

## Meeting of TB and Malaria Constituency for CCM Elections

4<sup>th</sup> September 2018 | 2:00 pm-4:00 pm

A of the TB and Malaria Community including CSOs, KAPs and PLWDs was held on 4<sup>th</sup> September 2018 from 2:00 pm to 4:00 pm at Hotel Park Inn, New Delhi to announce the initiation of process of Elections of India CCM, and to apprise all with the criteria and requirements of the Elections.

The meeting began with a round of introduction of the participants. List of participants is placed at *Annexure-1*. Ms. Smrity from REACH welcomed all for the meeting. Dr. K. S. Sachdeva, India CCM Focal Point introduced the CCM Secretariat, Technical consultant hired for CCM elections- Ms. Rohini Ramamurthy, Senior Advisor, UNAIDS – Ms. Nandini Kapoor and Vice Chair, India CCM- Dr. Nerges Mistry. He elaborated the need for India CCM reconstitution and the community should choose to select a representative from their constituency who is vocal and understands the needs of TB/ Malaria Community at all levels. He also mentioned the constituencies must follow an inclusive, fair and documented process of electing candidates for India CCM membership. He informed the members that the HIV Constituency has already been informed regarding the initiation of election process of India CCM.

Dr. Nerges Mistry and Ms. Nandini Kapoor spoke to the participants giving importance, roles and responsibilities of the CCM Members.

Dr. Sandhya Gupta, India CCM Coordinator gave a presentation introducing the participants to Global Fund, Country Coordinating Mechanism, Global Fund requirement for India CCM composition and reconstitution and the role of TB and Malaria constituencies' elections.

She expressed that as per **Eligibility Requirement # 4**, the CCM must ensure adequate representation of key affected populations and PLWD taking into account the socio-epidemiology of the three diseases – HIV, TB and Malaria. The CCM must also have balanced representation of men and women (at least 30% women representation). As per **Eligibility Requirement # 5**, members from CSO constituencies must be selected by their own constituencies based on a documented, transparent process, developed within each constituency. CCM Members should also have clearly defined processes of soliciting inputs from and providing feedback to their constituencies that selected them to represent their interests in the CCM. It was also clarified that Chair and Vice-Chair of India CCM must come from different sectors.

It was informed that the India CCM must be reconstituted by Oct 2018 for a period of 3 years term. There are three seats each for TB and Malaria disease as per India CCM TORs – 1 CSO, 1 KAP and 1 PLWD.

Category	Key Affected Population	People Living with Disease	Civil Society Organizations	Total
HIV/AIDS	1	1	2	4
TB	1	1	1	3
Malaria	1	1	1	3
<b>Total</b>				<b>10</b>

The following criteria are to be followed for India CCM Membership as per India CCM TORs :-

- Each individual/ candidate shall represent their constituency and NOT their own organization or network.
- Must not work for any of the PRs and SRs of active grants.
- Must be able to commit to attending a minimum of 4 CCM meetings per year.
- Must agree to serve in any other smaller CCM committees, such as oversight etc , if required
- Must agree to feedback decisions and information made during CCM meetings to their constituency and establish a communication feedback loop/workplan to receive information and perspectives from within their constituency to share during CCM meetings.
- Must be willing to sign a Conflict of Interest declaration.

India CCM Coordinator informed that the Election Committee formed by India CCM held its meeting and recommended the following:

- Caucus group/existing networks and CSOs working for HIV, Malaria and TB affected populations are to be engaged for facilitating elections within their own constituency to select members for CCM.
- An advertisement should be put up on CCM/MoHFW/NACO/CTD and NVBDCP websites inviting expression of interest from CSO/KAP/PLWD for CCM membership.
- All members interested for CCM membership shall provide their letter of intent (including experience in the sector and engagement with PR/SRs under the Global Fund etc).
- Each selected member must develop constituency engagement /communication plan in consultation with their constituencies to strengthen constituency engagement in CCM functioning.

The participants were requested to inform respective constituencies (CSO, KAP, PLWD) of TB and Malaria sector about India CCM reconstitution/ election process and to steer/facilitate election of members from respective constituencies for CCM in an open, transparent and documented manner.

A participant from TB Mukta Vahini questioned about the process of involving affected communities which are not very active in current networks. CCM Coordinator answered with an example that a state can select one representative from all vulnerable population for a seat and similarly other states can select their representative. An election can be held among those representatives.

Ms. Nandini Kapoor was asked to bring forth the process adopted by HIV Constituency in the Elections of 2015. She mentioned that the HIV Community has well developed networks, and it has taken a long time for them to come at this stage. In the year 2015, the communities of HIV followed different processes by all KAPs and PLHIV – consensus, electronic voting or physical elections.

Ms. Blessina inquired about who will be leading the process of India CCM Elections. She mentioned that as CCM has funds for bringing constituencies together, if it is possible to bring a larger group together to inform them about the CCM reconstitution as she believes that there is low representation of TB community in CCM, either the right people are not selected or their capacities are not built. Dr. Sachdeva, India CCM Focal Point answered that UNAIDS will be leading the process of India CCM Elections for 2018 for all diseases with support from technical consultant, Ms. Rohini Ramamurthy. He also informed that CCM

Secretariat has limited budget for CCM Elections and big meetings for all constituencies may not be possible.

Dr. K. S. Sachdeva also introduced Sh. Vikas Sheel, JS (TB/ NVBDCP/ GFATM). Sh. Vikas Sheel addressed the participants during the meeting. He explained to the participants the developments of the Government concerned with TB and Malaria. He stressed on the importance of community involvement in TB and Malaria control, and the importance of network formation in TB. He also mentioned that as far as possible, for the reconstitution of CCM for 2018, the constituencies should opt for consensus building and elections should be avoided.

Mr. Shampa, Consultant Caritas requested if an additional meeting of Malaria constituency can be arranged separately as there was low representation from the constituency in the current meeting.

Ms. Blessi from Touch by TB and offered to lead the process of TB Election process in order to make it more transparent as there are many stalwarts in the TB constituency who are not part of the current meeting and would like to be a part of the Election process. India CCM Focal Point mentioned that it is not the mandate of CCM Secretariat to select an organization to lead the process. The constituency may decide among themselves the organization and natural leadership may emerge.

Ms. Nandini Kapoor concluded the meeting mentioning that UNAIDS will be a facilitating body for India CCM Elections. A common email will be formed and through that the communication regarding the reconstitution will be conveyed to all participants. In case of any doubts regarding Global Fund and CCM, technical consultant, UNAIDS or CCM Secretariat can be referred to. The constituency should as far as possible arrive at a consensus and elections should be avoided.

Ms. Blessi also reiterated that the group needs to communicate/ discuss among themselves as to what process should be followed by the constituency. Ms. Nandini Kapoor suggested that a Google group can be formed for such discussions. Webex calls can also be arranged with help of UNAIDS.

Mr. Rohini Ramamurthy, Technical consultant also assured of support to the community to ensure a transparent and fair process of reconstitution of India CCM. She also reiterated that the present group is a medium to go back and discuss the news with their constituency. An Advertisement will also be hosted to reach wider audience.

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Sl.No.	Name & Designation	Organization
1	Dr. Reeta Sahoo, Programme Manager	U.S.S.,Odisha
2	Mr. S.K.Saiqul Ali, Teacher	VEMS
3	Mr. Tukuna Jena	REACH
4	Mr. Prakash Kumar Patanayak	REACH
5	Mr. Kushal Patowary, Service	Assam –TB Champion Network
6.	Mr. Bibhuti BhusanSahu, Service	Odisha-TB Champion Network
7	Ms. LopamudraSanyal, Sr.Prog.Manager	REACH
8	Mr. Milan Jacob, Media and Communications Associate	REACH
9	Ms. Manisha Gautam,Programe Associate	REACH
10	Mr. Sudeshwar Kr. Singh, TB Champion	REACH
11	Mr. Bibek Ranjan Padhi	REACH
12	Ms. Junak iBehara	REACH
13	Ms. Manju Kachwa	REACH
14	Mr. Pradeep Kumar Misra	REACH
15	Mr. Liaquat Ali	REACH
16	Mr. Dean Lewis,Member	TBTB
17	Ms. AmritaLimba, TB Champion	TBTB
18	Mr. SatyendraNathJha, TB Champion	REACH
19	Ms. Doloria Sosan Bilung, TB Champion	REACH
20	Mr. Nirmal Kerketta	REACH
21	Mr. Cedric Fernandes	Sahara
22	Mr. Ramdayal Mahto	REACH
23	Ms. Beena Gari, TB Member	REACH
24	Mr. Upendra kumar, TB Champion	REACH
25	Ms. Prabha Mahesh, TB Member	Touched by TB
26	Dr. R. Gopa Kuamr, Director	Uniworld Health Solutions Pvt.Ltd.
27	Sr. Rincy Kozhimale, Director	Seva Kendra, Arunachal East
28	Mr. Shantanu Nagar, Sr.Manager	Citi Bank, TBTB
29	Ms. Arti Kumari, TB Champion	REACH
30	Ms. Smrit Kumari, TB Champion	REACH
31	Ms. Kirti Pant, Artist	Personal
32	Mr. Prem Suresh, Admn.Executive	REACH
33	Ms. Rhea Gail Lobo, Comms.Officer	GETA/TBTB
34	Ms. RekhaVerma, TB Champion	REACH
35	Mr. Faiz Anwar, Consultant	REACH
36	Mr. Amit Sharma, M&E Manager	REACH
37	Ms. Anuradha Panda,P.O.	REACH
38	Dr. Santosh Kumar Giri, PD	Kolkata Rista
39	Dr. PankajDhingra, SMO	REACH
40	Mr. SatyendraNathJha, TB Champion	REACH
41	Ms. Pragya Mishra, Program Manager	REACH
42	Ms. Anupama Srinivasan, DPD	REACH

43	Ms. Blessina Kumar	CEO, GETA
44	Dr. DSA Karthickeyan, Medical Officer	FIND
45	Ms. Indira Behara, Sr. Director	GHS
46	Mr. Nikhilesh Maity, Programme Officer	Vikasbharti, Bishnupur
47	Dr. K. S. Sachdeva, DDG/Focal Point	I-CCM
48	Dr. Rohini Ramamurthy, Consultant	REACH
49	Mr. Chapal Mehra	SATB
50	Dr. Benu Bhatia, Programme Officer	India-CCM
51	Dr. Sandhya, Gupta, Coordinator	India-CCM
52	Ms. Veena Chauhan, Admn. Asstt.	India-CCM
53	Dr. Jolly, Asstt. Director	Caritas India
54	Ms. Nirmala, Executive Director	CBCI-CARD
55	Ms. Swati, Data Analyst	PATH (CHRI)
56	Kritika, Manager	Survivors Against TB
57	Dr. Shampa Nag, Project Director	Caritas India
58	Mr. Khasim, PD	TB Alert India
59	Dr. Nerges Mistry, Director/Vice Chair, India-CCM	FMR, Mumbai
60	Dr. S. N. Misra, Board Member	PTCC
61	Ms. Nandini Kapoor, Sr. Advisor	UNAIDS
62	Mr. Joseph Francis, DD Programme	KHPT