



THE OFFICE OF THE INSPECTOR GENERAL



The Global Fund to Fight AIDS, Tuberculosis and Malaria

Audit of Global Fund Grants to the Republic of Senegal

Annexes

**GF-OIG-11-007
7 September 2012**

ANNEXES

Annex 1: Abbreviations

ACT	Artemisinin-based Combination Therapy
AIDS	Acquired Immunodeficiency Syndrome
ANCS	Alliance Nationale de Lutte Contre le SIDA
ANRS	Agence Nationale de Recherches sur le Sida et les Hépatites virales (France)
ARMP	Autorité de Régulation des Marchés Publics
ART	Antiretroviral Therapy
ARV	Antiretroviral medication
CBO	Community-based Organization
CCA	Centre Conseil pour Adolescents
CCM	Country Coordinating Mechanism
CD4 Count	Immunological test to establish level of immune depression due to HIV
CDT	Centre de Dépistage et Traitement de la Tuberculose
CNLS	Conseil National de Lutte Contre le Sida
CRLS	Comité Régional de Lutte Contre le Sida
CPLS	Comité Provincial de Lutte Contre le Sida
DCMP	Direction Centrale des Marchés Publics
DHS	Demographic and Health Survey
DLSI	Division de Lutte contre le Sida et les IST
ENSC	Enquête Nationale de Surveillance Combiné
ERP	Enterprise Resource Planning
GE	Goutte épaisse (malaria microscopy technique)
HACI	Hope for African Children Initiative
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
IPT	Intermittent Preventive Treatment (of Malaria)
LBV	Laboratoire de Bactériologie et de Virologie du C.H.U. Le Dantec
LFA	Local Fund Agent
LLINs	Long-Lasting Insecticide-treated bednets
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MOU	Memorandum of Understanding
NGO	Non-Governmental Organization
OIG	Office of the Inspector General
PMTCT	Prevention of Mother to Child Transmission (of HIV)
PNA	Pharmacie Nationale d'Approvisionnement (Central Medical Store)
PNT	Programme National Tuberculose
PNLP	Programme National de Lutte Contre le Paludisme
PRA	Pharmacie Régionale d'Approvisionnement
PR	Principal Recipient
PSM	Procurement and Supplies Management
PUDR	Progress Update and Disbursement Request (for Global Fund grant)
RDT	Rapid Diagnostic Test (for malaria)
SR	Sub-Recipient
STI	Sexually Transmitted Infection
TB	Tuberculosis

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Annex 2: Summary of Grants to Senegal

Disease & Round	Principal Recipient	Grant Number	Grant Amount (USD)	Amount Disbursed (USD)
HIV Round 1	CNLS	SNG-102-G01-H	8,807,959	8,748,915
HIV Round 1	ANCS	SNG-102-G04-H	2,906,326	2,906,326
HIV Round 6	CNLS	SNG-607-G05-H	10,726,141	10,726,141
HIV Round 6	ANCS	SNG-607-G06-H	6,215,816	6,215,816
HIV Round S	CNLS	SNG-S10-G09-H	23,232,616	14,117,790
HIV Round S	ANCS	SNG-S10-G10-H	12,389,339	4,171,574
HIV Round S	DLSI	SNG-S10-G11-H	13,083,990	3,836,262
Subtotal			77,362,187	50,722,824
Malaria Round 1	PNLP	SNG-102-G02-M	1,526,770	1,526,770
Malaria Round 4	PNLP	SNG-405-G03-M	28,778,260	24,173,981
Malaria Round 7	PNLP	SNG-708-G07-M	27,974,550	19,139,145
Subtotal			58,279,580	44,839,896
Tuberculosis Round 7	PNT	SNG-708-G08-T	4,203,585	3,632,384
Subtotal			4,203,585	3,632,384
Total			139,845,352	99,195,104

(Global Fund website, July 2011)

Annex 3: Background and Context

From 1 April 2003 to 15 July 2011 the total funds committed by the Global Fund to HIV, Tuberculosis (TB) and Malaria programs in Senegal amounted to USD 139.8 million of which USD 99 million had been disbursed as of 15 July 2011. The HIV program was the largest component of the grant portfolio with 55% of committed funds, followed, respectively, by Malaria with 42% and TB with 3%. The Global Fund managed a portfolio of eleven grant agreements with five Principal Recipients (PRs), namely the National AIDS Commission (CNLS), the Alliance Nationale de Lutte Contre le SIDA (ANCS), the National Malaria Control Program (PNLP), the National Tuberculosis Control Program (PNT), and the National AIDS Control Program (DLSI).

In addition to the PRs, the audit covered selected sub-recipients (SRs) or implementing partners, such as the National and Regional Hospitals, District Health Centers, Health Posts and Civil Society Organizations, as well as the Central Medical Stores (PNA), which was responsible for procurement, storage and distribution of medicines and health supplies for the HIV and malaria grant programs.

Country Context

Program activities and service delivery under the grant programs were carried out by public sector entities, civil society and community-based organizations in the 14 regions and 75 districts of Senegal.

A national procurement law¹ to encourage transparency and open competition for public sector procurement came into force in January 2008. It included regulations, procedures and requirements that considerably constrained the procurement of pharmaceuticals. Because of protracted negotiations related to this procurement law, the November 2009 PNA tender for essential medicines was not launched until February 2011 (16 months delay).

The CCM

According to Global Fund guidelines, the CCM has ultimate responsibility for grant oversight and for all grant program activities. The OIG assessed to what extent the Senegal CCM complied with Global Fund guidelines and how effectively it performed its grant and program oversight role.

The Local Fund Agent

Three different organizations have served as LFA in Senegal from the inception of the Global Fund grants. KPMG held this contract from April 2003 to February 2005, followed by the Swiss Tropical Institute (STI) until December 2008. After retendering of the LFA services in 2008, Hoddar Conseil was appointed as LFA from January 2009 until its contract was canceled in February 2010. In March 2010, STI was reappointed as the LFA for the Senegal grant portfolio.

OIG reviewed the effectiveness of the oversight services provided by the LFA in Senegal. Key oversight services provided by the LFA include initial and repeat PR capacity assessments before grant signature; review and assessment PUDRs which in the case of Senegal is quarterly; assessment of PR after the initial two years of grant implementation; on site data verification; and procurement reviews. In addition, the LFA reviews PR training plans and PR independent annual audit reports.

¹ Decree No. 2007-545, dated April 25, 2007

The Global Fund Secretariat

After inception of grants, the Global Fund Secretariat is responsible for ensuring that the grants are performing well through routine monitoring, periodic reviews and assessments as well as timely disbursements of funds to grant recipients. The OIG assessed how effectively the Global Fund Secretariat performed this oversight role.

Development Partners

The national response to fight the three diseases was supported by other development partners in Senegal, notably USAID through its technical partners (PMI for Malaria and FHI for HIV). Donors for the malaria program included the Islamic Development Bank, the Government of the Peoples' Republic of China and the World Bank. The TB program had received support from the International Union Against Tuberculosis and Lung Disease (IUATLD) and the Norwegian LHL. Institutional Arrangements

The Ministry of Health and the Public Health System

Each of the 14 regions had a Regional Health Service responsible for management, monitoring and oversight of public health services. Each Regional Medical Service was headed by a regional medical director assisted by a regional technical team. There were focal point persons for coordination of HIV, TB and malaria program delivery. The same model was replicated in the 75 District Health Services.

The Laboratory of Virology (LBV) is the National Reference Laboratory for HIV. It provides CD4 count and viral load tests for HIV patients. In addition, there is a National Reference Laboratory for quality control for TB managed by the PNT. Quality control services for malaria are provided by the Parasitology Laboratory (Laboratoire de Parasitologie) of the University of Dakar. The LNCM (Laboratoire Nationale de Controle des Medicaments) is responsible for inspection and testing of medicines and health supplies that are imported into the country.

Public health services for the three diseases are delivered at four levels of care in the country's health care system, which included eight national hospitals (fourth level of care), 12 regional hospitals, (third level of care), 69 district health centers (second level of care) and 1,240 peripheral health posts (first level of care). More than 100 health facilities in the country provide anti-retroviral treatment and PMTCT services. Malaria case management was delivered at all levels of care in the public health system. For TB, 78 diagnostic and treatment centers (CDT) throughout the country were responsible for detecting, treating and reporting tuberculosis cases. Treatment for multi-drug resistant tuberculosis (MDR TB) was provided on an outpatient basis in three health centers in Dakar.

HIV Program: CNLS and ANCS

The multi-sector National AIDS Council (CNLS), a structure within the Office of the Prime Minister, is responsible for overall coordination of the public health sector response to the HIV epidemic. In each of the 14 Regions, this task is delegated to a regional committee (CRLS) headed by the Governor of the Region and supported by a Secretariat, the UAR, which are regional support offices of the CNLS. Until 2010 a major proportion of institutional support of the CNLS and the CRLS was provided through a USD 31 million World Bank loan under the Multisectoral AIDS Program (MAP) which began in 2002 and ended in 2010. The National Project Coordinator for HIV is responsible for program implementation, management and supervision. S/he is supported by a multi-disciplinary team comprising technical and support staff.

ANCS is the civil society PR for HIV grants focusing on HIV prevention program activities, assistance to persons living with HIV and AIDS (PLWHA) and orphans and vulnerable children (OVC) affected by the disease.

Malaria Program: PNLP

The PNLP is responsible for the public health sector response to malaria, with the PNLP Program Coordinator responsible for program implementation, management and supervision of malaria program activities. The coordinator is supported by a multi-disciplinary team comprising technical, procurement and financial management staff.

IntraHealth International was nominated as PR for malaria prevention activities under the Round 10 grant, which was under negotiation with the Global Fund Secretariat in September 2011. However, under the Rounds 4 and 7 malaria grants, the PNLP funded community-level malaria prevention activities implemented by CBOs through the District Health Services.

Tuberculosis Program: PNT

The PNT is responsible for the national response to TB. The National Coordinator is assisted by a small team of technical, procurement and finance staff.

Under the Round 7 TB grant program, PNT funded community-level TB prevention activities implemented by CBOs through the District Health Services. Under the Round 10 grant under negotiation with the Global Fund Secretariat in September 2011, Plan Senegal had been nominated as PR.

Health Systems Strengthening (HSS) Program: DLSI

A grant for Health Systems Strengthening was approved as part of the consolidated HIV grant proposal. It was signed in July 2010 with the HIV and STI Division of the Ministry of Health (DLSI). About 54% of the first year budget of EUR 4 million was allocated to construction and procurement. A major component of the grant had not yet been implemented at the time of the audit, since the procurement plan was not validated until August 2011.

PSM Arrangements

The CNLS and the PNLP used the Central Medical Stores (PNA) as their procurement agent for medicines and health supplies. The PNA was responsible for storage and distribution of drugs and medical supplies for the Ministry of Health and international partner programs. In addition to its central warehouse, the PNA had eleven regional medical stores (PRAs). ARVs, anti-tuberculosis and antimalarial medicines and health products were supplied by the PNA to its regional medical stores.

District pharmacies collected anti-tuberculosis and antimalarial medicines and supplies from the PRAs because of inadequate transportation facilities of the PRAs. The peripheral health posts in turn collected anti-tuberculosis and antimalarial medicines and supplies from the district pharmacies. On the other hand, the regional hospitals and the district health centers received their medicines directly from the PRAs.

Principal Recipient Financial Management

The five PRs audited, namely, the National AIDS Commission (CNLS), the ANCS, the National Malaria Control Program (PNLP), the National Tuberculosis Control

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Program (PNT), and the National AIDS Control Program (DLSI) were responsible for maintaining adequate financial systems, processes and controls to assure sound financial management of grant funds.

Principal Recipients' Annual Independent Grant Audits

According to the grant agreements between the Global Fund and the PRs, each grant was subject to an annual audit to be performed by an independent auditor. The OIG reviewed the principal recipients' compliance with this requirement and the effectiveness of the audits performed by the external auditors.

Annex 4: Recommendations and Management Action Plan

Section	Recommendation	Response and Action Plan		Responsible Parties	Due Date
		Global Fund Secretariat (Responsible for ensuring that the recommendation is implemented)	In-Country Stakeholders: CCM, PR, LFA (Responsible for the actual implementation of the recommendation)		
Oversight	Recommendation 1 (Critical) <i>The Global Fund Secretariat should ensure that the LFA addresses the above areas for improvement by:</i> a) <i>Increasing its staffing level to match the grant portfolio workload;</i> b) <i>Instituting a policy on inter-personal and communication styles of LFA team members;</i> c) <i>Adopting standard operating procedure of providing briefings on its findings to seek feedback.;</i> d) <i>Adopting a policy of providing appropriate context to issues raised in its reports and referrals</i>	a) STPH staff levels are now being negotiated within the review of LFA's 2012 Cost Proposal. The Senegal Country Team will take this recommendation into consideration in this process. c) The Secretariat agrees that it is good practice for the LFA to provide debriefings to the PRs on certain findings.	Local Fund Agent: a) Swiss TPH has adjusted its staffing level in 2012 by recruiting a full time national M&E Expert, in addition to the senior expatriate M&E Expert, the national finance professional and the expatriate team leader (all based in Dakar). In 2012, Swiss TPH has also contracted additional financial consultants for peak periods (review of PU/DR, Periodic Reviews). b) This recommendation is not very clear to the LFA. The LFA considers however that it follows Global Fund communication protocols with Global Fund as well as with PRs. c) Swiss TPH is already	LFA	

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	to the Global Fund secretariat; and e) Adopting a policy of focusing on significant issues in its reports and referrals to the Global Fund Secretariat.		systematically organizing PR debriefs after PU/DR reviews and main reviews (OSDV, PR assessment...). The LFA will aim at systematizing this procedure to other types of reviews whenever possible. d) The LFA will continue to provide contextual information for its findings in the most professional manner. The LFA remains available for clarifications whenever the Global Fund Secretariat considers that more contextual information is needed e) The LFA agrees with this recommendation. Improved communication with the Global Fund Secretariat will be essential to ensure that significant issues are addressed.		
	Recommendation 2 (Important) <i>The Global Fund Secretariat should work with the CCM to ensure that:</i> a) The Auditor General regularly conducts quality audits and/or reviews of Global Fund-supported activities in Senegal;	b) All PRs have an internal audit function with the exception of PNLP, where the internal auditor is now under recruitment. The Secretariat and LFA will follow up on the quality of audits and implementation	National supervisory bodies regularly audit programmes managed by state organisations as part of their planning cycles. a) The CCM is unable to influence the operating schedule of national supervisory bodies.	CCM GF Secretariat	31 Dec 2012

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	b) All PRs undertake internal audits, deliver high quality reports and act on their recommendations to meet Global Fund requirements; and c) The ARMP strengthens its oversight over procurement to address the findings in this report.	of recommendations.	b) All principal recipients have internal auditors who regularly submit reports. The CCM will set up an internal mechanism to ensure that any recommendations made in these reports are followed up. The CCM is unable to influence the operating schedule of the Public Procurement Central Directorate or the Public Procurement Regulation Agency.		
Procurement and Supply Chain Management	Recommendation 3 (Critical) <i>The Global Fund Secretariat should ensure that CNLS, in collaboration with the DLSI and the PNA, establishes quantification and distribution procedures based on the reported incidence of specific opportunistic infections (OIs) and the anticipated patient load in each region.</i>	The Secretariat recommends that consumption data for OIs medicines be captured through the logistic management information system and be triangulated with morbidity data for better quantification and distribution.	Principal recipients: The CNLS, the DLSI (AIDS and STI Control Department), the ANCS (National AIDS Control Alliance) and the PNA (Senegal National Pharmacy) are to draft a document concerning treatment of opportunistic infections before Phase 2 of Global Fund Round 9 begins Secretariat comment: As part of the Phase 2 renewals process, the Principal Recipients will be asked to submit to the Global Fund a strategy for the provision of treatment for Opportunistic Infections. The Secretariat will monitor progress in the implementation of this	CNLS, DLSI, ANCS	31/12/2012

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			recommendation.		
	Recommendation 4 (Critical) <i>The Global Fund Secretariat should ensure that CNLS a) updates its current procurement planning tool b) provides an annual procurement plan to the PNA and c) develops a time-bound procurement schedule for drugs and reagents procured by the PNA, which should be included in the CNLS-PNA memorandum of understanding in order to allow both parties to plan and monitor procurement.</i>	The Secretariat suggests that the Memorandum of Understanding between CNLS and PNA contain a clause specifying the CNLS's responsibility to provide a yearly procurement plan to PNA.	CNLS (National Aids Control Committee) The recommendation has been duly noted and will be implemented by the CNLS in collaboration with the DLSI	CNLS/DLSI	To come into effect as from January 2013
	Recommendation 5 (Critical) <i>The Global Fund Secretariat should ensure that the CNLS Procurement Unit establishes a system for logging receipts (e.g., receiving reports or delivery receipt that include the technical specifications of each major item). This system should include routine certification by the receiving laboratory or health facility that the received equipment has the agreed specifications</i>	Agreed.	National AIDS Control Council (CNLS): A national committee of experts is responsible for drafting the technical specifications of all equipment purchased by the National AIDS Control Council. This same committee certifies that the specifications of the equipment delivered meet the specifications ordered. Secretariat comment: The Secretariat and LFA will	CNLS	

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	<i>and was installed as agreed with the supplier.</i>		follow up with the PR to ensure that this recommendation is fully implemented.		
	Recommendation 6 (Critical) <i>The Global Fund Secretariat should ensure that PNLP reviews and revises its guidelines for the management of anti-malarial drugs in district and health facility pharmacies and assure, through close formative supervision, that the guidelines are understood and implemented and that AMC data are collected and analyzed at all levels in relation to morbidity data.</i>	The Secretariat agrees that clear procedures should be in place to collect and report the AMC data.	National Malaria Control Program (PNLP) This recommendation, which involves developing new tools, has been in operation since 2007. It has only been possible to provide the necessary help and guidance in implementing this action, undertaken as part of Round 7 with MSH, in 4 districts so far. The aim here is to ensure that all districts are able to have the benefit of this activity, by supervising and strengthening capacity with respect to management of inputs. Current projects with IntraHealth and USAID will be able to further support management monitoring. Secretariat comment: The Secretariat and LFA will monitor the fulfilment of this recommendation.	PNLP	4 th quarter 2012
	Recommendation 7 (Critical) <i>The Global Fund Secretariat should ensure that the PNLP</i>	Agreed.	Global Fund secretariat National Malaria Control Program and Senegal National Pharmacy (PNA).	MoH/CCM/	August 2012

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	<i>and the PNA organize formal monthly coordination meetings focused on the following areas: The monthly stock position of malaria supplies, trends in consumption at national and regional level, levels of expired drugs and RDTs, stock-out situations and deliveries during the month.</i>		The PNLP has duly noted the recommendation and plans to make the process automatic, as described in the agreement signed by the PNA and the Ministry of Health and Social Affairs (MoH).	PNLP/PNA	
	Recommendation 8 (Critical) <i>The CCM should ensure that the PNLP and the PNA collaborate professionally on issues of storage and distribution of malaria program commodities.</i>	The Secretariat agrees that PNA and PLNP should closely collaborate on storage and distribution of commodities. Donors and technical partners have clearly indicated that performance of PNA has to significantly improve. With the newly appointed Minister of Health, significant changes are expected at the PNA.	Country Coordinating Mechanism The PNLP has duly noted the recommendation and plans to make the process automatic, as described in the agreement signed by the PNA and the Ministry of Health and Social Affairs (MoH).	MoH/CCM/ PNLP/PNA	August 2012
	Recommendation 9 (Critical) <i>The Global Fund Secretariat should ensure that PNA develops a planning tool that reflects all steps of the procurement process as well as the minimum time necessary for each step under the national procurement law.</i>	Agreed.	Senegal National Pharmacy (PNA): A diagram showing periods of the call for tenders which cannot be reduced has been prepared. The diagram shows the time required by each stage, and a public procurement schedule will be drafted with respect to filling the distribution chain according to predetermined stock levels.	PNA	

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			Secretariat comment: The Secretariat and LFA will monitor the fulfilment of this recommendation.		
	Recommendation 10 (Important) <i>The Global Fund Secretariat should ensure that PNA considers assigning additional staff to reinforce its procurement unit in order to respond to the increasing business from development partners. In addition, the PNA should institute a policy of following up suppliers in order to shorten delays for obtaining DCMP approval of PNA contracts.</i>		Senegal National Pharmacy: A public procurement specialist has been recruited to ensure rigorous adherence to regulations. This means we will be able to reduce the time it takes for the specifications to be approved by the Public Procurement Central Directorate (DCMP). The specialist will be required to finalise the specifications before they are submitted to the DCMP. All suppliers are assessed, so that any supplier whose behaviour has been detrimental to the PNA can be identified and excluded from the next call for tender. Any such decision will have to be explained to the DCMP. An archivist and information officer has been recruited for this purpose (monitoring suppliers). <u>Global Fund Secretariat comment:</u> The Secretariat and LFA will	PNA/MoH	

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			monitor the fulfilment of this recommendation.		
	Recommendation 11 (Important) <i>For future procurement actions, the Global Fund Secretariat should ensure that all PRs clearly state their technical specifications for key products at risk (large volume/high cost items), and have them formally reviewed by the LFA and approved by the Global Fund Secretariat prior to inclusion in the tender document.</i>	The review and approval of technical specifications could be limited to PRs that have procurement issues. It might be challenging to get all specifications ready at the time of the PSM plan development, so we propose to focus on key products at risk (large volume and/or high costs).		GF Secretariat, PRs	31 Dec 2012
	Recommendation 12 (Important) <i>The Global Fund Secretariat should ensure that PNA ensures a minimum standard for basic equipment in PNA and PRA warehouses to ensure good storage and distribution practices. It should engage with the Ministry of Health (MOH) to ensure that the PNA drafts a business development and financing plan for a new central medical store to assure long-term quality storage of drugs and health products.</i>	Although these points are valid, the Secretariat considers the development of a “business development and financing plan” to be the responsibility of the Ministry of Health and the PNA.	Senegal National Pharmacy: The PNA operates under the administrative and technical supervision of the Ministry of Health. A project is being developed alongside the 2013/2020 strategic plan, currently in its first stages of preparation. This project will enable the PNA to meet storage and distribution standards both at central level (relocation) and in outlying areas (based on the USAID audit). A finance plan for the project in question will be prepared by the Ministry of Health and submitted	MoH, PNA	

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			to the Ministry's partners to obtain funding in addition to individual and national contributions.		
	Recommendation 13 (Desirable) <i>The Global Fund Secretariat should work with the MOH to ensure that PNA considers seeking expert advice/technical assistance to redesign its electronic network architecture, for example, to allow each PRA to maintain its own database locally, with the PNA able to access it from the central level.</i>	Agreed.	Senegal National Pharmacy: The PNA is engaged in a process of continuous improvement and welcomes any type of technical assistance that might help it to perfect its information systems. The expert assistance will be partly funded by France's 5% initiative.		
	Recommendation 14 (Critical) <i>The Global Fund Secretariat should ensure that PNA develops standard operating procedures to ensure compliance with good inventory management practices across its central and regional stores.</i>		Senegal National Pharmacy: Management procedures will be updated in 2013. This will be funded by USAID and managed by ABT in collaboration with PATH. According to PATH, the consultants are currently being selected.	PNA	
	Recommendation 15 (Critical) <i>The Global Fund Secretariat</i>	See responses to recommendations 3 & 8.	Principal recipients: Senegal National Pharmacy:	PNA, PRs	

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	<i>should ensure that the PRs and the PNA establish a formal system of coordination to assure that the supply and delivery of drugs and reagents are closely linked to forecast patient loads</i>		A monthly coordination mechanism brings together the PNA, the DLSI and various partners (CNLS, CNTS, LBV). This mechanism gives its opinion on all issues relating to procurement and distribution of drugs and reagents in the chosen distribution circuit. Logistics data is also analysed. Stocks are checked and procurement plans adjusted. NB ARV and reagent requirements have already been calculated and included in the call for tender's bill of quantities (and all quantification techniques are applied). Secretariat comment: The Secretariat and LFA will monitor that a monthly coordination mechanism between all PRs and the PNA is in effectively place and operational.		
	Recommendation 16 (Critical) <i>The Global Fund Secretariat should work together with the MOH to accelerate the accreditation of the LNCM to provide quality control services as per Global Fund</i>	The LNCM is not certified to provide quality control services as per Global Fund Quality Assurance policy requirements. The PRs must select, in a competitive manner, a laboratory either WHO prequalified or ISO 17025 certified for the quality			31 Dec 2012

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	<i>Quality Assurance requirements.</i>	control of health products procured with Global Fund funds. Certification of LNCM is on-going and already quite advanced. In the meantime, PRs are finding alternative arrangements (CNLS, for example, is proposing to contract an external laboratory in Canada for HIV drugs). The Secretariat and LFA will follow up on the status of the accreditation of the LNCM and request the Ministry of Health to provide a timeline for the process.			
Financial management and control	Recommendation 17 (Important) <i>The Global Fund Secretariat should ensure that all PRs and SRs address the following recommendations:</i> <i>a) The PRs should adopt a Code of Ethics and Professional Conduct for PR staff and staff of implementing entities (SRs, Non-Governmental Organization and CBOs) in order to enhance the control environment within which the grants operate. Anti-fraud policies should be adopted and disseminated among implementing entities.</i>	a) to g) Many of these recommendations are integrated in the manuals of procedures of the PRs and Sub-Recipients for Round 10 grants. Nevertheless, the Secretariat will ensure that each of these recommendations are addressed and will reiterate with the PRs and SRs that strict application of procedures is required.	Principal recipients: The principal recipients take cognisance of this recommendation. The principal recipients take	PRs	30 Oct 2012

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	b) <i>To enhance the control environment, payment vouchers and supporting documentation of various donors should be differentiated by labeling/stamping accounting documentation to facilitate allocation of expenditures to respective grant budgets.</i> c) <i>Program managers should ensure that documents reviewed by them are signed and dated.</i> d) <i>The PRs should ensure that SRs have Operations and Procedures Manuals that specify in detail the type of supporting documentation required for justification of expenditures relating to community health worker/field-level activities, transportation, field supervision, training, meetings, purchase of gasoline, etc.</i> e) <i>PRs should ensure they have up-to-date financial and operations manuals that provide guidance on period-end closing procedures.</i> f) <i>The PR, SRs and grant implementing</i>		cognisance of this recommendation, which is in the process of implementation. The principal recipients take cognisance of this recommendation, which is in the process of implementation. The principal recipients take cognisance of this recommendation, which is in the process of implementation. The principal recipients take cognisance of this recommendation, which is in the process of implementation. The principal recipients take cognisance of this recommendation, which is in the process of implementation.		
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	<i>organizations need to show evidence in supporting documentation attached to payment vouchers that value for money has been obtained for goods and services by ensuring that transparent competitive bidding takes place (as established in financial and operations manuals) before goods and services are procured.</i> <i>g) PRs and SRs should strengthen control over grant program assets by ensuring that fixed asset registers and records are updated at least annually.</i>		process of implementation. The principal recipients take cognisance of this recommendation, which is in the process of implementation. These recommendations are extremely important to the ANCS, which has therefore already begun to implement the above-mentioned recommendations. To this end: - The ANCS has developed and ratified anti-fraud policies, policies to prevent possible conflicts of interest, and ways of combating funding of terrorist activity. The ANCS has made it compulsory for sub-recipients to either approve the policy documents proposed by the ANCS or present their own such documents,	
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			before any extension agreements are signed. To date, all sub-recipients have either accepted the ANCS policy documents, enacted by signing an anti-fraud and anti-conflict of interest declaration of commitment, or devised their own policies. All these documents can be obtained from the ANCS. - The ANCS has provided all recipients with accounts attribution stamps so that various items of information can be attached to the financial supporting documents, such as details of the donor funding the expenditure, registration dates, payment dates, etc. - In 2011, the ANCS updated the procedural guides for the following sub-recipients: HACI, SWAA, CTA, AWA, SIDA SERVICE, LONDOO LOOLOO, COSSEN, MIDA, SYNERGIE POUR L'ENFANCE, EGAD, ARLS. - The ANCS has begun preparing good practice		
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			guides regarding internal control, which also detail the ANCS' minimum requirements for sub-recipients. A different guide will be written for each component. They will be ready by the end of December 2012 at the latest. - The ANCS is currently preparing guides for justifying expenditure, with the aim of defining a single expenditure justification system for each component and harmonising justification practice within each component. Preliminary versions of these guides are already available, and the final versions will be submitted for approval before the end of December 2012. As part of its administrative procedures, the ANCS conducts an annual inventory of all its assets and those of its sub-recipients. After the OIG's visit, the ANCS undertakes to continue to ensure this takes place automatically in the first quarter of each new calendar year.		
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			Secretariat comment: The Secretariat and LFA will monitor the fulfilment of this recommendation.		
	Recommendation 18 (Important) <i>The Global Fund Secretariat should ensure that ANCS addresses the above audit findings by ensuring that:</i> a) <i>Incompatible duties performed by the Finance and Administrative Manager are assigned to another staff member;</i> b) <i>A policy for back-up and storage of accounting data is adopted and implemented;</i> c) <i>The current limitations of its accounting software is corrected;</i> d) <i>Advances to staff are liquidated according to established deadlines;</i> e) <i>New equipment in the custody of the logistician is included in the fixed asset register; and all fixed assets are assigned unique identification codes;</i> f) <i>On-site financial oversight</i>	a) The Finance and Administrative Manager recently announced his departure from ANCS. This will be an opportunity to re-evaluate the terms of reference for this position. b) to g) Agreed. We will request the LFA to verify these points.	National AIDS Control Alliance (ANCS): The ANCS undertakes to make the requested improvements. The ANCS has always respected to the letter recommendations from auditors, who are able to provide an outside view. To this end: - The ANCS will ensure that the purchasing tasks assigned to the administrative and financial officer are adequately separated, as requested by the Global Fund. Henceforth, with respect to acquisition procedures, the ANCS undertakes to ensure that any tasks, roles or responsibilities incompatible with the role of Administrative and Financial Officer (CAAF) are handled separately. Henceforth, to this end, if the CAAF is in charge of	ANCS	Immediately

	<i>of program activities of SRs is carried out per its regulations;</i> <i>g) The PR strengthens its controls over purchasing by implementing Recommendation 35f above; and</i> <i>The PR provides adequate documentation and justification</i>		the preparatory phase of the acquisition procedure (drafting the TOR, publishing the notice of tender, receiving applications, etc.) he or she will not be eligible to sit on the selection committee and vice versa. These rules will be included in ANCS procedures and a memo is shortly to be circulated to bring the issue to general notice. - The ANCS is currently reviewing its electronic data saving and storage systems. Two servers are currently in use. The first, internal, server is configured for storing all members of the executive body's data. The second, external, server is used to back-up the first. Such provisions are in fact a necessary requirement for ISO 9001 version 2008 certification, which the ANCS is applying for. - Following the OIG team's visit, the ANCS launched a call for tenders regarding the acquisition of software to address the		
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			recommendations of the audit. A specially selected committee assisted the ANCS with finding software that offered a wide range of possibilities and fully addressed the issues described in the recommendation. Thus the ANCS assets management system has been improved and now has a better numbering system and optimal management of all new equipment acquired by the ANCS. Moreover, the ANCS has provided ten of its sub-recipients with the light version of this software. - On site financial controls of the activities of the sub-recipients' programs previously had to take place concurrently with the annual external audit. From now on the ANCS undertakes to conduct the necessary financial controls at the end of each half-year in conjunction with the external audit, the internal audit and the ANCS finance team.		
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			All these measures are being taken with the aim of improving ANCS practice. They will therefore be implemented fully and thoroughly. Secretariat comment: The Secretariat and LFA will monitor the fulfilment of this recommendation.		
	Recommendation 19 (Important) <i>The Global Fund Secretariat should ensure that PNLP addresses the above audit findings by ensuring that:</i> <i>a) Inter-grant borrowing of funds ceases and balances are repaid to original grants;</i> <i>b) Existing policies and controls over gasoline purchases are reviewed and strengthened;</i> <i>c) Adequate supporting documentation is maintained for payments to participants for training events;</i> <i>d) It complies with its internal regulations for purchase of non-health</i>	a) to g) Agreed	National Malaria Control Program a/ This is PNLP operational expenditure (salaries, telephone, internet, caretaking, etc.), provided for in the Round 4 budget. But funding for this Round ceased despite disbursement requests totalling 1,071,049 USD for the period Q16 – Q20. Because no credit was received on this grant (Round 4), the Program had to pay for these operating costs out of the Round 7 award, with the intention of refunding the sums as soon as Round 4 funding was received. The Program is still waiting for these Round 4 funds so that it can	CCM/PNLP PNLP PNLP PNLP	As soon as R4 funding is received Immediately Immediately

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	<i>related goods and services;</i> <i>e) Grant funds advanced to the association Médecins Sans Blouse are accounted for or repaid to PNLP;</i> <i>f) Payment vouchers and supporting documentation are archived in a chronological manner to facilitate retrieval of accounting documents; and</i> <i>g) The budget control module of the accounting software is activated to facilitate budgetary control; and</i> <i>h) Grant funds advanced to the NGO MSH are accounted for or repaid to PNLP.</i>		make the refund. b/ The Program duly notes this weakness and intends to address the issue when the internal auditor arrives. All fuel purchases inside the country are strictly monitored, each vehicle's petrol consumption is monitored and consumption regularly checked against mileage. c/ Checks will be increased with respect to training activities and the internal auditor's approval will be required for all supporting documents. d/ The PNLP's purchasing procedures require price and information requests to be submitted to 5 different suppliers. The case in question was an exception made because of the urgency of the situation, but the Program duly notes the comments and undertakes to ensure that all future purchases are subject to limited tenders at the very least, no matter how urgent the situation. e/ Following the audit conducted	CCM/PNLP PNLP N/A CCM/PNLP	Immediately As soon as the final report is received Immediately As soon as the final report is received
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			by the PNLP, which reported all these weaknesses, which were in turn confirmed by the OIG, the CCM, in conjunction with the PNLP, is to write to the Médecin Sans Blouse association to request justification for the expenditure or a refund. f/ Archiving of all documents concerning the sub-recipients is to be improved by the project's accounts department, so that documents can be found more easily. g/ The current version of the software includes a budget monitoring module, and monitoring is no longer conducted using Excel. h/ The CCM, in conjunction with the PNLP, will write to MSH to request justification for the expenditure or a refund. Secretariat comment: The Secretariat and LFA will monitor closely the fulfilment of this recommendation.		
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	Recommendation 20 (Important) <i>The Global Fund Secretariat should ensure that PNT addresses the above audit findings by ensuring that:</i> <i>a) Sub-grant agreements are rewritten to include relevant information such as date of the agreement, duration and amount of the grant;</i> <i>b) Advances made to the District Health Services are liquidated according to established deadlines;</i> <i>c) Incompatible duties of the cashier are assigned to another staff member; and</i>	a) Agreed. - q) b) This will be monitored in the new TB SSF grant. The first disbursement has just been completed. c) Agreed. - r) - s)	National tuberculosis control program (PNT): We note the recommendations. All are currently being applied. The cashier's job description has been altered to include improved separation of tasks incompatible with the role. Secretariat comment: The Secretariat and LFA will monitor closely the fulfilment of this recommendation.	PNT	Applied since January 2012. Applied since January 2012.
	Recommendation 21 (Important) <i>The Global Fund Secretariat should ensure that DLSI addresses the above audit findings by ensuring that:</i> <i>a) Its financial and operations manual include procedures for month-end closing of grant accounts;</i> <i>b) An annual count of fixed assets is done to update the register of grant program</i>	Agreed.	AIDS and STI Control Department (DLSI): a) The operational and financial guide is currently being revised. b) An assets inventory is currently being conducted. c) The same procedures as those used by the PNT will be used, i.e.:	Fiduciary agency RAF Head of the	December 2012 December 2012 December 2012

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	assets; c) <i>Incompatible duties of the Finance Manager are assigned to another staff member to assure adequate segregation of duties; and</i> d) <i>Payment vouchers and supporting documentation are retrieved and retained according to the provisions of the grant agreement with the Global Fund.</i>		• cheques to be co-signed by the head of the DLSI and the PRONALIN coordinator; • technical reports to be drafted by PRONALIN; • financial reports to be prepared by the DLSI on behalf of PRONALIN. d) All supporting documents and reference documents are archived. Secretariat comment: The Secretariat and LFA will monitor closely the fulfilment of this recommendation.	DLSI	
	Recommendation 22 (Important) <i>The Global Fund Secretariat should ensure that CNLS addresses the above audit findings by ensuring that:</i> a) <i>The PR strengthens its controls over purchasing; and</i> b) <i>Procurement contracts are established for purchases exceeding CFA 5 million as required by its internal regulations.</i>	Agreed.	National AIDS Control Council (CNLS): Recommendation 22 is duly noted and the CNLS takes cognisance of it.		

	Recommendation 23 (Important) <i>The Global Fund Secretariat should ensure that ANCS ensures that HACI addresses the above audit findings by ensuring that:</i> <i>a) Policies are established in financial and operations manuals regarding per diem eligibility for operational staff who provide support functions for training events; and</i> <i>b) The PR addresses the above finding by implementing the Recommendation above.</i>	Agreed.	National AIDS Control Council (CNLS): Following the audit conducted by the OIG, the ANCS has incorporated the following clause into all agreements with sub-recipient organisations, including HACI: ‘No paid employee of a sub-recipient, nor anyone in receipt of an allowance or a contribution to his/her salary, may in any circumstances receive another allowance from the same sub-recipient within the framework of the Global Fund/ANCS program. The sub-recipient is required to provide the ANCS with a full list of all its paid employees or other officers in receipt of an allowance or contribution to his/her salary, and to ensure that this requirement is respected within the organisation. Any changes to the list must be reported in writing to the ANCS. An exhaustive list of all officers affected by this prohibition is an integral part of this amendment.’ This clause ensures that the OIG recommendation is fully and		
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			finally addressed. The ANCS will include checking the implementation of this clause by all sub-recipients as part of its regular monitoring of said organisations. Secretariat comment: The Secretariat and LFA will monitor closely the fulfilment of this recommendation.		
Program Review	Recommendation 24 (Desirable) (CNLS) <i>The Global Fund Secretariat should ensure that CNLS strengthens the collaboration between civil society organizations and public authorities to revalorize the registration cards for sex workers, making sure that paying monthly registration fees offers real advantages such as free examination and treatment of STIs and protection from arbitrary arrest by the police.</i>	Agreed.	National AIDS Control Council (CNLS): The CNLS and the Ministry of Health are to increase their support regarding reagents and drugs to treat STIs. Advocacy workshops and outreach visits will be organised with the Ministry for Home Affairs and Justice to promote an atmosphere more conducive to providing treatment for sex workers. Secretariat comment: The PR's response does not fully address this recommendation. The Secretariat and LFA will	CNLS/DLSI CNLS/DLSI /ANCS	30/09/2012 30/09/2012

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			follow up with the PR on the implementation of the recommendation.		
	Recommendation 25 (Desirable) (ANCS) <i>The Global Fund Secretariat should ensure that ANCS seeks the support of the Global Fund Secretariat to provide institutional support to the emergent associations of men who have sex with men to allow them to effectively address the HIV risk associated with their clandestine status.</i>	Agreed. Support to MSM associations is already included in the current single stream of funding grant.	National AIDS control alliance: Ever since the Senegal response first started, special attention has been paid to strategies targeting men who have sexual relations with other men. The ANCS, aware of the need to provide help and guidance to such men regarding the risk of contracting HIV, has always done its best to do so. However, new, crucial needs are constantly emerging, particularly with respect to institutional and organisational support. In addition, new clandestine groups have emerged, who also need help and guidance. Within the framework of the Global Fund, the ANCS, via sub-recipient ENDA SANTE, is attempting to provide institutional support to such organisations so as to give them formal legal status. However, the current level of funding allocated to this population is not enough to provide adequate help and guidance or optimal organisational support. The ANCS is therefore reiterating its request	ANCS	

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			to the Global Fund for help in accentuating and renewing the package of activities targeting MSMs by strengthening financial resources allocated to this population. This would enable the ANCS to improve institutional and organisational support by providing quality certified training and equipment for organisations' headquarters, help clandestine groups achieve official recognition, provide help and support with social and professional integration, and provide support in combating discrimination and stigmatisation, amongst others. Secretariat comment: The PR has submitted a budget for activities targeting MSM for Phase 2 of the grant as part of their renewal request. The final budget for these activities will be determined during grant negotiations.		
	Recommendation 26 (Important) (CNLS and DLSI) <i>The Global Fund Secretariat should ensure that CNLS and DLSI assure frequent and</i>		Principal recipients Supervision of training in PMCT will be strengthened and a mother-child monitoring register compiled.	CNLS/DLSI	01/12/2912

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	<i>close formative supervision of HIV clinical services (HIV care and PMTCT) with special attention to the maintenance of clinical and ante-natal registers.</i>		Secretariat comment: The PR's response does not fully address this recommendation. The Secretariat and LFA will follow up with the PR on the implementation of the recommendation.		
	Recommendation 27 (Critical) (CNLS and DLSI) <i>The Global Fund Secretariat should ensure that CNLS and DLSI improve the access to CD4 and Viral Load analysis in the country.</i>	Agreed.	Principal recipients CD4 apparatus has been mapped including level of functionality. Access to CD4 apparatus will be made easier by regular maintenance of existing apparatus, maintenance of regular reagent supplies and relieving the deficit in CD4 apparatus. -A call for tenders is currently in operation regarding maintenance contracts as part of the R9 Ministry of Health DLSI RSS grant. - Before Round 9 begins, the Ministry of Health and the CNLS are taking steps to ensure that the PNA makes CD4 reagents permanently available. - National coverage in CD4 apparatus will be easier to achieve once the gap has been	CNLS/DLSI	01/09/2012

			filled, which is planned for the second phase of Round 9 Secretariat comment: The PR has submitted a budget for the procurement of additional machines as part of the Phase 2 renewal request. The final budget for these items will be determined during grant negotiations. However, before any decision is taken, the PR will be asked to submit to the Global Fund a comprehensive strategy for the procurement of CD4 and viral load machines, describing the equipment currently available in the country, their location and their level of functionality as well as a clear justification for the procurement of additional machines. The PR will also be asked to submit a maintenance plan that describes the measures to put in place to ensure the long-term functionality of the equipment.		
	Recommendation 28 (Critical) (CNLS and DLSI) <i>The Global Fund Secretariat should ensure that CNLS and DLSI assure the consistent</i>	Agreed.	Principal recipients The algorithm is available on all sites and training is complete. The main problem has been with transporting the samples.	CNLS and DLSI	01/09/2012

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	<i>application of the algorithm for early diagnosis of HIV infection among children born to HIV positive mothers.</i>		The CNLS and DLSI are going to introduce a pool system for transporting samples. Secretariat comment: The Secretariat and LFA will monitor closely the fulfilment of this recommendation.		
	Recommendation 29 (Desirable) (CCM, CNLS, ANCS) <i>Looking forward, the Global Fund Secretariat should ensure that the CCM, CNLS and ANCS review the modalities of applying grant funds to the subsidy of medical care for people living with HIV. The current combination of input financing (through the procurement of drugs for opportunistic infections) and medical care grants to associations of people living with HIV is not effective. Other methods such as per capita payments to health facilities based on the patient load or contracting of health facilities should be considered. Initial costing studies of these types</i>	This will be assessed during the upcoming Periodic Review (Panel planned in July 2012).	The country coordinating mechanism and principal recipients: The treatment of Opportunistic Infections in PLWHA is one of the response's major concerns. Strategies implemented so far do not appear to meet the target group's needs. However, it should be noted that monies allocated within the framework of the program by the ANCS to PLWHA for medical treatment represents no more than a contribution to medical expenses. Actual medical treatment is provided by the other PRs. The ANCS suggests that the principal recipients (ANCS, CNLS, DLSI), the PLWHA network and some health-care		

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	<i>of approaches have already been conducted in Senegal.²</i>		facilities work together to find an agreed procedure for treating opportunistic infections. Also, regarding the treatment of opportunistic infections, the ANCS recommends use of the model for collaboration between health insurance organisations and PLWHA associations, which has already been used successfully in the USAID FHI 360 program in Kaolack. Secretariat comment: As part of the Phase 2 renewal, the PR will be asked to submit to the Global Fund a review of the care and support activities for PLWHA and OVCs implemented during Phase 1 and provide an action plan for Phase 2 which includes better targeting of beneficiaries most in need and a clear coordination mechanism for activities implemented by ANCS and CNLS. Care and support activities should have clear entry and exit criteria and demonstrate a clear link to treatment activities.		
	Recommendation 30 (Desirable) (ANCS)	Agreed.	National AIDS control alliance		

² ANA Canestri et al. Evaluation of the cost of medicines excluding antiretroviral for patients in Senegal (working progress) . Poster Exhibition: The XIV International AIDS Conference: Abstract No. TuPeE5163, 2003

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	<i>Looking forward, the Global Fund Secretariat should ensure that the ANCS reviews the nutritional and livelihood programs for people living with HIV with the objective of refocusing these programs so that the nutrition support program addresses actual nutritional needs of the beneficiaries and the livelihood program is developed in collaboration with experienced micro-credit organizations within the framework of a savings and loan program designed to achieve capital formation.</i>		The ANCS takes cognisance of this recommendation. Nevertheless, it should be noted that the food support program was subjected to drastic cost-cutting imposed by the Global Fund during negotiations at the start of the program. The argument put forward by the GF was that the Program funds gaps only and cannot be expected to be responsible for all the nutritional needs of PLWHA. The budget allocated to this program therefore needs to be re-evaluated so as to refocus it on actual needs. With respect to the subsistence program relating specifically to income generating activities (IGA) to improve the economic conditions of PLWHA, the ANCS has begun trialling a strategy based on collaboration between two micro-finance institutions to grant loans for projects run by PLWHA. This pilot scheme is currently in its trial phase and its conclusions and findings will help to develop much stronger programs to support the implementation of the Global Fund program. They are also certain to help develop more effective nutritional care activities. However, resources will have to be		
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			considerably increased if a real loan and savings program for PLWHA is to be developed. The ANCS will be asking the GF for its support with regard to accepting the increased cost of nutritional care. Secretariat comment: As part of the Phase 2 renewal, the PR will be asked to submit to the Global Fund a review of the care and support activities for PLWHA and OVCs implemented during Phase 1 and provide an action plan for Phase 2 which includes better targeting of beneficiaries most in need and a clear coordination mechanism for activities implemented by ANCS and CNLS. Care and support activities should have clear entry and exit criteria and demonstrate a clear link to treatment activities.		
	Recommendation 31 (Desirable) (CNLS, ANCS, Global Fund Secretariat) CNLS, ANCS and the Global Fund Secretariat should jointly review the grant performance frameworks of	We do agree that the % targets should be calculated based on population coverage estimates rather than % of total target that will be achieved during the reporting period. However, we would like to bring to the attention of the OIG that there are no official estimates of target	Principal recipients: In general, objectives included in the GF project targeting the following populations (15-24 year olds, women over 24 years old, bridge groups) are reported using <u>project specific indicators</u>, and		

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	<i>the grants of both PRs and, where possible, define targets that are expressed as proportions in terms of population coverage estimates rather than in terms of target achievement.</i>	populations available in the country. It is therefore not possible to report on estimated coverage by target groups. Among the various groups targeted by the program (fishermen, truck drivers, populations in touristic sites, security forces, the displaced, migrants, prisoners, young people and women above 24years of age, FSWs and MSMs), the only estimate available is for the FSWs (Source: Base de Sondage de l'enquête Nationale de Surveillance Combinée, 2006) which is included in the Senegal R9 HIV proposal (p. 12). This data is already too old to be used for estimating coverage of FSWs in 2012. The Secretariat will work with the technical partners and explore the possibility of conducting population size estimation exercises for the key populations covered by the grant. In the meantime, we would suggest maintaining the numerical targets which are based on the experience in implementing these programs in the past.	their contribution is minimal in terms of coverage of total populations concerned in the country as a whole (e.g. a target population of 25,310 15-24 year olds from a total population of 2,541,377 in 2013 = 0.1 %). The concept of coverage would appear to be more suited to national program results. It is very difficult for the country to estimate the number of people in each distinct bridge group (prisoners, soldiers, police officers, tourism and transport targets, workplace targets), particularly in the case of the last 3 groups mentioned. For the most at-risk groups, such as sex workers, MSM and drug injectors, the denominators resulting from Size Estimation exercises fluctuate significantly and are difficult to assess (hidden populations). Size Estimation attempts are currently in progress, but only in the Dakar region.		
	<i>Recommendation 32 (Important) (PNT, the LFA and the Secretariat)</i>	Agreed.	National tuberculosis control program:		

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	<i>The PNT, the LFA and the Global Fund Secretariat should work together to avoid implementation gaps such as the one experienced in the transition from Phase one to Phase two of the Round 7 TB grant.</i>		We take cognisance of this recommendation and will ensure that collaboration with the structures concerned is improved	PNT, ALF and the Secretariat	Immediately
	Recommendation 33 (Critical) (PNT) <i>The Global Fund Secretariat should ensure that PNT accelerates the establishment of hospitalization services for MDR tuberculosis, the decentralized capacity for sputum cultures and drug sensitivity testing, and a system for sputum transport to the laboratories performing culture and drug sensitivity testing.</i>	As noted in the draft Audit Report, this is in progress. The Senegal Country Team will follow up on this recommendation during its next mission to Senegal (May 2012).	National tuberculosis control program: We take cognisance of the recommendation. <u>Implementation of hospital services for multidrug-resistant tuberculosis:</u> These activities depend on the completion of the laboratories (regional and district). The renovation plan is underway and the 5 district hospital sites have been completed (Pété, Kanel, Malème Hoddar, Passy and HLM 5) as also the Kaolack regional laboratory. Provisional acceptance of the Fann Pharmacology Department came into effect on July 23rd, 2012. <u>Decentralisation of treatment for MDR tuberculosis</u> Treatment has been decentralised, and there are now 7 more treatment sites in the Dakar region: Pikine, Mbao,	PNT, DEM, FANN PNEUMOLOGY SERVICE	Provisional acceptance of the 6 completed sites is expected to take place between the 6th and 12th of August, 2012. Construction of the treatment unit for MDR -TB starts on August 1st, 2012, and is due to be completed (provisional acceptance included) by October 31st, 2012. Work on the Kolda and Saint Louis regional

			Rufisque, District Ouest, District Nord, Thiès and Mbour. This process will gradually be extended in line with the results of the patient-mapping exercise. <u>Culture transport:</u> In July 2012 the PNT drafted directives regarding the provision of a culture transport mechanism. The document will be submitted for approval by the authorities in August 2012. The NRL has 100 sample transport boxes. The existing EIP transport mechanism will also be used in districts to back up the program's activities Secretariat comment: The Secretariat and LFA will monitor closely the fulfilment of this recommendation.	PNT PNT	laboratories is nearly complete (plumbing and electricity). Provisional acceptance is scheduled for August 31st, 2012. Treatment has been decentralised since August 2011, and extra stocks of MDR-TB drugs have been made available. Directives to come into effect from September 1st, 2012
	Recommendation 34 (Important) (PNLP) <i>The Global Fund Secretariat should ensure that PNL P restarts an intensive schedule of formative supervision of health facilities with special attention to the stock management of RDTs and ACTs as well as to record</i>	This was only partially done in last quarter of 2011 due to an extended strike of medical personnel which has resulted in data retention.	This recommendation was implemented during Round 7 and will be repeated during implementation of R10	PNLP	As soon as R10 funding received

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	<i>keeping and verification of data.</i>				
	Recommendation 35 (Important) (PNLP) <i>The Global Fund Secretariat should ensure that PNLN procures the planned bed-nets to complete the universal coverage campaign before the 2012 malaria season and restart the routine distribution of bed-nets in ante-natal clinics as quickly as possible.</i>	Procurement of LLINs is included in the Round 10 grant and the bed nets (procured through VPP) will arrive after the 2012 malaria peak season. The Secretariat encourages the PNLN to seek alternative solutions with partners (e.g. USAID/PMI) to bridge the gap until the arrival of to Global Fund funded nets.	Universal coverage will be achieved as soon as the LLITNs and the operational costs provided for in R10 are available. The routine has already begun and LLITNs are currently available at ante-natal clinics thanks to support from PMI	PNLP	As soon as LLITNs and R10 funding are received