

Draft Minutes of the Virtual Meeting of the Oversight Committee – India CCM

13th April'2021 at 14:30 hrs

A Virtual Meeting was held on 13th April 2021 at 14.30 hrs of the Oversight Committee, India CCM to discuss the following Agenda items

1. Orientation of the Oversight Committee Members
2. Understanding the role and the TORs of the Oversight Committee
3. Discuss a timeline for the Field visits and propose teams for the same
4. Timelines for the reconstitution of the ICCM.

The meeting began with the welcome address by Ms. Nandini Kapoor, as Chair of Oversight Committee 2020-22 and Dr. Shobini Rajan, India CCM Focal Point and a brief round of introduction of the members of the Oversight Committee and the ICCM Secretariat staff.

- 1 Dr. Shobini Rajan, DDG (NACO), introduced herself in the capacity of the new Focal Point India Country Coordinating Mechanism, subsequent to the VRS taken by Dr. K.S. Sachdeva, DDG (TB) and the earlier Focal Point ICCM.

She stated that for guiding the process portfolio of the Global Fund and the Grants status, although the mechanism is very complex but if we logically see the process its very clear.

She mentioned the details of the Global Fund Grant, like the Current Global Fund Grant Cycle Jan'2018 to March'2021 is amounting to 500 Million USD and the upcoming Grant Cycle is also amounting to 500 Million USD. She also mentioned the proportion of the 3 diseases under the Grant i.e. TB 56%, HIV 31% and the Malaria 13%

Further for all the 3 diseases the Govt. P.R.s (Principal Recipients), Non Govt. P.R.s as well as the S.R.s (Sub Recipients) details were presented and briefed respectively to the members, along with the Grant amount of the P.R.s and the S.R.s in detail for all the 3 programmes. It was also mentioned that the whole Grant making/signing process is vetted and coordinated by ICCM Secretariat, held by the Secretary (Health) as the Chair of the India Country Coordination Mechanism. And the secretarial support/coordination support is provided by ICCM Secretariat.

It was reiterated that the Govt PRs are actually division of the Ministry which implement the programmes and the non Govt. PRs are Civil Society and the partners who in turn implement the programmes.

2. Role of ICCM and the Oversight Committee

Ms. Gitanjali, ICCM Coordinator presented and briefed about the Role of ICCM to the members, mainly as

- a. Coordination and development of the Funding Requests
- b. Nomination of the Principal Recipients
- c. Oversight over P.R.s and Grant implementation
- d. Reprogramming and ensure linkages with other health programmes

- e. Information, communication and organization of India CCM and Secretarial work, and managing the Conflict of Interest.

Country Coordinating Mechanisms are national committees in each country that submit the funding applications to the Global Fund on behalf of the entire country. They include representatives from Government, the private sector, technical partners, civil society and communities living with the diseases. India CCM has 26 voting members, 37% Civil Society organization representation, Chaired by Secretary (HFW), MoHFW and the Vice Chair represents constituency other than chair's constituency. Holds a CCM meeting once in every quarter.

3. Oversight Committee role and key functions of the Oversight

- a. Oversight is the part of the governance of the Global Fund
- b. Provides strategic direction
- c. Ensures policies and procedures are followed
- d. Leads Institutes financial and programmatic controls
- e. Follows through on key recommendations
- f. Leads to improved outcomes and increased stakeholder value.

Good Governance Principles

Country Ownership

Inclusiveness & Participatory Governance

Transparency & Accountability

Mitigation of Conflict of Interest

Oversight

4. Eligibility Requirements & Minimum Standards for CCMs

- a. Funding Request development: coordinate and document the process
- b. PR selection: nominate and document the process
- c. Oversight: oversight body and oversight plan
- d. Membership of people living and affected by diseases
- e. Selection of non-governmental members: transparent & documented process
- f. Conflict Of Interest management: develop and apply a policy

5. CCMs/ICCMs must submit and follow an oversight plan for all approved financing:

Details oversight activities

Describes how CCM/ICCM will engage program stakeholders in oversight

CCM/ICCM members & non-members

Non-government constituencies especially people living with/affected by diseases.

6. CCM Oversight: A core function

Not micro-management or monitoring and evaluation: It is a scan to identify cross-cutting implementation problems and to help PRs identify bottlenecks hindering implementation.

Strategic: Focuses on broad objectives, service delivery approaches, and the 'bigger picture' of grant implementation.

Cyclical: Follows reporting cycles to review:

PR managerial performance

Timely execution of work plan

Technical results against periodic and annual targets

Oversight is about partnership, not punishment!

7. Four essential elements of Oversight
 - Better more timely information
 - Formal Oversight structure
 - Oversight Procedure, Plan and Budget
 - Enhance Grant performance through better dialogue with Principal Recipients

8. To handle five key questions for every grant
 - Where is the money?
 - Where are the drugs, supplies and equipment?
 - Are sub-recipients receiving funds and resources as planned?
 - Is implementation proceeding as planned?
 - What are the program results?

9. ICCM oversight process
 - Gather information
 - Analyze information
 - Report on Outcomes
 - Investigate warning signs of problems or bottlenecks
 - Assist with problem resolution and unblocking bottlenecks
 - Ensure that the PR meets conditions precedent and/or time bound actions
 - Mobilize ICCM members and stakeholders to solve high level problems
 - Scan the environment:
 - Assess PR performance and grant progress using key indicators
 - Track Management Letters
 - Carry out site visits
 - Seek feedback from beneficiary Constituencies
 - Analyse grant reports
 - Oversee grant making/negotiations prior to signing Grant Agreements

A strategic approach helps reframe oversight of grants into the wider context:

The Conflict of Interest document will be shared with all the members. Oversight committee will be constituted with the members as well as the non-members of the ICCM. The Oversight plan and timelines have been already shared with the members. Detailed mechanism will be shared subsequently via link for the reference.

10. Dr. Nandini Kapoor said that the scope is clear. The Oversight Committee role is more of a partnership and not on the monitoring. It is for handling the bottlenecks, coordination of the various activities etc. Before Covid situation Oversight visits have been done regularly, providing reporting elements for timely and better information to the PRs as well in order to enhance the overall Grant performance. If any finding, they are shared with ICCM, accordingly it is resolved by discussion. Once the situation gets better, the site visits will be carried. She requested Dr. Naresh Goel to share his experiences during the last field visits.

11. Dr. Naresh Goel, DDG (NACO) mentioned that since most of us are new, we can work on a virtual mode and the experiences of the last visits may be shared with all the members. We can oversee the S.R.s as well.

12. Dr. Nandini Kapoor said that we will take the same on board, and shall start virtual visits. Meanwhile, Ms. Gitanjali can share the details of the last visits. She also inquired that Is there

any guideline whether we should go for the visits at the S.R. level or not. . Regarding S.R.s it was discussed whether the visits are limited to P.R.s only or the S.R.s can also be included for the visits.

13. Dr. Sangeeta Kaul mentioned that they have visited SRs as well earlier and the SRs came for discussion as well, but they did not visited any SRs except in Assam. She also said that we shall plan accordingly so that while reviewing the PR the SR can also be reviewed.
14. Ms. T. Mercy Annapoorni said that she was a part of the last oversight committee and for T.B., they met the beneficiary and for some areas they had to take decision at the grass root level. She further said that we should plan accordingly and plan at ground level reviews as well. She also added that they found challenges at the ground level and the requirements were concerned at the last time. Accordingly we can also agree for going at the S.R. level.
15. Ms. Gitanjali stated that accordingly we can plan for the SR level visits, our checklist includes the SR reports/requirements etc. According to the Oversight plan we can visit the SRs. as well as the SSRs.
16. Dr. Nandini Kapoor said that it can be planned accordingly, it can also recommend solutions as well. It can be combination of PR, SR and SSR.
17. Ms. Anjana, GM (procurement), CMSS stated that since it is pertaining to different programmes, is there any other Procurement Agency is also included in that and what kind of role is expected from her as an representative/member from the procurement agency, and how much time she need to devote for the role in the capacity of an Oversight Committee Member.
18. Dr. Shobini Rajan noted that Ms Anjana is not there in the capacity of the PSM agency, rather for the skills/expertise of the procurement agency. Your role is to provide guidance, compliance as per your experience in the procurement area, your expertise might be required for the PSM related issues during the visits, if any,
19. Regarding the time required for the same she mentioned that 2 to 3 visits in a year, meetings and reporting (de-briefing) after that is required. If the members can be split for a particular visit, depending on the requirement. For the Oversight visits we see the availability of all, and share the key findings and recommendations. 2-3 days meetings and the de-brief meeting is required with the MD (NHM) etc. Like PSM issues, storage issues, we need experts from all the areas/fields. Disease-wise and combine discussion takes place. Then it is satisfactory, because it really helps to sort out the issues.
20. Dr. Nandini Kapoor said that to resolve the issues and the standards set by the LFA and the Global Fund, we can use this opportunity to solve the purpose. Regarding the role of the LFA, it was discussed that the technical part is very limited, they are mainly involved in the financial issues. It is a good learning and various issues can be discussed and sorted. The new thing can be added in the Oversight and looking at the previous experience, we should consider to take the Oversight function at the ground level. We should hand hold, support to the programs and make it more beneficial.

21. Dr. Sangeeta Kaul, Team Leader (A), HIV/AIDS Division, Health Office, USAID mentioned that at certain level there may be discrepancies, it is our duty to discuss and sort out the same,
22. Ms. T. Mercy Annapoorni, Executive Director, Blossom Trust said that the last day when the OC meets for the de-brief meeting, sometimes they don't have much time but all the issues should be highlighted and give in writing to the Civil Society structure. Oversight Committee can make recommendations and can bring to the ICCM for different programs and the Oversight can add the value to the same.
23. Dr. Nandini Kapoor said that the activities till the month of Dec'21 may be planned and shared with all the members and a second virtual meeting in the next month may be planned as we have old PRs as well as new PRs and how to go about executing a virtual PR, SR meeting for 2-3 hours in the next month.
24. Dr. Naresh Goel mentioned that regarding the time required, because there is large membership, everyone will not be required every time, but the expert advice can be taken from all. The time required may be different for all.
25. Dr. Nandini Kapoor said that Reprogramming is critical it can also be guided and supported. We can recommend for reprogramming. Regarding virtual visits, 2nd week of May'21 is okay.
26. Dr. Bornali Dutta, Director, Respiratory Medicine Medanta, The Medicity, said that if we decide and meet in small groups our availability can be seen in some calendar
27. Dr. Nandini Kapoor said that if ICCM can help in providing the Calendar providing the availability of all the members, it will be great.
28. Dr. Shobini Rajan said that the TORs, Conflict of Interest Declaration Form if not received yet, can be shared with all the members for signature along with the Oversight plan of the previous Committee, so that we can modify the same and take guidance from the same. Major activity plan can be decided and get approved, covering the PRs and SRs, once the Covid situation improves, we can have physical meetings as well. The detailed Plan can be shared with all the members.
29. Dr. Nandini Kapoor said that the Conflict of Interest will be shared by ICCM along with the detailed plan for the virtual visits. Work Plan for the next 1 year can also be finalized and shared. I propose to discuss the Work Plan in the next week, so that a draft can be made and may be agreed later on. Looking at the portfolio decided by the Global Fund, can be submitted to the ICCM for approval.
30. Dr. Shobini Rajan said that the grievances/complaints have been received by the ICCM regularly and seek guidance whether the same can be referred to the Oversight Committee or not. Sometimes financial or programmatic issues are there so can they be discussed/shared with the Oversight Committee for the views/recommendations or not. And should they be informed to the Oversight Committee or not,
31. Dr. Nandini Kapoor said that some of the issues are minor and some of them might be serious. Yes the important issues can be shared with the Oversight Committee.

32. Dr. Naresh Goel mentioned that the Oversight Committee should not get into all the grievances/complaints. Rather the experts can be involved in an informal manner individually, so that the technical points/matters can get the expert advice. Looking at the broader level, the programmatic issues can be provided the technical guidance by and large. Local issues can be pushed over but the grievances can't be taken over as the role of the Oversight Committee is to mainly oversee the Grant implementation. Members can be approached directly for a particular expertise to support. A separate committee can be formed within ICCM if needed for the same.

The meeting ended with a vote of thanks.

List of the Participants

Sl. No.	Name	Designation
1.	Dr. Shobini Rajan	DDG (NACO) Focal Point India Country Coordinating Mechanism,
2.	Ms. Nandini Kapoor, as Chair of Oversight Committee 2020-22	Senior Advisor, UNAIDS
3.	Dr. Raghavan Gopa Kumar as Vice-Chair of Oversight Committee 2020-22	Founder Member, Technical Advisory Committee Member (Interim Governing Board), Touched by TB
4.	Dr. Naresh Goel	DDG (NACO)
5.	Dr. Sangeeta Kaul	Team Leader (A), HIV/AIDS Division, Health Office, USAID
6.	Dr. Bornali Dutta	Director, Respiratory Medicine Medanta, The Medicity
7.	Dr. Reuben Swamickan	Division Chief TB & Infectious Diseases, USAID
8.	Dr. P. K. Srivastava	Former Joint Director & Head Vector Control & Entomology Country's nodal officer for LF Elimination under NVBDCP
9.	Ms. Anjana	GM(procurement), CMSS
10.	Ms. T. Mercy Annapoorni	Executive Director, Blossom Trust
11.	Mr. Pratik Raval	Assistant Director, GIPA, Gujarat SACS
12.	Ms. Gitanjali Mohanty	ICCM Coordinator
13.	Ms. Veena Kumra	Programme Officer, ICCM