

India Country Coordinating Mechanism- 71st Meeting

Subject: Minutes of 71st Meeting of India CCM

Date (dd.mm.yy)	07.12.2017
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	4.00 PM
Meeting adjourned	5.30 PM
Meeting Chaired by	Smt. Preeti Sudan
Meeting Steered by	Sh. Manoj Jhalani, AS & MD (NHM)/ Member Secretary
Total number of participants	37
Did the meeting attain quorum?	Yes
Did the meeting have any conflict of interest	No, Adequate measures to mitigate Conflict of Interest were taken during the meeting.
Meeting attendance	<ul style="list-style-type: none">▪ Country Coordinating Mechanism (CCM) Member : 14▪ Alternate member : 3▪ Special Invitees : 20
Attendance list	Yes, Annexure-1

71st meeting of India CCM began with welcome and introduction of new Secretary (HFW)/ Chair India CCM, Smt. Preeti Sudan by Member Secretary, Sh. Manoj Jhalani. He expressed gratitude and appreciation to outgoing Secretary (HFW), Sh. C. K. Mishra for his leadership on behalf of India CCM. A brief round of introduction was held, followed by welcome address by Secretary (HFW)/ Chair, India CCM. She welcomed all the members and applauded their meaningful engagement at the platform of India CCM to make an impact on three diseases i.e. HIV, TB and Malaria. She highlighted the importance of strengthening local NGOs by enhancing their engagement in programme implementation under the Global Fund grant. She conveyed her continuous support and availability for India CCM to fulfil its mandate to serve the interest of beneficiaries.

The members were briefed on the agenda of the 71st CCM meeting. The following deliberations and decisions were undertaken during the meeting:

Agenda item no. 1

Member Secretary, India CCM updated members on change in membership of India CCM. He welcomed and introduced AS & DG (NACO), Sh. Sanjeeva Kumar as new member of India CCM from central government constituency with Mr. Arun Kumar Jha as his alternate member and Dr. M Lego from state government constituency who recently joined as Director Health Services, Arunachal Pradesh in place of Dr. Allok Yirrang, the outgoing CCM member.

Agenda item no. 2

The minutes of the 70th meeting of India CCM were endorsed.

Agenda item no. 3

India CCM Focal Point shared the following updates on the action taken on decisions of 70th CCM Meeting:

S.No.	Key Decision taken in 70 th CCM meeting	Action taken/ Progress update
1.	<p>The Global Fund asked India CCM to consider TRP and GAC recommendation on Funding requests for HIV, TB and Malaria for grant 2018-21.</p> <p>India CCM raised concern over the procedure of holding GAC meeting before endorsement of TRP comments and decided to limit the response to TRP recommendations only and sharing the same with the Global Fund by 18th August, 2017.</p> <p>It was also decided to communicate to the Global Fund that GAC of the Global Fund must consider India CCM's TRP response before finalising its recommendations.</p>	<ul style="list-style-type: none">• TRP responses for HIV, Malaria and Tuberculosis funding requests were sent to the Global Fund on 18th August, 2017.• Minutes of 70th CCM meeting were shared with the Global Fund Country Team. GFCT clarified that TRP and GAC-1 responses must be addressed together by the CCM and it cannot proceed to grant making till then, thereby delaying the grant.• Considering the importance of matter responses to GAC were submitted to the Global Fund with approval of Chair, India CCM and ex post facto approval of CCM members is being sought in current meeting.
2.	<p>India CCM advised to make policies across HIV, TB and Malaria to have community engagement with specifications of who all will be benefitted.</p>	<p>Recommended decision is under process and progress will be shared in the next CCM Meeting.</p>

3.	<p>TRP raised concern over sustainability issues over Technical Assistance to RNTCP through WHO (TSN) and suggested to phase out external support for TA.</p> <p>India CCM suggested CTD to provide a stronger and clearer response on this recommendation of TRP.</p> <p>CCM emphasized that during scale up of the programme, efforts should be made not to undermine existing capacities.</p>	<p>CTD response to TRP – Considering the heightened need for ensuring quality technical assistance when the programme is scaling up, scaling down of TA will have negative impact on the programme. TSN will be continued with WHO support for 60 consultants in year 1, 40 for year 2 and 3.</p> <p>GAC recommended that funding for 40 TA positions originally funded by the GF should progressively be shifted to the GoI, with GF support being reduced to 75% in Year 2, 50% in Year 3 and 0% from next implementation period onwards.</p> <p>CTD responded to GAC recommendation requesting for continuation of 60 TSN from WHO in 2018 (year 1) and agreed for reduction to 30 (in 2019) and 20 (in 2020) with total transition from WHO support after 2018.</p> <p>With strong leadership and intervention of Secretary (HFW) and AS & MD (NHM), the GF has given exceptional approval for the same to India.</p>
4.	<p>For Malaria proposal, TRP noted that the high program management costs for PR2 (Caritas) result in high cost inefficiencies.</p> <p>AS & MD (NHM) advised NVBDCP to review the HR requirement and budget needs of Caritas and may take a view point in support of Caritas if required while responding to TRP comments.</p>	<p>NVBDCP response to TRP: Certain reductions in Caritas HR positions were suggested by NVBDCP (6 posts from 9 of CPMU at national level, 2 posts from 3 for PMUs and 130 posts from 145 of field supervisors).</p> <p>GAC Recommended that additional civil society PR specifically for net distribution does not seem cost effective and should be managed by NVBDCP. Caritas was notified for Grant Closure.</p> <p>NVBDCP Response to GAC –As Caritas has not been provisioned by GF, two local NGOs would be employed as SRs besides the State Vector Borne Disease Control Programmes.</p>

Swami Shantatmananda inquired about the role of Technical Support Network (TSN) consultants in RNTCP programme and whether such technical positions exist for HIV and Malaria programmes. India CCM Focal Point explained that TSN consultants are significant technical resources for RNTCP programme at national and state level. Every national programme has provision for such technical resources having different structure and models (regional consultants etc).

Ms. Laxmi Narayan Tripathi and Mr. Abou Mere questioned the slow progress related to development of policies across HIV, TB and Malaria to have meaningful community engagement as decided in the 70th CCM meeting and expressed their dissatisfaction on the matter. Chair, India CCM stressed on the importance of the matter and advised to set timeframe for completion of this activity. She suggested seeking inputs from community representatives of India CCM for developing such policies for community engagement.

Decision:

1. India CCM provided ex-post facto approval to address GAC recommendations by the programme divisions.
2. India CCM set 20th January 2018 as deadline for developing draft of policies across HIV, TB and Malaria to have meaningful community engagement and sharing the same with India CCM.

Agenda item no. 4

Following updates were presented by the India CCM Focal Point on the Global Fund related activities:

1. Funding Requests with TRP Responses were submitted by India CCM on 18th August 2017 as per decision of CCM in its 70th Meeting.
2. The minutes of 70th CCM Meeting were shared with the Global Fund and it was clarified that TRP and GAC-1 responses must be addressed together by the CCM and the country cannot proceed to grant making till then.
3. Chair, India CCM approved to address GAC-1 recommendations and to present the same to India CCM Members for ex post facto approval. The CCM members were informed over mail on 18th September 2017.
4. Responses to GAC recommendations were submitted to the Global Fund.
5. Global Fund country team visited India for a mission from 11th -22nd September 2017 focussed on the Grant Making Process. Documents on Performance Framework, Budget and Implementation arrangement prepared by PRs with support from the Global Fund country team and LFA.

6. Grant Documents for HIV and Malaria have been submitted to GAC-2 on 22nd November and for TB, will be submitted on 7th December.
7. Global Fund Secretariat is expecting positive Board outcome on the Malaria and HIV grant documents by 13th December 2017.

Status of Progress of upcoming Grant (2018-21) was also presented to the CCM. Following are the details of progress related to upcoming grant –

HIV/ AIDS: NACO, with grant project Strategic Augmentation of HIV AIDS Services has a budget of USD 155 million. NACO is working towards finalization of vendors for outsourcing activities of Supply Chain mgt. (\$ 5.37 M) and Blended capacity building (\$ 3.37 M). RFPs have been floated, bids have been received and approval from BER is awaited. The proposal of CHAI for HIV/ AIDS has been approved by the Global Fund. However as they are individual PRs under the TB grant, the organisation will receive grant for HIV/AIDS activities directly routed through TB grant.

India HIV Alliance will provide Care and Support services to PLHIV with a budget of USD 20.5 million in the upcoming grant. Plan India and SAATHII will provide pan India coverage for Demand generation, Strengthening community system, Linkages and continuum of care, Private sector reporting for PPTCT and Capacity building for non-clinical staff with budget of USD 12 million and 7 million respectively. Government and all non Government PRs for HIV AIDS have submitted their grant documents and they have been reviewed by GAC-2 and put to Board for approval.

Tuberculosis: Central Tuberculosis Division, with grant project TB Care and Prevention, Multi Drug Resistant Tuberculosis- Diagnosis, Treatment, Patient Support/Incentive and others has a budget of USD 201.3 million (Excluding USD 23.08 for Laboratory support services to be routed to FIND which was initially designated as an SR to CTD, but is now an individual PR).The Grant documents have been finalized and submitted to GF for GAC-2 review scheduled on 7th December 2017. The process pertaining to Loan Buy Down from World Bank is under progress.

The Union will provide services of Active Case Finding in KAPs with budget of 15.5 M. Grant documents have been submitted to Global Fund after necessary changes in the budget.

William J Clinton Foundation had submitted their application for selection as PR as a consortium of CHAI, FIND and PATH. Global Fund suggested WJCF consortium to split into 3 PRs as their activities are in different geographies and the original arrangement of Co-PR, is not legally feasible as per Global Fund rules. Further, the 3 Partners must sign a mutual agreement. The Priority area of activity for the three organizations is engagement of private providers and will be performing activities with a budget of USD 14.34 M, USD 15.6 M, USD 33.1M for CHAI, PATH and FIND respectively. An endorsement of the suggested implementation arrangement is sought from the CCM.

Malaria: National Vector Borne Disease Control Programme with grant project Intensified Malaria Elimination Project (IMEP) has a budget of USD 65 million. Grant documents for Malaria grant have been submitted by the PR and have been reviewed by GAC-2 and put to Board for approval.

Apart from the Programme updates, other Global Fund related updates were also presented – (1) Mr. Peter Sands was elected as New Executive Director of the Global Fund at the 38th Global Fund Board Meeting. (2) India has submitted nominations for Chair, Audit and Finance Committee; Vice Chair, Ethics Committee and Vice Chair, Strategic Committee of Global Fund Board and outcome is awaited. (3) Transition Plan for the Global Fund exit from India for next 9 years is being finalized by the programme divisions and will be submitted to the Global Fund. The transition plan for NACO has been approved at the level of AS & DG (NACO). Plans for CTD and NVBDCP are pending at DGHS and MoHFW level respectively. Member Secretary, India CCM advised CTD and NVBDCP to expedite approval of transition plan. NVBDCP explained that transition plan is submitted to MOHFW through e-office on 28.11.2017. India CCM Focal Point apprised CCM that once approved plans are received by ICCM, they will be put up for approval of Secretary (HFW)/ Chair, India CCM and then for approval of Ministry of Finance.

Decision:

India CCM endorsed the suggestion of split of WJCF into 3 PRs – CHAI, PATH and FIND.

Agenda item no. 5

Oversight Committee of India CCM conducted a visit to Mumbai, Maharashtra from 21st-23rd August 2017 to Oversee implementation of HIV and TB grants in Mumbai through PRs- NACO, India HIV Alliance, SAATHII, CTD and the UNION. The visit was conducted by Oversight team comprising of Dr. Inder Prakash, Chair Oversight Committee; Dr. Yatin Dholakia (alternate member India CCM), Dr. Rajatashuvra Adhikary (UNAIDS representative), Mr. Utpal Das (NACO representative) and India CCM Coordinator. Dr. Inder Prakash made a brief presentation on the visit finding:

1. 5 PRs are implementing HIV and TB grants through their SR in Mumbai as given in table below –

Disease	PR	SR
HIV	NACO	Maharashtra SACS (including Mumbai DACS)
	India HIV Alliance	Network of Maharashtra by People Living with HIV/AIDS (NMP+)
	Solidarity and Action Against the HIV Infection in India (SAATHII)	SAATHII Maharashtra unit
TB	CTD	Maharashtra (RNTCP) and TISS
	Union	PSI and Catholic health association of India (CHAI)

2. Activities conducted by the Oversight Committee team during their visit to Mumbai–
 - a. Meeting with all concerned SRs implementing grant in Mumbai
 - b. Site visits to oversee HIV and TB grant activities:

For TB Grant:

- i. *Sewri TB Hospital, District Tuberculosis Centre -Govandi, Centenary hospital and J. J Hospital-C & DST laboratory*
- ii. *TISS : To oversee MDR counselling project*
- iii. *Transit Camp (PSI): To oversee Axshya Project (Active case finding and private sector engagement)*

For HIV grant:

- iv. *Nair Hospital and Sion hospital (ICTC and ART centres)*
 - v. *Disha Hospital, Vikhroli to observe Private sector involvement in PPTCT under SAATHII*
 - vi. *Care and support Centre, Byculla to oversee PLHIV support activities of NMP+*
- c. **Debriefed Principal Health Secretary, Maharashtra** on visit observations

3. The following main observations of the Oversight visit were shared related to different programmes:

A. Under Maharashtra RNTCP Programme (in Mumbai):

- i. Shortage of cartridges was found since 2 months. 5500 cartridges available in stock against monthly requirement of 19000 as per state records.
- ii. Policy of IPT is not being implemented because of shortage of INH & Pyridoxine. District level procurement of 2nd line drugs and Tab. Pyridoxine is difficult due to vendor issue.
- iii. 1st installment of funds of 2017-2018 is awaited from Govt. of India to the state.
- iv. Difficult retention of RNTCP contractual human resource (STS, SDPS, and Counsellors) due to low remunerations.
- v. Increased requirement for trained counsellor for Mumbai region due to excessive MDR TB burden. Moreover retention of existing RNTCP counsellor is challenging due to disproportionate remuneration.
- vi. At GTB, Sewri Hospital: Team found that RNTCP counsellors did not have adequate skill sets to counsel MDR TB patients. Psychosocial aspect of counselling was not covered.
- vii. Team observed the need to have uniform protocol for training of RNTCP counsellors, forms, documentation and data sharing across all facilities to ensure proper monitoring and evaluation.

B. Under Maharashtra SACS (including Mumbai DACS):

- i. Shortage of staff at SACS (around 13 % at ICTCs and 24% at ART centres) due to low salary structure. Need for revision of financial norms for salaries and travel allowances.
- ii. Out of 73 ART centres, 34 do not have CD4 machines. Functional Machines are old and suffer frequent breakdown. Requirement of new CD4 machines in the program; NACO has assured to provide more CD4 machines.

- iii. Shortage of Nevirapine and pediatric syrup (Abacavir 3TC): left with limited stock less than 3 months.
 - iv. Inadequate budgetary provision to state for FY 2016-17 (received 29 crore against PIP request of 57 crore. Budget allocation for FY 2017-18 is also low against demand.
 - v. **At ART center, Nair Hospital:** Around 20% posts of doctors, counsellors and other staff were vacant primarily due to less remuneration, CD4 machine was out of order for nearly one week and Shortage of drugs Nevirapine (NP) was found.
- C. **At Care and Support Centre (CSC), Byculla** run by Network of Maharashtra of Positive People with HIV/AIDS (NMP+):
- i. High turnover rate of outreach workers due to disproportional remuneration which do not commensurate with high cost of living in Metro city like Mumbai.
 - ii. Heavy workload at CSCs as only 6 CSCs are provisioned to support 15 ART centres in Mumbai.

Dr. Inder Prakash informed that detailed report of the visit has been shared with all stakeholders (PRs/SRs) for necessary action and Oversight Committee will share action taken report of all PR/SR with CCM members before next CCM meeting.

AS & MD (NHM)/Member Secretary, India CCM sought clarification from CTD on shortage of cartridges and not having uniform counsellor training protocols as indicated by the oversight report. He also enquired about mechanism of gauging adequate availability of drugs/supplies at the facilities. Dr. V. S. Salhotra, Addl. DDG (TB) apprised that order for 2.5 lakh cartridges was placed well in advance. However due to GST related issues, supplies got delayed. He clarified that for counsellor training programmes, standardized guidelines and training modules are used.

With respect to monitoring of drugs supply at facilities, Dr. Salhotra informed that CTD keeps a track on drugs supply and shortage through routine quarterly reports from states and data of E-aushadhi software.

With respect to HIV related observations clarification was sought from NACO. Dr. Sachdeva, DDG (NACO) responded that they are cognizant of low remuneration and staff shortage issues of SACS and working out to address the issues. However, reduction in NACO's budget over the last few years against its increased requirement has been a consistent challenge and one of the reasons for disparity in salaries of NACO and NHM staff.

For CD4 machines, Dr. Sachdeva apprised that order for new CD4 machines has been placed through fresh tendering.

Secretary (HFW) advised to review the current status of observations of Oversight Committee from its Mumbai visit and share the status of action taken by concerned stakeholders on committee findings in next CCM meeting.

Decision:

Oversight committee to review the current status of its observations from Mumbai visit and share the status of follow up action taken by concerned stakeholders on committee findings in next CCM meeting.

Agenda item no. 6

Before discussion of this agenda point, Ms. Sadhna Jadon and her accompanying translator, Mr. Firoz Khan were asked to recuse themselves from the discussion due to potential conflict of interest. Ms. Sadhna who is working as a district officer at MPNP+ agreed to step out of the room till the time discussion related to this agenda point was being undertaken.

A complaint on AHANA Project led by MPNP+ (SR) under Plan India (PR) for HIV/ AIDS working in Madhya Pradesh from a former District Officer working in the organisation was received by the India CCM. A committee was appointed to ascertain facts regarding the complaint and conducted a visit to Jabalpur, Madhya Pradesh from 7th-9th September, 2017.

A presentation of the report of visit was made by Chair, Oversight Committee, Dr. Inder Prakash. The features of the complaint and observations made by the committee are as under:-

1. Former District Officer of MPNP+ made 13 allegations against the AHANA Project led by MPNP+.
2. The Committee met the complainant; MPNP+ management staff including Secretary, President, State Project Coordinator, Finance and Admin officer; three District Officers currently working in the organization; two ORWs working in the organization and one formerly appointed ORW; officials from Plan India (PR) and officials from MPSACS.
3. Committee observed clear evidence in 3 allegations of:
 - a. Nonpayment of dues for laptop security- The complainant was not paid his dues pertaining to laptop security till the time of visit.
 - b. Data fudging – It was observed that there are gross differences in the data presented by MPNP+ and SIMS data as per a report presented by MPSACS. MPNP+ has also provided its responses on the report.
 - c. Lack of referral strategies- The MPNP+ management team stated that the ORWs have started to maintain line lists recently. They also stated that it is difficult to maintain line lists as 1 ORW is appointed for 2-3 blocks. The reports with line lists are submitted to the SR after each quarter and beyond that ORWs do not have access to the lists, thereby follow up of left out cases is not maintained. The committee observed that there is gap in procedures and activities of MPNP+ which must be addressed.
4. Committee observed procedural deviation in 6 allegations of:
 - a. Termination of job of employees – The complainant alleged that he was fired without prior notice and similar allegations were also put by a former ORW. The committee observed substantial evidence in these allegations.

- b. Appointment of employees – The committee noted that interviews for appointment of D.O for few districts were conducted before any termination notice was given to the complaint. As per presented documents, the committee observed that proper procedure of appointment of new staff was not followed by the SR.
 - c. Non sharing of details of payments made by the complainant.
 - d. Delayed contract renewal of ORWs – The MPNP+ management however responded that there was delay in contract renewal with the PR, thereby the contracts with the staff could not be renewed in time.
 - e. Non preparation of visit reports by Project director
 - f. Usage of Blank sealed and signed formats for fudging data
5. Committee observed no evidence in 4 allegations of:
- a. Pending TA bills - No substantial evidence regarding the dues pending for travel and meetings conducted by the complainant were observed.
 - b. Demand for bribe from District Officers
 - c. District officers and ORWs are asked to submit bogus bills/vouchers
 - d. Workplace sexual harassment

Member Secretary, India CCM asked if any action has been proposed yet. India CCM Focal Point clarified that the report has not been shared with the PR yet and decision be taken by the CCM. Member Secretary, India CCM questioned regarding the mechanism for supervision employed by the PR as it is the responsibility of the PR to monitor the SR. Ms. Srilatha Juvva also asked regarding the monitoring mechanism in place used by the PR. She also added that due to lack of funds, many organizations do not allot money for monitoring and evaluation. India CCM Focal Point clarified that the PRs have dedicated budget for this activity and allocate close to 20% of their budget for management of grant.

Decision:

The report of the visit may be shared with the concerned Principal Recipient who is responsible for supervision of its SRs. The SR should be sufficiently cautioned and the PR must submit its response to the report within 10 days of receiving it. An action as per the response will be proposed in the next CCM Meeting. Sh. Swami Shantatmananada, CCM Member also suggested that in the interim period, there should be no further release of funds to MPNP+.

Agenda item no. 7

To provide an update on Performance of India CCM and CCM Secretariat for 2017, India CCM Focal Point presented the progress update of CCM on the Improvement Plan approved by the CCM in 2016. Eligibility and Performance Assessment (EPA) is an annual process to evaluate CCM performance and its compliance to Eligibility Requirements (ERs) and Minimum Standards (MS) of the Global Fund. In December 2016, EPA was conducted and India CCM agreed for Improvement plan to be complied by in year 2017 based on the assessment. Following is the progress update on improvement plan –

Oversight related Improvement Plan		
Sl. No.	Activity to be undertaken	Current compliance Status
1.	Revise and update Oversight Plan	Completed; Approved in 69 th CCM meeting
2.	Comply with Global Fund required skill-sets and incorporate financial and PSM experts in oversight committee (OC)	Completed; Approved in 69 th CCM meeting
3	Capacity Building for Oversight Committee members on Oversight functions, processes and results:	Oversight Committee training done on 10th April, 2017
4	<ul style="list-style-type: none"> • Secretariat/Oversight Members to provide guidance to Civil Society Organization groups on constituency consultation and assist them in developing their work plan. • Ensure/Assist in holding CSO constituency Consultation meetings- at least one for NGO, three for KAP and one for PLWD constituency 	<ul style="list-style-type: none"> • HIV constituency engagement conducted on 14th Aug, 2017. The participants were guided on Work plan development. • For TB/ Malaria constituency meeting is being planned.
5	To introduce PR and CCM Summary Dashboards to PRs and CCM	<ul style="list-style-type: none"> • PRs were trained in a workshop organized in January 2017 • Orientation of India CCM was done in 69th CCM meeting
6	Develop Oversight activity work plan for year 2017 to cover quarterly OC meetings, site visits and CSO engagement etc.	Developed and approved by Oversight Committee
Structures related Improvement Plan		
7.	Orient & train India CCM Secretariat staff on CCM and Global Fund functioning	Training was done on 6 th April, 2017
Communications related Improvement Plan		
8.	CCM to endorse Communication Plan	India CCM endorsed its communication plan in 69 th CCM meeting
Membership related Improvement Plan		
9.	Organize a refresher training for all CCM members/alternates on core CCM activities, Conflict of Interest mitigation policy and oversight functions	Pending activity.

Member Secretary, India CCM inquired regarding the PR Dashboards and if all PRs have prepared their dashboards. India CCM Focal Point clarified that the non Government PRs have submitted the updated PR Dashboards, however the Government PRs have not yet submitted the dashboards to India CCM

Secretariat. Dr. V S Salhotra replied that the trained personnel for the dashboard has now left CTD, thereby CTD has not been able to produce dashboards. However, re- training for dashboard was provided to CTD, NVBDCP and NACO with support of local technical staff provided by Grant Management Solutions. Member Secretary, India CCM advised all PRs to develop and update their dashboards and present to the CCM.

India CCM Focal Point presented the change in the ratings of India CCM on Eligibility and Performance Assessment portal –

CCM Eligibility Requirements	ER/ MS	Indicator	Previous rating (In December 2016)	Current rating (in December 2017)
Requirement 3	ER	India CCM has a complete oversight plan that includes activities, responsibilities, timeline and budget.	Indeterminate Compliant	Fully Compliant
	ER	The oversight body (OB) has access to core skills: (i) financial management, (ii) diseases specific expertise, (iii) procurement and supply management, and (iv) program management. OB composition should include a key affected populations and PLWD representative(s)	Indeterminate Compliant	Fully Compliant
	MS	The oversight body conducts oversight activities to discuss challenges with each PR and identifies problems, potential reprogramming. Dated meeting minutes, reports or work plans that provide evidence of quarterly dialogue are available.	Non-Compliant	Indeterminate Compliant
	MS	CCM takes decisions and corrective action whenever problems and challenges are identified, the CCM has, in the past 6 months, taken decisions on the minimum (i) management, (ii) financial and (iii) programmatic indicators of oversight ¹ and followed up on corrective actions.	Non-Compliant	Indeterminate Compliant
Requirement 4	MS	The CCM membership (members) shows a balanced female representation.	Fully Compliant	Indeterminate Compliant *
Requirement 5	MS	CCM membership details shows that the CCM Chair and Vice Chair are from different sectors (government, civil society sector, and	Indeterminate Compliant	Fully Compliant

		development partners), and there are clear procedures for rotation as well as periodic change of the leadership as per CCM bylaws.		
Requirement 6	ER	CCM has a conflict of interest (Col) policy with rules and procedures to avoid or mitigate Col, CCM members have signed a Col declaration form	Indeterminate Compliant	Fully Compliant
	ER	CCM meeting minutes demonstrate that CCMs follow the procedures to prevent, manage and mitigate Col. (Indicator: Percentage of CCM meeting minutes in the past 12 months in which procedures to prevent, manage and mitigate Col has been applied)	Fully Compliant	Indeterminate Compliant **

India CCM has had significant improvements on most aspects and there are no requirements/ minimum standards for which India CCM is not compliant now.

*The CCM has balanced female representation: 40% being females (from a sum of members and alternate members of India CCM). India CCM Secretariat has not been able to update partner portal application since few months, which seems to be the reason for the rating. The Global Fund has been intimated about inability of India CCM Secretariat to access the partner portal.

**One of the agendas of the 71st CCM Meeting is to gain signatures on the Conflict of Interest declaration where they can declare the same. Before leaving, the Chair, India CCM also stressed on the need of all CCM Members/ Alternate members to declare their interests in the Global Fund grants and CCM functioning as it is mandatory as per Global Fund guidelines. Henceforth, increased attention will be given in order to follow the procedures to prevent, manage and mitigate Col during CCM Meetings.

CCM Secretariat Performance is also to be assessed annually by the CCM. A performa for gathering inputs from CCM Members on Performance assessment was circulated during the meeting. Two members have indicated “Exceptional”; nine members indicated “Performing well” and three members have indicated “a few minor issues” in their assessment. On an average, the CCM Secretariat is performing well as per assessment of the CCM.

Decision:

The CCM decided that the programme divisions must present their updated dashboards in the next CCM Meeting.

Agenda item no. 8

Grant Closure Plan for World Vision India and Caritas India was submitted to India CCM Secretariat for seeking endorsement of India CCM. The plans were shared with the respective programme divisions for their views and were shared with India CCM over mail. During the meeting, India CCM Focal Point provided a brief introduction to the plans.

Grant Closure Plan of World Vision India: World Vision India is receiving grant of USD 6.9 million under Axshya project – “Enhancing access to quality TB care for vulnerable and marginalized populations through innovative and sustainable interventions, community participation and engagement of all healthcare providers” for the implementation period Oct 2015-Dec 2017. As the PR was notified for grant closure after their non selection as PR for the upcoming grant, the organization has prepared a grant closure plan for period Jan 2018- March 2018 and has requested for a budget of USD 0.38 million. The major activities during their period would be to undertake Supervisory Visits, Audits and LFA review, Financial and Administrative closure at SR and PMU, Review and Dissemination Meetings, Data management, Monitoring and Review, Asset transfer, HR Transition etc.

The Central TB division has given a no objection to the Grant Closure Plan except the following –

- i. The PMU may not need all the proposed positions for the grant closure period.
- ii. The activity – Review and Dissemination meetings may not be required for the closure.

Grant Closure Plan of Caritas India: Caritas India is receiving grant of USD 8.9 million under IMCP-3 project: Reaching the Difficult to Reach Areas in the Fight against Malaria for the implementation period Oct 2015-Dec 2017. As the PR was notified for grant closure after GAC-1 recommendations, the organization has prepared a grant closure plan for period Jan 2018- May 2018 and has requested for a budget of USD 0.56 million. The major activities during the period will be Submission of stock of RDTs and Antimalarials; Cessation of field implementation and reporting; Meeting with CHVs, DPMUs and SR PMUs; Preparation of PUDR; Asset review; Project Audit etc. As the organisation had sent their plan late, views of NVBDCP on the plan are pending.

Decision:

1. CCM endorsed the Grant Closure Plan of World Vision India subject to clauses indicated by Central TB division and may be further reviewed by LFA.
2. CCM endorsed the Grant Closure Plan of Caritas India in principle, subject to review by NVBDCP and LFA.

Agenda item no. 9

As per one of the Eligibility Requirements of CCM under the Global Fund, CCM must follow its conflict of interest (CoI) policy with rules and procedures to avoid or mitigate conflict of interest and as a

procedure each member and alternate member must sign the CoI declaration form annually clearly indicating their potential and perceived interest if any.

All Members and alternate members were requested to sign Conflict of Interest declaration forms.

Agenda item no. 10

SS & FA expressed her disappointment with CCM Secretariat about non coordination with Budget division regarding the issue of requesting Ministry of Finance to increase the Externally Aided Component of budgets of programme divisions of MoHFW. Secretary (HFW)/ Chair, India CCM directed India CCM Focal Point and JS of CTD and NVBDCP to coordinate and provide requisite information to CCM Secretariat and eventually to the budget division. India CCM Focal Point apprised the CCM that CCM Secretariat does not have any financial expert staff. The divisions- NACO, CTD and NVBDCP have provisions for dedicated financial experts for GFATM assisted projects and India CCM Secretariat provides over all coordination between the three programmes and GFATM. India CCM Secretariat is dependent on the programme divisions to provide requisite financial information pertaining to the grants. CCM Focal Point requested the divisions and assured for better coordination in the future.

Mr. Abou Mere mentioned that HIV- Hepatitis C co-infection has been approved by the Global Fund for next grant period (2018-2021) under NACO grant, however community representatives (Injecting drug Users) are not made aware of any further developments on implementation of the same.

He raised concern over not receiving adequate and timely response/ intervention from NACO/ SACS whenever communities inform the programme of their concerns. DDG (NACO) responded to his concern and mentioned that NACO will issue advisory to all SACS to timely address concerns of communities.

AS & MD (NHM)/ Member Secretary, India CCM advised all community representatives working for three diseases (HIV, Tuberculosis and Malaria that whenever they highlight issues to concerned national programme divisions, they ensure keeping India CCM/ Secretariat in loop so that action can be ensured at CCM level as well.

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

List of Participants

CCM Members

Sl.No.	Name	Designation/Organization
1	Smt. Preeti Sudan	Secretary (HFW)/ Chair, I-CCM
2	Smt. Vijaya Srivastava	Spl. Secretary & FA
3	Sh. Manoj Jhalani	AS & MD (NHM) / Member Secretary, I-CCM
4	Sh. Sanjeeva Kumar	AS & DG (NACO)
5	Dr. Nerges Mistry	Director, Foundation for Medical Research ,Mumbai
6	Dr. Moromor Lego	Director of Health Services, Arunachal Pradesh
7	Mr. Abou Mere	President, Indian Drug User's Forum, Nagaland
8	Ms. Laxmi Narayan Tripathi	Founder Member, Astitva Trust, Maharashtra
9	Mrs. Lakshmi	CEO, Ashodaya Samithi, Karnataka
10	Md. Hashmat Rabbani	Secretary, GSKVM, Jharkhand
11	Mr. Nikhilesh Maity	Programme Officer, Vikas Bharti Bishunpur, Jharkhand
12	Ms. Sadhna Jadon	PLWD HIV Representative
13	Swami Shantatmanda	Secretary , R.K.Mission
14	Prof. Srilatha Juvva	Professor, TISS, Mumbai

Alternate Members

Sl.No.	Name	Designation/Organization
1	Sh. Arun Kumar Jha	Economic Advisor, MOHFW
2	T. Mercy Annapoorni	Rainbow TB Forum

Special Invitees

Sl.No.	Name	Designation/Organisation
1	Mr. Raman Sharma	LFA Member, Dir.PWC
2	Sh. Navdeep Rinwa	JS(NR), MOHFW
3	Dr. V.S. Salhotra	Addl.DDG (TB)
4	Dr. Avdhesh Kumar	Addl.Director,NVBDCP
5	Dr. P.K. Sen	Director,NVBDCP
6	Sh. Sudeep Srivastava	Director (Budget)
7	Dr. Tana Natung	OSD to DHS
8	Ms. Henita Kuntawala	PEPFAR Coordinator, USAID
9	Dr. Ranjani Ramachandran	NPOTB/WHO India
10	Mr. Veeraiah S.	National Consultant,RNTCP
11	Ms. Samantha Bonbayl	Counsellor, French Embassy
12	Dr. Neha Garg	Consultant, NACO
13	Mr. Firoz Khan	Translator for Ms. Sadhna Jadon
14	CA Vartika Singhal	Consultant Finance, NVBDCP
15	Ms. Veena Kumra	Technical Consultant
16	Mr. Amit Kumar	Coordinator, AINSW (Translator for Mrs. Lakshmi)
17	Dr. K. S. Sachdeva	I-CCM Focal Point
18	Dr. Sandhya Gupta	I-CCM Coordinator
19	Dr. Benu Bhatia	I-CCM Programme Officer
20	Ms. Veena Chauhan	I-CCM Administrative Assistant