15	1 full day		\$30.00/person for meals (morning tea & lunch)	\$450.00
TB Sputum Collection Refresher and Infection Control Training	This training/refresher is designed to target clinical nurses and communicable disease nurses who are managing patients with TB diseases. Refresher will be focused on TB lab testing algorithms, TB sputum collection (from specimen collection to handling and transporting to the laboratory) and infection control.	8/2/2016	35	1 full day	\$200.00	\$45/person for meals (morning tea, lunch and afternoon tea) = \$1,575	\$1,775.00
TB Case Management Monthly Meeting	TB Case Management Monthly Meeting and Regional TB Controllers Teleconference for August 2016	8/18/2016	10	6 hours		\$18.00/person for meals	\$180.00
TB Case Management Monthly Meeting	TB Case Management Monthly Meeting and Regional TB Controllers Teleconference for September 2016	9/15/2016	10	6 hours		\$18.00/person for meals	\$180.00
Contact Investigation Interview Skills Training	This training is designed to target communicable disease nurses and disease intervention assistants who are handling contact investigation/tracing for close contact of persons with active TB. This will be a full day workshop covering contact investigation process, communication skills and interview skills including case scenarios and role plays	9/16/2016	15	1 full day	\$200.00	\$45/person for meals (morning tea, lunch and afternoon tea) = \$675	\$875.00
TB DM Collaborative Meeting	Follow up meeting to review and update on progress and implementation of standards	9/29/2016	12	2 hours		\$18/person for meals	\$216.00
Data Security and Confidentiality Training		10/7/2016	12	1 full day	\$200.00	\$45/person for meals (morning tea, lunch & afternoon tea) = \$540	\$740.00
TB Case Management Monthly Meeting	TB Case Management Monthly Meeting and Regional TB Controllers Teleconference for October 2016	10/20/2016	10	6 hours		\$18.00/person for meals	\$180.00
TB Case Management Monthly Meeting	TB Case Management Monthly Meeting and Regional TB Controllers Teleconference for November 2016	11/17/2016	10	6 hours		\$18/person for meals	\$180.00
TB Genotyping 101	This topic is designed to provide providers basic knowledge and information for TB Genotyping and how NTP utilizes the information for contact tracing and decision making	11/18/2016	10	half day - 4 hours	\$100.00	\$30/person for meals (morning tea & lunch) = \$300	\$400.00

