

Minutes of Meeting of Screening Committee to shortlist Non –Government Principal Recipient under the Global Fund (2018-2020)

17th March, 2017, 11.00 AM

The India Country Coordinating Mechanism (CCM) for the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (GFATM) invited applications from organizations interested in proposing themselves as Non- Government Principal Recipients under the Global Fund for the period 2018-2020 to submit Comprehensive India Country Proposals for HIV, Tuberculosis and Malaria with National Programmes. An advertisement for Expression of Interest (EOI) was posted on the India CCM, MoHFW and Programme Divisions (NACO, CTD and NVBDCP) websites on 20th February 2017. Application due date was set for March 7th, 2017. India CCM Secretariat received a total of 30 applications by the closing date on March 7th; eleven (11) applications for HIV/AIDS, eleven (11) for Tuberculosis, six (6) Malaria applications and two (2) applications with a combined focus on HIV/AIDS, Tuberculosis and Malaria. Four applications were received after the March 7th due date-three applications received on March 8th, and one application on March 10th, 2017.

A Screening Committee to shortlist non-government organizations as potential Principal Recipients for Global Fund grant (2018-2020) as agreed during 68th CCM meeting held on 14th February, 2017, was constituted by MoHFW. The Screening Committee members met on 17th March, 2017 in Nirman Bhawan, MoHFW under the Chairmanship of Dr. N. S Dharmshaktu, Principal Advisor. The following members of the Screening committee attended the meeting:

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| 1. Dr. R S Gupta, DDG (NACO) | Member Secretary |
| 2. Dr. Sunil Khaparde, DDG (TB) | Member |
| 3. Dr. A C Dhariwal, Director (NVBDCP) | Member |
| 4. Sh. Swami Shantatmananda, CCM Member | Member |
| 5. Ms. Nandini Kapoor, Senior Advisor, UNAIDS
(Representing Mr. Oussama Tawil, Country Director, UNAIDS) | Member |
| 6. Ms. Marietou Satin, Health Advisor, USAID
(Representing Mr. Xerses Sidhwa, Director Office of Health, USAID) | Member |
| 7. Dr. N. S Dharmshaktu, Principal Advisor | Chair |

Dr. Nerges Mistry, Vice Chair, India CCM was unable to attend the screening committee meeting. However, she shared her recommendations and scoring of the applications with the India CCM secretariat to be included in the deliberations.

At the beginning of the meeting, Dr. A.C Dhariwal inquired about the scoring criteria and whether new criteria could be introduced at this stage as weightage to the technical competency in the given scoring criteria is low.

India CCM Focal point clarified that the scoring criteria has been approved by MOHFW and the same scoring criteria was advertised for the Expression of Interest. It was further clarified that the proportion of marks allocated for organizational strength also includes an indirect technical criterion to balance the scoring and committee agreed for the same.

The committee unanimously was of the opinion that the applications received after the due date should not be considered.

The committee prior to beginning the joint evaluation process, reached consensus on how individual scoring would be handled. Overall scoring was taken as an average of the committee members individual scoring, following discussion and deliberation on each application and its merits in relation to the EOI announcement. The final scoring represented the consensus of the committee. Applications rated 65 or higher were considered for shortlisting by the committee. The Committee also agreed that recommendations and scoring submitted by Dr. Nerges Mistry would be taken into account by the committee.

The Committee screened the applications in detail one by one and assigned score based on agreed upon and published criteria. The committee through the consensus approach, shortlisted six (6) proposals for HIV, five (5) for TB and four (4) for Malaria and recommended that in order to reduce transaction cost, reduce management burden and strengthen management/oversight, the shortlisted organizations must come together through a consultative process to be facilitated by relevant National Programmes.

The committee recommended reducing the number of non-government Principal Recipients to three (3) for HIV, two (2) for TB and two (2) for Malaria. Further the shortlisted non-government Principal Recipients will work with National Programmes in development of the concept note for final submission to GFATM.

The following applications were recommended by the committee:

A. HIV/AIDS Component:

1. India HIV Alliance
2. SAATHII
3. Christian Medical Association of India (CMAI)
4. Plan India
5. William J Clinton Foundation (CHAI)
6. Tata Institute of Social Sciences (TISS)

B. TB Component:

1. William J Clinton Foundation (JEET project)
2. UNION

3. India HIV Alliance
4. Care India
5. Indian Council of Medical Research (ICMR)- to be considered as Government PR

C. Malaria Component:

1. Caritas
2. International Institute of Health Management Research (IIHMR)
3. Voluntary Health Association of India (VHAI)
4. UNION

The committee made the following recommendations:

1. The shortlisted non-government Principal Recipients (PR) should develop detailed proposal in consultation with national programmes which should match with the programme objectives and requirements, and the project should be implemented in collaboration with the existing health services being provided through State Government.
2. All shortlisted non-government PRs to include a sustainability plan in their proposal as part of the concept note submission. The plan will highlight shared contribution from organizations to sustain Global Fund investments in India.
3. All non-government PR project proposals should reflect strategies to engage the community for promotive, preventive and supportive services related to the project.
4. All shortlisted organizations under each disease component will ensure its proposed interventions are complementary to national disease programme objectives and strategies and clearly articulate their area of work, geographical reach (states, districts, urban-rural-tribal population covered) in an effort to avoid duplication.
5. All organizations will be required to also include in its concept note submission a strong monitoring and evaluation plan. M&E plans will clearly articulate community intervention monitoring strategies.
6. National programmes will establish coordination mechanisms with non-government Principal Recipients. The platforms for involvement of stake holders would be PHC & below in rural areas and zonal / sub zonal offices in urban municipal areas. Annual progress of the work performed by PR needs to be submitted through PHC to CMO in rural areas and sub zonal officers to the officer in charge of Municipal Health in urban areas.
7. Members uniformly agreed that the number of non-government Principal Recipients should be reduced to three (3) for HIV, two (2) for TB and two (2) for Malaria, in order to reduce transaction cost, reduce management burden and strengthen management/oversight. The shortlisted organizations must come together through a consultative process to be facilitated by relevant National Programmes.

The shortlisted proposals have been recommended by the committee based on set criteria, priorities identified by the programmes divisions and stated in the EOI, and reflect

organizations experience, competence and the technical merit and strength of the concept. While constituting Screening Committee and short listing applications Conflict of Interest policy was followed.

The meeting ended with a vote of thanks to and from chair.