India Country Coordinating Mechanism- 72nd Meeting

Subject: Minutes of 72nd Meeting of India CCM

Date (dd.mm.yy)	21.03.2018
Venue of the Meeting	Room no. 155-A ,1st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	3.00 PM
Meeting adjourned	5.15 PM
Meeting Chaired by	Smt. Preeti Sudan
Meeting Steered by	Mr. Sanjeeva Kumar, AS (Health) & India CCM Focal Point
Total number of participants	41
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	▪ Country Coordinating Mechanism (CCM) Member : 12 ▪ Alternate member : 8 ▪ Special Invitees : 21
Attendance list	Yes, Annexure-1

72nd meeting of India CCM began with a brief round of introduction, followed by welcome address by Secretary (HFW)/ Chair, India CCM. The members were briefed on the agenda of the 72nd CCM meeting. The following deliberations and decisions were undertaken during the meeting:

Agenda item no. 1

The minutes of the 71st 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 71st CCM Meeting:

S.No.	Key Decision taken in 71st CCM meeting	Action taken/ Progress update
1	Draft plan for community engagement across HIV, TB and Malaria to be developed and to be shared with India CCM	A committee has been formed to develop community engagement plan for HIV/ AIDS, TB and Malaria. Meeting of a small group of the committee was conducted on 8th January 2018 and they submitted a draft plan which was circulated to all committee members for their inputs. The committee under the chairmanship of JS (Policy), Mr. Manohar Agnani held a meeting on 20th March 2018 to refine the plan further.

	subsequently.	The draft plan approved by the committee members will be shared with CCM Members. The Secretary (HFW) apprised the CCM members that recently a TB summit was held which Prime Minister also attended. It was clearly brought out during the summit that TB cannot be eliminated alone with GoI efforts, and it can be made possible with equal engagement of all stakeholders- community, private practitioners and chemists. This makes the development of plan extremely important. For Malaria also, a community engagement plan is required more so for the preventive part. The strategies for all three programmes may differ slightly but an overarching plan must be finalised within one month. The plan will be shared with the CCM Members via email so as to incorporate comments.
2	CCM recommended to share report of the committee which examined the allegation against MPNP+ (SR) implementing AHANA Project under HIV/ AIDS grant in Madhya Pradesh with Plan India (PR) for their response	The report was shared with PLAN India and response received from PLAN and MPNP+ were shared with all CCM members. Secretary (HFW)/ Chair, India CCM apprised the CCM Members regarding the current scenario which was brought to notice of MoHFW and CCM Secretariat on 20th March 2018 that two staff members of MPNP+ have mis-appropriated the Global Fund grant savings and credited the same into their personal accounts. There seems to be negligence of Plan India (PR). She reiterated and demanded to Plan India to file an FIR immediately and to make sure that the money is brought back. She also asked the PR to prepare certain Dos and Don'ts of oversight of their SR, so that such a mistake does not recur. She mentioned that such an act marks shame on the HIV model created where community/ PLHIV is engaged. When Mr. Bilali Camara asked for further details, Secretary (HFW) mentioned that this is also a separate agenda item and will be dealt with at the end of the meeting.

3	National Programme divisions (NACO, CTD and NVBDCP) to present their updated dashboards in the next CCM Meeting.	• All the PRs Govt. and Non govt. have been trained in developing and maintaining PR dashboards (including WJCF, FIND & CHRI) • First quarter of new grant is till March, 2018 hence PRs will develop dashboard for their financial and programmatic indicators by month of May and present in next CCM Meeting.
4	Oversight committee to review the current status of its observations from its Mumbai visit conducted during 21st -23rd August, 2017 and share the status of follow up action taken by concerned stakeholders on its findings in next CCM meeting.	India CCM Focal Point apprised that the respective programmes have taken action on what was observed in Mumbai. There are certain Policy issues related to HR which both programmes (TB and HIV) are addressing and they are more long term in nature and come as observations in all visits. There were also some issues related to flow of budget, and by then the budget of NHM had not reached the state health society. This issue has also been addressed.

AS & MD (NHM)/ Member Secretary, India CCM inquired if the issues have been taken up with the concerned state. Dr. Inder Prakash answered that the issues were discussed with Secretary, Health, Maharashtra during their visit and the report is shared with the state.

Decision:

AS & MD (NHM)/ Member Secretary, India CCM suggested that the action points maybe followed up for ensuring compliance of the decisions.

Agenda item no. 3

India CCM Focal Point updated members on change in membership of India CCM. He welcomed and introduced Dr. Rohit Sarin, Director NITRD as new member representing Academic/ Research/ Educational Institutes as new member of India CCM. He also welcomed Ms. Bandana Preyashi, Director (MI), DEA as Alternate Member from Ministry of Finance (Government Constituency).

The Bilateral and Multilateral constituency select India CCM Member/ Alternate member through a transparent process adopted by the constituency. Ms. Marietou Satin was serving as member of India CCM and Dr. Timothy Holtz previously served as alternate member for a seat of Bilateral constituency till now. Dr. Timothy Holtz has now requested to hold charge of Member from same seat and Ms. Marietou Satin may hold charge of Alternate member. Concurrence of India CCM was sought on the same.

Decision:

Dr. Timothy Holtz is designated as CCM Member and Ms. Marietou Satin as Alternate member from Bilateral Constituency.

Agenda item no. 4

India CCM Focal Point apprised the CCM Members that there were 10 grants which were to be signed under the Global Fund grant 2018-21, of which nine grants have been signed. The grant for Malaria is remaining for signature. The team discussed the same today with AS & MD (NHM)/ Member Secretary (NHM), and within the week the grant should be ready for signature.

Presentation by NACO:

DDG (NACO) briefed the CCM members regarding the HIV Grant under Global fund (2018-2021). He briefed that the HIV /AIDS was allocated 155 mUSD out of which 34% budget is distributed amongst non government PRs- PLAN, SAATHII, INDIA HIV ALLIANCE and other Non Government partners WJCF and TISS.

The Non Government PRs – PLAN (17.38 mUSD) & SAATHII (10.371 mUSD) will support in activities focusing on eliminating Parent to Child Transmission of HIV & Syphilis; and India HIV Alliance (20.566 mUSD) will support the Program in achieving the treatment goal of 90-90-90.

TISS (3.4mUSD) is supporting the capacity building of ICTC counsellors, whereas WJCF is supporting the program with integrating all the M&E frameworks of HIV AIDS (3.942 mUSD).

NACO has outsourced two activities under the grant to the existing Civil society Partners. Last mile solution for managing Supply Chain of HIV drugs and other commodities to Plan India with SR partners John Snow Inc (JSI), Transport Corporation of India Express (TCI Express) and Blended Clinical Trainings to SAATHII with SR Partners Medi Sys Edu Tech Pvt. Ltd..

JS (NACO) briefed the members that selection of the PRs was done in methodological way wherein first an EOI/RFP was issued with recommendations of an expert committee and final selection was done by the Selection committee. Each PR was asked to make a presentation of the proposal in front of the Selection committee, where the committee examined the proposals on the basis of fixed evaluation criteria. JS (NACO) further added that the signing of the MOU between the partners is in advanced stages.

DDG (NACO) briefed that the main broad objectives of the grant are to reduce the new infection by 75% from baseline of 2010; achieving the treatment goal of 90:90:90; elimination of Parent to Child Transmission of HIV & Syphilis and Elimination of HIV related stigma and discrimination. In order to achieve these goals, national program has undertaken following activities under the Global Fund Grant "SAHAS" Strategic Augmentation of HIV AIDS Services:

- Viral load test for routine monitoring –NACO has transitioned from targeted Viral load testing of PLHIV to routine monitoring.
- National program has scaled up its viral load testing through PPP mode and setting up its own testing units across the country
- In view of reaching the treatment goal of 90-90-90, national program has provisioned for ART drugs under treat all policy. National Program also plans to provide good qualitative services through Differentiated care
- National Program also envisions to screen and treat HIV-Hep C co infection within this grant period. AS & DG NACO ensured full coordination with NCDC for the rolling out of screening and treatment for HIV Hep C co-infected Patients. AS & MD (NHM) also apprised the members that a national programme for Hepatitis has been launched where proposals are being made in PIP.
- In order to focus on access to prevention through testing, National program has envisioned Community based testing, Self testing and Differentiated HIV testing.
- The program also plans to strengthen its ICTC infrastructure.

Presentation by NVBDCP:

Secretary (HFW) inquired why the grant of NVBDCP is still not signed. AS & MD (NHM)/ Member Secretary, India CCM answered that he had a discussion on the same day with the division. The Division had some concerns of which few have been resolved and for few the Global Fund will be requested to make changes. Secretary (HFW) inquired why the process was delayed. Secretary (HFW) also demanded that the order for LLINs for next cycle may be placed at the earliest (within one month).

Director NVBDCP presented the NVBDCP grant for 2018-2021: Intensified Malaria Elimination Project (IMEP). The PR has been committed an amount of USD 65.01 million for Malaria control activities for 7 North-East States & Madhya Pradesh, Odisha (for only LLINs). Additional Request under PAAR is for USD 49.40 million. Two local NGOs – Bakdil, Tura, Meghalaya (for two high endemic districts of Meghalaya namely East Garo Hills and South Garo Hills) and Center for Peace and Development (CPD), Aizawl, Mizoram (for three high endemic districts of Mizoram namely Lunglei, Lawngtlai and Mamit) are being planned to be engaged as SRs under the grant. Approved budget for SRs will be USD 1.55 million. India CCM Focal Point apprised the CCM Members that The Global Fund proposed the division to use SRs for LLIN distribution. The same has also been flagged separately by the Global Fund.

Secretary (HFW) inquired whether these NGOs are reputed. Director (NVBDCP) answered that an Expression of Interest had been floated, where several NGOs applied, of which these two NGOs were selected. The Secretary (HFW) also inquired whether the nodal officers at the districts were asked and confirmed on the reputation of these NGOs. She also stated that while development of the community engagement plan, the programme divisions must ask the nodal officers to visit the affected areas to find out the distribution and reach of NGOs selected. A performance evaluation matrix for NGOs should be made during the development of community engagement plan. Dr. Dhingra from NVBDCP clarified that the division has verified the credentials of these NGOs and they are registered in Niti Ayog. Dr. Yatin Dholakia mentioned that India CCM Committee previously constituted for selection of PRs should

evaluate these NGOs. Consultant Finance, NVBDCP apprised the CCM Members that these selected NGOs were previously working as SRs under Caritas in previous grant. Fr. Mathew Abraham mentioned that he personally knows one NGO – Bakdil and they have a good reach in the districts and are credible.

In this grant there is provision of distribution of 5.7 million LLINs in North East states and 9.7 million in Madhya Pradesh. Basic Objectives of the programme are the following:

1. Achieve universal coverage of population at risk of malaria with an appropriate **vector control intervention** (LLIN).
2. Achieve universal coverage of **case detection and treatment services** at all levels in project areas to ensure 100% parasitological diagnosis of all suspected malaria cases and complete treatment of all confirmed cases.
3. **Strengthen the surveillance** to detect, notify, investigate, classify and respond to all cases and foci in all districts to move towards malaria elimination.
4. Achieve **universal coverage** in project areas by appropriate **BCC activities** to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative interventions.
5. Ensure effective **programme management and coordination** to deliver a combination of interventions for malaria elimination.

Secretary (HFW) inquired whether other vector control measures are being employed through domestic budget. She was informed that The Global Fund has restricted the division to use maximum grant funds for LLINs.

81% of the budget in this grant has been proposed for LLIN procurement and distribution and IEC/ BCC activities. 6% of the budget will cover Programme Management costs whereas 10% of the budget will cover payment of remunerations and salaries for the staff. A small percentage (3%) of the cost has also been kept for Large Scale population Surveys, Operational Research and LQAS, Consultation with Private Sector (Trainings & Meetings), Infrastructure Equipments (Computers) at PHC level and Travel related and other costs for local NGOs

Presentation by CTD:

Additional DDG (CTD), Dr. V S Salhotra provided an update on the TB grant from Global Fund for year 2018-2021. He apprised the CCM that the TB grant has been divided amongst 5 PRs – One Government PR (CTD) and 4 Non Government PRs (The UNION, FIND, WJCF and CHRI). All the grants have been signed by all concerned. The division of grant amount and the activities of PRs are as given in following table:

Sr No	Principle Recipients	Major Activities	Grant Amount in Million (USD)
1	Central TB Division **(CTD)**	Procurement of Drugs (SLD, Newer Drugs) & Diagnostic Equipment's & Strengthening of SCM and Incentives for DRTB patients	201.34
2	International Union Against	Active Case Finding	15.51

	Tuberculosis and Lung Disease **(The Union)**		
3	William J Clinton Foundation **(WJCF)**	Project JEET for Public Private Mix (PPM) Covering Patient Provider Support Agency (PPSA) 33 Cities/93 high priority RNTCP districts and Non PPSA 358 RNTCP districts for technical support.	18.28
4	Centre for Health Research and Innovation **(CHRI)**		15.60
5	Foundation for Innovative New Diagnostics **(FIND)**		33.14
Total RNTCP Global Fund Grant			**283.87**

Secretary (HFW) mentioned that as TB has now a notified disease, the division must prepare a revised SOP for Civil Society engagement. It may also be noted that there will be penalty for non notification of TB and this information must go to all stakeholders.

Addl. DDG, CTD explained that 5 SRs have been selected under CTD to support under various activities. All SRs MoU have been processed and approved by the Ministry & IFD except WHO. The activities to be performed and budget for each SR is mentioned below:

Sr No	**Sub Recipients**	**Major Activities**	**Grant Amount in Million (USD)**
1	CTD (PR)	Drugs, Diagnostics & SCM, Incentives for DRTB patients	188.77
2	ICMR	Operational Research	3.43
3	WHO	Technical Support Network	3.79
4	TISS	DRTB Counselors	4.64
5	SHIS	Active Case Finding in Sunderbans area	0.37
6	TVHA	Active Case Finding	0.34
Total Grant			**201.34**

In addition, there was proposal of loan buy down by the Global Fund for USD 40 million. World Bank IBRD Loan has been approved in the 80th MEA Screening Committee Meeting held on 21-02-2018. The division will now work on the Loan buy down component with the Global Fund /World Bank Team. Ms. Sadhna Jadon inquired regarding the Loan Buy Down. She was informed regarding the proposal of the Global Fund for the same and also was informed that the rates under IBRD for World Bank Loan are high and the same will be paid via Global Fund grant.

In the JEET Consortium, the 3 PRs- FIND, CHRI and WJCF have selected their SRs and are due to start their implementation.

The UNION will help CTD in Active Case Finding in key affected populations (KAP) and will cover 128 Districts. They have signed MoUs will all SRs and are due to select a new SR. Ms. T. Mercy Annapoorani inquired the role of CTD in finalization of new SR by UNION. She was informed that the UNION independently selects its SR and CTD will have no role to play in the same.

Ms. Sadhna Jadon inquired regarding the inclusion of community engagement component in CTD proposal which was previously accepted by the Screening Committee and later was not incorporated in the program. Addl. DDG, CTD shared that the Global Fund agreed to the final selected PRs, however they did not agree for enforcement of inclusion of any SR on the Civil Society PR.
Addl. DDG, CTD also reiterated that the need for community engagement was felt across all three programmes, due to which a plan is being prepared.
Mr. Firoz Khan mentioned that it is necessary that a fund must be allocated for community engagement; otherwise there will be involvement of the community only in meetings.
Secretary (HFW)/ Chair, India CCM also mentioned that the engagement in TB is necessary for Private sector notification where she does not see role of community. They may be involved in advocacy only.

Mr. Hashmat Rabbani mentioned that in the states of Aurangabad, Bihar he has seen that there is lack of HR under RNTCP.

Mr. Yatin Dholakia mentioned that role of key affected population should be used in TB-HIV coordination activities and for Active case finding. Addl. DDG and DDG CTD mentioned that UNION has chosen high burden districts for active case finding and is involving local NGOs.
Mr. Sanjeeva Kumar mentioned that we must wait for the formation of draft community engagement plan which will define the role of community. Mr. Amit (with Mrs. Lakshmi) remarked that they will be happy to share the comments of the networks and community on the plan.

Swami Satyaswarupananda mentioned that GeneXpert machines are procured through Global Fund, however they require air conditioning and good infrastructure. Now TrueNat machines are available which do not require robust infrastructure like GeneXpert machines. Such machines should be considered for areas which have poor infrastructure. DDG (TB) apprised that CTD is waiting for confirmation from ICMR for TrueNat machines.

Agenda item no. 5

Following updates of Global Fund related activities was provided to CCM Members in the 72nd India CCM Meeting:

1. **Decision on Global Fund Board Meeting in India:** India had expressed its interest in holding The Global Fund Board meeting in India in May 2018. However, The Global Fund has requested that India may host the meeting in May 2019 before the meeting of 6th Replenishment cycle which is scheduled in late 2019. It was informed to CCM that Secretary (HFW) expressed caution in holding the meeting in May 2019 as General Elections are likely to be held during that time. GF Interim Executive Director informed that she would discuss this with her colleagues and revert.
2. **India's decision on inclusion in public donor constituency of Global Fund Board:** As per decision in the 38th Global Fund Board Meeting, a new constituency – Public Donor Constituency was created in place of a non-voting Swiss seat.

India was given the choice of either to remain in SEA Constituency of the Global Fund Board or be a part of a new transitional non-voting constituency. If India decides to be a part of the new constituency, and if it donates $50 million in 6th Replenishment Cycle and pledges to donate $ 50 million in 7th Replenishment cycle, it may be considered for inclusion in the Donor Group. If India chooses to remain in the SEA Constituency, then as per current policy of rotation, country will be offered alternate board membership in 2022 and board membership in 2024.

3. **Update on mechanism of Tax reimbursement for NFM grant:** The Ministry of Finance has directed that the requirement of Rs. 222.51 crores for reimbursement of tax liabilities (taxes paid by Civil Society PRs and those paid by Global Fund via direct payments on behalf of Government PRs) to Global Fund has to be met by Department of Health and Family Welfare from savings of its internal resources. The program divisions have been requested to share information regarding savings which will enable reimbursement of taxes to the Global Fund.
4. **Update on Accordance of Privileges and Immunity to the Global Fund:** Global Fund has requested for accordance of Privileges and Immunities to the organisation. Approvals are being sought to take views of Department of Revenue, Department of Expenditure and Department of Economic Affairs, Ministry of Finance if Global Fund should be accorded with Privileges & Immunities under the UNP&I Act.
5. **Nominations for Committees of GF Board:** Global Fund had invited applications for nominations for membership of Committees- Strategy Committee, Audit and Finance Committee and Ethics and Governance Committee of the Global Fund Board. India has shared requisite nominations with the Global Fund. Decision for the same will be done in the next Global Fund Board Meeting.

Agenda item no. 7

Oversight Committee of India CCM conducted a visit to Chennai, Tamil Nadu from 20th-22nd December 2017 to Oversee implementation of HIV and TB grants in Chennai through PRs- NACO, India HIV Alliance, SAATHII, CTD and the UNION. The visit was conducted by Oversight team comprising of Dr. Nicole Seguy, Oversight Committee Member; Swami Shanatmananda, Oversight Committee Member, Dr. Asha Hegde (NACO representative), Dr. Lalit Mehandru and Dr. Veeraiah S. (CTD representatives) and Benu Bhatia, Programme Officer, India CCM. Dr. Inder Prakash, Chair, Oversight Committee 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/ AIDS	NACO	Tamil Nadu SACS (TANSACS)
	India HIV/AIDS Alliance	TNP + Network for Vihaan programme
	SAATHII	SAATHII Tamil Nadu state unit
Tuberculosis	CTD	Tamil Nadu RNTCP
	UNION	REACH and Catholic Health Association of India (CHAI)

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

      For TB Grant:

      i. Government Hospital of Thoracic Medicine – TB Centre
      ii. LEEDS Trust, under REACH (SR)
      iii. State TB Drug Store

      For HIV grant:

      i. Government Hospital of Thoracic Medicine (ICTC and ART centres)
      ii. Billroth Hospital and St. Joseph Nursing Home to observe Private sector involvement in PPTCT under SAATHII
      iii. Care and support Centre under TNP+ to oversee PLHIV support activities
   c. Debriefed Principal Health Secretary, Tamil Nadu on visit observations
3. The following main observations of the Oversight visit were shared related to different programmes:

Observations pertaining to TANSACS:

- Of an estimated 143,000 PLHIV, it is reported that 137,000 (96%) know their status, 117,000 are active in care and 111,480 (78%) are currently on ART. This may be an overestimate due to some level of duplication.
- Good practices include a real-time supply chain management software for ARV drugs and test kits and a free bus pass for PLHIV to access ART centres.
- There are 15% government vacancies in the HIV programme at SACS and facility level.
- Shortage of Nevirapine was observed at Tambaram Hospital. CD4 machine at this hospital is more than 15 years old and should be replaced.

Observations pertaining to TNP+:

- 91% of PLHIV registered at ART centres are also registered at CSCs.
- Good practices include use of tablets to visualize due list of LFU patients and prioritize work by geographical areas.
- There is low achievement in indicator “No of PLHIVs whose at least one family member or sexual partner referred for HIV testing and received test result” of 55% with a high target of 90%.
- Achievement on the target of indicator Proportion of PLHIVs lost to follow up (LFU) brought back to treatment is only 18%.
- Staff turnover at the SSR level is high.
- It was informed by the PR that Few SSRs are not cooperating and working against the interest and spirit of the Vihaan CSC Program.

Observations pertaining to SAATHII State Unit:

- 2 high prevalence districts have sub optimal ANC testing coverage saturation.
- Multiple visits are required to enrol a private hospital to PPP/ RS model which is often difficult with only 8 programme officers have to map more than 3000 institutions.

- The reporting system of HIV Pulse is being used by only 40-50% of the enrolled sites. The sites do not consider HIV Pulse reporting as their work priority.
- It was informed that due to Non-availability of individual pregnant women based unique identifier in private and public health sector, it is a barrier to know the prior HIV testing status of pregnant women.
- Oversight Committee feels that there is a need to proceed with a verification of PPTCT programme data in 2018, as it was done in Maharashtra in 2017.

Observations pertaining to RNTCP Tamil Nadu and REACH:

- There has been a slight increase of private sector TB cases notification in the last year. However, of the expected cases, only about 50% have been notified.
- There are 46% of vacancies in the TB programme.

S. No	HR	Sanctioned	In Place	Vacancy	In Place %	Vacancy %
1	State level Posts	42	15	27	36%	64%
2	District level Posts	1731	1231	500	71%	29%
Total Posts		1773	1246	527	54%	46%

- The 40% state share of the RNTCP first budget had not been received by the State programme at the time of the visit. However, STO immediately followed up and received the sanction letter by next day. State programme will have to face the challenge of implementing this sanctioned budget within a short time frame. High expenditure in civil works is still pending.
- The utilization of GF resources by REACH (SR) under UNION (PR) was only 70% since incentive to private practices was not done.

<u>Recommendations of India CCM Oversight Committee</u> –

- SACS should organize state oversight committee meetings with all GF SRs to coordinate activities by all stakeholders.
- A letter should be addressed to FOGSI for further improvement of private sector reporting for HIV and TB.
- HR gaps should be filled at the earliest, in particular for the TB programme.
- Shortage of drugs should be addressed.
- Programme division should take correction measures so as to improve reporting of sites under SAATHII programme.

Mr. Bilali Camara inquired that out of 91% of the patients are registered under CSC, how many of them are on treatment. DDG (NACO)/ India CCM Focal Point mentioned that these patients reach CSC only after they have been put on treatment. CSCs are an extension of the ART centres.
Dr. Rohit Sarin, Director NITRD, mentioned that though TNP+ has achieved 91% under one indicator, the low achievement under LFU tracking is a matter of concern. India CCM Focal Point answered that Mission Sampark has been launched through which a large number of patient has been traced. HIV

Patients often give wrong contact details and wrong address due to which tracking lost to follow up patients becomes difficult. Dr. B. D. Athani, DGHS also mentioned that India is also moving towards Individual tracking. Consultant NACO revealed that the issues are being addressed in the second phase of Vihaan.

Mr. Hashmat Rabbani asked whether any local CCM member was involved as participant in the Oversight Committee team. Programme Officer, India CCM informed that Ms. T. Mercy Annapoorani, a Tamil Nadu resident was invited to be a part of the team, however she had other commitments.

Agenda item no. 8

The Oversight Committee of India CCM was constituted in December 2015 and as per revised Oversight Committee Plan, the term of Oversight Committee Members is now **2 years**, the committee is due to be reconstituted. The India CCM Members were shared with the list of current members and apprised with the salient features which may be taken into account during the process of reconstitution of the committee -

- Members of the OC shall not be representatives of PRs or SRs
- Non CCM Members may be invited to be a part of the committee.
- The Oversight Committee shall be appointed by the ICCM, and shall consist of a Chair, a Vice Chair, and at least five additional members representing various constituencies.
- OC Members which are Non-CCM members will be required to complete the same conflict of interest declaration form.
- Requirement for specific expertise for Oversight Committee membership must be taken into account.
    - ***Disease specific expertise (HIV/AIDs, TB and Malaria)***: understanding of national health & disease strategies and GF programs;
    - ***Financial Management Expertise****:* exposure to national health sector spending, issues & challenges and results of programs, including those funded by the GF.
    - ***PSM Expertise***: Understanding of procurement/storage and supply chain of health products.
    - ***Program Management Expertise***: knowledge & expertise in national health program management; harmonization and alignment of national program.
    - ***Representative(s) of PLWD & KAP*****:** having national level exposure with enabling leadership experience.
- All CCM Members will be notified via email to share nominations for Oversight Committee membership. They will also be requested to share their Curriculum Vitae and submit nomination by filling up a skill matrix

Oversight Committee-Skill Matrix								
Member Information			**Skills**					
			(Mark yes/no with respect to each skill and provide in brief your experience with respect to each skill)					
S. No.	**Name of member**	**Constituency**	**Disease specific expertise**			**Financial management skills**	**Procurement and supply management skills**	**Program management skills**
			HIV	**Tuberculosis**	**Malaria**			
1	XYZ	Government	Yes. Mention Experience	No	Yes. Mention Experience	No	Yes. Mention Experience	Yes. Mention Experience

Mr. Hashmat Rabbani suggested that a person with disability should also be added to the committee.

Decision:

The India CCM agreed to share nominations for Oversight Committee within 15 days.

Agenda item no. 9

Previous elections of India CCM were held in year 2015 and CCM was fully constituted in November 2015. During the election process, an Election Committee was formed by India CCM to chalk down the process and criteria for elections and Technical assistance was sought from Grant Management Solutions (USAID funded) whose consultants helped in forming a process for the elections and reviewed all necessary documentation.

The India CCM Members were apprised with the salient features to be taken into account for India CCM Elections –

- One term is 3 years for all members.
- No individual may serve more than two consecutive terms as member of India CCM. Swami Shantatmananda (PLWD-Malaria); Mrs. Vijaya Srivastava (Government Constituency) have been members for 2 terms and they may not be nominated for membership for upcoming elections.
- India CCM Composition remains the same as last term as per the TORs.

Constituency		Number of seats
Government	Ministry of Health and Family Welfare	5
	Other Union Ministries	1
	Governments of States and Union Territories	2
Civil society organizations (including NGO/CBO/faith-based organizations)		2 from HIV/AIDS 1 from TB 1 from Malaria
Key affected populations		3 (1 from each disease)
People living with or previously living with HIV/AIDS, TB, and Malaria		3 (1 from each disease)
Private sector		2
Academic/ educational/research institutions		2
Bilateral development partners		2
Multilateral development partners		2

- The Selection procedure for each constituency may be as mentioned in India CCM TORs. The India-CCM members representing each sector/constituency shall be chosen by that sector and a transparent and documented process of (s)election must be adopted
- Every member except the Chair, India CCM and Member Secretary, India CCM will have an alternate member.
- An Election Committee may be constituted comprising of members of the India-CCM and non-members. Committee will define criteria for organizations to participate in the election through appropriate means of voting.
- India-CCM Secretariat will assist the constituencies with their elections to ensure that they are conducted in a transparent and documented process.
- The members were also informed that in case of complaints, whistle blowing, or any disputable situation, the India-CCM can withhold acceptance of a member until further resolution or ask for repeat selection process with different candidates. A thorough investigation would be conducted before rejecting a member.

Concurrence of India CCM Members was sought on requesting Technical assistance from The Global Fund for conducting elections of India CCM and support from development partners for facilitating India CCM Elections. India CCM was also requested for suggestions for members of an Election Committee.

Decision:
UNAIDS extended its support to India CCM Secretariat for the elections of India CCM. Further, it was also decided that an Election Committee may be formed with approval of Secretary (HFW)/ Chair, India CCM.

Agenda item no. 10

A Risk and Assurance Matrix was shared by the Global Fund for suggestions of the India CCM Members. The same was presented by India CCM Focal Point during the meeting. The matrix has been placed at Annexure 2.

Dr. Timothy Holtz mentioned that apart from the risks to be addressed as per the matrix, the concern about procurement of viral load machines also must be raised. India CCM Focal Point apprised that the process of procurement of viral load machines is ongoing and vendor, Abott has provided assurance that 65 machines will be delivered in stipulated time.

Dr. Yatin Dholakia raised the issue of difference in the salary structure in Government structures and of their counterparts under Global Fund. He observed the same during an Oversight Committee visit to Mumbai. India CCM Focal Point mentioned that the issue will be shared with the programme divisions for their comments.

Decision:
It was decided that the matrix may be shared with Program Divisions and India CCM Members for their comments and the comments may be shared in 15 days time.

Agenda item no. 6

India CCM Focal Point apprised the India CCM Members that a complaint against MPNP+ was received in the month of June 2017 and a committee to ascertain the facts of the complaint was constituted. The committee visited Madhya Pradesh during the month of September 2017 and shared their report with the members during the previous India CCM Meeting (71st CCM Meeting) and over mail. The committee observed clear evidence in 3 allegations; procedural deviation in 6 allegations and no evidence in 4 allegations.

During the 71st India CCM Meeting, India CCM decided that 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. Responses from MPNP+ and Plan India were received and subsequently shared with India CCM Members. Plan India assured of better monitoring of its SRs in future.

India CCM Focal Point also mentioned that in the last CCM Meeting, as per mitigation of conflict of interest, Ms. Sadhna Jadon and her accompanying translator, Mr. Firoz Khan were asked to recuse themselves from the discussion. However, due to recent arrangements, they were asked to stay in the meeting room and provide their comments at the end of the discussion.

India CCM Focal Point now invited Project Director, Plan International India, Ms. Rochana Mitra to explain the proceedings and the current status of SR selection and scenario of fund embezzlement by MPNP+.

Ms. Rochana Mitra apprised the CCM Members that as per the decision of India CCM, responses of the PR were shared in details.

- The PR conducted multiple meetings with MPNP+ to resolve the issue and asked the SR to get a support letter from MPSACS and NHM if they wish to continue in the next grant period. MPNP+ in turn asked Plan India to share a mail with them asking for requirement of a support letter.
- Further, Plan India received a letter from MPSACS requesting that a new SR may be appointed. In response to the letter from MPSACS, Plan India issued a RFP (Request for Proposal) to hire a new SR for Madhya Pradesh and also asked MPNP+ to apply for the same. MPNP+ was initially hesitant to apply.
- The process of recruitment of an SR at Madhya Pradesh was conducted by a third party to maintain a transparent and inclusive process of selection. 12 organisations applied of which MPNP+ was also an applicant. Of the applicants, three were ranked high as per the criteria laid down and one was selected - the organisation, Lepra.
- MPNP+ was informed on 22nd February 2018 that they will no longer be further continued in the program. On 23rd February, Plan India became aware of the fact that an amount of around Rupees 36 lakhs has been withdrawn from MPNP+ account and deposited in personal accounts of Mr. Rajpal Shekhavat, President (MPNP+) and Mr. Manoj Verma, Secretary (MPNP+) and they had then absconded.
- The PR tried to involve the MPNP+ Board concerning the matter. The Board was unaware of the misappropriation of funds by Mr. Rajpal Shekhavat and Mr. Manoj Verma. Plan India also involved other network partners like UPNP+ to find out the whereabouts of the concerned individuals.
- Ms. Rochna Mitra reiterated that in the interest of the positive people networks and not to flare the issue, the PR did not file a FIR. They sent multiple mails and called the concerned individuals multiple times. However they responded that the PR should stop the process of selection of a new partner, renew the position of MPNP+ as SR and the money will be refunded.
- Ms. Rochana Mitra also explained to the CCM Members why there was so much money in possession with MPNP+ at the moment. She explained that the PR found out later that neither the staff had been paid salaries and TA/DA for the month of December, nor the SR had performed various activities scheduled for December, due to which there were savings.
- The treasurer of MPNP+ called the Finance Person of Plan India on 20th March 2018 to Madhya Pradesh and assured that the money will be refunded, however no Board member turned up for the meeting.

AS (NACO) remarked that Plan India should have frozen the account of MPNP+ beforehand.

India CCM Focal Point requested Ms. Sadhna Jadon, PLHIV Member and District Officer at MPNP+ to provide her views as a member of the community. She mentioned that the community is trying to get in touch with the concerned individuals. However, she also mentioned that Mr. Rajpal Shekhavat had written many letters requesting to stop the process of new partner selection, and has taken such a step when there were no other means. Mr. Firoz also added that the whole community should not be blamed for what two people have done.

Mr. Bilali Camara added that the Secretary and President of MPNP+ had access to the said money because they are a part of the community, so the community must take ownership for the act. He also said that UNAIDS supports the community, however the community should understand this matter as their issue.

The India CCM Focal Point mentioned that the PR now must try to recover the amount, should define deadlines for recovery of the amount and should inform the CCM the process of indemnification to Global Fund. He also cautioned the PR that this act may even affect their future in the GF Grant as the oversight process of the PR was faulty. He stated that the PR got to know about the issue on 23rd February; India CCM Focal Point received the news only on 20th March 2018 from National network members first and not from the PR. He inquired the reason for not informing the CCM/ NACO since 1 month.

Dr. Inder Prakash also inquired regarding the disciplinary action taken by the PR. Swami Satyaswarupananda also inquired why an FIR was not filed immediately after they received the confirmed news of embezzlement.

Plan India assured that they will try to get back the money by 15th April 2018. They will take disciplinary action as per their protocol, and if the PR does not receive money by 22nd March 2018, an FIR will be filed. The PR mentioned that they will start to follow the policy of maintaining a minimum balance for all SRs. The PR reiterated that they did not want to take legal action right away and thought that the issue will be solved with mutual discussion.

AS (Health) mentioned that for future, PRs should make guidelines that such issues do not occur. Mr. Rohit Sarin said that in future, if any incidence of small or big nature appears for the PR, there must be clear communication to the CCM.

Mr. Hashmat Rabbani mentioned that as soon as possible, the staff of MPNP+ should be paid their pending salaries to which the PR agreed.

Decision:

The CCM decided that Plan India may file a FIR against the concerned individuals immediately and may regularly apprise the CCM Secretariat regarding the status of the matter and pursue this to its logical conclusion. At the same time, Plan India must return the money so lost to the grant account by 15th April 2018.

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

Annexure 1

List of Participants

CCM Members

Sl. No.	Name	Designation/Organization
1	Smt. Preeti Sudan	Secretary (HFW)/ Chair, I-CCM
2	Sh. Manoj Jhalani	AS & MD (NHM) / Member Secretary, I-CCM
3	Sh. Sanjeeva Kumar	AS & DG,NACO
4	Dr. B. D. Athani	DGHS
5	Dr. Rohit Sarin	Director, NITRD
6	Prof. Srilatha Juvva	Professor, TISS, Mumbai
7	Dr. Moromor Lego	Director of Health Services, Arunachal Pradesh
8	Dr. Bilali Camara	County Director, UNAIDS
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

Alternate Members

Sl.No.	Name	Designation/Organization
1	Ms. Vandana Jain	JS, IFD
2	Dr. Inder Prakash	Advisor (PH)
3	Ms. Bandana Preyashi	Director, DEA, Ministry of Finance
4	Dr. Timothy H.Holtz	Director, CDC ,Embassy of United State
5	Dr. Yatin Dholakia	Sr. Clinical Consultant, Foundation for Medical Research
6	T. Mercy Annapoorni	Rainbow TB Forum
7	Fr. Mathew Abraham	DG-CHAI
8	Swami Satyaswarupananda	PLWD Malaria Representative, R.K.Misson

Special Invitees

Sl. No.	Name	Designation/Organisation
1	Mr. Raman Sharma	LFA Member, Dir.PWC
2	Sh. Alok Saxena	JS, NACO
3	Ms. Bharti Das	CCA, MOHFW
4	Dr. K. S. Sachdeva	DDG/ I-CCM Focal Point
5	Dr. Sunil Khaparde	DDG, TB
6	Dr. P. K. Sen	Director, NVBDCP
7	Dr. V.S. Salhotra	Addl.DDG, TB
8	Dr. Neeraj Dhingra	Addl. Director, NVBDCP
9	Sh. Sudeep Srivastava	Director (Budget)
10	Dr. Ranjani Ramachandran	NPOTB/WHO India
11	Dr. Rochna Mitra	Project Director, Plan India
12	Mr. Ashok Kumar Seth	Director Finance, Plan India
13	Mr. T. Baskar	Senior Finance Mananger-Plan India
14	Dr. Neha Gupta	Consultant, NACO
15	Mr. Veeraiah S.Hirenath	WHO-CTD,Consultant-PDC
16	CA Vartika Singhal	Consultant Finance, NVBDCP
17	Ms. Veena Kumra	Technical Consultant
18	Mr. Amit Kumar	Coordinator, AINSW (Translator for Mrs. Lakshmi)
19	Mr. Firoz Khan	Translator for Ms. Sadhna Jadon
20	Dr. Benu Bhatia	I-CCM Programme Officer
21	Ms. Veena Chauhan	I-CCM Administrative Assistant

Annexure-2

Risk Category	Risk #	Root Cause	Mitigating Actions	Actor	Timeline for Action	Rationale and Recommendations	Target Risk (1 year)	Assurance Activity	Responsible Actor	Timeline for assurance
Programmatic, M&E and Performance	1. Delayed distribution of LLINs to hard-to-reach geographic areas	There is no longer a civil society PR that solely focus on targeted LLINs intervention for the population in hard-to-reach areas.	Subcontract state-level SRs to distribute LLINs locally.	PR	June 2018	Important to continue to have LLINs coverage in the hard-to-reach areas. The proposed direct contract of civil society SRs, by NVBDCP is anticipated to be more efficient and streamlinedimplementation as opposed to having a civil society PRs to manage 2 civil society SRs in 5 districts.	Medium	Close monitoring of NVBDCP's contract/service procurement process.	LFA/CT	First 6 months
	2. Delayed implementation of HMIS tool/ DHIS2	Issuance of contract and procurement of service to technical consultants.	Close monitoring of HMIS/DHIS pilot project. Detailed costed implementation plan to be requested from the NVBDCP.	CT, PR and WHO	December 2018	This is one of the two TRP recommendations. It aligns with strengthening of surveillance and reporting.	Medium	Secretariat to regularly monitor implementation of pilot by NVBDCP as well as NVBDCP development of detailed costed implementation plan.	CT/LFA	18 months
	3. Inadequate Program Quality and Efficiency	Data quality, especially related to PLHIV "lost to follow up", is generally weak. PLHIV on ARV do not have unique patient IDs and the patient management system is not fully automated. When a patient stops going to a facility, it is not easily known whether they have died, moved to another facility or simply stopped taking medicines. Patient registers are not fully reliable.	The national HIV program plans to introduce unique patient IDs, which will facilitate the tracking of patients along the continuum of care. WJCF will be the PR implementing the roll out of an integrated case-based system to capture the spectrum of prevention to treatment services. The India Country Team will closely monitor this process and will be available to discuss bottlenecks and support implementation.	NACO, CT	Continuous	Improvement of data quality and case-based reporting of HIV cases and continuum of services	Medium to high	Close monitoring of system assessment by WJCF in collaboration with NACO. Independent verification of functionality of system by LFA public health specialists	PRs LFA	Ongoing
	4. High level of dependability of Private sector response on timely availability of diagnostic and treatment.	GoI has committed to ensure provision of diagnostic, treatment and enabler support to the patients from the private sector. Therefore, success of the private sector response is dependent on: a) Strong coordination mechanism among Central TB Division, state TB programs, PRs responsible for the private sector response, and the PR responsible for Active Case Finding; b) Uninterrupted supply of diagnostics and drugs to all patients, including those from the private sector.	Mitigation through: a) Establishment of coordination mechanism that ensures the needs and requirements are communicated on time to avoid shortage of supplies; b) Strengthened linkages between private sector, community and national system; c) coordinated, high-level advocacy for expedited approvals for procurements; d) initiation of procurement processes well in advance to cater for long approval processes within government.	CT, PRs, LFA,	Continuous	This is one of the major highlights of the India TB portfolio as India contributes to a significant proportion of missing TB cases globally.	Medium to high	Ongoing engagement with JEET partners (3 civil society PRs)	PRs / CT	Ongoing
Financial & Fiduciary	5. Inefficient Flow of Funds Arrangements	Delayed fund absorption due to: a) Lengthy government process on Health products procurement decisions b) Decreasing prices of medicines and health commodities, which constitute a major share of the program budget; c) Delays in flow of funds from Central to State and District level due to internal government processes and mechanisms, impacting the GF grant as well which is fully integrated in the national budget and treasury system. d) NGO budgets focused on HR and TRC with high proportion of implementation happening at SR and SSR level e) Three new PRs (JEET) with potentially slow start due to recruitment and on-boarding of a large number of SRs	Mitigation through: a) coordinated, high-level advocacy for expedited approvals for procurements; b) initiation of procurement processes well in advance to cater for long approval processes within government; c) Where feasible, have one tender process covering the entire implementation period; d) outsourcing of the procurement of SLDs and GenXpert machines/ cartridges through GDF e) outsourcing of the LLIN procurement through PPM; f) proactive engagement with PR to advocate for reprogramming of savings periodically;	CT, PRs, LFA, PSAs	Continuous	Timely absorption is critical for the programs to ensure optimal use of allocation resources	Medium	a) semi-annual tracking of absorption through PU/PUDR reports b) quarterly tracking of procurement orders/ completion, etc	LFA/ CT	Semi-annual/ quarterly
	6. Poor Accounting and Financial Reporting	Compromised timeliness and accuracy of financial data with impact on decision-making. This is due to the size of the country and the capability to capture data adequately at all levels; low system integration across various levels of the country (central –state-district) and manual reporting process; collection of data from wide range of sub-implementers;	a) On-going work on PFMS roll-out within the National TB and Malaria Program; this is the GoI IFMIS solution to capture both fund flows and accounting across central-state-district level; roll-out is currently happening with support from the existing grant and re-training/ on the job TA will continue in the new IP. b) NACO's SR level has a computerized system for expenditure reporting, while at PR level data is compiled manually. Pilot work on PFMS roll-out in selected SACS has been initiated by the Government of India and once the evidence is generated, NACO will be rolling this out nationwide.	CT, PRs	31 December 2018	System integration across implementation levels is critical for ensuring accuracy and timeliness of financial data with impact on decision making	Medium	Periodic update on training schedules and training completion; system usage and reporting	CT / LFA	Quarterly
	7. Inadequate Internal Controls	a) For NGO grants relatively low visibility on large share of the grants since significant part of the implementation happens at SR level and across multiple entities with vast geographic spread; b) For the 3 JEET entities steep learning curve for grant control, accountability and oversight as these are new PRs (though FIND is existing SR), for which capacity has been largely evaluated against existing affiliated structures and policies of their INGO counterparts/ headquarters.	a) Work on strengthening the internal controls of implementers with improved PR-SR oversight, capacity building and assurance mechanisms; b) Close monitoring and targeted reviews at the start of the grant to ensure that capacity and internal control from the affiliated structures is transferred and/or built as appropriate. c) The cash transfers will be executed through above mentioned PFMS system with direct link to patient accounts; detailed SoPs with verification protocol and internal control for ensuring that awarded payments	CT, PRs, LFA	Continuous	Strong internal controls are key for ensuring effectiveness of investment	Medium	a) Periodic FMS reviews at SR level; annual external audit reports b) Targeted review of JEET entities 6-month post implementation to ensure adequate staffing and capacity as planned c) Review of the detailed SoPs as well as sampled verification of executed cash transfers before GF	LFA/ external auditors / CT	Annual

Risk Category	Risk #	Root Cause	Mitigating Actions	Actor	Timeline for Action	Rationale and Recommendations	Target Risk (1 year)	Assurance Activity	Responsible Actor	Timeline for assurance
		c) For CTD grant – a large component of patient support covering cash transfers to all MDR TB patients;	reach the designated eligible patients will be reviewed and approved prior to use of grant funds; since the GF reimbursesGoI after the expenditure has taken place, the risk will be mitigated through targeted verifications on this component prior to disbursement.					reimbursement		
Health Services & Products	8. Inefficient Procurement Processes and Outcomes	Delays in procurement of health products under the grants implemented by the national disease programs (NVBDCP, CTD and NACO) mainly due i) delays in securing internal approvals to initiate procurements; ii) late initiation of procurements by the program staff and iii)generally lengthy procurement processes.	a) The CT will proactively engage with three national programs to ensure that forecasts of health products are finalized on time; b) The CT will work closely with the CTD to ensure that procurement requests are sent to GDF or CMSS on time and well in advance to cater for long approval processes; c) CT is actively working with NVBDCP to expedite placement of order for LLINS which the country has decided to order through their local PA and not PPM. d) CT will work with the NACO and its procurement agent (SAMS, CMSS) to explore options to further accelerate procurements. e) The CT will engage the LFA to receive monthly status updates on PRs' procurement activities. This will allow the CT to spot bottlenecks on time and implement mitigation measures. f) CT will continue to meet with GDF to ensure timely processing of procurement orders and resolution of bottlenecks in the procurement process.	CT/ PR/ LFA PA	Continuous	Timely availability of products is critical for achievement of programs' targets and objectives	Medium to high	a) Regular meetings between CT and GDF to monitor procurement progress. b) regular monitoring of procurements through LFA tracking worksheets by CT c) CT updating senior MOH officials on status of key procurements to facilitate their intervention as appropriate	CT, PR/, LFA and PAs	Continuous
	9. Inadequate Warehouse and Distribution	Storage conditions are not appropriate at all levels of supply chain and may negatively affect the quality of stored health products.	a) Assessment of storage conditions at all State Drug Stores (SDS) and selected district stores and preparationof gap analyses (US$ 5.5M, ingrant); b) Address certain identified gaps by procuring and/or installing essential equipment/furniture (e.g. ACs, racks, thermometers, temperature loggers). The budget for these items is included in the new CTD grant; c) Supply Chain in-country Diagnostic being undertaken by Deloitte, as well as LFA supply chain spot checks, to guide GF and government investments in downstream supply chain strengthening; d) Work with CTD to identify savings and channel addition funds towards improvement of storage conditions at the warehouses e) Towards the end of the previous grant (Dec 2017) NACO ordered 60 walk-in coolers to improve storage conditions. Additionally, budget for additional refrigerators and cold rooms are included in the new grant. This will further improve the storage conditions of HIV test. In addition to that NACO intends to outsource distribution of ARVs to a third-party logistics services provider (budget is included in the new grant). f) India Country Team will work with NACO to identify savings and channel addition funds towards the improvement of storage conditions in warehouses.	CT, PRs, contractor	Continuous	Poor storage conditions may negatively affect the quality of stored products	Medium	The CT through the LFA procurement and delivery tracker will regularly monitor the key procurements and deliveries. CT regular meetings with sourcing team and Deloitte on progress of the in-country diagnostic project	CT, PRs, sourcing team, LFA	December 2018
	10. Inadequate Warehouse and Distribution	Weaknesses in planning for LLIN distribution	The CT will work with NVBDCP and respective states to ensure that robust LLIN distribution plans are prepared and put in place before arrival of LLINs.	PR, CT, LFA	Q3 2018	weak planning process may undermine the effective management of grant	Low	CT will closely monitor the development of the LLIN distribution plans	CT, LFA, PR, States	Q3 2019
Governance, Oversight & Management	11. No prior Global Fund grant management experience (Risk of ineffective Program Management)	The three JEET entities (WJCF, FIND and CHRI) are new PRs, with following risk contributing factors: a) New ambitious program scale-up in increasing notification and treatment outcome from the private sector b) Capacity assessments though evaluated as adequate have been largely assessed against the existing affiliated structures and policies of their INGO counterparts/ headquarters and prior to the PRs selecting/contracting SRs c) CHRI in particular is a newly registered legal entity in India, an affiliate of PATH, and relying on subsuming the program management capacity of PATH India liaison office	a) Close monitoring and targeted reviews at the start of the grant by LFA/CT to ensure that capacity in all areas from the affiliated structures is transferred and/or built as appropriate and to ensure new implementation arrangements are positioned to deliver grant requirements; if needed early action taken by CT/PRs. b) Three entities will be bound together through MOU to ensure they complement each other through their respective competences as a consortium; c) HQ involvement through targeted capacity building/ oversight trips in year 1 only; Given the transitioning context of India with reducing resources and adequate in-country capacity, the decision to contract directly the India-based entities as PRs puts full accountability and responsibility on them to deliver, however this is already existing and proven engagement model with other PRs in India (e.g. Plan); hence same arrangement and LFA/ CT/ CCM oversight engagement will be applied to mitigate risk d) Three entities will all be required (grant requirement included in all three entities) to work very collaboratively with CTD and other technical partners during grant implementation through existing structures to ensure institutionalized mechanism for remedial actions as required; e) One of the Global Fund secretariat senior TB disease advisors will dedicate about 30% of their time to support India portfolio focusing primarily on private sector and MDR-TB.	PR, CT, LFA, SII/TAP TB disease advisor	Continuous	Effective program management, and coordination amongst three JEET entities as well as with Central TB division is crucial for successful program implementation	Medium	Close monitoring to ensure timely implementation, as well as effective coordination amongst the PRs.	CT, LFA, PR,	Continuous