

## India Country Coordinating Mechanism- 73rd Meeting

Subject: Minutes of 73<sup>rd</sup> meeting of India CCM

<b>Date (dd.mm.yy)</b>	06-09-2018
<b>Venue of the Meeting</b>	Room no. 155-A ,1 <sup>st</sup> Floor Committee Room, Ministry of Health and Family Welfare, NirmanBhawan, New Delhi
<b>Meeting started</b>	3.00 PM
<b>Meeting adjourned</b>	5.00 PM
<b>Meeting Chaired by</b>	Smt. Preeti Sudan, Secretary (HFW)/Chair, India CCM
<b>Meeting Steered by</b>	Sh. Manoj Jhalani, AS & MD (NHM)/Member Secretary, India CCM
<b>Total number of participants</b>	39
<b>Did the meeting attain quorum?</b>	Yes
<b>Did the meeting have any conflict of interest</b>	No, Adequate measures to mitigate Conflict of Interest were taken during the meeting.
<b>Meeting attendance</b>	<ul style="list-style-type: none"><li>▪ Country Coordinating Mechanism (CCM) Member : 13</li><li>▪ Alternate member : 06</li><li>▪ Special Invitees : 20</li></ul>
<b>Attendance list</b>	Yes, Annexure-1

73<sup>rd</sup> meeting began with welcome address by Secretary (HFW)/ Chair, India CCM, followed by a brief round of introduction of the members. The following deliberations and decisions were undertaken during the meeting:

### **Agenda item no. 1**

The minutes of the 72<sup>nd</sup> meeting of India CCM were endorsed.

### **Agenda item no. 2**

India CCM Focal Point shared the following updates on progress since last CCM meeting and action taken on decisions of 72<sup>nd</sup> CCM meeting:

1. *Oversight Committee of India CCM* constituting 12 members was formed with approval of Chair, India CCM. List of members of the Oversight Committee of India CCM may be seen at Annexure 2. Orientation meeting of the Committee held on 18th June 2018 where they were introduced to the activities to be performed by PRs for the GF grant 2018-21. The Oversight Committee also undertook its first visit to oversee HIV, TB and Malaria grants during 7<sup>th</sup>-9<sup>th</sup> Aug, 2018 in Assam.
2. *Issue Concerning misappropriation of funds by officials of MPNP+, former SR of Plan India for the Global Fund grant 2015-17*: India CCM Focal Point informed that the amount of money

misappropriated by MPNP+ has been returned by Plan India to the Global Fund account, however the actual recovery of money from the concerned persons is still pending. India CCM secretariat had directed Plan India to present its response on the following items via official letter and the same was presented in front of the CCM-

- a. It was asserted that PR must take measures to adequate the issues of human resource of MPNP+ concerned with NFM grant which ended on 31st December 2017. As per Plan India's latest response, LEpra has recruited 41 staff who were working with MPNP+ for previous grant have joined in various positions.
  - b. It was stated that PR must recover the said amount from concerned officials of MPNP+ and bring it to a logical conclusion and provide status of complaint logged and recovery of money from concerned officials. Plan India responded that a Vakalatnama has been filed in the honourable court of Bhopal under section 156(3) and expecting the court to pass an order or directing the Station House Officer, Police Station at Bhopal to Lodge FIR against officials of MPNP+. The first hearing for further proceeding of case will be on 12<sup>th</sup> September'18.
  - c. It was requested that PR must make guidelines for mitigation of such issues in the future. Plan India responded that it has changed the frequency process of fund release from quarterly to monthly basis; SR will be advised to submit the fund request along with monthly utilization certificate and bank statement which will enable the PR to decide the fund transmittal amount for the next month and PR program team will review based on approved activities and Finance team will analyze the expenditure trend of SR for past months, closing balance of SRs and will recommend fund transfer accordingly to ensure that such issued do not recur.
3. As per the recommendation of the India CCM in the 72<sup>nd</sup> CCM Meeting, a four member *Election Committee* was formed with approval of the Chair, India CCM to guide the process of reconstitution of India CCM for the period 2018-21. The committee held its first meeting on 21<sup>st</sup> May 2018 and it will perform the function of steering and guiding the election process of India CCM for the year 2018.
  4. Update on *PR Dashboard* – All PRs were trained/ retrained on the PR Dashboard by consultants from HIV Alliance supported by GFATM on 9<sup>th</sup>-10<sup>th</sup> July 2018. The PRs have now been requested to submit their updated PR Dashboard for quarter 1 and 2 of current grant. The Oversight Committee will review PR dashboards for period Jan-June'2018 and will present summary in next CCM meeting.

### **Agenda item no. 3**

An update on Global Fund related activities was provided by India CCM Focal Point:

1. *SEA Constituency Meeting* was hosted by India on 23<sup>rd</sup>-24<sup>th</sup> April, 2018 and was attended by all South East Asian Countries except DPR Korea. During the meeting, Board Member to the Global Fund of SEA Constituency were selected through rotation principle. The new Board member to the Global Fund from SEA Constituency is from Bangladesh, Mr. Mohammad

Abul Faiz, Professor; and new Alternate Board Member is from Bhutan, Mr. Dasho Kunzang Wangdi, Formal Chief Election Commissioner, Bhutan. The constituency also agreed on the formation of a Regional CCM to monitor Regional grants.

2. Regarding *Tax reimbursement* to the Global Fund for Global Fund grant 2015-17, the divisions are in process of reimbursing the tax amounts for grants for both government and non-government recipients.

Chair, I-CCM suggested that a single mechanism should be adopted by all concerned divisions for reimbursement of taxes.

3. India has concurred to host the *Pre Replenishment meeting* of Global Fund's 6<sup>th</sup> Replenishment on 8<sup>th</sup> - 9<sup>th</sup> Feb, 2019 where Global fund presents its investment case before potential donors. Delegates from over 70 countries are expected to attend the meeting.

4. A *High impact Asia Regional TB meeting* is also scheduled for 27<sup>th</sup> -28<sup>th</sup> Nov, 2018 in India.

5. *Global Fund Country Team* visited India to review progress of HIV, TB and Malaria PRs from 11<sup>th</sup>-20<sup>th</sup> June'18 and also conducted a state visit to Kolkata, West Bengal. The country team raised issues concerning closure of previous grant. The divisions are working on the closure of previous grants and working with GF and LFA for the same. A Supply chain diagnostic review has been conducted by the Global Fund with support from Deloitte. Report of the same will be shared by GF.

**Action Point:** A single mechanism must be adopted by all concerned divisions (NACO, CTD and NVBDCP) for reimbursement of taxes of Global Fund grant 2015-17.

#### **Agenda item no. 4**

Programme divisions (NACO, CTD and NVBDCP) made a brief presentation on the updates related to implementation of their grant along with updates from their respective non-government Principal Recipient's grant components.

#### **A. Presentation by NACO:**

DDG (NACO/GF) briefed CCM members regarding the following Grant implementation status of NACO for period Jan-Aug, 2018:

<b>S.No.</b>	<b>Activity (Budget in mUSD)</b>	<b>Implementation status</b>
1.	Viral load test for routine monitoring (41.9)	105710 viral load tests done
2.	ART drugs for treat all (32.98)	Indent placed with RITES
3.	Differentiated HIV testing and ICTC infrastructure (10.5)	Procurement Proposal under Process
4.	HIV-Hep C co infection (5.72)	Screening, confirmatory kits, Drugs and

		trainings supported by NVHCP
5.	Differentiated Care (2.92)	Under process, HR supported by World Bank
6.	Digital record (2) and Self testing (.81)	Procurement Proposal under process
7.	NPMU (1.39)	Processed for Screening Committee Approval
8.	Self testing (.91)	Under process

DDG (NACO) informed that for outsourced activities of NACO- Supply Chain Management and Blended Clinical Trainings vendor selection has been made by Plan India and SAATHII respectively and the budget is under examination for Global Fund Country team. Overall fund utilization of NACO under the Global Fund has been 60% so far.

Implementation status of non-government Principal Recipients is as follows:

India HIV/AIDS Alliance: is implementing access to Comprehensive Care and Support services for PLHIV component. During Jan-June, 2018, PR has signed MoU with all SR and SSR and has established 11 Trans Gender CSC with overall utilization of 75% budget for the period.

SAATHII: With respect to Elimination of Mother to Child transmission of HIV infection (EMTCT), MoU with partners is signed and meetings with FOGSI and NHM in the implementation states are completed. So far, 74% of the budget for period Jan-June, 2018 has been utilized.

Plan India: For EMTCT, MoU with partners is signed. With regard to capacity building of ICTC counselors component, MoU is Signed with TISS; 8 regional training units have been established and 2 are under process. 78% of the budget under EMTCT component and 1% budget under ICTC counselor training component is utilized so far.

Clinton Health Access Initiative (CHAI): has to undertake Integration of IT & M&E systems of NACO, for which MOU between NACO and WJCF has been signed and E-Survey for assessment of IT Infrastructure has been rolled out. However, budget utilization is very low (<1%). DDG (NACO) explained that the project requires high end technical staff to be hired. However, CHAI is not able to recruit for three positions of Coder due to less remuneration set by the Global Fund Country team. In spite of highlighting the issue repeatedly before the Global Fund, request to increase remuneration for these positions has not been accepted.

Secretary (HFW) suggested writing to the Global Fund management to consider revising salaries for these technical positions to facilitate timely hiring and fund utilization thereof. Additional Secretary (NACO) informed that he has written to Global Fund Executive Director for his support on the matter.

## **B) Central Tuberculosis Division**

DDG (TB) informed that total TB grant for the period January 2018-March 2021 is USD 283.87 million of which USD 201.34 million has been allocated to the Government PR for TB- Central TB Division. The CTD grant have been partially accorded to five SRs for various activities.

As regards the current status of the CTD grant,

1. MoUs have been signed with all SRs except WHO. There is requirement of clearance from Screening Committee as per DEA order as the consultants are being supported through Global Fund and have been working for more than three years. New capacities will have to be built if the contracts of existing consultants are not renewed. Chair, CCM suggested that a file should be put up by the division to DEA confirming the understanding regarding renewal of contract of consultants hired through WHO supported by Global Fund in RNTCP. She reiterated that the matter must be closed within a week.
2. 6,83,400 No. of CBNAAT cartridges have been issued by CMSS for USD 9.1 Million.
3. Out of 5 ICMR OR protocols 2 protocols have been finalized and sent for Global Fund for No Objection.
4. The procurement process of 123 Digital X-ray machines has been initiated and technical specification has been finalized.
5. Trainings under PFMS will begin from September 2018.
6. For selection of SCM agency, Expression of interest has been received from organizations and they will be reviewed by a technical committee.
7. DBT Guidelines have been shared for Global Fund Country Team for No Objection.
8. Grant utilization for CTD for first two quarters is 55%.

The UNION, PR under TB grant receiving a total grant of USD 15.51 million, has achieved well as per its targets till June 2018. The targets for number of health camps organized has been underachieved. It has expensed 60% of the grant till June 2018.

William J Clinton Foundation, PR under TB receiving a total grant of USD 18.28 million, has achieved 94% of target indicators till June 2018. The expenditure utilization till quarter 2 is only 14%.

Foundation for Innovative New Diagnostics, PR under TB grant receiving a total grant of USD 33.14 million, has achieved targets for SR selection, training of NPMU and SPMU staff, development of plans for Monitoring and Evaluation guidelines and for engagement of providers.

Centre for Health Research and Innovation, PR under TB grant receiving a total grant of USD 15.60 million, has been able to utilize only 23% of grant amount.

Ms. Sadhna Jadon, CCM Member, inquired regarding the TB-HIV component in the Global Fund grant. It was clarified that the TB-HIV Coordination activities are being carried out through domestic budget.

### **C) National Vector Borne Disease Control Programme**

Addl. Director (NVBDCP) informed that total Malaria grant for the period January 2018-March 2021 is USD 65.01 million and is being implemented by NVBDCP in 7 North East states and Madhya Pradesh. Two Non-Government SRs from Meghalaya and Mizoram are implementing Malaria grant under NVBDCP.

As regards the current status of the NVBDCP grant,

1. Procurement of LLINs for Madhya Pradesh is under process.  
JS (VS) informed that the initial budget of LLINs (Rs. 180/ LLIN) is more than the cost of LLINs that are now available (Rs. 150/ LLIN). Due to this, the division will ensure savings and help in initiation of activities scheduled for next year in advance.
2. First meeting of Regional Review Meeting has been held in April 2018 to discuss the achievements & lessons learnt in IMCP-3; status of activities budgeted under IMEP; and gaps & solutions
3. Training cum workshop of IMA & IAP (State and district level) to sensitize Pvt. Practitioners for generating malaria data is in progress
4. Consultation with Private Sector (at block level) is in progress
5. Communication Material & Publications (CMP) is in progress
6. Framing of IEC/BCC Strategic Action Plan in progress by MNM
7. PFMS operational in all 7 NE States except few districts

Addl. Director (NVBDCP) informed that the grant has been facing issues where State PIPs are not reflecting GFATM supported activities in full. Chair, CCM inquired what is being done to mitigate the issue. JS (VS) mentioned that in the annual action plan, the list of resources through Global Fund should be added to their plan and the states have been asked to submit their revised PIP. CCM Chair stated that the states should ensure that there is no duplication.

## **Agenda item no. 5**

India CCM is scheduled to be reconstituted by October, 2018 for three years term 2018-2021. India India CCM Focal point apprised on the development related to India CCM reconstitution for Civil Society constituency:

- As per ToRs of India CCM, Civil society organization (CSO) constituency has 2 seats under HIV/AIDS, 1 seat under Malaria and 1 seat under Tuberculosis; Key affected population (KAP) constituency has 1 seat each for HIV/AIDS, Malaria and TB and People living with disease (PLWD) constituency has 1 seat each for HIV/AIDS, Malaria and TB. Each constituency is required to undertake selection/election of its respective members in a transparent, open and documented manner by Oct, 2018.
- Election Committee constituted to oversee reconstitution of India CCM made following recommendations in its meeting held on 21<sup>st</sup> May, 2018:
  1. To orient CSO/KAP/PLWD representatives for Malaria, TB and HIV/AIDS on CCM reconstitution process/guidelines.
  2. To put up advertisement on CCM/MoHFW/NACO/CTD and NVBDCP websites inviting expression of interest from CSO/KAP/PLWD for CCM membership.
  3. Ensuring every CSO member develops constituency engagement/communication plan in consultation with their constituencies upon their selection.
- As per Election Committee recommendation, orientation meeting (webinar) for HIV CSO/KAP/PLWD constituencies was conducted on 17<sup>th</sup> July 2018 and for TB and Malaria

CSO/KAP/PLWD constituencies conducted on 4<sup>th</sup> Sept 2018. HIV CSO/KAP/PLWD constituency representatives (Caucus members) consulted with their respective constituencies and provided following inputs to improve HIV constituency representation in CCM and sought CCM concurrence for the same:

- I. The criteria of barring PR and SR from CCM Membership may be revoked.
- II. One seat should be reserved for a PR
- III. Acknowledging the existence of robust networks of constituencies affected by HIV/AIDS, the constituency opposed the idea of ‘advertising EoI for membership of CSO and KAP seats’ on the public domain.
- IV. Seats of HIV Constituency may be redistributed as follows:

	CSO	KAP	PLHIV	Total
<b>Seats as per TORs</b>	2	1	1	4
<b>Proposed seats by constituency members</b>	0	3	1	4

It was apprised that UNAIDS initiated the process of engaging an independent consultant to support India CCM elections, however it could not get approval from its headquarter. Eventually with support of USAID, Ms. Rohini Ramamurthy, Technical Consultant has been engaged to support and document the process of India CCM reconstitution.

AS & MD (NHM), suggested to appoint an independent body/ex-officio to facilitate and oversee the entire reconstitution process of India CCM.

Secretary (HFW) enquired about previous India CCM reconstitution process. India CCM Focal Point informed that in previous term, it was a constituency led process where each constituency nominated their member through mutual consensus/elections. UNAIDS granted its support in overseeing the process. Mr. Bilali Camara, UNAIDS Country Director added that UNAIDS is willing to extend its support for reconstitution of India CCM this time as well.

Ms. T Mercy Annapoorani suggested that some of the current CSO members of CCM may be retained in new CCM. Secretary (HFW) mentioned that it can only be decided by the respective constituency of each member. CCM is not in position to take such a decision.

Decision:

1. India CCM did not approve suggestions of HIV CSO/KAP/PLHIV representatives (Caucus members) to tweak the existing membership composition and membership criterias as cited in the ToR of India CCM.
2. CCM advocated that open advertisement will ensure more transparency and may be considered further.
3. India CCM recommended that CSO/KAP/PLWD constituencies shall try to nominate their member in a democratic way by arising at a consensus and election shall be avoided.
4. India CCM agreed that UNAIDS could oversee and manage the process of Civil Society/KAP/PLWD Constituency s(e)lection for CCM reconstitution.

5. 15<sup>th</sup> October 2018 was set as deadline to receive nominations from all constituencies along with requisite documentation.

### Agenda item no. 6

The newly constituted Oversight Committee of India CCM conducted its first visit to Guwahati (Kamrup District), Assam from 7<sup>th</sup> -9<sup>th</sup> August, 2018 to Oversee implementation of HIV, Malaria and TB grants under the current Global Fund grant (Jan, 2018- March, 2021). Dr. Inder Prakash, Chair, Oversight Committee made a brief presentation on the visit findings:

Oversight Committee reviewed implementation activities of following PRs/SRs of HIV, Malaria and TB grants in Kamrup district, Assam–

Disease	PR	SR
<b>HIV/ AIDS</b>	NACO	Assam SACS
	India HIV/AIDS Alliance	Assam Network of Positive people (ANP+) for Vihaan Programme
	Plan India	Piramal Swasthya Management and Research Institute for Ahana Programme
<b>Tuberculosis</b>	CTD	Assam RNTCP
	Centre for Health Research and Innovation (CHRI)	World Vision India (WVI)
<b>Malaria</b>	NVBDCP	Assam NVBDCP

Oversight Team had following main observations from the visit which were also shared with Principal Secretary (Health), Assam by the team:

#### Observations pertaining to Assam RNTCP:

- TB notification from private sector was low. In 2017, only 3591 (18%) cases were notified by private sector against expected target of 19914.
- In 2017, 93562 population at risk was screened and 5499 presumptive cases were tested through active case finding efforts, which require more strengthening.
- Fund utilization is low < 50 % (In 2017, 13.6 crore spent against allocation of 30.06 crore).
- At CHC Azara:
  - Under NikshayPoshan Yojana, bank details of 43 eligible cases were not updated in Nikshay portal hence no beneficiary received DBT benefit so far.
  - Physical stock of CBNAAT cartridges (220) was not matching with balance stock (466) in the stock register. Staff could not explain reason of this discrepancy in the stock.
  - Record maintenance (lab reports etc) was poor.
- IRL Guwahati: expressed need to retain trained technical staff beyond 2018 Trained technical staff is funded through DBS up to Dec, 2018. To sustain functioning of IRL, need for retention of these staff beyond 2018 was expressed.



### **Observations pertaining to Assam VBDCP:**

- Malaria elimination campaign has not been launched in the State.
- 65 MTS positions vacant of the 149 sanctioned positions and 54 (100%) LT positions under GFATM are vacant.
- GFATM Assam contractual manpower (MTS/DEO) remuneration is less compared to other NE state which is de-motivating for the staff.
- Timely logistic supply is an issue. Stock out of ACT-AL (3-9 years) and ACT-AL (9-14 years) and shortage of Rapid Diagnostic Kits (12 lakh) Microscope slides (20 lakh) was reported.
- At CHC Azara and PHC Uparhali:
  - Malaria diagnosis was mainly done through RDT kits instead of Microscopic testing.
  - Record maintenance (lab, stock registers, minutes, IEC activity report etc) at facility was deficient esp. under Malaria prog.
  - SOP-diagnosis/treatment, IEC material and epidemiological data were not displayed.

### **Observations pertaining to Assam SACS:**

- Shortage of Human resource- Three positions at the Assam SACS level (DD ICTC, AD ICTC and Divisional Assistant), 22 ICTC Counselors and 30 ICTC- LTs positions are lying vacant.
- Infrastructure: 13 refrigerators reported to be out of order. At GMCH ICTC, UPS for machines and for CD4 equipment needs to be replaced. Absence of Desktop at ART Centre makes the staff unable to enter data in PALS.
- Assam SACS Drug Store:
  - IMS software to maintain drug stock is not being used. Stock requirement was not maintained properly at the store.
  - One walk in cooler was damaged and maintenance was not initiated.
  - Expired stock of Zidovudine oral sol. 50mg/5ml was found in store racks.
  - Damaged drugs kept in racks; Commodities were kept out in open (at risk of damage)
  - Stock of Abacavir + Lamuvidinpaed. drug was available for < 1 month

### **Observations pertaining to Vihaan programme (Implemented by North Eastern Regional Office of India HIV Alliance, SR and ANP +, SSR)**

- Of the total 337 patients LFU in Assam from January to June 2018, only 55 (16%) patients were brought back to treatment.
- Number of ORWs is low as compared to the patient load (4 ORWs for one ART centre- GMCH which has patient load of ~2800).
- Roles and responsibility of each ORW are not clearly defined. No work plans or micro plan for each ORW to carry out their functions effectively. Technical support by SR to the CSC project team is missing.
- Location of CSC – It is more than 11 kms away from ART (GMCH)
- A patient was interviewed at GMCH ART. She informed she never had interaction with ORW of CSC.

### **Observations pertaining to Ahana programme (Implemented by Piramal Swasthya)**

- SR was not actively engaged with the Private hospital visited by the OC team.

- HLL Lab technicians at Hajo CHC were found to be inefficient in documenting the details of patients for HIV and VDRL testing. The team recommended conducting training for the staff.

AS (H) recommended that Oversight Committee shall check backlog of TB case notification at the field. This will help in assessing and addressing gap in updating Nikshay portal.

With regard to over utilization of Rapid Diagnostic Test kits (RDT) for malaria testing at facility level, JS (NVBDC), Sh Vikas Sheel suggested that he will write to states advising to put a check on RDT kits utilization for malaria testing at the CHC/PHC level.

JS (GFATM) suggested that in upcoming Oversight visits, Oversight team shall gather information from programme divisions on crucial issues or activities which require more monitoring support so that the oversight team can focus on those areas as well. A tool may be developed to help oversight team gather information more systematically.

Decision:

1. JS (NVBDC), Sh Vikas Sheel will write to states advising to put a check on RDT kits utilization for malaria testing at the CHC/PHC level.
2. Oversight committee to prepare a tool capturing crucial issues/ priority areas of programmes in upcoming visits.

**Agenda item no. 7**

Dr. M Lego, CCM member highlighted issue related to installation of IT infrastructure (computers etc) at SACS in North eastern states. He informed that IT appliances are being procured and supplied from centre without duly informing the states and hence states do not take accountability for upkeep of these appliances and defunct systems are kept lying in the SACS. AS (NACO) assured that NACO will look into the matter.

Mr. Hashmat Rabbani, apprised on the feedback received from some community workers at Jharkhand SACS, that many of the outreach workers and community volunteers at ICTC have not received salaries for past two years. He requested that the same may be checked and addressed by NACO. DDG (NACO) mentioned that NACO will follow up on the issue.

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

## List of Participants

## CCM Members

Sl. No.	Name	Designation/Organization
1	Smt. Preeti Sudan	Secretary (HFW)/ Chair, I-CCM
2	Ms. Vijaya Srivastava	Special Secretary &FA, MoHFW
3	Sh. Manoj Jhalani	AS & MD (NHM) / Member Secretary, I-CCM
4	Sh. Sanjeeva Kumar	Additional Secretary (Health)
5	Dr. Nerges Mistry	Director, Foundation for Medical Research
6	Dr. Rohit Sarin	Director, National Institute of TB and Respiratory Diseases
7	Prof. Srilatha Juvva	Professor, TISS, Mumbai
8	Dr. Moromor Lego	Director of Health Services, Arunachal Pradesh
9	Dr. Bilali Camara	County Director, UNAIDS
10	Mrs. Lakshmi	CEO, Ashodaya Samithi, Karnataka
11	Md. Hashmat Rabbani	Secretary, GSKVM, Jharkhand
12	Mr. Nikhilesh Maity	Programme Officer, Vikas Bharti Bishunpur, Jharkhand
13	Ms. Sadhna Jadon	PLWD HIV Representative

## Alternate Members

Sl.No.	Name	Designation/Organization
1	Dr. Inder Prakash	Advisor (PH)
2	Ms. Bandana Preyashi	Director, DEA, Ministry of Finance
3	Dr. Nicole Seguy	Communicable Diseases Team Leader, WHO
4	T. Mercy Annapoorni	Rainbow TB Forum
5	Swami Satyaswarupananda	PLWD Malaria Representative, R. K. Misson
6	Ms. Marietou Satin	Deputy Director, UNAIDS

## Special Invitees

Sl. No.	Name	Designation/Organisation
1	Sh. Vikas Sheel	JS, GFATM/ NVBDCP/ CTD
2	Sh. Alok Saxena	JS, NACO
3	Ms. Bharti Das	CCA, MOHFW
4	Dr. K. S. Sachdeva	DDG/ I-CCM Focal Point
5	Dr. P. K. Sen	Director, NVBDCP
6	Dr. Avdhesh Kumar	Addl. Director, NVBDCP
7	Dr. Neeraj Dhingra	Addl. Director, NVBDCP
8	Mr. Ashish V Gawai	DS (Finance), NACO
9	Mr. Raman Sharma	Director, PWC
10	Ms. Rohini Ramamurthy	Consultant
11	Dr. Rochna Mitra	Project Director, Plan India
12	Mr. Ashok Kumar Seth	Director (Finance), Plan India
13	Mr. Anoop Arora	Manager (Administration) Plan India
14	Dr. Neha Garg	Consultant, NACO
15	Mr. Veeraiah S.Hirenath	WHO-CTD,Consultant-PDC
16	Ms. Veena Kumra	Technical Consultant
17	Mr. Firoz Khan	Translator for Ms. Sadhna Jadon
18	Dr. Sandhya Gupta	I-CCM Coordinator
19	Dr. Benu Bhatia	I-CCM Programme Officer
20	Ms. Veena Chauhan	I-CCM Administrative Assistant

**List of members of the Oversight Committee of India CCM**

<b>S.No.</b>	<b>Name, Designation/ Organisation</b>
1	Dr. Inder Prakash, Advisor (PH)/Chair, OC
2	Dr. Nicole Simone Seguy, Vice Chair, OC
3	Dr. Sangeeta Kaul
4	Dr. Rohit Sarin
5	Dr. Reuben Swamickan
6	Ms. Sanghamitra Iyengar
7	Dr. Shampa Nag
8	Ms. Kavita Singh
9	Mr. S A Khan
10	Mr. Bobby Singh Jayanta
11	Ms. T. Mercy Annapoorani
12	Mr. Md. Hashmat Rabbani