India Country Coordinating Mechanism- 75th Meeting

Subject: Minutes of 75th meeting of India CCM

Date (dd.mm.yy)	01-10-2019
Venue of the Meeting	Room no. 155-A ,1st Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
Meeting started	3.00 PM
Meeting adjourned	5.30 PM
Meeting Chaired by	Dr. Shyamala Natraj, Vice Chair-India CCM (CSO constituency) and Sh. Sanjeeva Kumar, SS & DG/Member Secretary, India CCM
Total number of participants	44
Did the meeting attain quorum?	Yes
Did the meeting have any conflict of interest	No, Adequate measures to mitigate Conflict of Interest were taken during the meeting.
Meeting attendance	â–ª Country Coordinating Mechanism (CCM) Member : 13 â–ª Alternate member : 13 â–ª Special Invitees : 18
Attendance list	Yes, Annexure-1

73rd meeting began with welcome address by Secretary (HFW)/ Chair, India CCM, followed by a brief round of introduction of the members. Secretary (HFW)/Chair-India CCM and Prof. Balaram Bhargava, Vice Chair left the meeting early on account of their parallel engagements. Dr. Shyamala Natraj, Vice Chair-India CCM (CSO constituency) and Sh. Sanjeeva Kumar, SS & DG/Member Secretary, India CCM chaired the meeting. The following deliberations and decisions were undertaken during the meeting:

Agenda item no. 1

The minutes of the 74th meeting of India CCM were endorsed.

Agenda item no. 2

Following updates on change in CCM membership and action taken on decisions of 74th CCM meeting were shared:

1. Sh. Sanjeeva Kumar, Special Secretary & Director General, MoHFW has been appointed as new Member Secretary of India CCM in place of Sh. Manoj Jhalani, AS & MD (NHM) who will continue as CCM member from Central Govt. constituency.

2. Two alternate member seats under Malaria-KAP and PLWD constituencies were vacant due to paucity of nominations during reconstitution process of India CCM (for term 2018-21) last year. As per the recommendation of CCM reconstitution committee, with approval of Chair primary members were requested to nominate their alternates for CCM. Following are the two nominations from respective primary members:

   i. Mr. Som Kumar Sharma, Associate Director, Family Health India as alternate member, People Living with Disease (PLWD), Malaria constituency
   ii. Mr. Prasanta Kumar Sahoo, Programme Coordinator - NIHIDA as alternate member, Key Affected Populations (KAP) under Malaria constituency

3. Other changes in CCM membership under government, private sector and bilateral development partner's constituency were shared (list of new members is placed at **Annexure 2**).

4. Following progress related to decisions made during 74th CCM meeting were shared:

   i. Matter related to misappropriation of grant money by MPNP+ officials: Plan India has lodged FIR in Bhopal Police Station (on 18/05/2019) against the alleged officials of MPNP. Next hearing on the case is on 4th Oct, 2019 at Bhopal District Court.
   ii. Grant related core documents of all Principal Recipients under current grant as recommended during 74th CCM meeting has been shared with all CCM members/alternates by India CCM Secretariat.
   iii. Formation of Key Affected Population Committee (KAP) of India CCM: India CCM Secretariat briefed CCM members that to initiate the process of KAP committee formation, secretariat did research in finding success stories from

other CCM on contribution of KAP committee, however, nothing much could be found. Mr. Simon Beddoe, KAP (HIV) representative who suggested the formation of committee shared example of CCM Philippines, which formed KAP committee on pilot basis (2013) to improve strength of key population members in CCM.

India CCM Coordinator highlighted that unlike CCM Philippines; India CCM has a robust representation of Key Affected Populations (8 members and alternate) from all HIV, TB and Malaria. She brought up the matter for discussion on need to constitute a separate KAP committee, its mandate and value addition to CCM.

Mr. Simon clarified that KAP committees are part of many other CCMs like that of European countries (Ukraine etc.). He mentioned that KAP committee will provide a common platform to all Key affected population representatives of three diseases to come together, share their concerns and discuss the ways to resolve them. It will help them strengthen their engagement to serve efficiently on CCM platform. He informed that 8 KAP representatives of CCM already met twice through external resources to share their experiences, community issues and have found that there are lot of commonalities amongst key populations of HIV, TB and Malaria with huge a scope of cross learning.

SS & DG mentioned that since KAP engagement is already embedded in CCM scheme of things including its oversight committee etc, forming a standalone KAP committee may not be required.

Other KAP representatives of CCM showed their support in favour of formation of KAP committee. They added that KAP committee will be an additional platform other than CCM to engage with each other, cross learn and build our capacities and this will definitely ensure their improved understanding of CCM matters and effective involvement with CCM.

Dr. GangaKhedkar, CCM member from ICMR supported the need of KAP representatives and highlighted the importance of strengthening community engagement for achieving elimination targets for all three diseases. He suggested that provisions (budgetary/non budgetary) being asked for formation of KAP committee should be stated clearly

before CCM.

Prof. Ramila Bisht, CCM member, JNU also suggested that operation details of the KAP committee should be worked out by KAP representatives before putting this committee to task.

Decision:

i. KAP representatives to share an operation work plan (activities, timelines, budget and expected outcomes) of KAP committee proposed by them. The same will be relooked by CCM.

ii. CCM endorsed membership of all new members.

Agenda item no. 3

An update on Global Fund related activities was provided to CCM members:

1. 6th Replenishment Conference (RC) of the Global Fund:

- India hosted Pre-Replenishment meeting for 6th RC hosted by India (7-8th Feb, 2019) and was the 1st Implementer Country to do so.
- Pledging conference for 6th Replenishment is in Lyon, France on 9-10th Oct, 2019
- India announced early pledge of **USD 22 million** for period 2020-22 (1st pledge from BRICS and implementer countries)

2. The Global Fund appointed Mr. Donald Kaberuka as new Chair and Ms. Roslyn Morauta as new Vice Chair of its board for term 2019-2021.
3. New Senior Fund Portfolio Manager, Mr. Richard Cunliffe joined India Country team.
4. Global Fund Country Team:

- Undertook Joint review of JEET & Axshya projects with CTD (9-10, July, 2019) and Joint review of Plan, SAATHI & Alliance with NACO (30th Sept 2019)
- Allowed PRs to put up reprogramming proposal to utilize savings under current grant

5. GF Country team shared update on next allocation cycle (for period Apr, 2021-March, 2024):

- GF board will decide country wise resource envelop in Nov, 2019 after 6th replenishment conference.
- Formal allocation letters with resource announcement will be sent in Dec 2019
- CCM may submit country funding request during March/May/August, 2020 submission windows.
- Programmes (CTD, NACO and NVBDCP) are required to initiate need assessment exercise with engagement of all Stakeholders for the next funding cycle

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:

The total budget allocated to HIV program under 2018-21 Global Fund grant is USD 155 million, of which USD 102.3 million (66%) is allocated for NACO (SAHAS programme) and rest to non government PRS- India HIV AIDS Alliance, SAATHII, PLAN India and WJ Clinton Foundation.

From the SAHAS grant of USD 102.3m, NACO has been able to spend USD 8.9m till March 2019, i.e. 44% of the budget for the reporting period. NACO expected certain savings from its grant and proposed reprogramming of its funds. Some activities like Hep C-HIV co-infection concerned activities (now being performed by National Viral Hepatitis Control Programme of the Ministry of Health) and Self testing activities will not be conducted in the current grant. In the original budget, TLE for an amount of USD32.98m was to be procured and now this budget has been reprogrammed to procure a newer drug as per direction of TRG. In order to continue certain activities of the Non Government PR, NACO has also considered decommitting some amount from its grant to the NGPRs- India HIV AIDS Alliance and SAATHII.

Reprogramming of **USD 41.26m** has been now approved by the Global Fund. Brief description of reprogramming of funds is as follows:

S. No.	Activity	Budget (million USD)	Remarks
1	Procurement of Tab TLD(ARV)	28.81	Technical Resource Group for adult treatment has

	(Q- 149,000,000)		recommended use of TLD and DTG as alternate first line, second line & third line drug as it provides higher and faster viral load suppression rates with less side effects
2	Procurement of Tab DTG (ARV) (Q- 23,000,000)	2.85	
3	Obligations from previous grant	5.36	Obligations from the previous global fund grant will be booked for deliveries made till March 2018 under the previous grant
4	Decommitment to Alliance India	2.996	Decommitment of funds to Alliance for Care Support Centres that may shut down due to lack of funds.
5	Decommitment to SAATHI	1.248	Decommitment of funds to SAATHI for blended clinical training across all states
TOTAL		**41.264**	

The Non Government PRs are implementing their respective projects under the Global Fund grant. Following status of expenditure of Non Government PRs grants was presented:

Non Government PR	**Budget (mUSD) for reporting period**	**Expenditure till March 2019 (mUSD)**	**Percentage expenditure**	**Progress Update**
IHAA	8.91	7.86	88%	On track
Plan India-AHANA	2.98	2.63	88%	On track
Plan India-TISS	0.88	0.24	28%	Project was delayed. Reprogramming is being discussed
Plan- Supply Chain	1.16	0.35	31%	Project was delayed. Reprogramming is being discussed
SAATHII-SVETANA	3.02	2.45	81%	On track
SAATHII-BCT	0.88	0.24	28%	Project was delayed. Trainings are

				planned.
WJCF	1.31	0.16	12%	Trainings have begun. The expenditure will increase henceforth.

The PRs where the utilization is low is mostly due to late initiation of the projects. The National Programme is reviewing the progress on a regular basis. During these reviews, the issues are highlighted and solutions are suggested. It is anticipated that the Non Government PRs will be able to utilize their funds in the stipulated time.

B) Central Tuberculosis Division:

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. As regards the implementation status of CTD grant, following updates were shared:

1. Key activities under CTD grants are -Procurement of Drugs (SLD, Newer Drugs) & CBNAAT Cartridges, Diagnostic Equipment's, Strengthening of Supply Chain Managemnt, DRTB patients Counselling, Operational Research, Active Case Finding in KPA and Incentives for DRTB patients.
2. With respect to technical progress for period 2018, programme has met 82% of its targets for TB treatment coverage, 99% for treatment success rate of RR TB and/or MDR-TB, 90% of case notification rate reduction target and 98% target related to notification of RR-TB and/or MDR-TB cases.
3. Private sector notification, HIV testing of registered TB patients and initiation of TB preventive therapy among newly enrolled HIV positives cases are some of the areas of improvement, which require more efforts.
4. Fund utilization for period Jan 2018 till March 2019 is 67 % (73. 7mUSD).
5. Programme has worked out savings of 27.83 mUSD and put up reprogramming proposal (procurement of Clofazimine 100 mg, Moxifloxicin 400 mg and 1000 CBNAAT machines) for Global Fund approval.

William J Clinton Foundation, non govt. PR under TB has achieved 121 % of its private sector notification target during Jan 2018 to March, 2019 and utilized 55% of the disbursed budget so far. Reprogramming

of 4.15 mUSD has been planned for new PPSA sites and operational costs.

Foundation for Innovative New Diagnostics (non govt. PR under TB grant): With respect to private sector notification, it has achieved 123% of its set target for period Jan 2018-June, 2019 and has utilized 63 % of allocated funds. Reprogramming approval for USD 24.21 Million for lab consumable and operational cost is granted by the Global Fund. Proposal of additional USD 22.17 Million reprogramming is submitted.

Centre for Health Research and Innovation, (non govt. PR under TB grant): During Jan-June, 2019, CHRI has fully met its programmatic target of private sector notification (109%) and has utilized only 53% of the funds available to them. USD1.21 Million reprogramming got approved for new PPSA sites and operational costs.

The UNION, (non govt. PR under TB grant) has achieved well for its targets related to notification and treatment success rate among KAP populations during Jan-June 2019. It has expensed 73% of the grant funds disbursed till June 2019. UNION has savings of USD 0.69 M which it reprogrammed for existing active case finding activities.

Mr. Sudeshwar Singh, CCM member enquired how division manages shortage of TB drugs in states like Bihar, Jharkhand which face frequent supply issues. Dr. Raghu Rao, Addl. DDG, TB apprised that division is proactively addressing supply chain management issues at the periphery through its Nikshay Aushadhi portal which is a web based tool for stock management.

Mr. Sudeshwar Singh highlighted concern of shortage of opportunities for community based networks/ TB forums, to be part of PPSA activities at district level due to tender related monetary conditions and suggested to enhance TB community representation in PPSA activities and in district TB forums. Mr. Raval Prateek added that PLHIVs should also be part of such district TB forums to discuss issues related to HIV – TB co-morbidities.

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r. Raghu Rao clarified that for tenders, based on the value of project/activities; GFR (Government Financial Rules) mandates

deposition of certain fixed percentage of earnest money by the interested agencies. Hence, PPSA related tenders had monetary implication. But community networks, grassroot NGOs etc can work as sub recipients under these district level PPSA agencies and the same may be emphasized to PPSA agencies by CTD. He also assured increased participation of community networks in TB forums.

Dr. Bilali Camara from UNAIDS emphasized the importance of having a common counselor for HIV and TB and suggested that counselors under HIV and TB programmes should be adequately trained to counsel patients for both HIV and TB to get better treatment and adherence outcome.

Dr. Shyamala informed that Tamilnadu SACS is performing quite well including its TB-HIV coordination activities and to strengthen it further, for the coordination meetings same representative from state RNTCP programme should be sent to ensure a structure feedback mechanism.

C) National Vector Borne Disease Control Programme

Total Malaria grant for the period January 2018-March 2021 is USD 65.01 million and is being implemented by NVBDCP (Govt. PR) 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, following was shared during the meeting:

1. Intensified Malaria Elimination Project focuses on LLIN distribution, strengthening surveillance system, universal coverage of case detection and treatment services and BCC activities.
2. There has been remarkable achievements under the project with 79% reduction in Malaria cases in 2018 against the 2015 (baseline year), 77% decrease in Pf Malaria cases and 82% reduction in deaths due to Malaria in N-E states. During same time period (2015-2018), in Madhya Pradesh Malaria cases reduced by 79%, Pf cases reduced by 84 % and deaths reduced by 96%. These achievements have been highlighted by WHO in World Malaria Report 2018 as a Global example for malaria reduction.
3. Status of LLIN distribution under Jan, 2018-March, 2021 grant:

    - Madhya Pradesh: 96,48,400 LLINs were procured by CMSS and distributed to the state/districts during 2018 (99% distribution complete).

- N-E States: Procurement of 6.6 million LLINs by CMSS is approved by MOHFW; first tranche for 3 of the states will be delivered in Oct 2019.
- Odisha: Requirement of approx. 12 million LLINs was budgeted under Prioritized Above Allocation Request (PAAR) under IMEP by NVBDCP. Approx. 6 million LLINs can be procured from savings under IMEP and for remaining 6 million LLINs, GF is being requested to explore the funding resources.

4. Reprogramming status: Programme has savings of 60 crores from year 1 of the grant (Jan'18-Mar'19) and will be utilized for the following:

- Committed expenditure: Rs 15.9 Cr (forMP LLIN distribution expenditure and IEC sun-board & PA Systems);
- NE States LLINs (additional-0.9 million): Rs 13.49 Cr;
- NGOs budget (additional- approved by GF): Rs 1.84 Cr;
- Odisha LLINs: Rs 29.2 Cr

Dr. Shyamala Natraj recommended that NVBDCP should consider developing a document enumerating success stories/best practices on the efforts invested by programme in achieving such reductions in malaria cases and deaths for cross learning of other programmes.

Agenda item no. 5

The Oversight Committee of India CCM undertook two oversight visits during 2019. Dr. Inder Prakash, Chair Oversight Committee made brief presentation on the visits:

A) Oversight Visit to Surat District, Gujarat (29th April-1st May, 2019): Oversight team reviewed HIV and TB grant implementation in Surat district for the following Sub Recipients:

Disease	PR	SR
HIV/AIDS	NACO (National AIDS Control Society)	Gujarat SACS (State AIDS Control Society)
	India HIV/AIDS Alliance	GSNP + (Gujarat Network of positive People)
	SAATHII (Solidarity and Action Against the HIV	GSNP +

	Infection in India)	
Tuberculosis	CTD (Central TB Division)	Gujarat RNTCP and TISS (Tata Institute of Social Science)
	WJCF (William J Clinton foundation)	World Health Partners (WHP)

Key observations from the visit which were also shared with District Collector (Surat):

1. Observations pertaining to RNTCP programme in Surat:

- In 2018, TB case notification in Surat district has improved overall, however private sector notification (17 % and 35% of total cases notified by private doctors in Surat rural and Surat Municipal Corporation respectively) requires more focus.
- Universal DST initiative: 80% notified TB cases tested for Rif. Resistance (more than the country average of 60% achievement), with less coverage for pvt. Sector patients (29%).
- DR-TB case detection has increased, but less patients out of diagnosed are put on treatment (gap of 10%).
- Good utilization of all the 6 CBNAAT machines in the district (avg. 250-350 tests per month/machine)
- Nodal DRTB centre: Functioning well, initiated newer regimen (BDQ and Delamanid); efficient management of ADRs
- Nikshay Poshan Yojana: 66% of total notified TB cases received DBT benefit; however coverage gap for tribal patients was high.
  - Issue in linkage of bank accounts of beneficiaries were there, requires proactive resolution.
  - High migration is a challenge, needs coordinated efforts to bring improvements
- HIV screening among TB notified cases is quite high (97%) in public sector compared to private sector cases (2% TB patient know HIV Status**).**
- Record maintenance at peripheral level and at CBNAAT lab Surat Municipal Corporation Medical College and Hospital requires improvement. LTs require supervision and training on data recording.

2. Observations pertaining to JEET and Saksham Projects**:**

- Joint Efforts for Elimination of TB project is implemeted by WHP, a SR under William J Clinton Foundation for supporting

private sector notification and engagement for TB.

- 3349 patients notified from private providers against target of 1934 (Oct, 2018-March, 2019)
- Received positive feedback from private practitioners at field

• Saksham project is implemented by TISS, a SR under CTD to provide PMDT counseling services and linkage of DRTB patients with social protection schemes

- 323 DRTB patients were counseled in 2018

3. Observations pertaining to HIV programme/State DAPCU in Surat:

• Shortage of HR: High turnover of MO at ART due to low salaries; high vacancies of counsellors and LTs was found.

• Drugs/Equipment related issues:
  - CD4 machine is old and gets frequent breakdown, requires replacement
  - Viral Load machine installed, services not initiated and tests are conducted through Metropolis.
  - Old computers which are not compatible with the existing work load of centre are used and needs to be replace
  - Test Kits were found in order. Minor discrepancies were found in stock recording of Nevirapine and ZLN drugs. Requires supervision.

• Multiple options of Differential Service Delivery sites should be made functional to reduce burden at ART cnetre.

• Coordination and Training support:
  - To address high migration issue in Surat, measures to link source and destination of migrant population should be adopted using IT systems.
  - Advanced HIV disease training and adoption of WHO guidelines to be initiated
  - Coordination amongst staff of ART, Care and support centre and RNTCP programme should be improved.

4. Observations pertaining to VIHAAN and Svetana projects:

• Surat Care & Support Centre (under Vihan Project implemented by SR GSNP+):
  - positive feedback on innovative initiatives like marriage bureau and children’s meetings for positives were received during client interviews
  - Social scheme linkages need to be strengthened

(client suggestion)

– TI and network linkages need to be strengthened

– Frequent turnover of staff happens due to the low salary structure

• Svetana project (Implemented by Sub Recipient GSNP+) to support PPTCT services:

– Project should focus on regularizing visits to high load centres to strengthen PPTCT services

– Sensitization of Pvt. Healthcare providers on HIV Act is required to enhance their engagement.

B) Oversight Visit to Raipur district, Chhattisgarh (20th -22nd August, 2019): Oversight team reviewed HIV, Malaria and TB grant implementation in Raipur district for the following Sub Recipients:

Disease	**PR**	**SR**
HIV/AIDS	NACO	Chhattisgarh SACS
	India HIV/AIDS Alliance	LEPRA Society (VIHAAN Project)
	Plan India	HLFPPT (AHANA Project)
Tuberculosis	CTD	Chhattisgarh RNTCP
	UNION	MAMTA (AXSHYA Project)
	Centre for Health and Research Innovation	Joint Efforts for Elimination of TB (JEET) Project
Malaria	NVBDCP	Chhattisgarh VBDCP

Key observations from the visit are as follows:

1. Observations pertaining to RNTCP programme in Raipur:

· *Good Practices/Initiatives:*

– Universal-DST is being done in the entire state (70 % public sector cases tested during 2018-19)

– Engagement of community volunteers for Sputum

transport from periphery to district is done (new initiative).

– Private Sector notification has improved over the time. System of getting patient and provider data from chemist is in place to facilitate private sector notification.

– Adherence to treatment is being facilitated by Nikshay Poshan Yojana in form of food packets (since July 2017)

– Active TB Screening and prompt treatment of prisoners (High risk groups) done in all 28 central jails

– State has initiated use of newer drug regimen (Bedaquiline) and shorter regimen.

- *Challenges/Areas for Improvement:*

(*i*) Diagnosis and treatment:

– Lab network exists, however monitoring and supervision needs improvement at all levels.

– Infection control was deficient in laboratories and Nodal DR TB ward.

– IRL Raipur- has space constraint and flow of information from all CBNAAT sites (from periphery) is a challenge.

– Mobile van (for hard to reach areas)- not functional

– At Nodal DR TB Centre:

  - Centre is inadequately utilized (10% bed occupancy), requires dedicated staff
  - Functioning needs improvement requires trained and dedicated medical doctor and support staff to treat and address ADR.

(ii) Procurement and Supply Chain issues:

– CBNAAT cartridge supply at State Drug Store and at peripheral site was inadequate.

– At State Drug Store:

  - Stock out of essential TB drugs (Inj. Kanamycin 500mg, Ethionamide 125mg and Levofloxicin 250mg)

was found. State level procurement which happens through Chhattisgarh Corporations quite slow so local procurement gets delayed.

- Adequate temperature conditions were not maintained at store. Large quantity of 2nd line drugs (Sodium PAS) was kept in store without temp. regulation.
- Policy for disposal of expired drugs needs to be defined as large quantity of drugs of 2012 expiry was kept in store.

(iii) Supply of food packets under Nikshay Poshan Yojana is erratic and irregular distribution was found at field.

(iv) Gaps in record maintenance (stocks and reports) , incompleteness of stock records was found at the field.

(v) Need for training/ refresher trainings of LT, doctors, counselors and nurses to improve programme performance.

(vi) Coordination between NGO partners (AXSHYA and JEET project teams) and state officials needs to be reinforced and SRs should adopt more transparency.

(vii) Human Resource shortage:

– vacant peripheral staff position needs to be filled to

– Community volunteer rapid turnover under Axshya project is an issue, leading to inefficient functioning and reduced contribution to prog.

2 . <u>Observations pertaining to Malaria programme in Raipur/Baloda Bazaar District</u>:

• State reported 40 **%** decline in malaria cases from 2017 to 2018. However some districts (Bastar Region) reported increase in malaria incidence, it calls for micro-stratification of efforts.

• 49.27 lakhs LLINs in 23 districts were distributed in 2017-18. Regular monitoring by Sub Health Centres & ASHAs is necessary to ensure daily & correct use by beneficiaries.

• Large number of vacancies at all levels (SPO, Malaria Officer, VBD supervisor, consultants, LT, MPW, ANM); needs to be filled on priority basis.

- Supervision and monitoring need to be improved to ensure quality and timely data reporting.

- Malaria program is entirely run by public health system without involvement of private sector. Engagement of private service providers in mapping and reporting of malaria need to be initiated.

- Training of programme staff (at all levels) on operational Manual for Malaria Elimination in India is required to ensure diagnosis, treatment and reporting as per latest standards.

- Strengthening of IEC/BCC activities is required. Limited material could be found in field.

- Chhattisgarh needs to make malaria a notifiable disease like others.

- Inter-sectoral coordination needs to be strengthened.

3. <u>Observations pertaining to HIV Programme In Raipur district:</u>

- At ART centre, Dr. B R Ambedkar Hospital, Raipur:

    – Viral load lab was functioning well- 645 tests conducted (82% patient were virally suppressed)

    – Has trained LTs, Record maintenance was good

    – Differentiated care model is being implemented, has decongested the centre load and patient waiting time

    – Initiated Multi month dispensation (MMD) for 3 months

    – Good Coordination among ART, ICTC and Targeted Intervention (TI) Ngo for better linkages and referral was found

    – Post of the second medical officer at ART centre is vacant, requires urgent attention to improve services.

- Team learnt through beneficiary interaction that stigma and discrimination related to HIV by the health care provider still persists in medical college. There is need for sensitization of health care providers to address the issue.

- Care Support Centre under Vihan project:

- Jan 2018-June, 2019, only 16 % LFUs could be traced back. Efforts to trace LFUs need to be strengthen , requires strategic changes in functioning

- Recognition of outreach worker for good performance should be introduced for better motivation and retention

- AHANA project (for PPTCT services):

  - Supported in achieving HIV testing for 77 % pregnant women in the state and put 93% (508) HIV Positive Pregnant women on treatment.

  - Private Sector engagement efforts for PMTCT in Raipur needs to be assesses comprehensively as on field not much impact was seen.

SS & DG directed to share findings/recommendations from both Oversight visits with concerned programmes divisions and PRs to allow them to rectify the gaps and improve their performance. A status report of action taken on these findings should be retrieved from PRs.

Mr. Raval Prateek and Ms. Jahnabi shared that low remuneration of outreach workers working in CSCs is a real concern which leads to high turnover among them and adversely affects tracing of Lost to Follow up (LFU) cases. Mr. Jahanbi also highlighted that among others; one of the reasons for missing opportunity to initiate new patients and retain them on ART is limited working hours of ART centres. She added that most of ART centres opens from 9.00 am to 2.00 am contrary to prescribed timings of 9.00 am -4.00pm and patients coming from far off places usually don’t turn up again if they miss opportunity once.

Ms. Nandini Kapoor from UNAIDS mentioned that it might happen that most patients prefer visiting ART centre before peak afternoon hour so we must decide working hours of ART based on inputs from ART centres on their patient foot fall.

SS & DG (NACO) recommended NACO to undertake an exclusive review of VIHAAN project to ascertain the issues and its impact in supporting the national programme. He also recommended seeking feedback of state SACS/ART centres on suitable working timings to operate ART centres.

Decision*:*

1. To share Oversight committee observations related to Surat and Raipur oversights visits with concerned PRs and obtain action taken report from PRs.

2. NACO to plan an exclusive review of VIHAAN project and share findings with CCM.

3. NACO to seek feedback from state SACS/ART centres on suitable working timings for them and accordingly alter their operational hours..

<u>Agenda item no. 6</u>

Dr. Shyamala Natraj shared key discussion points from the meeting of CSO, KAP and PLWD representatives of India CCM held on 19th June 2019 and proposal to enable resources for capacity building of CCM representatives. She highlighted the following key recommendations of civil society group of India CCM:

1. All CSO/KAP/PLWD representatives of India CCM acknowledged the necessity to engage with their respective constituencies to bring their feedback to the platform of India CCM. To do it in systematic and effective way, they all agreed to develop work plans (including key activities, deliverable and resource requirement) for involving their respective larger communities. However, these work plans will require resources to productively engage the community members.

Since, India CCM has limited resources to support community strengthening activities; Dr. Shyamala put forward the proposal for CCM’s consideration to set aside certain grant funds (around 0.5%) of govt. or non government PRs towards capacity building of India CCM and constituency engagement of PLWD, KAP and CSO groups across the country.

SS & DG assured to examine the community engagement work plans/ proposals and ways to enable resources for the same. Since, work plans of all constituencies under HIV, TB and Malaria were not shared with India CCM Secretariat, community members agreed to share the

refined work plans within 2 weeks time.

2. Most of the community representatives of India CCM find it difficult to advance funds to arrange their travel and accommodation to attend CCM meeting. They requested for support in making their logistics arrangement beforehand to provide them equal opportunity for participation. India CCM Coordinator apprised that reimbursement norms of India CCM do not have provision for advance payments and booking logistics on behalf of members. In view of the pressing concern of the community representatives, India CCM Secretariat took approvals to make provision for reimbursing members on the day of meeting

Considering the gravity of the matter, SS & DG assured that matter may be relooked to facilitate participation of Community members.

3. Community representatives of India CCM expressed requirement of a support letter from MoHFW introducing them to State Health Secretaries/Chief Secretaries to facilitate their engagement with state HIV, TB and Malaria programmes and to share community issues/feedback with relevant state officials.

Mr. Bilali Camara seconded their request and suggested that CCM member/alternate list may be shared with all states to ensure involvement of CCM members in GFATM related activities/ matters of the state.

4. Community representatives also requested to strengthen their representation at regional or state level review, district forums, GFATM review meetings and oversight committee visits etc. to build their capacity and enhance their involvement.

Decision:

1. CSO/KAP/PLWD representatives (of HIV, TB and Malaria) of India CCM to share their constituency engagement work plans for year 2019-20 and 2020-21 within 2 weeks and India CCM Secretariat to put up for examination.

2. Ways to reduce financial burden of community representatives and to ensure their equal participation need to be worked out.

3. A letter introducing CCM members/alternates to all state health secretaries and seeking support in engaging them in HIV/TB/Malaria and GFATM related reviews/meetings to be sent.

Agenda item no. 7

Proposal of CCM Civil Society representatives on enabling resources for capacity building of CCM representatives and CSOs involved in prevention and care efforts related to HIV/TB/Malaria. It was deliberated along with agenda no. 6.

Agenda item no. 8: Any other matter to be discussed

1. Mr. Raval Prateek surfaced the concern related to Care and Support Centres of Gujarat which are being functioning with NHM funding in the state and are success model for the country. However, recently NHM has communicated to the Gujarat SACS to not put up CSC funding proposal for next year PIP. He urged for continuation of funding for Gujarat CSCs.

SS & DG (NACO) advised NACO to write a letter to Gujarat state on the matter.

2. Members from CSO/KAP/PLWD requested to share agenda of CCM meeting along with presentations/relevant documents beforehand to help them come better prepared for the meeting,

3. Dr. Shyamala placed on record support of UNAIDS and India CCM Secretariat in facilitating community engagement meetings and participation for CCM meetings.

Decision: *NACO to write a letter to Gujarat state on the withdrawing funding support for CSCs in Gujarat.*

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

Annexure 1

List of Participants

CCM Members

Sl. No.	Name	Designation/Organization
1	Smt. Preeti Sudan	Secretary (HFW)/ Chair, I-CCM
2	Prof. Balram Bhargava	Secretary (DHR) & DG (ICMR)/Vice Chair,I-CCM
3	Sh. Sanjeeva Kumar	Special Secretary (Health) and AS & DG (CGHS)/Member Secretary, I-CCM
4	Dr. Shyamala Nataraj	Executive Director, SIAAP/Vice Chair, I-CCM
5	Mr.Paul Salvaire	Embassy of France
6	Prof. Ramila Bisht	Centre of Social Medicine and Community Health, JNU
7	Ms.Nisha Gulur	Executive Member-KSWU, President, NNSW
8	Mr. Sudeshwar Kumar Singh	Secretary,TB Mukt Vahini
9	Mr. Natthuram Rajak	Community Volunteer
10	Mr. Bhakta Bihari Mishra	Secretary, National Integrated Human and Industrial Development Agency
11	Mr Bilali Camara	Country Director, UNAIDS
12	Mr. Raval Pratik Anantray	Assistant Director, GIPA
13	Mr. Shridhar Pandey	Secretary & Chief Executive Officer, Gautam Buddha Jagriti Society

Alternate Members

Sl.No.	Name	Designation/Organization

Sl.No.	Name	Designation/Organization
1	Dr. Inder Prakash	Advisor (PH)
2	Dr.R.R.Gangakhedkar	Scientist G, ICMR
3	Dr. Madhu Saxena	DHS, Uttar Pradesh
4	Ms.Marietou Satin	Deputy Director, O/O Health, USAID/India
5	Ms Nandini Kapoor Dhingra	Senior Technical Adviser, UNAIDS
6	Ms. Jahnabi Goswami	President, ANPP
7	Md Hashmat Rabbani	Secretary, Gramin Samaj Kalyan Vikas Manch
8	Mr. Simon W Beddoe	President, IDUF
9	Ms. Kusum	President, AlNSW
10	Dr. Raghavan Gopa Kumar	Founder Member, Touched by TB
11	Ms.Rekha Verma	ASHA Worker
12	Mr.Prasanta Kumar Sahoo	Project Coordinator, NIHIDA
13	Mr.Som Kumar Sharma	Associate Director, Family Health India

Special Invitees

Sl. No.	Name	Designation/Organisation
1	Ms.Rekha Shukla	JS (VBD)
2	Dr.Promila Gupta	Principal Consultant, DGHS
3	Dr.K.K.Aggarwal	Past National President, IMA
4	Dr.Rajni Kant	Scientist -G, ICMR
5	Dr.Naresh Goel	DDG, NACO
6	Dr.Avdhesh Kumar	Addl Director, NVBDCP
7	Dr.Bhawani Singh	Deputy Director, NACO
8	Dr.Ritu Gupta	Consultant (SAG)
9	Mr.Rajeev	Under Secretary, DEA, Ministry of Finance
10	Mr.Raman Sharma	Director, PWC
11	Mr. Veeraiah S.Hiremath	National Consultant, WHO
12	Ms. Veena Kumra	Consultant, CTD
13	Dr.Mrigen Deka	Consultant, NVBDCP
14	Dr. Renu Bhatia	M&E Manager, NPMU NACO

14	Dr. Bella Bhatia	M&E Manager, NPMU,NACO
15	Mr.Shaily Luthra	Finance Manager, NPMU, NACO
16	Mr.Arindam Moitra	Grant Programme Manager, NPMU,NACO
17	Dr.Sandhya Gupta	Coordinator, I-CCM
18	Ms. Veena Chauhan	Administrative Assistant, I-CCM

Annexure 2

List of new members/alternate members of the India CCM

Government Constituency		
Sl.No	Previous CCM Members/Alt. Member	New CCM Members/Alt. Member
1.	Sh. R.K.Vats, AS & FA, MoHFW/ CCM member (Central Govt. Const.)	Dr. Dharmendra Singh Gangwar/ AS & FA, MoHFW/ CCM member (Central Govt. Const.)
2.	Sh.J.Radhakrishnan, Health Secretary (Tamilnadu)/ CCM member (State Govt. Const.)	Dr. Beela Rajesh, Health Secretary (Tamilnadu)/ CCM member (State Govt. Const.)
3.	Dr. Darez Ahamed, MD (NHM), Tamilnadu/ Alt. CCM member (State Govt. Const.)	Dr. K. Senthil Raj, MD (NHM), Tamilnadu/ Alt. CCM member (State Govt. Const.)
Private Sector Constituency and Development Partner Constituency		
4.	Dr. Timothy H. Holtz, Director-CDC/ CCM member (Bilateral partner Const.)	Ms. Marietou Satin, Deputy Director- Health, USAID/ CCM member (Bilateral partner Const.)
5.	Ms. Marietou Satin, Deputy Director- Health, USAID/ Alt. member (Bilateral partner Const)	Ms. Melissa Nyendak, Director-CDC, Global Health & TB/ Alt. member (Bilateral partner Const.)
6.	Dr. Anupam Sibbal, Group	Mr. Chandra Sekhar, CEO-Apollo

	medical director-Apollo Hospital/ Alt. member (Pvt.Sector Const.)	Health / Alt. member (Pvt.Sector Const.)
7.	Dr. R. N. Tandon, General Secretary-IMA/ Alt. member (Pvt. Practitioners Const.)	Dr. R. V. Asokan, Alt. member (Pvt. Practitioners Const.)General Secretary-IMA