

Minutes of Meeting of Disease Specific Technical Committee for Concept Note Development for Global Fund Grant (2018-2020)

Following constitution of a Disease Specific Technical Committee by CCM, India; a meeting was held on 3rd May, 2017 at Dte. of NVBDCP, Delhi to review the draft Concept Notes of PRs (Govt. and Non Govt. PRs) for Malaria Component to be submitted for the Global Fund grant for implementation period 2018-2020. The meeting was attended by the Committee members and Officers & Consultants from the Dte. NVBDCP (list enclosed at Annexure).

At the outset, Dr. A. C. Dhariwal, Director, NVBDCP welcomed all members of the Committee and requested the members and all the Officers & Consultants to give their inputs for improvement of the concept note.

A presentation was made by Dr. Avdhesh Kumar, Additional Director, NVBDCP to appraise the committee members. It was informed to the members that the Global Fund would be providing 65 million USD to the country for malaria constituency. Principal Recipients will be from Government and non-government side. From Government side, the PR would be Department of Economic Affairs and implementing agency will be NVBDCP. And from non-government side, two PRs – Caritas India and VHA I - were selected as per the selection process based on CCM guidelines. The proposed Funding Request (FR) for allocation of 65 million USD will cover the 7 NE states and Madhya Pradesh (major component of funding would be utilized for LLINs for 7 NE states & MP; and the remaining for strengthening surveillance, M&E, and program management). Additional funding request for replacement of LLINs for Odisha and implementation of DHIS2 for generating real time data would be kept under PAAR (prioritized above allocation request).

In an earlier meeting, the GF had asked to limit the activities to vector control (LLINs) and surveillance and, therefore, all other activities would be covered under Domestic Budget Support (DBS). And, accordingly, it was informed to the Committee that the FR was in consonance to the Global Fund's advisory putting some conditions since they are in the exit mode and with every cycle they will reduce their funding to the country.

The following are the discussion points and the suggestions from the Committee Members and the officers & consultants:

Dr. Shiv Lal, Former Spl. DGHS and Technical Expert (M&E)

- From Non-Governmental PRs, there should be proper monitoring of LLIN usage by the community. Surveillance needs to be strengthened and there is a requirement to carry out operational research activities on relevant issues.

Dr. P. L. Joshi, Former Director, NVBDCP and Technical Expert (M&E)

- It is a good concept note but needs to be aligned with the National Strategic Plan (NSP). Whatever budget is reflected in the NSP, it also involves the support from Global Fund.
- In the concept note, it needs to be mentioned that there will be universal coverage (100%) in high endemic sub-centres by LLINs and 80% utilization by the community should be targeted.
- For the funding to the Non-Governmental PRs, their functions and responsibilities related to LLINs and surveillance should be clearly defined in the concept note.
- It should be clearly mentioned in the concept note that all the interventions will be carried out in an integrated manner in 7 NE states & Madhya Pradesh; out of which only vector control (LLINs) and surveillance part will be supported by the Global Fund.
- The sub-centers which are located in inaccessible areas and cut off during rainy season for 4- 6 months should be given to the Non-Governmental PRs and they should be made accountable.
- All other expenditure besides LLINs cost, should be kept under vector control and surveillance headings.
- Since all the NE states have high API except Manipur and there are some inaccessible areas and some part of Manipur border is linked internationally to Myanmar, there is need to validate the epidemiological data.

Dr. Eva Maria Christophel, Regional Advisor, CDC Department, WHO SEARO

- The objectives of the concept note should be limited to the vector control and surveillance.

- It was also suggested to reconsider if API >10 would be a good criteria to involve NGOs?
- Keeping Odisha LLINs in PAAR is a worrying factor, since 1/3rd of malaria cases for the South East Asia Region come from Odisha. It was explained that considering the extremely limited GF funding, it was not advisable, as per GF, to keep the funds blocked for 2 years as the replacement of LLINs in Odisha would be required in 2020.

Mr. Nitin Sagar, Technical Expert (Finance)SAMS

- For logistics monitoring, a logistics monitoring and management information system can be initiated. A proper communication strategy for logistics up to the inaccessible areas needs to be incorporated for monitoring of logistics. It was explained that this is being taken care of through DBS in all the states of the country.
- A SoP must be prepared at NVBDCP level for all type of logistics distribution.

Mr. Jagan Mohan Patnaik, Technical Expert (Procurement)

- Since LLINs' life span is for 3-4 years, at the end of 2020 there will be again requirement of LLINs; therefore, the strategy for LLINs' sustainability must be well worked out.

Dr. Shampa Nag, Project Director, IMCP-3 Caritas

- In the new concept note, the major activities will be vector control (LLINs, IEC/BCC) and surveillance that would come under Resipient and Sustainable Systems for Health (RSSH).

Dr. A. C. Dhariwal, Director, NVBDCP

- Since there are some issues with the procurement of drugs and diagnostics from the Global Fund, only LLINs and surveillance related activities will be supported by GF.
- For the Non- Governmental PRs to fill up the gap areas, the districts should be allocated on the basis of real data set and state should also be involved in it. There is a need to incorporate write up on validation and verification of data in the NSP.
- Both the PRs were requested to submit their proposal for concept note at the earliest.

Dr. John Oommen, India CCM, Member Mal. Civil Society Constituency could not attend the meeting due to short notice. However, he was requested to share his comments. He conveyed that there should be some innovative thinking so as to assess real disease burden. In the CCM meeting, on 11th April, 2017, Dr. John was personally communicated that due to extremely limited GF funding only essential activities have been included in the FR. However, there is a provision of male volunteers in the villages which are difficult to reach and cut off during rainy season. Additionally, funding requirement of DHIS2, to generate real time data, has been reflected in the PAAR.

The meeting ended with a vote of thanks to all the Committee members and other participants with the request that their support would be obtained whenever required and also requested the members to communicate further suggestions, if any, to the Dte. NVBDCP.

ANNEXURE

1. Dr. Eva Maria Christophel, Regional Advisor, CDC Department, WHO-SEARO.
2. Dr. Shiv Lal, Technical Expert (M&E)
3. Dr. P. L. Joshi, Technical Expert (M&E)
4. Dr. Roop Kumari, NPO, WHO
5. Mr. Nitin Sagar, Technical Expert (Finance)
6. Mr. Jagan Mohan Patnaik, Technical Expert (Procurement)
7. Dr. Shampa Nag, Project Director, Caritas
8. Dr. P. C. Bhatnagar, Executive Director, VHAI
9. Dr. A. C. Dhariwal, Director, NVBDCP.
10. Dr. Avdhesh Kumar, Addl. Director, NVBDCP
11. Dr. P. K. Srivastava, Joint Director, NVBDCP
12. Dr. Sukhvir Singh, Joint Director, NVBDCP
13. Dr. Suman Lata Wattal, Deputy Director, NVBDCP
14. Mrs. Nagalakshmi Sankar, Consultant (Finance), NVBDCP
15. CA Vartika Singhal, Consultant (Finance), NVBDCP
16. Dr. Mrigen Deka, Consultant (Training), NVBDCP