

India Country Coordinating Mechanism- 69th Meeting

Subject: Minutes of 69th Meeting of India CCM

Date (dd.mm.yy)	11.05.2017
Venue of the Meeting	Room no.-155-A ,1 st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	3.00 PM
Meeting adjourned	5.00 PM
Meeting Chaired by	Sh. C. K Mishra, Secretary (HFW)/ Chair, India CCM
Meeting Steered by	Dr. Soumya Swaminathan & Sh. Navdeep Rinwa, Members I-CCM
Total number of participants	40
Did the meeting attain quorum?	Yes
Did the meeting have any conflict of interest	No
Meeting attendance	<ul style="list-style-type: none"> ▪ Country Coordinating Mechanism (CCM) Member : 10 ▪ Alternate member : 6 ▪ Special Invitees : 24
Attendance list	Yes, Annexure-1
Other supporting document	Yes

The meeting initiated with welcome address of Secretary (HFW)/ Chair India CCM to all CCM members and special invitees present for the 68th CCM meeting. At the outset Secretary (HFW) stated that since members were given short notice for the meeting, they may share their inputs on the Concept Notes after the meeting as well.

Dr. K.S Sachdeva, I-CCM Focal Point briefed the members on the agenda of the 69th CCM meeting. The following deliberations and decisions were undertaken during the meeting:

Agenda item no. 1

The minutes of the 68th meeting of India CCM were endorsed.

Agenda item no. 2

India CCM Focal Point shared the following updates on the action taken on decisions of 67th and 68th CCM Meeting:

67th CCM Meeting		
S.No.	Agenda Points	Status Update
1. Oversight Committee observation in Odisha state		
a.	3 out of 7 CD4 machines were found to be out of order	2 machines are functional now and third one is under process
b.	At ART centre of Capital Hospital, shortage of pediatric drugs was found	Sufficient stocks of Pediatric drugs are available with all ARTCs.
c.	Funds were not received at district level since April 2016	The issue has been addressed
d.	At Janani Hospital under SAATHII,	Testing kits are being supplied regularly

	shortage of testing kits was found	at Janani hospital.
e.	Issue of referring patients from CSC for CBNAAT testing at District hospitals	As per new protocols TB suspect cases at CSC are referred to ART Centre for TB confirmation.
f.	Shortage of ACT (0-1yrs)	Districts have been empowered to purchase ACT (0-1 yrs) locally by utilizing 20% of the fund placed with them under State Non Plan Budget.
g.	Shortage of MPWs was observed	State and districts have initiated process to fill up 3126 vacant MPW posts
h.	In district Khordha, ASHAs have not received incentive since April'16	Funds to the tune of Rs 876.389 Lakhs have been released to the districts for payment of ASHA incentive up to March 2017.
i.	Shortage of INH was observed	INH has been made available now
j.	Proper conditions were not maintained for CBNAAT machine in district hospital, Khordha.	Needful has been done to ensure proper conditions for CBNAAT Machine.
k.	HR shortages were observed across LT, STS and SLTS	<ul style="list-style-type: none"> Shortage of LTs is due to a high court order restricting recruiting LTs only from AICTE recognized institutions. However state is engaging LTs under NGO PP scheme. LTs from other programmes are being engaged testing at DMCs. District level recruitment of STS & STLS is ongoing.
l.	Policy of active case detection was not effectively implemented	<ul style="list-style-type: none"> Active TB case detection has been successfully implemented at 6 districts of State in the year 2016-17. State has proposed active case search in 150 additional districts in 2017-18 PIP.
2.	In 67 th CCM Meeting, CCM Members urged the Secretariat to request Global Fund to have representation of India in the Strategy and Ethics Committees of the Global Fund Board.	The Secretariat has dispatched Letter to Global Fund with approval of HFM
3.	As per decision in the 67 th CCM Meeting, Mr. Hashmat Rabbani developed a proposal guiding the effective engagement of grass root NGOs into the national programme for review and reference of CTD.	CTD has noted and affirmed engagement of grass root NGOs within their plans.
4.	NVBDCP was requested to identify and address gaps in Odisha state with respect to Malaria Reduction strategy and present	<ul style="list-style-type: none"> 11.34 million LLINs are being supplied with GF support in Odisha and delivery and distribution of the

	the status in next CCM meeting.	<p>same has started</p> <ul style="list-style-type: none"> GOI is supporting HR/regular review meetings.
5.	NVBDCP was requested to write to Health Secretaries of all states where LLINs are to be distributed to consider distributing LLIN on a fix day in each village/block in presence of important stakeholders.	Letter has been sent to Health Secretaries of concerned states.
6.	Concerns were raised by Mr. Abou Mere with regard to CBNAAT utilization and use for Hep C and HIV diagnostics. Response was sought from CTD and NACO.	<p>CTD response:</p> <ul style="list-style-type: none"> With regards to optimal utilization of CBNAAT CTD clarified that the program is now moving towards Universal DST and the existing 623 machines under the program will also not suffice for diagnostic purposes as more than 1.4 million TB patients would require testing. Program plans to procure more machines to increase the diagnostic capacity as the current capacity is not enough for universal DST. With respect to low utilization of Global Fund grants, CTD informed that program division has utilized 44% of the funds till Dec'16 and an increase in expenditures would be reported during the next PUDR submission in May'17 <p>NACO response:</p> <ul style="list-style-type: none"> Validation of studies for CBNAAT use for Hep C and HIV diagnostics planned. HCV Co-infection and treatment has been included in GF CN.

68th CCM Meeting

S. No.	Agenda Points	Status Update
1.	<p>During 68th CCM Meeting, endorsement of change in membership of Academic/ Research/ Educational constituency was sought. Dr. Meena Gopal and Dr. R. Ramkumar from Tata Institute of Social Sciences (TISS) were to be replaced with Prof. Srilatha Juvva and Prof. Sujata Sriram respectively on account of former's unavailability to contribute time for CCM activities.</p> <p>Mr. Hashmat Rabbani inquired the reason for TISS to be a SR for CTD and as a CCM Member. He requested the by-laws</p>	<ul style="list-style-type: none"> As per India CCM ToRs- efforts shall be made to not have members from PR or SR for projects financed by the Global Fund. If this does not prove possible, the India-CCM shall adhere to the Conflict of Interest Policy to mitigate the same. TISS being Govt. affiliated Academic/research institution was selected by Government (in Sept,2015). TISS has requested to replace existing member and alternate

	<p>may be reviewed for the criteria for PR/SR/ SSR selection vis-à-vis CCM Membership. TISS nomination as member was put on hold for further review of India CCM TORs</p>	<p>member with Prof. Srilatha Juvva and Prof. Sujata Sriram respectively who are from School of Disability Studies, TISS</p>
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Decision:

The CCM in 69th CCM Meeting agreed that TISS may continue its CCM membership with Prof. Srilatha Juvva and Prof. Sujata Sriram along with adherence to that Conflict of interest policy.

Agenda item no. 3

India CCM Focal Point briefed India CCM members on the overall process of Principal Recipient selection and funding request development for the upcoming grant period 2018-2020. He highlighted the following core processes with respect to concept note development:

1. India CCM received allocation letter from the Global Fund.
2. Stakeholders consultation was undertaken to seek inputs on concept note development process on 31st January 2017 and accordingly priority areas were identified by national programmes.
3. India CCM endorsed priority areas and ToRs for calling Expression of Interest from organizations for selection as non-government Principal Recipient during 68th CCM meeting (14th February 2017).
4. An advertisement calling EOI for Non-government Principal Recipient was floated on websites of CCM, MoHFW and programme division's from 20th Feb-7th March 2017.
5. A Screening Committee was constituted as agreed in 68th CCM meeting. The screening Committee under the Chairmanship of Principal Adviser, MoHFW screened all the applications and shortlisted 6 applications for HIV, 4 for TB and 4 for Malaria.
6. Screening Committee further recommended the programme divisions to facilitate reducing the number of Non-Government PRs to 3 in HIV, 2 in TB and 2 in Malaria to reduce management cost and to strengthen oversight.
7. In accordance to recommendations of the Screening Committee, following PRs were finally selected in for the next Global Fund grant period:

A) For HIV/AIDS Component

1. Government PR
 - (i) NACO (national AIDS control Organization)
2. Non -Government Principal Recipients
 - (i) India HIV Alliance
 - (ii) Plan India
 - (iii) SAATHII
 - (iv) CMAI

B) For Tuberculosis Component

1. Government Principal Recipient
 - (i) Central TB Division (CTD)
 - (ii) ICMR (Indian Council for Medical Research)
2. Non- Government Principal Recipients
 - (i) WJCF (William J Clinton Foundation consortium)
 - (ii) The Union

C) For Malaria Component

1. Government Principal Recipient
 - (i) NVBDCP (National Vector Borne Disease Control Programme)
2. Non- Government Principal Recipients
 - (i) Caritas India
 - (ii) VHAI (Voluntary Health Association of India)

8. The Global Fund Country Team during their visit in April, 2017 highlighted that PRs shall be allowed to select their respective SRs as they are legally held accountable to the Global Fund for implementation arrangements. At this stage, the Global Fund strongly recommends to exclude organizations who were not selected as Non-Government PRs after being shortlisted by Screening Committee from the Funding Request proposals. The Global Fund suggested to incorporate proposed strategies/activities of these non-selected PRs in the Funding Request Proposal if Programme divisions are convinced, for consideration for outsourcing in later part of grant making.

9. Programme divisions initiated Funding Request development process in consultation with selected Non-Government Principal Recipients based on National Strategic Plans and areas prioritized by CCM and stakeholders.

10. Three Disease Specific Technical Committees (DSTC) formed to review draft funding requests reviewed draft proposals on 2nd and 3rd May 2017.

11. Funding proposals were revised by Programme divisions based on DSCT recommendations and shared with India CCM on 10th May, 2017.

Decision:

1. India CCM endorsed Government and Non-Government Principal Recipients selected for the next Global Fund grant period 2018-2020.
2. India CCM endorsed overall funding request development process.

Agenda item no. 4

Concept notes for HIV, TB and Malaria for the Global Fund grant period 2018-2020 were developed by Principal Recipients (both Government and Non-government PRs) and reviewed by Disease Specific Technical Committees (DSTC) endorsed by India CCM. Based on the inputs of DSTC, programme divisions (NACO, CTD and NVBDCP) revised their respective concept notes and shared with India CCM before 69th CCM meeting.

Three programme divisions (NACO, CTD and NVBDCP) made a brief presentation on their respective Concept Notes (comprising of Government and Non-Government PR component) for the Global Fund grant period January, 2018-December, 2020 to seek India CCM endorsement.

Highlights of HIV Concept Note shared by NACO

- HIV/AIDS Concept Note for the Global Fund next grant is based on National Strategic Plan (2017-2022), primarily focusing on Prevention of Care- Continuum of Care strategy (Test-Treat-Retain Model) and incorporates activities to be implemented by one Government Principal Recipient (Department of Economic Affairs/ NACO) and four Non-Government Principal Recipients (SAATHII, Plan, India HIV Alliance and CMAI).
- Of the total budget of USD 155 million, USD 105 million (67.7%) will be utilized by NACO to carry out:
 - Viral load test for routine monitoring (\$ 35.2 million)
 - ART drugs for treat all (\$ 32.8 million)
 - HIV-Hep C co infection (\$ 4.46 million)
 - Digital records & 196 Differentiated ART centres (\$ 9.7 million)
 - DAPCU in additional 96 districts (\$ 6.2 million)
 - Outsourcing of Supply chain management, Integrated MIS, Blended capacity building and Research (\$ 17 million)
- Non- Government Principal Recipients will implement grant amounting to USD 50 million (32.25 % of total budget) covering following key components:
 - a) Pan India coverage for strengthening PPTCT activities through SAATHII (\$ 7 million) and Plan India (\$ 8.3 million)
 - b) To address leaky cascade through 300 Care and Support Center (CSC)- India HIV Alliance (\$ 20 million)
 - c) Integrated comprehensive care, Community based testing, Continuum of care in hard to reach areas of Chhattisgarh and blended capacity building of health staff by CMAI (\$ 6.2 million)
- An additional funding request of around USD 79.9 million is proposed under Prioritised Above Allocation Request (PAAR), to further strengthen proposed activities.

With respect to HIV Concept note, Dr. Yatin Dholakia questioned on the limited engagement in Prevention activities. DDG (NACO), Dr. K. S Sachdeva clarified that prevention component is inbuilt in community based testing and treat all strategy. Besides, the programme is in receipt of World Bank credit specifically addressing prevention and targeted intervention strategies.

Mr. Abou Mere sought details on community involvement component of proposal and how it ensures engagement of all vulnerable groups at risk of HIV. NACO was recommended to share the requisite information with Mr. Abou after the meeting.

Mr. Hashmat Rabbani asked about SR and SSR selection under the selected PRs for next grant period and emphasized on engaging state/district based organization for the implementation of grant. India CCM Focal Point informed that as per Global Fund guidelines and policies, SR and SSR selection is the mandate of Principal Recipient which is legally accountable for implementation arrangements to the Global Fund. However CCM can provide its general guidance.

Highlights of TB Concept Note shared by CTD

- TB Concept Note is fully aligned with National Strategic Plan (NSP) for Tuberculosis Elimination 2017-2025 and integrates key activities of two Government Principal Recipients (CTD and ICMR) and two Non-Government PRs (William J Clinton Foundation Consortium and the Union).
- CTD selected its sub-recipients through a transparent process and selected 7 SRs (TVHA, FIND, TISS, SAMS, WHO, Everwell Health solution Ltd. and Southern Health Improvement Samity) as per the approved by DGHS and MoHFW.
- Of the total allocation of \$ 279.9 million, CTD and ICMR will implement \$ 219 million (78%) and \$ 5.1 million (1.8 %) of the grant amount to undertake:
 - TB Care and Prevention,
 - Multi Drug Resistant Tuberculosis- Diagnosis, Treatment and Procurement for universal Drug Sensitivity Testing:
 - 94000 second line drugs courses,
 - 4000 Bedaquiline courses
 - 225 CBNAAT machines,
 - 0.79 million cartridges,
 - 730 digital chest x-ray equipment
 - Call center establishment for patient and provider support and monitoring
 - Activities to be implemented by SRs of CTD for budget of \$ 58 million (Technical assistance for Health System Strengthening, Active case finding in key population, district counsellor support, patient linkage with social welfare schemes, C-DAC implementation tool training, new lab establishment etc)
 - Research on priority areas of RNTCP by ICMR
- William J Clinton Foundation Consortium will primarily engage private provider through mapping of private providers, constituting state & district level implementation unit in 92 districts and technical support etc. using allocation of \$ 39.9 million.
- The Union will be responsible for Active Case Finding component (Mapping of Key population, Community engagement, active TB screening in both community and institutional settings, establish linkages for diagnosis, technical assistant in 16 states etc) for allocation amount of \$15.5 million.
- Concept note includes proposal for additional funding of \$180 million under Prioritized Above Allocation Request component. This component also includes \$ 40 million as interest to cover \$ 400m World Bank loan if division applies to meet its funding gap.

Mr. Abou Mere inquired about inclusion of new drug regimen in the proposal. DDG (TB), Dr. Sunil Khaparde responded that all drug regimen prescribed in Technical and Operational Guidelines of RNTCP, are being followed under RNTCP.

Mr. Abou Mere also questioned on community engagement and leveraging communities for active case finding especially among key population and motivating them in adoption of new drug regimen introduced under RNTCP. DDG (TB) apprised that Community engagement component is being covered under the concept note and will be operationalized by the UNION in selected district.

Ms. Sadhna Jadon raised concern about non-involvement of community based organization in TB concept note which was initially shortlisted by Screening Committee of India CCM. DDG (TB) recognised the importance of community based organizations and their role in strengthening TB community and mentioned that in the proposed TB concept note, the proposal of said community based organization has been incorporated which will be later outsourced

during grant making process. This is in concurrence with the suggestion of the Global Fund Country Team.

Ms. T Mercy Annapoorni suggested to reinforce engagement of existing networks and forums under TB (Axshya project etc.) for community engagement and mobilization. Ms. Nandini Kapoor also reiterated the need to prioritize and strengthen existing systems/networks to create strong and active network system similar to HIV sector.

Ms. Nicole sought clarification on WHO technical support network positions and fund flow mechanism. DDG (TB) informed that concept note proposes 60, 40 and 40 T.A positions in first, second and third year of funding respectively. With respect to the fund flow, division is proposing the existing mechanism of funding as in NFM.

Highlights of Malaria Concept Note shared by NVBDCP

- Malaria Concept Note is based on National Strategic Plan (2017-2022) and primarily focuses on malaria prevention and surveillance strategies in high priority states -seven North-Eastern states and Madhya Pradesh which contribute to high malaria cases, plasmodium falciparum cases and malaria death burden in India.
- Malaria Concept Note proposes to undertake activities for allocation amount \$ 65.28 million through one Government PR –NVBDCP (\$ 62.12 million) and two Non-Government PRs- Caritas (\$ 2.46 million) and VHAI (\$ 0.70 million).
- NVBDCP will cover 7 North-eastern states and Madhya Pradesh (total 157 districts) and utilize funds for LLIN procurement and distribution. In North Eastern states division will also undertake Surveillance (inaccessible villages), IEC/BCC & community outreach, HR & Mobility & LQAS , Household Survey, Household Survey and coordination and review meetings.
- Caritas will cover two states (Mizoram and Meghalaya) for 5 district and VHAI will cover state of Tripura for 1 district.
- NVBDCP proposes an additional funding request of \$ 34.11 million under prioritised above allocation request (PAAR).
- LLIN replenishment will be due in the year of 2020 since current stock of LLIN for Odisha has been distributed in year 2017. Funding for LLIN replenishment in Odisha for year 2020 is proposed under PAAR.

Dr. John Oommen highlighted that the Malaria Concept note lacks innovation unlike HIV and TB proposals. He emphasised on funding on innovative strategies to address malaria problem in country beyond LLINs. He suggested to invest in robust and reliable data collection sample surveys on Malaria cases and deaths.

Add. Director, Dr. Avdhesh apprised that current proposal includes household survey component for getting toll of asymptomatic cases. He mentioned that operational research is also focused in current proposal to undertake distribution studies etc. He further added that NVBDCP finds Global Fund allocation of \$65 million insufficient in meeting out funding gap outlined by National Strategic Plan for Malaria elimination activities. He requested India CCM to advocate to the Global Fund to consider raising allocation for the division above \$65 million.

Dr. Soumya Swaminathan suggested of using realistic baseline data for planning interventions and suggested using NFHS-4 data for Malaria.

Mr. Abou Mere raised concern of high management cost component in Civil society PR proposals with limited expenditure for ground level activities. Dr. K. S Sachdeva mentioned that under HIV management cost of Non-Government PRs have been restricted to 25%. He agreed that Mr. Abou Mere's suggestion may be noted for record and programme division may relook management cost of Non-Government PRs at the time of grant making.

Dr. Nicole Seguy recommended that while selecting priority areas for funding in country proposals to the Global Fund, countries should be given thorough liberty of making consultative decisions without getting any influence from the Global Fund. India CCM focal point mentioned that the Global Fund made suggestions on draft proposals but final decision to iterate draft proposals is with PRs and CCM. Generally, the Global Fund funding is invested for innovative strategies or areas where getting funding through routine government mechanism is lengthy and cumbersome.

Decision:

1. India CCM endorsed the Concept Notes for HIV/AIDS, Tuberculosis and Malaria for the grant period 2018-20 developed by Government and Non-Government Principal Recipients for submission to the Global Fund by 23rd May, 2017. CCM recommended to programme divisions to finalize the concept notes based on further inputs before final submission to the Global Fund.
2. NACO was recommended to share details on community involvement (including all KAPs) component of proposal with Mr. Abou Mere.

Agenda item no. 5

As per the Eligibility and Performance assessment of India CCM conducted in December 2016, the Oversight Committee lacked Financial and Procurement related skill sets. Ms. Kavita Singh, Director (Finance) and Mr. S. A Khan, Procurement head, CMSS have been selected to be a part of the Oversight Committee and require full CCM endorsement.

Decision: India CCM endorsed selection of Ms. Kavita Singh and Mr. S A Khan in the Oversight Committee of India CCM.

Agenda item no. 6

As per the Eligibility and Performance Assessment of India CCM conducted in December 2016, the Oversight Plan of India CCM has been revised. As per Global Fund guidelines and requirements, the Oversight process, ToRs of the Oversight Committee, Site visit protocol and Membership requirements and skill sets were revised in the Oversight plan of India CCM. The plan was approved by the Oversight Committee of India CCM and was shared with India CCM Members over mail prior to the meeting.

Decision: India CCM endorsed the revised Oversight Plan

Agenda item no. 7

As per Eligibility and Performance Assessment of India CCM conducted in December 2016, a Communication plan of India CCM was developed to share information within CCM with its members/alternate members and outside CCM with relevant stakeholders so as to bring efficiency and transparency in functioning of I-CCM. The same has been approved by concerned authority.

Mr. Abou Mere suggested India CCM Secretariat to share more updates on India CCM activities and grant performance. India CCM Focal Point reiterated that India CCM Communication Plan will further strengthen routine communication and timely sharing of routine updates with CCM members.

Decision: India CCM endorsed the Communication plan of India CCM

Agenda item no. 8

An Update on PR Dashboard and CCM Summary was presented by India CCM Focal Point.

A team from Grant Management Solutions (GMS) supported by USAID, with the help of India CCM Secretariat, conducted workshop of PRs and SRs in the month of January 2017. A final hand holding session was conducted in the month of April 2017. The PRs are now well trained in entering data and generating dashboards. The PRs will be now required to share their PR dashboards and feed files with the CCM Secretariat after every quarter.

CCM Secretariat has also been trained to generate CCM Summary with information from all PRs for perusal of the Oversight Committee of India CCM. The CCM Summary is a user-friendly, visual snapshot of the performance of grants on a single sheet. CCM Summary provides key information (Programmatic, Financial and PSM) on complete GF portfolio of each PR. It helps CCMs raise technical and strategic questions on grant progress and positions them to help and guide PR address obstacles to grant performance. The Oversight Committee makes recommendations and presents the dashboard before CCM for decisions and follow up actions.

Agenda item no. 9

Oversight Committee of India CCM conducted site visit to Bharatpur, Rajasthan to oversee HIV and TB projects being implemented under the Global Fund grant on 11th and 12th April 2017. The visit was conducted by five Oversight Committee members (Dr. John Oommen, Ms. Sahdna Jadon, Mr. Md. Hashmat Rabbani, Ms. Laxmi Narayan Tripathi and Ms. Priyanka Grower as representative of Ms. Kavita Singh) accompanied by two India CCM Secretariat staff and one team member from Grant Management Solutions (Ms. Iryna Reshevskya) which conducted a training session for the Oversight Committee team on 10th April 2017. The main findings of the visit were presented by Dr. John Oommen, Oversight Committee member.

1. 5 PRs are operational in Bharatpur district under HIV and TB grants as given in table below

Disease	PR	SR
HIV	NACO	RSACS
	India HIV Alliance	HLFPPT
	Plan India	Piramal Swasthya
TB	CTD	TISS
	Union	PSI, Mamta

2. Activities conducted by the Oversight Committee team during their visit to Bharatpur –

- a. Meeting with all concerned SRs was convened on 11th April'17 to gain information regarding programme implementation in Bharatpur area.
- b. Site visits were conducted to oversee HIV and TB control activities on 11th and 12th April'17 at ICTC clinic, Janana Hospital, Bharatpur; District TB Clinic, Bharatpur; CHC Kumher; ART centre, RBM Hospital, Bharatpur and Vihaan Care and Support Centre.

- c. The Oversight committee also briefed the Deputy CMO of Bharatpur district regarding its observations, issues identified and its recommendations on 12th April'17.
3. Dr. John Oommen highlighted the following issues noted in the visit of Oversight Committee to Bharatpur:
- a. Poor retention of staff was observed especially of Medical Officers at ART centres due to low remuneration. At ART Bharatpur also, MO position is vacant. State authorities take temporary steps to manage the vacancies.
 - b. Miscommunication among Government staff and their counterparts of the non - Government agencies was highlighted in the visit where the list of positives was not being shared by the RSACS staff and the staff of Piramal Swasthya failed to attend any coordination meetings. The committee tried to mitigate the issue to a large extent at the site.
 - c. The issue of retention of community volunteers was highlighted. The community volunteers are mandated to visit households and provide samples for testing; however are provided very low incentives to undertake household visit (Rs. 10 per household) and sputum collection and transportation (Rs. 100 per patient). Dr. John Oommen stresses that this is a matter of concern which may be considered in the upcoming new funding cycle.
 - d. The performance for Mamta SR was reported to be unsatisfactory which may be explored further.
 - e. Poor nutrition status of MDR-TB patients was observed through a couple of case studies done by the committee. Oversight committee suggested to link MDR-TB patients with existing state government schemes with focus to improve their nutrition status.

Decision: India CCM guided Oversight Committee to share its observation with concerned PRs and SRs for necessary action.

Agenda item no. 10

Directorate of Health Services Arunachal Pradesh has informed that Dr. Moji Jini, Director-DHS /Member of India CCM has been transferred to Department of Director of Medical Education, Training & Research as Director. In his place, Dr. Allok Yirang has been appointed as new Director, DHS Arunachal Pradesh. It has been requested by DHS Arunachal Pradesh to make Dr. Allok Yirang as member of CCM in place of Dr. Moji Jini.

Decision: India CCM agreed to the change in membership of Dr. Moji Jini to Dr. Allok Yirang

Agenda no. 11

Dr. John Oommen raised concern of delayed submission of Concept notes to the India CCM leaving them with less time to review the proposals.

India CCM Focal Point acknowledged his concern and informed that since Concept Notes have been developed against very tight timelines by Principal Recipients, the final proposal were submitted little delayed. However, CCM members may share their inputs within next seven days.

Mr. Hashmat Rabbani raised the issue of shortage of human resource under RNTCP in states of Jharkhand and Bihar and asked CTD to prioritize the issue to run the programme effectively.

The meeting ended with a vote of thanks to and from Secretary (HFW)/ Chair, India CCM.

List of Participants

CCM Members

S.No.	Name	Designation/Organization
1	Sh. C. K. Mishra	Secretary (HFW)/Chair, CCM
2	Dr. Soumya Swaminathan	DG, ICMR
3	Sh. Navdeep Rinwa	JS (NR), MOHFW
4	Smt. Vijaya Srivastava	AS&FA, MOHFW
5	Ms. Marietou Satin	USAID
6	Dr. John Cherian Oommen	Christian Hospital, Odisha
7	Mr. Abou Mere	President, Indian Drug User's Forum
8	Md. Hashmat Rabbani	Secretary, Gramin Samaj Kalyan Vikas Manch, Jharkhand
9	Ms. Sadhna Jadon	PLHIV
10	Swami Shantatmanda	Ramakrishna Mission

Alternate Members

S.No	Name	Designation/ Organisation
1.	Dr. Inder Parkash	DDG (PH), MOHFW
2.	Dr. Nicole Simone Seguy	Senior Technical Advisor, WHO
3.	Ms. Nandini Kapoor	Senior Programme Advisor, UNAIDS
4.	Dr. Yatin Dholakia	Senior Clinical Consultant, Foundation for Medical Research, Mumbai
5.	Mr. Sandeep Kumar P	Treasurer, Vikas Bharti, Bishunpur
6.	Ms. T. Annapoorani	Blossom Trust

Special Invitees

S.No	Name	Organization
1	Mr. Heman Sabharwal	Price Water House (LFA)
2	Mr. Alok Saxena	JS
3	Dr. R.S. Gupta	DDG ,NACO
4	Dr. Sunil K Khaparde	DDG (CTD)
5	Dr. V S Salhotra	Addl. DDG (CTD)
6	Dr. P.K.Sen	Director, NVBDCP
7	Dr. Avdhesh Kumar	Addl. Director, NVBDCP
8	Dr. Sher Singh	Joint Director, NVBDCP
9	Ms.CA Vartika Singhal	Fin. Consultant (GFATM),NVBDCP
10	Dr. Sundari Mase	WHO Country Office
11	Prof. Srilatha Juvva	Centre for Disability, TISS
12	Dr. Manish Bamrotiya	NACO
13	Dr. Rohini Ramamurthy	NACO
14	Dr. Suman	NACO
15	Dr. Neha Garg	NACO
16	Dr Asha	NACO
17	Dr. Yogesh Patel	CTD
18	Dr. Bavin Vadera	CTD
19	Mr. Naresh Yadav	PLHIV/ Translator
20	Mr. Neeraj Raizada	GMS Local Consultant
21	Dr. K S Sachdeva	DDG , NACO/ India CCM Focal Point
22	Dr. Sandhya Gupta	I-CCM Coordinator
23	Dr. Benu Bhatia	Programme Officer, I-CCM
24	Ms. Veena Chauhan	Administrative Assistant