

## Subject: Minutes of 85<sup>th</sup> meeting of India CCM

Date	23.08.2022
Venue of the Meeting	155-A, Nirman Bhawan 1st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	5:00 PM
Meeting adjourned	7:00 PM
Meeting Chaired by	AS&DG(NACO) on behalf of Secretary (Health) - Chair India CCM
Total Number of Participants	41
Did the meeting attained 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	<ul style="list-style-type: none"><li>▪ Country Coordinating Mechanism (CCM) Member: 14 (Physically Present: 1 ) and Virtually Present : 13 )</li><li>▪ Alternate member: 10 (Physically Present: 1 and Virtually Present: 09)</li><li>▪ Special Invitees: 13 (Physically Present: 5 and Virtually Present: 8)</li></ul> Country Coordinating Mechanism Secretariat: 4 (Physically Present: 4 )
Attendance list	Yes <b>Annexure-I</b>

85<sup>th</sup> meeting of India CCM was conducted on 23<sup>rd</sup> August'22 at 5:00 PM under the Chairmanship of AS&DG(NACO) on behalf of Secretary (Health) - Chair India CCM in Room No. 155-A, Nirman Bhawan.

Translation of key discussion points and decisions was provided in Hindi for the benefit of the civil society, community and persons living with disease constituency members.

### Agenda Item No. 1: Endorsement of minutes of 84<sup>th</sup> India CCM meeting.

It was informed by Dr. Shobini Rajan – Focal Point (India CCM) that the Inputs received from NTEP via mail dated 12<sup>th</sup> May'22 with regard to the OIG Audit discussions as well as the Inputs received from NCVBDC via mail dated 17<sup>th</sup> May'22 with regard to the PR/SR status have been incorporated in the minutes and circulated with full India CCM. No further inputs have been received from any of the members.

Mr. Pratik Raval sought an update on the issue of role clarity of the PR and their mandate for creating a role for communities and civil society in grant implementation. It was informed by Focal Point (India CCM) that the same has been communicated to the Global Fund Country team for action at their end with Non Government PRs.

The minutes were ratified by India CCM. (**Enclosed at Annexure II**)

### Agenda Item No. 2: Approval and Endorsement of reprogramming of the Fast Track Funding Request for US\$ 75 million under C19RM 2021

Focal point India CCM presented the background and status of the same as per PPT enclosed at **Annexure III** and mentioned that the Fast track grant was approved primarily for procurement of 395 Oxygen PSA Plants and 5400 Oxygen Concentrators to be utilized by 31<sup>st</sup> Dec'2023. These

procurements were in the pipeline during the time of grant approval, which was also during the second wave of COVID 19 with visible need for oxygen in health systems and the grant was planned to be utilized for meeting the expenditure incurred therein. NACO is the Government PR.

After it was decided that the PM Care Funds are to be utilized for the pipeline procurement of PSA oxygen plants, these funds were neither utilized nor disbursed. Though reprogramming was not permissible for Fast Track funding, a draft alternate proposal was shared with the Global Fund country team for the following activities within the same theme to enable utilization of the grant i) procurement of 75 mobile PSA Plants and ii) procurement of 1150 ALS Ambulances. This was however not found acceptable and hence not processed further.

Due to the epidemiological change in the pandemic, and change in the requirements, the Global Fund has now suggested that the funds can be reprogrammed and reinvested into other critical areas for strengthening pandemic preparedness by the existing Government PR. Also, a communication was received from the Global Fund regarding implementing countries to be able to use the C19RM funds by 31 December 2023, with a deadline for re-investment decisions that they need to be approved by the Global Fund country teams by **31 August 2022**.

Subsequently, the Division in MoHFW looking after Oxygen related procurement was asked to submit a revised proposal so as to utilize the grant within the stipulated time limit.

In this regard a meeting was held on 5th August 2022 under the chairpersonship of AS&DG NACO, as Member Secretary of India CCM with the Core Committee that had approved the original proposal and the Division in MoHFW looking after Oxygen related procurement to get an understanding and review the reprogramming proposal as well as seek the inputs of Core Committee. The division was asked to submit the final proposal to NACO and INDIA CCM secretariat, that was received vide a communication dated 23<sup>rd</sup> August 2022 summarized below:

<b>Proposed Solution</b>	<b>Quantity</b>	<b>Tentative Unit Cost in mUSD</b>	<b>Tentative Project cost (Approx cost in USD) (Exchange rate of Rs 78 per \$)</b>
Mobile PSA Units	145	0.25 (INR 200 Lakhs)	37.17 (INR 290 Crores)
ALS Ambulances	330	0.037 (INR 30 Lakhs)	12.69 (INR 99 Crores)
100 LPM PSA plants	03	--	0.25 (INR 2 Crores)
Training course on "Leadership in prevention and control of infection for nursing professionals"	4758 (180 master trainers + 4578 nurses)	--	1.9 (INR 15 Crores)
	138	0.6	8.84

Booster Pump for cylinder refilling		(INR 50 lakhs)	(INR 69 crore)
D-Type Oxygen Cylinder	5000	INR 20,000	1.28 (INR 10 crore)
National level training workshop on oxygen management & administration capacity building	--	--	1.28 (INR 10 crore)
Total Cost (Approx)			<b>63.5</b> <b>(INR 495 Crores)</b>

With regard to the remaining amount of approximately **USD 11 m**, the Central TB Division was asked to submit their proposal during the meeting for procurement of 175 additional handheld X ray machines using the current projected savings of Rs 87.78 Cr. (USD 11.25 m). This activity will be carried out by WJCF which is an existing NGPR under CTD and has already been awarded USD 7.8 million to procure approximately 50 handheld X- Ray machine for NTEP under the C19RM 2021 Grant (Full funding proposal)

### **Record of Discussions:**

- Mr David Bridger – Member (India CCM) raised the query about the significance of sharing the proposals with the Country Team. In response to this, Focal point India CCM informed that this is the normal practice that all proposals before placing before the India CCM are informally shared with the Country Team in order to get their advice on the permissibility and accuracy of the proposal vis a vis the extant Global fund guidance. This has been done for the instant case too.
- Dr. Shyamala Nataraj- Vice Chairperson (India CCM) said that some of the activities for Community Systems Strengthening, that were disallowed by The Global Fund from the Full Funding proposal could perhaps be included in the Fast Track grant of USD 75 m. She mentioned that she had raised this in the Core Committee meeting held on 5<sup>th</sup> August and reiterated her point.
- Dr. Shyamala said that she has the list of the activities which were disallowed and the reasons as well. In terms of sustainability and an alternate proposal which has community based activities can quickly be submitted for inclusion and consideration as part of reprogramming.
- Focal point ICCM responded that subsequent to meeting on 5<sup>th</sup> August 2022, all details sought by Dr. Shyamala Nataraj with respect to break up of Community systems strengthening activities under the full funding proposal, both approved and not approved were shared with her, as had been minuted in the Rod of the aforementioned meeting.
- Ms. Nidhi Kesarwani – Director (NACO) also responded and indicated that items which were not approved earlier cannot be taken up in this fresh proposal.
- Focal point ICCM also informed that the Country Team has already seen this proposal and have confirmed that it is in accordance with their guidance
- Shri Alok Saxena, ASDG, acting Chairperson indicated that the present proposal is focussed on strengthening systems for pandemic preparedness and activities for communities are positioned in the 7.6m USD reprogramming and therefore suggested that the INDIA CCM members go through both the agenda items 2 and 3 before taking a view for endorsement.

### **Decision point/Action point:**

1. The reprogramming proposal for Fast Track Funding C19 RM for USD 63.5 m was endorsed by full CCM as presented and detailed above.
2. The procurement of 175 additional hand-held X ray machines current projected savings of Rs 87.78 Cr. (USD 11.25 m) as proposed by Central TB Division was also endorsed by the full CCM.

### **Agenda item No. 3: Approval and Endorsement of reprogramming of residual amount of US\$ 7.68 million under C19RM KP Grant 2020**

Focal point India CCM presented the status of the reprogramming proposals on Savings from C19 RM 2020 KP Grant of USD 7.6 m under C19RM KP Grant 2020 as per PPT enclosed at [Annexure IV](#). The process followed for the reprogramming was shared and that it has been equally apportioned to all three NG PR of NACO, ie Plan India, SAATHII and ALLIANCE. All three PR have submitted their proposals after due consultations with communities. [Details may be found enclosed at Annexure IV](#)

### **Record of Discussions:**

- Acting Chairperson clarified that the geographical areas and community networks are different but the activities mentioned in all three proposals are more or less similar.
- Mr. Sudeshwar Kumar Singh – Member (India CCM) said that capacity building of the community should be not given priority under the KP Grant. He said that the grant amount to be reapportioned between the communities of all the three disease programmes.
- Dr. Shyamala said that the management cost of the PRs, especially PLAN is on the higher side
- Dr. Shyamala Nataraj–stated that it is objectionable for an INGO like IPPF /FPAI to be an implementor under PLAN and instead CBOs that have capacities for SRH coordination and integrated training should be supported to delivery services thorough NHM.
- Mr. Yadavendra also proposed that the activities proposed to be undertaken by IPPF/FPAI should be undertaken by CBOs and the money should be for used for KPs and not INGOs
- Ms. Bharti seconded this and opined that since the grant was originally for the communities, communities should be given priority under this grant.
- Mr. Abou Mere – Member (India CCM) raised the query that PR needs to understand the community needs and sustainability in order to utilize the resources..
- Mr. Yadavendra commented on the high management cost especially of PR PLAN. The same was supported by Dr. Shyamala, Bharati Dey, Rudrani, Abou and Pratik.
- Dr. Bhawani – DD (NACO) informed that it was also pointed out during the INDIA CCM Oversight Committee meeting that the management costs of all 3 PRs is very high, however the differences between the three PRs were not significant.
- Dr. Gopa Kumar – Member (India CCM) mentioned that since it was originally an emergency grant and since there is no emergency situation now, the money should be equally apportioned between HIV, TB and Malaria. The same was supported by Sh. Hashmat Rabbani and Deepti Chavan as well.
- Md Hashmat Rabbani – Member (India CCM) stated that revised proposal for the unspent grant should also focus on TB and Malaria.
- Mr. Bhakta Bihari Mishra – Member (India CCM) – also mentioned the same point with emphasis on benefit to common people and community also. Like there is vulnerability in Odisha and Malaria. He requested if the PR details can be shared. In response to which Dr. Shobini replied that the details are available at the CCM website and the link may be shared, if required.
- Mr David Bridger – Member (India CCM) stated that given the tight timeline for 7.6 m CCM could we ensure an active Oversight mechanism that engages with the community and CCM ensuring implementation.
- Mr. Yadavendra Singh – Member (India CCM) stated that it is time sensitive matter thus we need to take it up immediately.

- Ms. Gayatri Mishra – JS (IFD) commented that the components which are under domestic budget should not be overlapped under these proposals.

#### **Suggestions from acting Chairperson**

- Acting Chairperson suggested that if the management cost of all 3 PRs are considered high, it can be recommended to the Global Fund country team that it needs to be reduced and standardized across all PRs with suitable capping at perhaps 20%.
- The savings that may accrue on account of reduction in administrative cost could be utilized for communities under all 3 programmes.
- The Vice chairperson's concern that that international organization should not be a part of the Global Fund KP grant meant for communities implementation had substance.
- Considering the time sensitiveness, the proposals may be taken up further for endorsement in this meeting, and while it may not be possible for inclusion of detailed proposals for TB and Malaria communities at the last stage, but still some components may be added at the time of finalization of these proposals so that people infected by TB (MDR TB particularly) and Malaria can be included as beneficiaries at the field level.

#### **Decision points:**

- The reprogramming proposal for USD 7.68 m was endorsed by the India CCM subject to the following:
  - a. IPPF, an INGO may not be an implementing agency under the KP grant.
  - b. The management costs of all three PRs be standardized and capped at the stage of grant finalization by the Global Fund Country Team.
  - c. The savings arising thereof may be utilized towards betterment of communities as well as inclusion of people infected by TB (MDR TB particularly) and malaria with due community consultation by the respective PRs at the time of finalization.

#### **Agenda item No. 4: Appraisal of progress on Election Process for Reconstitution of India CCM by Chair, Election Committee**

Mr David Bridger, Chair of The Election Committee presented the progress update on the election process for reconstitution of India CCM as per PPT at **Annexure V**.

The first meeting of the Election Committee was held on 23 May 2022 and following decisions were made:

- Drafting the Expression of Interest (Eoi) and share it with the EC members for their feedback and suggestions and finalization
- Organizing a meeting with the existing INDIA CCM members who are community representatives to seek their feedback
- INDIA CCM Secretariat to ensure wide dissemination and communication with stakeholders to inform of the process of the reconstitution

2<sup>nd</sup> meeting was held on 7 June 2022 and subsequently:

- Eoi published on 14 July with the deadline of 31 July for submission of application
- Deadline extended to 15 August as a number of potential applicants were traveling throughout this period to attend International AIDS Conference

3<sup>rd</sup> meeting was held on 16 August 2022 and list of applications received were recorded and are being reviewed.

A Meeting of EC has been scheduled on 24 August to preliminarily review the applications and documents received and agree on potential follow-up with applicants and further, a physical meeting of

EC is planned on 30 August 2022 to undertake the review against the selection criteria based on submitted documentation.

The above was noted as appraised to INDIA CCM.

### **Agenda item No. 5: Appraisal on Oversight Committee observations following PR Review Meeting on 26<sup>th</sup> and 27<sup>th</sup> July 2022 by the Oversight Committee of INDIA CCM**

Ms. Nandini Kapoor presented the details of the meeting held on 26<sup>th</sup> and 27<sup>th</sup> July 2022 as per PPT enclosed at **Annexure VI**. She mentioned that main objectives of the meeting were as follows:

- Review progress of allocated grants for
  - C-19 Response Mechanism
  - C-19 KP grant
  - Regular grants
- Help grantees to identify programmatic and operational challenges and suggest pragmatic solutions to address them
- Exchange learnings and seek suggestions for programmatic improvement
- Ensure smooth coordination with stakeholders including government and other implementing partners to improve operational efficiency and effectiveness of programs

### **Recommendations of the Oversight Committee - C-19 RM Grants (TB)**

#### **The UNION**

- As COVID-19 urgency has eased up, it is important to reconsider the geography and population to ensure access and reach out the unreached and most vulnerable
- Process documentation for scale up

#### **WJCF**

- Cost effectiveness of using X- Rays over microscopes for diagnosis to be documented to demonstrate the value addition
- Community engagement strategy needs to be contextualized as per the diverse regions to ensure acceptance & uptake

#### **FIND**

- To work with NACO/the TG Welfare Board to identify TG members across the country, besides PEPFAR for identifying TG/TB survivors for scaling up community engagement

### **Recommendations of the Oversight Committee - C-19 RM (HIV/AIDS)**

#### **India HIV AIDS Alliance**

- CSC-HR structure has to be aligned with the national programme
- Provide clarity on allocating additional fund for linkages to SPS as it is part of the CSC activity
- Alliance to share the transition plan for CSCs with the OC

#### **SAATHII**

- For sustainability of insurance beyond the grant period, beneficiaries need to be linked with long term insurance coverage available under several schemes including Ayushman Bharat
- Need to collaborate with other projects engaged in capacity building to utilize the existing tools and resources

#### **PLAN India**

- Needs to reconsider the provision of PPE kits in the current context as COVID -19 urgency is waning & repurpose the grant

### **Challenges**

- **COVID-19** affected the grant activity and timeline

- **Administrative and procedural delays** including approval from GF delayed the program implementation, leading to inadequate spending
- Specific conditions by GF for **procurement** of goods leading to delay in program implementation
- Inadequate **preparedness** by grantees prior to launching their projects
- **Low burn rate and slow implementation**

#### **Actions/Recommendations**

- TB - **Meaningful strategies** are required to reach the unreached and most vulnerable to ensure access to drugs
- Expedite the **procurement digital portable digital hand held X ray devices** and develop strategies to reach out the community, create demand and acceptance
- **Coordination mechanism between NACO and CTD** especially for managing DR TB be strengthened.
- Develop strategies to effectively **link the communities** with the existing social protection schemes.
- Develop strategies for improving **documentation & dissemination**.
- Assessment of the effectiveness of **innovative projects** to be explored
- **Regular Oversight meetings**/visits to monitor implementation and strengthen implementation
- **GF related issues** to be raised with GF country team (procedural delays/procurement)
- As most grants need to transition to respective programmes by Year 2023-24, comprehensive **transition plans** need to be developed for smooth and systematic transition
- **Strategies, activities, outputs with timeline** are to be defined and adhered to ensure maximum utilization of resources and achieving the objectives.

The above was noted as appraised to INDIA CCM

#### **Agenda item No. 6**

##### **Ratification of reprogramming proposal of SAATHI using funds arising due to dollar exchange rate increase**

Sh. Alok Saxena explained that the Global Fund grant disbursement comes through CAAA (Aid, Account and Audit Division), Dept. of Economic Affairs, Ministry of Finance and is disbursed in rupees to the Principal Recipients and it would not be correct to construe that any additionality of grant value in rupees due to modification in dollar exchange rate is a saving.

He informed that it has been approved by the Chairperson INDIA CCM that all PRs shall submit their proposals for reprogramming such additional funds through respective programme divisions to INDIA CCM Secretariat for due endorsement by the INDIA CCM. He desired that this be minuted as such in the record of discussions for compliance by all Principal Recipients henceforth.

Previous practice of taking up reprogramming of such “savings” directly by the PRs with the Country Team for approval is to be discontinued.

With this background, NACO presented the reprogramming proposal of SAATHI for conducting capacity building trainings that had already been accorded approval of Chairperson INDIA CCM for ratification as detailed below.

<b>SI No.</b>	<b>Particulars</b>	<b>Budget (INR)</b>	<b>Budget (USD)</b>
1	Field training of TI training module	19,95,600	27,019
2	Senior Master Trainer workshop for TOT of TI Master Trainer	27,28,850	36,946
3	TOT of TI Master Trainers	93,31,830	126,345

4	Management support to TI training center (for additional 1 year)	2,81,50,000	381,126
5	Review meeting of TI training centers	48,90,125	66,208
<b>TOTAL:</b>		4,70,96,405	637,644

Dr. Nidhi Kesarwani stated that the activities mentioned in the proposal are aligned with the activities for capacity building to be undertaken in the original proposal and are as per programme need.

### **Decision points:**

The reprogramming proposal for **USD 0.6 m** by SAATHII was endorsed by India CCM.

The meeting ended with a vote of thanks to the Chair!

### **Annexure-1**

#### **List of participants**

#### **CCM Members**

Sl.No.	Name of Participants	Designation/Organisation	Attended physically
1.	Sh. Alok Saxena	AS&DG, MoHFW/Member Secretary, India CCM	Yes
			<b>Attended virtually</b>
2.	Prof. Dr. Atul Goel	DGHS/Member	Yes
3.	Sh Mahimapat Ray	DS, DEA, MoF	Yes
4.	Dr. Shyamala Nataraj	Executive Director, SIAAP/ Vice Chair, India CCM	Yes
5.	Mr David Bridger	Country Director, UNAIDS	Yes
6.	Mr. Bhakta Bihari Mishra	Secy.NIHIDA	Yes
7.	Mr.Pratik Raval	Asstt.Director,GIPA	Yes
8.	Prof.Ramila Bisht	Centre of Social Medicine and Community Health, JNU	Yes
9.	Mr.Shridhar Pandey	Secy. & Chief Exe. Officer, Gautam Buddha Jagriti Society	Yes
10.	Mr.Sudeshwar Singh	Secretary,TB Mukh Vahini	Yes
11.	Rudrani Chettri	Managing Director, Mitr Trust	Yes



12.	Ms. Deepti Chavan	Patient Advocate	Yes
13.	Ms.Vandana Stapleton	Dy.Director, Health & Population Office,USAID, India	Yes
14.	Ms. Luisa Terranova	French Embassy, India	Yes

### Alternate Members

Sl.No.	Name of Participants	Designation/Organisation	Attended physically
1.	Ms.Gayatri Mishra	JS (IFD), MoHFW	Yes
			<b>Attended virtually</b>
2.	MD(NHM) TN	MD(NHM) Tamilnadu	Yes
3.	Mr.Hashmat Rabbani	Secretary, Gramin Samaj Kalyan Vikas Manch	Yes
4.	Mr.Nikhilesh Maity	Programme Officer, Vikas Bharti, Bishunpur	Yes
5.	Mr.Abou Mere	President, IDUF	Yes
6.	Ms.Nandini Kapoor Dhingra	Senior Technical Adviser, UNAIDS	Yes
7.	Mr. Yadavendra Singh	Chairman Pahal Foundation	Yes
8.	Ms. Bharati Dey	Ex-President, AINSW	Yes
9.	Ms. Jahnabi Goswami	President, ANPP	Yes
10.	Dr. Raghavan Gopa Kumar	Founder Member, Touched by TB	Yes

### Special Invitees

Sl.No.	Name of Participants	Designation/Organisation	Attended physically
1.	Ms. V. Hekali	JS, MoHFW	Yes
2.	Ms. Nidhi Kesarwani	Director, (NACO), MoHFW	Yes
3.	Mr.Bharat Bhushan Dahiya	Technical Expert, Oxygen PMU, MoHFW	Yes
4.	Dr.Bhawani Singh	DD (NACO), MoHFW	Yes

5.	Dr.Benu Bhatia	Grant Manager (NPMU), NACO	Yes
			<b>Attended virtually</b>
6.	Dr.Tanu Jain	Director, NCVBDC	Yes
7.	Dr.Vinod Chaudhary	Medical Officer, (NCVBDC), MoHFW	Yes
8.	Dr.Raghuram Rao	Joint Director, CTD, MoHFW	Yes
9.	Mr.Nishant	Coordinator, CII	Yes
10.	Dr.Sandhya Gupta	Consultant, CTD	Yes
11.	Ms.Pooja Ahlawat	Manager Fin. (NPMU), NACO	Yes
12.	Dr.B.L.Parihar	Manager (M&E),NACO	Yes
13.	Mr.Gaurav Gupta	LFA, PWC	Yes
	<b>INDIA CCM SECRETARIAT</b>		<b>Attended physically</b>
1	Dr.Shobini Rajan	DDG/Focal Point, INDIA CCM	Yes
2	Ms.Gitanjali Mohanty	Coordinator, INDIA CCM	Yes
3	Ms.Veena Kumra	P.O., INDIA CCM	Yes
4	Ms.Veena Chauhan	Admn.Asstt, INDIA CCM	Yes

It may be noted that out of 26 Members of India CCM, 14 Members attended the meeting ( both physically and virtually and 12 Members did not attend the meeting (neither physically nor virtually) and out of 24 Alternate Members of India CCM, 10 Alternate Members attended the meeting ( both physically and virtually and 14 Members did not attend the meeting (neither physically nor virtually)