

## Proceedings of the Oversight Committee Meeting of India CCM

Hotel Royal Plaza, Delhi

18<sup>th</sup> June 2018 | 9:30 am - 4:30 pm

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The Oversight Committee meeting of India CCM was conducted on 18<sup>th</sup> June 2018 from 9:30 am – 4:30 pm at Hotel Royal Plaza, Delhi and was attended by the newly elected Oversight Committee and representatives from all Principal Recipients. List of participants is placed at **Annexure 1**.

India CCM Focal Point welcomed all participants to the first meeting of the newly elected Oversight Committee of India CCM. It was followed by a round of introduction by the participants.

The inaugural began with an address from Dr. Inder Prakash, Chair of the Oversight Committee of 2016-2017. He mentioned that the Oversight Committee was able to function in an efficient manner as per its role in the last term with six site visits conducted. The results of the site visits were presented in front of the CCM during its meetings and recommended actions were followed up.

Mr. Vikas Sheel, JS (GFATM) addressed the participants on the role Oversight Committee should play. He mentioned that the work of oversight committee should not be a complete audit of the PRs, instead should be only oversight. However, there should be complete information on key performance indicators, framework and timeframe to keep check on progress. Quarterly reports should be submitted to the CCM Secretariat for information of the Oversight Committee. He also urged the Oversight Committee to actively engage with State program officers during their visit as many issues can be dealt with at the state level.

### **AGENDA – THE GLOBAL FUND GRANT PORTFOLIO AND ROLE OF INDIA CCM**

Presentation by Programme Officer, India CCM

**Brief on the Global Fund** - The Global Fund is a financing institution, providing support to countries in the response to the three diseases, HIV/AIDS, Tuberculosis and Malaria. The Global Fund raises and invests nearly US\$ 4 billion a year to support programs run by local experts in countries and communities most in need. During the latest Replenishment Conference in September 2016, donor countries, foundations, and private donors pledge US\$ 12.9 billion for the 2017-2019 period, of which India contributed USD 20 million.

**Global Fund Portfolio in India** - The Global Fund has a sustained partnership with India since 2002, with US \$2 billion grant disbursed so far. For period January 2018 - March 2021, The Global Fund has signed grant amount of USD 500 million. There are 3 Government Principal Recipients and 7 Non - Government Principal Recipients. Details of grant signed by each PR are given in table below:

Principle Recipient	Grant Title /Project Title	Grant amount signed (USD)
National AIDS Control Organization (Govt. PR)	SAHAS (Strategic Augmentation of HIV/ AIDS Services)	102.4million

<b>Solidarity and Action Against the HIV infection in India (Non- Govt. PR)</b>	SVETANA	7 million
<b>India HIV/AIDS Alliance (Non-Govt. PR)</b>	Vihaan	20.5 million
<b>Plan India (Non- Govt. PR)</b>	Project AHANA	12 million
	<b>Total HIV Grant</b>	<b>141.9 million</b>
<b>Central TB Division (Govt. PR)</b>	Moving towards elimination of Tuberculosis in India	201.3 million
<b>International Union Against Tuberculosis and Lung Diseases (Non Govt. PR)</b>	'Reaching the unreached'	15.5 million
<b>William J Clinton Foundation</b>	Joint Effort for Elimination of Tuberculosis (JEET)	18.3 million
<b>Foundation for Innovative New Diagnostics India (FIND)</b>	Strengthening sustainable Laboratory Diagnostic Network of RNTCP and Joint Effort for Elimination of Tuberculosis (JEET)	33.1 million
<b>Centre for Health Research and Innovation (CHRI)</b>	Joint Effort for Elimination of Tuberculosis (JEET)	15.6 million
	<b>Total Tuberculosis Grant</b>	<b>283.8 million</b>
<b>National Vector Borne Disease Control Programme</b>	Intensified Malaria Elimination Project	<b>65 million</b>

**Brief on India Country Coordinating System** - Country Coordinating Mechanisms are national committees in each country that submit funding applications to the Global Fund on behalf of the entire country. India Country Coordinating Mechanism constitutes of 26 voting members, and is chaired by the Secretary (HFW). The members of the India CCM represent various constituencies – Government, Civil Society, Key affected population, people living with diseases (HIV, TB and Malaria), Private sector, Bilateral and multilateral organizations.

The core functions of the India CCM are -

1. Coordination of development and submission of funding requests
2. Nomination of Principal recipients (PRs)
3. Oversight over PRs and grant implementation
4. Reprogramming and ensuring linkages with other health programs
5. Information, communication and organization of India CCM and Secretariat work, and managing Conflict of Interest

## **AGENDA – ROLE OF OVERSIGHT COMMITTEE OF INDIA CCM**

Presentation by Coordinator, India CCM

The role of Oversight Committee was explained to the committee members. The members provide strategic direction to the Principal recipients by ensuring that policies and procedures are followed, by establishing financial and programmatic controls. The PR in turn follows key recommendations, which eventually leads to improved outcomes and increased stakeholder value. The role of Oversight is to look at the big picture and not perform micromanagement of the grant.

The Oversight Committee members were informed that as per eligibility Requirements laid out by the Global Fund, it must follow an Oversight Plan which details oversight activities and describes the process of engagement of the Committee with different stakeholders.

The five key questions which should be asked by the Oversight Committee should be (1) Where is the money?; (2) Where are the drugs and equipment; (3) Are sub-recipients receiving funds and resources as planned?; (3) Is implementation proceeding as planned?; (5) What are the program results?

The roles of Oversight Committee are to (1) Assess PR Performance and grant progress using key indicators; (2) Track Management letters shared by the Global Fund; (3) Carry out site visits; (4) Seek feedback from beneficiary constituencies; (5) Investigate warning signs or bottlenecks; (6) Assist with problem resolution. The Oversight Committee can also request the PRs to present their PR Dashboard for a snapshot review of the entire grant. The PR Dashboard serves as a management tool for the PRs to check their progress on the grant and provides a review of the grant to the Oversight Committee. The Committee can provide its recommendations which may be further presented to the entire CCM through a CCM Summary. Eventually an Action plan developed by the CCM can be shared with the PRs.

## **AGENDA – OVERSIGHT WORK PLAN AND SELECTION OF OVERSIGHT COMMITTEE LEADERSHIP**

Presentation by Coordinator, India CCM

**Decision on the Chair and Vice Chair of the Oversight Committee:** The list of Oversight Committee Members was presented to the group. It was informed that as per TORs of the Oversight Committee, the Chair and Vice Chair of the Committee must be members of India CCM and selection must be by a majority vote. Ms. T. Mercy Annapoorani suggested that Dr. Inder Prakash may be continued as Chair of Oversight Committee. The suggestion was seconded by Mr. S. A. Khan. By majority vote, *Dr. Inder Prakash was selected as the Chair of Oversight Committee* of India CCM for term 2018-19. Ms. T. Mercy Annapoorani also suggested that Dr. Nicole Seguy may be assigned the charge of Vice-Chair of Oversight Committee. Ms. Sangeeta Kaul seconded the suggestion. By majority vote, *Dr. Nicole Seguy was selected as the Vice Chair of Oversight Committee* of India CCM for term 2018-19.

**Workplan of Oversight Committee:** A draft workplan for the year 2018 was prepared by the India CCM Secretariat for reference of the Committee. It is placed at **Annexure 2**. The Committee decided that they will give a final nod to the workplan via email.

## AGENDA-UPDATES FROM PRINCIPAL RECIPIENTS

To introduce the Global Fund projects being implemented in India for grant period Jan, 2018-March, 2021, Government and Non-government Principal Recipients made brief presentation on their grant, core activities and progress update.

The Global Fund allocated 155 mUSD for HIV/AIDS component for period Jan 2018 – March 2021. NACO is implementing SAHAS (Strategic Augmentation of HIV /AIDS Services) for 102.3 m USD and remaining 34% budget is distributed amongst non government PRs-PLAN (17.38 mUSD), SAATHII (10.37 mUSD), INDIA HIV ALLIANCE (20.56 mUSD) and WJCF (3.94 mUSD).

### HIV/AIDS grant

#### 1. NACO (Government PR):

NACO has outsourced its certain activities namely-Supply Chain Management, Blended Clinical Trainings and integration of IT and M& E system to Plan India, SAATHII and WJCF respectively.

SAHAS programme aims to bring reduction in new infection by 75% from baseline of 2010, to achieve treatment goal of 90:90:90 and to eliminate Parent to Child Transmission of HIV & Syphilis. Key activities under SAHAS Grant and their status update were shared:

S.No	Activities	Implementation status
1.	Viral load (VL) test for routine monitoring	<ul style="list-style-type: none"> <li>• PPP- Turnkey was launched on 8<sup>th</sup> Feb 2018</li> <li>• VL testing units are under procurement &amp; Installation (64 machines have been procured and of which 32 are installed)</li> <li>• 52000 tests have been conducted till 11.6.2018</li> </ul>
2	ART drugs for treat all	Indent has been placed
3	Community based screening	<ul style="list-style-type: none"> <li>• Procurement proposal for line items under CBS are under process</li> <li>• SOP under review</li> </ul>
4	HIV-Hep C co infection	<ul style="list-style-type: none"> <li>• First draft of Hep C – operational plan is ready.</li> <li>• Technical guidelines, and M&amp;E plan will be adopted from NCDC.</li> <li>• Steering Committee has been constituted and Meeting is scheduled on 19.6.2018.</li> </ul>
5	ICTC Infrastructure & Digital Records	• Procurement Proposal is under process
6	Evidence Generation for Policy Making	MoU has been shared with ICMR for their comments
7	Differentiated Care	➤ Funds for new ART centres are not approved in Annual Action Plan. File is being processed again

8	Self testing	➤ Technical Advisory meeting has been completed
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2. **Plan India (Non-government PR)** is implementing following project/activities under new grant for period 2018-2021:

A) **AHANA project –**

- Aims to support national programme for elimination of Mother to child transmission of HIV & Syphilis. Objectives of the project are:
  - I. To improve HIV testing among pregnant women and effective reporting system in both Public & Private sector
  - II. To ensure effective linkages and retention to ART treatment of HIV positive pregnant women (PPW) and their children through Intensified Case Finding (ICF) approach
  - III. To provide comprehensive care and support services to HIV positive pregnant women and their families through community based outreach activities
- AHANA project is in phase II of its implementation (with coverage of more states/districts and focus on both public and private health facilities).
- States and SR under AHANA project-

SR partner	State
HLFPPT	Bihar, Chhattisgarh
CINI	Jharkhand
Lepra	Madhya Pradesh
Aruna	Odisha
Mamta, UPNP+	Uttar Pradesh
PIRAMAL	Assam, Meghalaya, Sikkim, Arunachal Pradesh
NCPI	Manipur, Mizoram, Tripura, Nagaland

- B) Capacity Building of ANM & Counsellors (ICTC, ART, STI) across all states and UTs (3.4 mUSD) with TISS as SRs
- C) Plan will undertake Supply Chain Management activity outsourced by NACO for budget of 5.7 mUSD. Process of hiring SRs is underway.

Around 40% of the budget for period Jan-June, 2018 has been spent so far.

3. **SAATHII (Non-government PR)** is implementing following projects/ activities under the Global Fund for period 2018-2021:

- A) **Svetna project:** aims to provide technical assistance towards accelerating scale-up of PPTCT services to eliminate mother to child transmission of HIV. Project is in its phase II (for period Jan, 2018-March 2021) of implementation with coverage of 22 States/UTs (361 districts) compared to

14 states in phase I (2015-2017) and is covering both public and private health facilities. Budget allocated for the project is 7.0 mUSD.

**B) Targets to be achieved under program are:**

- I. Increase HIV testing among pregnant women from 85% to 95%
  - II. Increase HIV testing among spouses of positive pregnant women from 74% to 90%
  - III. Increase the proportion of HIV-positive pregnant women on ART from 97% to 100%
  - IV. Increase the proportion of HIV-exposed infants who completed their first EID within two months of birth from 51% to 95%
- Key strategies under the programme includes sensitization, advocacy, facilitation, coordination with public, private health sectors, medical associations; engagement with HIV positive women, spouse and exposed infants for HIV Service provision.
  - Details of SR partners and states covered:

SR partner	State
SVYM	Karnataka
Prayas	Maharashtra (six districts)
NCPI +	Chandigarh: Punjab, Jammu and Kashmir, Himachal Pradesh
GSNP +	Gujarat : 18 districts including Daman Diu, Dadra Nagar Haveli
SAATHII Units	Maharashtra, Goa, Gujarat, Tamil Nadu, Andaman and Nicobar, Puducherry, Kerala, Lakshadweep, Telangana, Andhra Pradesh, West Bengal, Delhi, Uttarakhand, Rajasthan, Haryana

- Expenditure for the period Jan-June, 2018 has been close to 51% against the disbursement.

**C) Blended Clinical trainings** for Medical Officers, Lab technical etc. at ART (3.37 mUSD). Process of hiring SR partner is under process.

**4. India HIV Alliance (Non-government PR)** is implementing Vihaan Project with the Global Fund grant (20.5 mUSD) for period Jan 2018-March 2021.

- Vihaan aims to Improve quality of life and survival of PLHIV through retention of PLHIV in HIV care
- Vihaan project is continuing from previous grant with 12 SR partners and 310 Care and support Centres (including 10 TG CSCs) under current grant compared to 20 SR and 350 CSCs during previous grant.
- Details of SR partners and states covered under the project:

S.No.	SR partner	State
1.	National Coalition Of People Living With HIV in India (NCPI+)	Himachal Pradesh , J&K, Uttarakhand, Chandigarh, Delhi, Bihar, Haryana, Jharkhand, West Bengal & Sikkim

2.	Network of Maharashtra by People Living with HIV/AIDS (NMP+)	Maharashtra & Goa
3.	Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNP+)	Uttar Pradesh
4.	Tamilnad Network of Positive People (TNP+)	Tamil Nadu & Puducherry
5.	Karnataka Health Promotion Trust (KHPT)	Karnataka
6.	Alliance India Regional Office (AIRO)	Telangana & Kerala
7.	Hindustan Latex Family Planning Promotion Trust (HLFPPT)	Rajasthan & Punjab
8.	Telugu Network of People Living With HIV/AIDS (TNP-AP+)	Andhra Pradesh
9.	Gujarat State Network of People Living with HIV/AIDS (G SNP+)	Gujarat
10	LEPRA	Odisha & Chhattisgarh
11	North East Region Office (NERO)	Manipur, Nagaland, Meghalaya, Arunachal Pradesh, Tripura, Mizoram & Assam
12	India HIV Alliance (temporary)	Madhya Pradesh

- Vihaan has adopted **differentiated care model** under the current grant. Patients are being categorized as high priority clients (patients yet to initiate or newly initiated on ART, LFU, clients with < 80 % treatment adherence) and stable clients (Clients with more than 80% treatment adherence) and are provisioned for differentiated care and support services (variable approaches and frequency of services) in accordance to their need.
    - Currently 15 CSC based drug dispensing centers for stable clients are operational
    - 230 ART centres have started sharing differentiated data to CSCs and accordingly intensified outreach has been initiated
    - eMpower tablets have been customized to collect data as per differentiated model
  - **Mission Sampark drive** initiated under Vihaan for arriving at accurate figures related to LFUs by undertaking cleaning up of a list of nearly 425,000 PLHIV under LFU/MIS category. This drive resulted in following outcomes:
    - 64,061 LFU can immediately be removed from the total list – Definite Outcome (25%)
    - 30,915 individuals have high probability to return back to treatment if their concerns – multi month drug dispensation, economic support and/or counseling are addressed.
    - 34,886 individuals are to be traced to bring them to a category of definite or indefinite outcome (13%)
    - 131,232 individuals listed most will never be traced and needs a clear direction (50%)
- Focus is to be concentrated on bringing back traceable LFUs and prevention of new LFUs.

- Fund utilization-PR disbursed 92 % budget to SRs for period Jan-March 2018 with overall expenditure of 74 % during the same period under the project.

Dr. Sangeeta Kaul, Oversight member commented that in certain states same SRs are being hired by different PRs (NCPI+ etc) for their projects. However, PRs need to ensure that duplication of work is not happening and resources are used rationally.

5. **William J Clinton Foundation (Non government PR)** is implementing project SOCH (Strengthening of Overall HIV care) with budget of 3.9 mUSD.

- Project SOCH aims to create patient centric IT enabled integrated M&E system for end to end beneficiary tracking and supply chain management.
- Key activities/timelines include:
  - I. Assessment Study – To understand current & future user requirements at National, State, District and Facility level (during year 2018)
  - II. Development of IT Enabled Integrated M&E System- vendor selection and development of system by vendor (during year 2019)
  - III. Trainings on the New System- developing training plan and training of trainers, NACO and SACS personnel at national level (during 2020-21)
  - IV. Transition to NACO- develop transition plan & Building capacity at NACO for post-grant usage (during 2020-21)
- MoU with NACO has been signed for roll out of project. Methodology document for assessment study has been developed in consultation with NACO. Pilots for E survey (IT infrastructure availability at facilities), patients, SCM and information flow has been initiated.

### **Malaria grant**

1. **NVBDCP (Government PR)**- is the only PR for Malaria under the Global Fund for period 2018-2021 and is implementing Intensified Malaria Elimination Project (IMEP) for a committed amount of 65.01 mUSD.
  - The project covers 7 North-East States, Madhya Pradesh (only for LLINs) & Odisha (partially covered under Prioritized Above Allocation Request). There is provision of distribution of 5.7 million LLINs in North East states and 9.7 million in Madhya Pradesh.
  - Two Local NGOs have been engaged by the division as SRs for five high endemic districts of Meghalaya & Mizoram for LLIN distribution.
  - Basic Objectives of the programme are the following:
    - I. Achieve universal coverage of population at risk of malaria with an appropriate **vector control intervention** (LLIN).
    - II. 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.



- III. **Strengthen the surveillance** to detect, notify, investigate, classify and respond to all cases and foci in all districts to move towards malaria elimination.
  - IV. Achieve **universal coverage** in project areas by appropriate **BCC activities** to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative interventions.
  - V. Ensure effective **programme management and coordination** to deliver a combination of interventions for malaria elimination.
- Division informed that procurement of LLIN for Madhya Pradesh worth 30 mUSD is under progress and approved human resource is in place.

### **Tuberculosis Grant**

The Global Fund allocated **283.87 mUSD** for Tuberculosis component for period Jan 2018 - March 2021. CTD is implementing “Moving Towards Elimination of Tuberculosis in India” for 201.34 m USD and remaining 29% of budget is distributed amongst Non Government PRs - The UNION (15.51 mUSD), WJCF (18.28 mUSD), FIND (33.14 mUSD), CHRI (15.60 mUSD).

#### **1. Central Tuberculosis Division (Government PR):**

The programme “Moving Towards Elimination of Tuberculosis in India” aims to achieve a rapidly declining burden of TB morbidity and mortality while working towards elimination of TB in India by 2025. Key activities under this grant and their status update were shared:

<b>S.No</b>	<b>Activities</b>	<b>Implementation status</b>
1.	Procurement of Drugs (SLD, Newer Drugs)	Purchase order has been issued for Second Line drugs. Procurement of new drugs is scheduled for 2020.
2	Procurement of Diagnostic Equipments and Cartridges.	The approval is under process.
3	Strengthening of SCM	Expression for interest has been published
4	Incentives for DRTB patients	It is under process
5	DRTB patient’s counseling	Preparation of training materials is completed and the training process is underway
6	Active Case Finding	Plan for conducting active case finding is complete. Development of a mobile application is underway.
7	Operational Research	Implementation of Operational Research in August 2018

#### **2. The UNION:**

The programme “‘Reaching the unreached’ – Ensuring universal access to TB prevention and care services for all” aims to promote early case detection and management of TB patients through active case finding in key affected populations (KAP). 128 districts across 14 states will be covered.

The UNION will be implementing the grant with 5 SR partners - CBCI-CARD, CHAI, MAMTA, REACH and VHAI and will carry out active surveillance through the following strategies:

- **Community level screening (Axshya SAMVAD)** by Door to door visits by trained volunteers who also disseminate information on TB and conduct verbal screening for TB symptoms
- **Institutional screening** is conducted through health camps and screening in prisons, shelter homes, mines, construction sites, workplaces etc and in High workload settings, i.e., District hospitals, ART centres.

The PR will also conduct activities to link **diagnostic and treatment services** by Referral and/or sputum collection and transport and ensuring treatment initiation and follow up for treatment completion.

The PR also works on empowering TB patients by sensitising them on their rights and responsibilities. Efforts are made to make the community aware on basic information on TB during door to door visits by the CVs. Eligible TB patients are linked with social welfare schemes and nutritional support.

Currently, human resource for 105 districts has been recruited and the recruitment for remaining districts is underway. Mapping for key affected population and identification of NGOs has also been completed in 105 districts. Active case finding has been initiated in 90 districts.

Ms. T. Mercy Annapoorani, Member Oversight Committee suggested that sensitization of Health care providers should also be included in activities.

### **3. FIND (The Foundation For Innovative New Diagnostics):**

The PR, during the current grant will be catering to two projects - Strengthening of RNTCP Laboratories for which the grant amount is 27.61 mUSD and JEET Project for Public Private Mix (PPM), grant amount for which is 5.53 mUSD. Following activities will be carried out by the PR during the grant period:

- a. **Strengthening sustainable Laboratory Diagnostic Network of RNTCP** – The aim is to sustain service delivery in the existing LC-DST and LPA labs, enhance capacity for quality assured diagnosis of DR –TB by establishing 20 additional LC-DST facilities and scale up LIMS for all LC-DST labs under RNTCP.  
The first tranche of procurement for all 61 labs has been initiated and AMC activities have been initiated for all 52 labs.
- b. **Improving universal access to TB services for patients engaged with the private sector-** The aim is to facilitate access to RNTCP approved affordable TB diagnostics for patients seeking care in the private sector through public and private lab network for increased notifications and quality diagnosis and to facilitate access to early, appropriate & free treatment initiation, public health actions and adherence support systems for patients seeking care in the private sector. FIND will implement PPSA model in 7 cities and PPSA lite model in 115 cities across 6 states.

#### **4. WJCF (William J Clinton Foundation):**

The PR jointly is implementing the JEET Project (Joint Effort for Elimination of Tuberculosis) for patients seeking care in private sector. JEET aims to setup effective and sustainable structures to strengthen existing systems and seamlessly extend quality TB care to patients in private sector. The key activities are-

- Mapping and Prioritization of private sector providers
- Ensuring nationwide access to WHO approved quality TB diagnostics to patients seeking care in the private sector
- Enabling early, appropriate and free treatment initiation, public health actions and adherence to support systems.

WJCF will implement PPSA model in 9 cities and PPSA lite model in 141 cities across 7 states.

#### **5. CHRI (Centre for Health Research and Innovation)**

The PR jointly is implementing the JEET Project. JEET aims to setup effective and sustainable structures to strengthen existing systems and seamlessly extend quality TB care to patients in private sector.

PATH will implement PPSA model in 29 sites across 3 states and PPSA lite model in 171 districts. The PR will implement its activities with support from 5 SRs - MAMTA & LEPR (UP); ALERT, MJK (Maharashtra) and World Vision India (Maharashtra & Assam).

Meeting ended with a vote of thanks to Oversight Committee members and Principal Recipient representatives.

## List of Participants

## Chief Guest

Sl.No.	Name	Designation/Organization
1.	Shri Vikas Sheel	JS (GFATM)

## Oversight Committee Members

Sl.No.	Name	Designation/Organization
1	Dr. Inder Prakash	Advisor (PH)
2	Dr. Sangeeta Kaul	USAID
3	Dr. Reuben Swamickan	USAID
4	Dr. Nicole Seguy	Senior Technical Advisor, WHO
5	Ms. Sanghamita Iyengar	Samraksha
6	Dr. Shampa Nag	Independent Consultant
7	Mr. S.A.Khan	General Manager (Procurement),CMSS
8	Mr. Bobby Singh Jayanta	SPYM
9	Ms. T.Mercy Annapoorani	Rainbow Foundation

## Principal Recipients

Sl.No.	Name	Designation/Organization
1	Dr. Asha Hegde	Consultant, NACO
2	Dr. Neha Garg	Consultant, NACO
3	Ms. Rosenara Huidrom	India HIV AIDS Alliance
4	Mr. Sargvanan R.M.	India HIV AIDS Alliance
5	Mr. Tarun Tandon	India HIV AIDS Alliance
6	Mr. M.Srinivas Rao	SAATHII
7	Ms. Lakshmi Ramakrishnan	SAATHII
8	Mr. J.Joson Meloot	SAATHII

9	Mr. Jis Jose	SAATHII
10	Ms. Priyambada Mohanty	SAATHII
11	Dr. Rochana Mitra	Plan India
12	Mr. Kaushik Biswas	Plan India
13	Mr. Debjani Khan	Plan India
14	Ms. Sangita Dasgupta	Plan India
15	Dr. Devesh Gupta	Addl. DDG, CTD
16	Dr. Chaman Prakash	Addl.DDG,CTD
17	Mr. Veeraiah S Hiremath	Consultant, CTD
18	Ms. Veena Kumra	Consultant, CTD
19	Dr. Vaibhav Ghule	FIND
20	DSA Karthickeyan	FIND
21	Ms. Parul Goyal	CHAI
22	Mr. Justin Pallari	CHAI
23	Ms. Manisha	WJCF
24	Dr. Bharti	PATH
25	Mr. Venkatesh	PATH
26	Mr. Subrat Mohanty	The Union
27	Dr. Sripriya Pandurangan	The Union
28	Dr. Avdhesh Kumar	Addl. Director, NVBDCP

### **LFA Team**

<b>Sl.No.</b>	<b>Name</b>	<b>Designation/Organization</b>
1	Mr. Gaurav Gupta	LFA, GF/PWC
2	Mr. Raman Sharma	LFA, GF/PWC

**CCM Secretariat**

<b>Sl.No.</b>	<b>Name</b>	<b>Designation/Organization</b>
1	Dr. K.S.Sachdeva	DDG/Focal Point India CCM
2	Dr. Sandhya Gupta	Coordinator, India CCM
3	Dr. Benu Bhatia	Programme Officer, India CCM

**Support Staff**

<b>Sl.No.</b>	<b>Name</b>	<b>Designation/Organization</b>
1	Ms. Meena Arya	NACO
2	Mr. Mubarak Ali	NACO
3	Mr. Rajiv Sindhu	NACO
4	Mr. Deepak Ramvani	NACO
5	Mr. Varun	MOHFW

## INDIA CCM OVERSIGHT COMMITTEE ANNUAL WORKPLAN-2018

Total Budget for Oversight Activities		CCM INDIA	Duration of Oversight Workplan Jan, 2018- December, 2018		
USD 9,000					
Sl.No	Activities	Brief on activities	Months		
1	<b>CCM MEETING SCHEDULE (Tentative)</b>	OC to share its findings and recommendations related to Oversight of programme implementation by PRs with CCM	July	Oct	Dec
2	<b>OVERSIGHT SITE VISIT</b>	OC committee members select site and performs oversight site visit (as per Oversight field visit protocols)	July	Oct	Dec
3	<b>OVERSIGHT COMMITTEE MEETING</b>	1. PR finalizes the quarterly summary report (DASHBOARD), share it with OC (through mail or through CCM Secretariat) before OC meetings; 2. OC reviews performance of PRs based on quarterly report and brief status presentation by PR during OC meeting.	June	Oct	Dec
4	<b>DOCUMENTATION &amp; FOLLOW-UP LETTER TO PRs, CCM MEMBERS &amp; STAKEHOLDER</b>	1. Letter/mail suggesting corrective actions to PRs based on OC review of PR performance (individual PR atleast once a year) (2) Follow-up letter sent to PRs identifying issues and suggestion to resolve bottlenecks after oversight visit (within 30 days of OC meeting wherein visit findings are discussed)	Aug	Nov	Jan,2019
	<b>PR SR COORDINATION MEETING</b>	one or two Oversight Committee Members may attend PR-SR Coordination meeting as observers (attend at least one coordination meeting half yearly)	Aug		Nov/Dec
5	<b>CAPACITY BUILDING OF OVERSIGHT COMMITTEE MEMBERS</b>	Oversight Committee members oriented and trained (refresher training) on oversight functions and their roles and responsibilities	June		
6	<b>CSO CONSTITUENCY ENGAGEMENT</b>	Selected OC members/CCM Secretariat Staff Participate in CSO Constituency engagement meeting	July/Aug		Nov