

## India Country Co-ordinating Mechanism - 78<sup>th</sup> Meeting

**Subject: Minutes of 78<sup>th</sup> meeting of India CCM**

<b>Date (dd.mm.yy)</b>	<b>26-06-2020</b>
<b>Venue of the Meeting</b>	Room no. 155-A , 1 <sup>st</sup> Floor Committee Room, Ministry of Health and Family Welfare, Nirman Bhawan, New Delhi
<b>Meeting started</b>	3.00 PM
<b>Meeting adjourned</b>	4.30 PM
<b>Meeting Chaired by</b>	Secretary (H)/Chair, ICCM
<b>Total number of participants</b>	27
<b>Did the meeting attain quorum?</b>	Yes
<b>Did the meeting have any conflict of interest</b>	No, Adequate measures to mitigate Conflict of Interest were taken during the meeting.
<b>Meeting attendance</b>	â-ª Country Coordinating Mechanism (CCM) Member: 11 (Physically present-3 and Virtually present-8) â-ª Alternate member : 08 (All Virtually connected) â-ª Special Invitees : 8 (All were present physically)
<b>Attendance list</b>	Yes, <b>Annexure-1</b>

78th meeting of India CCM was conducted through video conference due to prevailing travel restrictions imposed within the country to contain the spread of COVID-19 outbreak. The meeting began with a brief round of introduction of the participants. At the outset, Secretary (HFW) introduced Sh. Rajesh Bhushan who is currently the Officer on Special duty to MOHFW and will take charge as Secretary (HFW) after her superannuation in July 2020. She also introduced Ms. Arti Ahuja, Additional Secretary, MoHFW and Member Secretary, India CCM.

**Agenda Item No.1** : . Dr. Shyamala Natraj raised her concerns on a couple of points regarding the minutes of the 77<sup>th</sup> CCM Meeting Minutes and that they were later incorporated and the proposal was endorsed. India CCM Focal Point informed that the Vice Chair had raised concerns regarding livelihood, shelter, and Nutrition for PLHIVs which was subsequently incorporated into the minutes and shared

with all CCM Members. Secretary (HFW) suggested that to Dr. Shyamala that it may be considered as provisionally endorsed subject to her replying on email, to which Dr. Shyamala replied that the minutes of 77<sup>th</sup> Meeting of India CCM have now been duly endorsed.

***Agenda Item 2a: Update on TB Funding Request Proposal for period 2021-24 and endorsement by India CCM for submission to the Global Fund by 30<sup>th</sup> June 2020***

Following key points pertaining to TB funding request were shared with India CCM member:

**1. Grant Allocation (April 2021-March 2024):**

- Out of the total 500 M USD, TB program has been allocated 280 Million USD, 65 Million USD to malaria elimination program and 155 Million USD to HIV control programme.
- The total 280 Million USD being allocated to TB elimination programme is further divided among the Government Principal recipients and Non-Government Principal Recipients. The Government PR will receive 200 Million USD and NGPRs will get 80 Million USD.

**2. Overall arrangement of implementing agencies for TB grant ( GPR and NGPRs) will be as follows:**

**3. Key strategic interventions for TB grant with the vision to end TB by 2025 are as follows:**

- Decentralization of Rapid Molecular diagnostic
- Expanding coverage of DRTB treatment
- Engaged and empowered communities
- Private sector engagement
- Addressing TB in vulnerable populations
- Strengthening Surveillance
- Strengthening supply chain management
- Programmatic management on demonstrated projects by Civil Society PRs of TPT.

The upcoming grant would see addition of newer areas, like strengthening of surveillance, TB in vulnerable populations, Community engagement and empowerment, etc. Overall, for the upcoming grant

there has been increase in Non-government and SR (under CTD) budget from 31% (\$ 91.5 million) to 36% (\$ 101.5 million) compared to current grant period (2018-21).

#### **4. Government PR, Central TB Division:**

- The CTD with its core grant allocation of around 200 USD Million [CTD 178.5 USD Million and SRs 21.5 Million USD], will take up further strengthening of the following areas: a) expanding the coverage of DRTB treatment b) decentralization of Rapid Molecular diagnostic c) Child friendly formulations, d) Surveillance, e) Community Engagement and f) extending services to key and vulnerable populations. Budget of USD 89 Million has been proposed to cover the procurement of X-ray machines, Drugs & HR -MDR and prevention component and Truenat Machines. CTD proposes for a hybrid funding modality for the first time wherein, 144 Million USD will be parked for input Based funding and 56 Million USD for payment for Results.

#### **Sub -Recipients**

1. **ICMR-NIRT**, USD 9.25 Million: The Institute work to strengthen the surveillance by carrying out three types of surveys, i.e District Level Annual Survey (DLAS), ii. District Level Sentinel Survey (DLSS), iii. Genetic Sequencing Surveillance for Mutation (GSSM). This would help in understanding the subnational level TB prevalence at districts and community levels and will help NTEP in tracking achievement of TB elimination targets at district level.
2. **Tata Institute of Social Sciences (TISS)**, USD 4.09 Million: The Institute would majorly work in the area of strengthening DRTB/Previously treated DSTB patients support through counselling services, tracking migration from source and destination, and link the most at risk and vulnerable DRTB patients to the social protection linkages. Secondly, it would facilitate the transitioning of counselling and patients support services to NTEP staff/CHOs in second and third year. The project will be in four states, Maharashtra, Rajasthan, Karnataka and Gujarat. The intervention will cater to the need of around 72,365 DRTB patients and 166,000 previously treated DSTB patients in three years.
3. **Transport Co-operation of India Foundation (TCIF)**, USD 3.19 Million: The organisation would generate TB Prevention, Control and Care awareness amongst Drivers, Mechanics, Migrants and

Urban Slum Dwellers through engagement of industries, transport associations and corporate. In addition, it will strengthen the cadre of Community Volunteers to support Active Case Finding, TB prevention and care interventions among targeted population. Lastly it will try to improve the outcomes with treatment and aiding to TB prevention among contacts. The project will run in TB high burden districts of 12 states covering Long distance Truck Driver halt points. The organisation has targeted to screen 51 lakh population, adding 10,731 TB notifications and bringing households contact of on TPT by end of three years.

4. **SPYM (Society for Promotion of Youth & Masses)**, USD 1.5 Million: The main focus of the organisation would to reach out vulnerable population (drug users, prison population, homeless population, families of IDUs) for provision of quality TB care by leveraging existing health systems and interventions under TB programme and secondly to strive to improve the outcomes with treatment (reducing LFUs) etc.

The activities will be implemented in all districts of Punjab (including Chandigarh), Haryana and in Delhi. The organisation by end of three years will be doing screening for 8.7 lakh population, case detection of around 5000 cases and putting around 15000 contacts on TPT.

5. **Humana**, USD 3.52 Million: The organisation would work for homeless population, mobile population, economic migrants, residents at institutions; so as to improve their access to TB care through Community based structural interventions. It would also strengthen the mechanism for provision of continuum of care for those who migrate out. It will cover the five cities namely, Delhi, Kolkata, Mumbai, Chennai and Hyderabad. It would help in adding 28980 patients on treatment and putting 81857 contacts on TPT by end of three years.

### **Non-Government PRs:**

1. **WJCF ( USD 30.7 million):** The organisation would demonstrate implementation models, generate evidence, and scale-up programmatic management of TB preventive treatment and also try to sustain and strengthen the gains under JEET project (Support PPSA transition to Domestic funding agencies). The project will be implemented in 80 RNTCP districts across 15 states and UTs (Uttar Pradesh, Uttarakhand, Jammu and Kashmir, Haryana, Rajasthan, Gujarat, Bihar, Tamil Nadu, Punjab, Telangana, Karnataka, Delhi, and Kerala). By end of three years, the organisation would be able to get 1.05 million contacts to be

put on TPT, 75% of them would be completing the treatment, and 178,000 TB notifications.

2. **The UNION** (USD 13.6 Million): The organisation would demonstrate implementation models, generate evidence, and scale-up programmatic management of TB preventive treatment. Secondly it would engage in multi-Sectoral co-ordination and workplace interventions. Thirdly, it would carry out Operational research and provide Public Finance Management system (Technical assistance).

Axshya-Plus will reach to 21 states/UTs with direct implementation of activities would be in 100 priority districts of 7 states (Assam: 2, Chhattisgarh: 8, Himachal Pradesh: 9, Jharkhand:13, Madhya Pradesh: 27, Maharashtra : 30, West Bengal : 11) and T.A support in rest states. The organisation would help in constituting 14 inter-ministerial committees, screening of 2.3 million household contacts and putting 1.4 million on TPT with more than 85% of treatment completion rate.

3. **PLAN INDIA** (USD 6.47 Million): Across the country, the organisation would provide, 3rd party logistics (3PL) for distribution of all commodities centrally procured by CTD from States to District (46% challenging districts) and from District to TUs (100% full coverage). It will support the last mile facilities to use the eLMIS (Nikshay Aushadhi) for essential data recording and reporting and would provide technical assistance to State TB Cell on supply chain management aspects for sustainability. This will ensure uninterrupted supply of drugs and commodities at 100% TUs and lastly around 85% of TU and PHI staff will be trained on new SOPs for SCM through eLMIS.
4. **REACH** (USD 8.4 Million): The Organisation would work with TB survivors and through comprehensive capacity building, would make them effective TB champions. Secondly it would form and strengthen the network of TB survivors. The trained TB champion, through structure Mentorship program, would be equipped to support TB patients. Community -led support hubs would be established. The partnerships between the TB champions and Community health officers would be facilitated under 'T.B Free Panchayat', in selected districts.

The project will be implemented directly in 9 project states, in Delhi, Gujarat, Haryana, Kerala, Madhya Pradesh, Punjab, Rajasthan, Uttar Pradesh, West Bengal. It would also provide technical assistance in 14 states. The outcome would be 1,700 TB survivors trained, 900 TB Champions mentored and 9 state level networks formed and engaged 60 district chapters.

5. **FIND** (USD 20.7 Million): The key interventions from the organisation will be to work towards having lab quality improvement across the NTEP network, to increase access to high quality diagnostic in the country and to strengthen and expand the capacity for Genome Sequencing for TB surveillance and clinical management. The entire exercise would be PAN India. The crucial outcome at end of three years would be, 67 labs would have gotten preparatory support to apply for NABL accreditation, 11 labs would have been renewed, 95% of CBNAAT and 90% of Truenat machines with EQA.

The TB funding request has been approved by the DSTC and MoHFW. If the Committee endorses the TB funding request, then it would be put ready for submission to the Global fund by 30<sup>th</sup> June 2020.

#### **Discussions related to TB funding Request:**

**Mr. Sudhshewar Singh, PLWD-TB representative of India CCM** noted that

- TCI (SR under CTD) is covering quite a unique key population group; and suggested that outcome of the project can further be improved with active engagement of TB survivors/ community led networks in project implementation.
- With respect to REACH proposal he pointed out that Bihar is not being covered for community system strengthening interventions of the project. He urged that Bihar is a high priority state and should be focused for community engagement activities.
- With respect to UNION, he questioned on what basis the organization selected its India Chapter as one of its SRs is not clear. He recommended that India based Civil Society Organizations shall be given opportunity as SR under the Global Fund grant to capitalize their expertise of working at ground level and to further capacitate them for implementation under donors like Global Fund.
- He shared his observation that most of the non-government PRs have high Human resource cost (upto 30% or more). The same shall be rationalized to invest funds more on field activities/beneficiaries.

**Mr. Shridhar Pandey, CSO-TB representative of India CCM** , echoed with the concern related to non involvement of Community based civil society organization in grant implementation by non-government PRs. He suggested that non-government PRs shall also prioritize India based CSOs like Central TB Division (CTD) has done while selecting its SRs.

**JS (NTEP)** mentioned that CTD undertook a transparent process of selecting its SRs for the Global Fund grant. As suggested, efforts will be made to engage more India based CSOs under the Global Fund grant. He also apprised that there are always ample opportunities to engage CSO through NTEP's partnership programme as well.

**Secretary (HFW)** further added that Global Fund contributes to a small portion of overall domestic funding being invested for TB programme. The activities which are not covered through Global Fund grant, may be budgeted within the national programme/state PIPs.

With respect to coverage of community engagement in the state of Bihar, DDG (TB) informed that BIHAR is not one of the implementation states under proposed REACH project as it is already being covered by USAID funded project titled "Breaking the Barriers" covering aspects of community engagement. It is four years long project (2020-2024) and will be implemented by Care India in selected districts of Bihar. Secretary (HFW) assured that it will be ensured that community system strengthening happens in Bihar through one or the other projects/partners.

**DDG (TB)** clarified that at CTD level non-government PR proposals were reviewed critically to rationalize the use of resources for key activities- capacity building, field interventions etc and efforts have been made to align the HR and their salaries at par with government norms. He highlighted that upon submission of the TB funding request and its review by Technical review panel of the Global Fund, the Global Fund Country team will rework with each partner on implementation aspects and proposed activities during grant making period for another 6-8 months to make proposals efficient and cost effective. The same can again be deliberated in subsequent meetings of India CCM before actual implementation of grant in next year.

AS & MD (NHM) made some recommendations for consideration. She suggested that proposed projects shall be implemented in consultation with NTEP /states. To ensure swift transition of successful interventions to the states, HR remuneration shall be aligned to existing state norms. All best practices and lessons learned shall be documented time to time and be shared with other states/partners for cross learning. With respect to TISS counselling intervention, she suggested apart from NTEP staff/CHOs, counsellors under ICTC and RMNCH+ may also be capacitated for professional counselling skills. DDG (TB) noted the suggestions and assured to incorporate the same.

***Agenda Item 2b: Update on HIV Funding Request Proposal for period 2021-24 and endorsement by India CCM for submission to the Global Fund by 30<sup>th</sup> June 2020***

Dr. Shobini Rajan, ADG NACO made a presentation on the HIV Funding Request Proposal for the grant period 2021-24. The salient points of the presentation are as follows:

- She informed that the upcoming proposed grant [for 2021-24] is the same as the current grant [2018-21] which amounts to USD 155 Million.
- In the proposed grant, USD 55 million [35%] are allocated for Non Government PRS and USD 100 Million [65%] are allocated for NACO as PR out of which USD 6 million are being allocated to NACO Sub recipients.
- NACO and its SRs will be primarily working in fields such as Procurement of ARVs; Viral Load Testing; Evidence Generation; Strengthening IT systems; NPMU. Newer interventions include: Program Evaluation; Comprehensive service delivery; Mobile ICTCs; Communication; Capacity Building; Community System Strengthening.
- The three Non Govt PRs which are a part of the current grant namely India HIV AIDS Alliance [IHAA], PLAN India and SAATHII will be continuing their work in the fields of Care and Support Centre; EMTCT; Supply Chain Management; Blended Clinical Training, whereas the two new PRs namely The Humsafar Trust and VHS will be working in newer areas such as Virtual intervention; Prison intervention; Community System Strengthening; Integrated Service Delivery especially for TGs and IDUs. All the activities are in tune with the 95-95-95 objective as mentioned in the National Strategic Plan.

**Figure 1: NACO [Govt PR] and its 3 SRs**

**Figure 2: Non Govt PRs of NACO**

**Key activities and proposed budget of Government PR-- NACO**

The six key areas which are being taken under the NACO grant for the period 2021-24 are as follows:

1. **ARV:** Universal access to HIV treatment for better longevity and PLHIV survival - **USD 44M**
2. **Viral load:** Improve coverage of quality assured HIV viral load testing for all PLHIVs—**USD 29.5 M**
3. **Communications:** Strengthening strategic communications for HIV prevention and control—**USD 7.5 M**
4. **Mobile ICTCs & ILR:** In order to scale up HIV testing services and to take it to the community, positioning of Mobile ICTCs and maintenance of cold chain using ILRs in order to bridge the gap in reaching the first 95.—**USD 7 M**
5. **Research:** Operational research to improve program agility through quality evidence generation to eliminate HIV as a public health problem by 2030. **USD—3.7 M**
6. **Comprehensive Prevention Services:** Reducing new infections and early detection of HIV among “at risk” populations.—**USD —2M .**

**Key activities and budgets of SRs under NACO [Govt. PR] - A** budget of USD 6.0 M have been assigned for the five sub recipients under NACO, the details of which are as follows:

<b>Sl No</b>	<b>Name of SR</b>	<b>Priority Area</b>	<b>Proposed Budget in mUSD</b>
1	Tata Institute of Social Sciences	Creating a sustainable structure for external Evaluation of NGOs/CBOs	1.3

		implementing TIs and LWS projects	
2	Tata Institute of Social Sciences	Design an Impact evaluation process for programmatic interventions under NACP Conduct Impact Evaluation during the grant period	1.0
3	Share India	Design and Develop a comprehensive communication strategy and tool for NACP	1.0
4	HLFPPT	Strengthening operation and maintenance of IT systems & capacity building mechanisms Making SOCH and LMS sustainable	1.8
5	HLFPPT	Creating an enabling system, structure and maintaining repository for strengthening CSS activities	0.9

**Key Activities and Budget of Non Government Principal Recipients under NACO:**

- 1. India HIV AIDS Alliance [IHAA] : will work in the areas of Care and Support Centres, Community System Strengthening and ART centre handholding and private sector engagement with a budget of USD 16.00M.**
- 2. PLAN India will continue to work in the fields of EMTCT of HIV & Syphilis and Supply Chain Management with a budget of USD 12.20 M.**
- 3. SAATHII: will work in the fields of EMTCT of HIV & Syphilis, Capacity building and Prison interventions with a budget of USD 12.20 M.**
- 4. Humsafar Trust: This is a new PR for the upcoming grant and will be working in the fields of virtual platform outreach and refer them to HIV prevention services and community system strengthening with a budget of USD 7.20 M**

**5. Voluntary Health Services [VHS]: This is a new PR for the upcoming grant and will be working in the fields of integrated service delivery through one stop centers for HRGs , prison interventions and community system strengthening with a budget of USD 7.40 M**

**Deliberations held by India CCM Members on HIV funding request proposal:**

- **Mr. Raval Prateek** enquired regarding the rationale of community systems strengthening. **Dr. Shobini Rajan** in response to his query explained that these components were as the proposals of the PRs. PR IHAA would be not only focusing on community systems strengthening , but also capacity building of communities and CBOs. She also informed that community monitoring to play a pivotal role and also about the formation of community advisory boards at the district level. She further informed that SR- HLPPT will work to co-ordinate with all the PRs and mainstream within the NACO ecosystem.
- **Ms. Jahnabi Goswani** raised her concerns regarding enhanced involvement of the community and community system strengthening. She emphasized that there should be greater involvement of the community.
- **Sh. Alok Saxena JS (NACO/GFATM)** in response to her concerns reassured that Community Systems Strengthening will be used to build a strong community leadership, trainings, development of training modules and empowerment of the community. He further informed that specific target groups have been assigned to specific PRs which have enough experience in the particular field. For example, IHAA to work for PLHIVs, Humsafar Trust for MSM and FSWs and VHS for TGs and IDUs. Dr. Shobini also acknowledged the fact that the interventions of the programme is by the community, of the community and for the community.
- **Secretary (HFW)** acknowledged the concerns and suggested there will be more extensive discussions along the life cycle of the proposal.
- **India CCM Focal point** also reiterated that there will be ample opportunities for amendments along the life cycle of the proposal
- **Dr. Shyamala Natraj** expressed her concerns about receiving the final draft of HIV proposals late although she did emphasize on the fact that there has been great involvement as a part of Disease Specific Technical Committee and agreed to endorse the proposal.
- **Dr. Shyamala** further raised her concerns regarding less attention being given to the FSW community although the numbers of FSWs is considerably high [about 10 Million] yet not all FSWs are being covered. Ms. Kusum also agreed with Dr. Shyamala.

- **Sh Alok Saxena** in response to their concerns said that Virtual Intervention is the need of the hour. He informed that location based interventions are already being covered under the domestic budget of NACO. Specialized assistance is required in the field of virtual intervention and thus Global Fund funding for the same.
- **Dr. Gangakhedkar** suggested that as per the prevailing COVID-19 situation in the country and its way forward, we should be willing to review our strategies to ensure better efficiency and programs to take cognizance of the same.
- **Ms. Vandana Gurnani** expressed her views regarding sustainability beyond Global Fund Grant. She commented that the salaries of HR needs to be aligned with the current govt norms for seamless transition and also that the experiences of PRs and SRs to be documented properly and to be shared pan-India.
- **Sh Alok Saxena** also reiterated the fact that since this is the penultimate grant by Global Fund, proposals have been developed for maximum impact and for consequent seamless transition.
- **Ms. Jahnabi** raised her concerns regarding the budget allocated to IEC and Communications to which **Dr. Shobini** responded that communications strategic to last mile activities to be funded by Global Fund; all other Communications activities are funded by domestic budget.

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### ***Agenda item no. 3 Update on India Funding Request Proposal for COVID-19 Response Mechanism***

- India CCM Focal Point made a presentation on update of India Funding Request Proposal for COVID-19 Response Mechanism.
- He informed the house that India's Funding Request Proposal for COVID-19 Response Mechanism for an amount of USD 50 M has been submitted to the Global Fund on 30<sup>th</sup> May 2020. The Global Fund had assured an allocation of USD 16.25 M as Priority 1 and rest if additional funds are available.
- He also informed that as per the communication received from the Global Fund, they have agreed for an immediate grant of USD 20 M. The said amount was divided between running of CSCs, procurement of molecular diagnostic machines and PPEs for both HIV and TB programmes. An additional 2.11M USD have been allocated to Malaria Programme for the procurement of Long Lasting Insecticide treated Nets [LLINs].

India CCM Focal Point also informed the CCM that Malaria Programme will be submitting its funding request proposal to the Global Fund in July 2020 for which CCM approval/endorsement will be duly required.

Sh Rajesh Bhushan [OSD], in his concluding remarks thanked all the CCM Members for successfully conducting the CCM meeting in a fully participative manner. He said that the concerns by members have been taken on board and well noted. He reiterated that the decisions of CCM are participative decisions and are taken in a spirit of democracy.

The meeting concluded with a vote of thanks to The Chair, India CCM by India CCM Focal Point.

**Decision Points of the 78<sup>th</sup> India CCM Meeting are as follows:**

1. Funding Request for TB was endorsed by the CCM.
2. Funding Request for HIV was endorsed by the CCM.
3. Malaria Programme will be submitting its funding request proposal to the Global Fund by 31<sup>st</sup> July 2020 for which CCM approval/endorsement will be duly sought.

**Annexure 1**

**List of Participants**

**CCM Members**

<b>Sl. No.</b>	<b>Name</b>	<b>Designation/Organization</b>	<b>Physically Connecte</b>
1	Smt. Preeti Sudan	Secretary (HFW)/ Chair, I-CCM	Yes
2	Ms. Arti Ahuja	Addl.Secretary/member Secretary, ICCM	Yes
3	Dr.Dharmendra Singh Gangwar	AS & FA	Yes
			<b>Virtually Connecte</b>
4	Ms.Vandana Gurnani	AS & MD (NHM)	Yes
5	Dr.Rajiv Garg	DGHS	Yes
6	Dr. Shyamala Nataraj	Executive Director, SIAAP/Vice Chair, I-CCM	Yes
7	Mr.Shridhar Pandey	Secretary & Chief Executive Officer,GBJS	Yes

8	Fr.Paul Moonjely	Executive Director, Caritas	Yes
9	Mr.Bhakta Bihari Mishra	Secretary, NIHIDA	Yes
10	Mr.Pratik Raval	Assistant Director, GIPA	Yes
11	Mr.Sudeshwar Kumar Singh	Secretary, TB Muktvahini	Yes

### Alternate Members

Sl.No.	Name	Designation/Organization	Virtually Connected
1	Dr.K.Senthil Raj	MD (NHM), Tamilnadu	Yes
2	Dr.R.R.Gangakhedkar	Scientist G, ICMR	Yes
3	Ms.Kusum	President, AINSW	Yes
4	Mr.Yadavendra Singh	Chairman, Pahal Foundation	Yes
5	Ms.Rekha Verma	ASHA Worker	Yes
6	Ms. Jahnabi Goswami	President, ANPP	Yes
7	Dr.R.V.Asokan	Honorary Secretary General, IMA & TB Initiative	Yes

### Special Invitees

Sl. No.	Name	Designation/Organisation	Physically Connected
1	Sh.Vikas Sheel	JS (TB)	Yes
2	Ms. Rekha Shukla	JS (VBD)	Yes
3	Dr.K.S.Sachdeva	DDG (TB)/Focal Point, ICCM	Yes
4	Dr.Shobini Rajan	ADG, NACO	Yes
5	Dr.Bhawani Singh	DD, NACO	Yes
6	Dr.Sandhya Gupta	Grant Manager (NPMU), CTD	Yes
7	Ms.Gitanjali Mohanty	Programme Officer, ICCM	Yes
8	Mr.Dinesh Kumar	Procurement Consultant (NPMU),CTD	Yes

