

**PROCEEDINGS OF THE 25<sup>TH</sup> MEETING OF THE INDIA-CCM  
HELD ON 5<sup>TH</sup> JUNE 2007**

The 25<sup>th</sup> ICCM meeting was held on 5<sup>th</sup> June, 2007, in Conference Room, 149, 'A' Wing, Nirman Bhavan, New Delhi. Chair of the India-CCM, Mr. Naresh Dayal, Secretary, (Health & Family Welfare), GOI, presided over the meeting. The attendance of the meeting is at Annexure 1.

The Chair of the I-CCM welcomed the members to the ICCM and highlighted the critical importance of the CCM partnership where all members were on one platform to discuss and monitor the Global Fund assisted programs. He informed the members that the Global Fund had emerged as an important source of external funding against the three diseases of AIDS, Malaria and Tuberculosis with total grants for India at USD600 million. This had contributed significantly in strengthening the service delivery and scaling up of the HIV program, especially the ART component.

It was emphasized that one of the key purposes of the meeting was to discuss, and endorse the short-listed proposals for Round 7 of the GFATM and that more than 20 proposals had been short listed out of the 241 proposal received by the I-CCM Secretariat. He also touched upon the importance of governance and the need for alignment of the government and non-government sectors to work within the national policy framework in order to avoid duplication of effort. It was recognized and appreciated that there was high participation in the meeting, inspite of changes in the timing due to unforeseen circumstances.

He thanked the technical review team for their support in the proposal short-listing process and wished the members success in the deliberations. At this point, the Chair left the meeting. Ms Sujatha Rao, Additional Secretary and Director General, NACO welcomed the members and requested the Vice Chair, Mr. Elango Ramachandar to preside over the proceedings of the meeting. The Vice Chair introduced the agenda items of the meeting.

**Agenda Item 1:**

***Confirmation of Minutes of the 24<sup>th</sup> ICCM meeting***

The members confirmed the minutes of the 24<sup>th</sup> ICCM meeting unanimously.

## **Agenda Item 2:**

### ***Action taken on decisions of the last meeting (Annexure A of Agenda)***

Ms Sujatha Rao, Additional Secretary and Director General, NACO introduced the items for action to be taken from the 24<sup>th</sup> meeting which was unanimously approved by the members.

## **Agenda Item 3:**

### ***Presentations on the screening and selection of proposals, from the non-governmental sector, in response to the call for proposals by the India-CCM***

Ms Sujatha Rao, Additional Secretary and Director General, NACO briefly spoke about the receipt, screening, documentation of the proposals and requested the I-CCM Secretariat to elaborate on the above.

National Consultant, I-CCM Secretariat, made a presentation on the screening and review process of proposals received from the non-government sector in response to the call for proposals for Round 7 GFATM. The presentation is enclosed. (Annexure II)

241 proposals from the non-governmental sector were received out of which 221 proposals were for the HIV-AIDS component, 18 for Malaria and 2 for Tuberculosis. Before the deadline, 227 proposals were received in hard copy format and 14 as email attachments for a total of 241 proposals. Two of the proposals received by email could not be opened. Hence 241 proposals were available for review by the technical committee which comprised of program division personnel and experts from UNAIDS, WHO, USAID, UNICEF, UNDP, UNODC and RCSHA who could commit the time for the review process following the request of the CCM for nominations that was communicated to all the members. All the proposals were screened in the first round to select those, which addressed at least one issue outlined in the focus areas as highlighted in the concept notes made available at the different websites mentioned in call for proposals published in newspapers nationwide. 95 proposals were found to contain at least one element outlined in the focus areas, while 146 proposals were not recommended by the screening committee.

95 proposals, were recommended for in-depth review by the disease component specific Technical Review Committees. 18 proposals for the Malaria disease component, 2 for the Tuberculosis disease component and 73 HIV/AIDS proposals as well as 2 HIV/AIDS regional

proposals were forwarded for review by the Technical Review Committees for in-depth review, using a standardized review and recording format. Based on the assessment of the TRC and of the concerned program divisions, 22 proposals had been short listed for the process of discussion, clarification and negotiation with the proponents of the proposals. This list is enclosed.

### **Malaria Component**

Dr P L Joshi, Director - NVBDCP, elaborated on the Malaria Component of the proposal. The proposal seeks to address the gaps in the malaria control program in the urban areas through an accelerated and integrated control project in 28 towns to be implemented by the Municipal Corporations of these towns.

Dr Joshi elaborated on the process that was followed by the technical screening committee comprised of senior program officers of the NVBDCP and experts from WHO as recommended by the India-CCM for the selection of proposals received from the non-governmental sector for inclusion in the malaria component of the CCP. For the malaria component 18 proposals were received before the deadline. Of the 18 proposals reviewed, none were recommended. The details of the review with recommendations are enclosed.

The members expressed concern that since none of the proposals from the NGO sector had been recommended for round 7, malaria component; it was important to identify the gaps in quality of the proposals submitted and develop processes for ensuring that technically sound proposals are received for the malaria disease component, through capacity building of NGOs by NVBDCP. It was also suggested that for future rounds, in case proposals had been rejected due to reasons of duplication of effort, it was essential that such NGOs may be invited by NVBDCP for further negotiations to work in different geographical areas.

It was also suggested that the CCM at its next meeting, should discuss the future strategy required to ensure submission of high quality proposals from the NGOs, to enable better civil society participation in the malaria disease component in the future rounds.

## **Tuberculosis Component**

Dr Chauhan elaborated on the Tuberculosis Component of the proposal. Two proposals had been received and reviewed by the technical team for Tuberculosis. Out of the two proposals reviewed, one was not recommended, while one proposal was given Grade 2- “conditional that the proposal may be considered for approval provided substantial changes are made in consultation with the program division, especially to the institutional mechanisms, human resources and budgets.” The key comments on the short-listed TB proposal were that the proposal seeks to strengthen RNTCP in 112.5 million population of 49 districts in Uttar Pradesh and Bihar, where there is an opportunity to strengthen the RNTCP. The CTD informed that the proponents of the proposal have had several rounds of discussions with the Program division, but in spite of the inputs and guidance provided by the program division, the gap analysis was inadequate, including the funding gap, which had not been identified.

The members expressed concern about the total budget outlay of the proposal and especially the proportion earmarked for Human Resources and Administration (33%). It was recommended that the budget needed to be considerably reduced to arrive at a realistic and balanced budget of around USD 8-10 million. It was also suggested by one of the members that there was need to ensure that the remunerations built into the proposal were commensurate with the existing national scales in accordance with the guiding principles of harmonization, suggested by GFATM. It was also pointed out that the program division could bear in mind, while reassessing and consulting with the proponents of the proposal, that the recommended GFATM guidelines for overheads was 10-15%.

The CCM endorsed that the ‘NGO TB Consortium’ proposal could be considered if they were willing to make substantial amendments based on the recommendations of the review committee.

## **HIV/AIDS Component**

Ms Sujatha Rao, AS&DG – NACO presented the shortlist of proposals for the HIV/AIDS component of the proposal, recommended by the technical review committee as well as the program division. She emphasized the criticality of capacity building of human resources, especially nurses and counselors as it was expected that by 2012, 20,000 such trained personnel would be needed to strengthen the program.

This could be achieved through three focus areas, namely institutional strengthening for training counselors and nurses,

strengthening of link workers as well as through strengthened public private partnerships, which come together as capacity building and training capability/ skills among work force in different areas.

The AS&DG pointed out that the program division, as well through her personal intervention, had encouraged the various reputed institutes, such as NIMHANS and IBHAS to prepare and submit good cogently argued proposals for institutional strengthening for round 7.

Discussions ensued on the scope of the institutional strengthening proposed as well as the varied number of proposals submitted and the variations in budgets of the different institutes. With regards to the proposal from CBCI, it was pointed that the budget outlay was very high making its inclusion difficult in the present form. AS&DG(NACO) agreed that there was a need for rationalizing the budget outlays of the different proposals, which could be negotiated with the proponents of the proposals.

With regards to the proposal by 'SHARAN', it was clarified by AS&DG that it was an innovative concept of bringing in IDU and peer educator training within the overall framework of institutional strengthening. However, there was need for further collaboration and negotiation to knit the diverse components of the proposal together, in which case if SHARAN proposal could not be included it could be considered under the national program.

In response to the focus on nurses and counselors for capacity building and exclusion of doctors, it was explained that doctors were not being included as they were being covered under Round 6 grant. It was highlighted by a member, that though institutional strengthening addressed a critical gap, mechanisms were needed to address issues of sustainability, for the large and trained work force.

It was emphasized that training of nurses was critical to not only address the gaps in the HIV/AIDS program but would enable filling of gaps in other health system areas where nurses played a critical role.

In response to financing of training by the State AIDS Control Societies (SACS), the AS&DG (NACO) clarified that SACS did not have any independent source of funding, other than that provided through NACO.

AS&DG remarked that though the link worker scheme was already budgeted for in NACP 3, if the proposal was approved by the GFATM, the allocated budget for link workers could be used for other under-funded priority areas. With regard to the proposals submitted for the link workers

sub-component, the AS&DG remarked that it was to the credit of the civil society participation that a large number of proposals, many from reputed and good NGOs, were submitted for this focus area. It was pointed out that most proposals had failed to fully understand the concept of link workers and there was scope to negotiate further with the proponents, many of which were good organizations known for their strengths. The consolidated list of short-listed proposals, recommended by the TRC and the Program division was being submitted to the ICCM. In response to the absence of one of the proposals short-listed by the TRC, it was explained that the proposal by 'NCHI', had no organizational history as a consortium and the individual strengths lay in providing institutional care, whereas it has little experience in rural interventions. However, the members agreed that NCHI could be brought in along with the other proponents for discussion and negotiation.

It was proposed that there was also a need to rationalize the entire strategy of link worker scheme. It was suggested that there was scope to discuss whether to take up the scheme in project mode or scale up as the latter would need a risk management strategy. It was also proposed that there was need for a dialogue with the proponents to clarify all the concepts of link worker scheme.

It was requested that in case the CCM endorsed in principle all the proposals, those recommended by the TRC as well those by the program division, then the entire link workers scheme could be implemented in all the A&B districts of the country, other than where it was already being implemented by UNICEF and UNDP.

The members recommended that both lists be considered including the proposal from 'NCHI' and suggested that leeway may be given to the program division to develop a criteria to negotiate with the proponents of all the proposals.

It was also suggested that there was need to rationalize the budget, keeping in mind the specific needs of each district.

AS&DG informed the members that on the private sector area, the program division shortlisted the proposals from the Ministry of Labor and from CII as there was a funding gap identified in the national program on work place issues and both the proposals were complimentary to each other in addressing the concerns of both public and private sector respectively. One of the CCM members voiced concern that both the proposals had been rejected by the TRC on grounds of lack of baseline data as well as failure of CII to raise contribution from the industry along with large budget overlays. It was pointed out by another member that this being the first mainstreaming proposal, it was important to consider it. A

point raised by another member was that though CII was engaged in HIV/AIDS related activities, it was important to ensure that there was no duplication in funding and that the proposal addressed the needs of the unorganized sector.

It was pointed out by one of the members that there was a multiplicity in focus areas, which could be difficult to justify to the Technical Review Panel.

The CCM decided that all the proposals could be 'endorsed in principle' and the program division would further discuss and negotiate with the individual proponents for finally incorporating the proposals in the HIV/AIDS disease component of the CCP. The outcome of the consultations, resulting in the final recommendation of proposals for incorporation in the HIV/AIDS component of the CCP, for ratification by the CCM would be presented to the CCM at the next meeting.

#### **Agenda Item 4:**

##### ***Discussion and decision on 2 Multi-country proposals to be submitted for endorsement by the CCM***

Two multi-country proposals on HIV/AIDS have been received by the India-CCM Secretariat namely:

(i) From CARE – The proposal entitled “Empower and Support mobile populations to respond to HIV and its Impact across Bangladesh, India and Nepal.” seeks to address the vulnerabilities of populations mobile across India, Bangladesh and Nepal.

The goal of the project is to reduce vulnerability of mobile populations, mobile across borders to HIV/AIDS and mitigate the impact on affected communities with the focus on women and children.

The total budget requested from Global Fund is Euro 59,000,519 for 5 years.

The comments and recommendations of the technical review committee were placed before the members. The members deliberated on the proposals and it was agreed that though the proposal had merit regarding 'value addition', the proposal needed to be considerably revised and resubmitted for consideration at the next meeting.

(ii) From SAMHIC- The consortium comprising of NAZ Foundation International, Population Services International and TNT N.V (a private sector company), submitted a multi-country

proposal titled 'Regional Innovations to improve coverage and access to HIV/AIDS service delivery among males who have sex with males'.

The proposal aims to address regional MSM issues across Bangladesh, India, Nepal and Pakistan and also, involves in-country responses. The aim of the proposal is to decrease morbidity and mortality and HIV transmission among MSM in the region. It focuses on prevention, care and support and creation of enabling environment-covering MSM – both self and non-self identified.

The total budget requested from Global Fund is USD 29,994,989

The comments and recommendations of the technical review committee were placed before the members. The members deliberated on the proposals and it was agreed that as the proposal had limited merit regarding 'value addition', the proposal needed to be considerably revised and resubmitted for consideration.

It was agreed that the proponents of the regional proposals would be apprised of the comments and the recommendations of the TRC and of the CCM, and the proponents could be asked to make a brief presentation on their proposals at the next meeting of the CCM when the decision for endorsement would be taken.

#### **Agenda Item 5:**

##### ***Discussion and decision on the next steps for the finalization of the Comprehensive Country Proposal***

The completed disease components of the proposal would be circulated to all the CCM members well before the next and final meeting on the Round 7 proposal for their perusal. Members could communicate their suggestions and comments by email.

It was recommended that the next meeting be scheduled on June 29<sup>th</sup>, so that the changes and suggestions recommended by the CCM can be incorporated and the edited final proposal submitted to the GFATM before the deadline of 4<sup>th</sup> July 2007

## **Agenda Item 6:**

### ***Endorsement of Revised Phase II, Round 4, HIV/AIDS proposal.***

AS&DG (NACO) apprised the members that the issue related to restoring the date of completion to 1<sup>st</sup> August, 2007 for the Project – Accessing the Anti-retroviral treatment to HIV/AIDS infected persons in 6 high prevalence states & Delhi under Phase I of Round 4 of GFATM.

The members were informed that an attempt was made to align the end of Phase I with that of the PFI and also to align it with the Government accounting year. However due to operational problems and the reluctance of GFATM this could not materialize and following discussion with the task team force (South & West Asia) of GFATM, the program division would prefer to go back to the original completion date of 1<sup>st</sup> August 2007.

The decision of the program division was endorsed unanimously by the CCM members.

## **Agenda Item 7:**

### ***Discussion on the governance issues of PRs other than the Government sector***

The AS&DG informed the members about the issue relating to program management of Round 6 GFATM, where the proposal for Round 6 had envisaged a Joint Program Committee (PC) from the nominated PRs ie NACO, PFI, & HIV/AIDS Alliance with external experts. It was pointed out that keeping in view that India is one of the 5 countries among the GFATM recipients, where NGOs are PRs, it was important to work under the principle of “Three Ones”, which calls for the working of all partners under one National Policy, one National Authority and also contribute to one national MIS. She pointed out that the grant agreement had overlooked the issue to spell out the mutual obligations between the PRs, with the result that there appeared to be no onus on the PR to go through this collaborative process. The representative of one of the PRs (Population Foundation of India), for round 4, pointed out that under the GFATM grant agreement, a steering committee has been set up which reviews the programs.

During the ensuing discussions, the members agreed that the mechanisms of governance of NGOs selected as PRs was an important

issue, keeping in mind that there is limited supervisory mechanism over PRs other than that of the Local Fund Agent. Since the CCMs had been assigned the role to ensure that the PRs were working in accordance with the national programs and Three Ones Principle, it was decided by the CCM that it was necessary to have a one formal governance structure and monitoring mechanism and to ensure the inclusion of rules of engagement of the same in the grant agreement. The representative of one of the PRs (Population Foundation of India), for Round 4, pointed out that under the GFATM grant agreement, an annex listing the conditions precedent clearly endorses a steering committee which reviews the project.

In this regard, query was put up to the representative from HIV/AIDS Alliance whether the GFATM grant agreement for round 6, HIV/AIDS, "Scaling up of Care and Support Services for children living with and/or affected by HIV/AIDS" included the conditions precedent for complying with the issue of "Three Ones" principle and systems for governance stated above. In this regard, the representative from the HIV/AIDS Alliance, was requested to ensure that the GFATM grant agreement with the organization for Round 6 included the conditions precedent for complying with the issue of "Three Ones" principle and governance mechanisms stated above, similar to that of the contents of the agreement between the GFATM and the PFI.

Clear views on the necessity of having I-CCM sub committees for the three diseases, aligning and expanding the existing and proposed Joint Monitoring and Evaluation mechanisms of the three national programs to include monitoring and evaluation of the GFATM supported projected implemented by the different PRs including the non-governmental PRs, strengthening the I-CCM Secretariat to effectively assist the I-CCM and its sub-committees to perform the oversight role were also expressed and endorsed.

The members also raised concern, based on an email received by all CCM members, from Freedom Foundation dated 24<sup>th</sup> May, 2007, regarding exclusion of the organization as well as other NGOs from the HIV/AIDS led consortium for round 6 after signing of the grant application, citing budgetary constraints.

In response to the concerns raised, it was clarified by the representative of HIV/AIDS Alliance that the above mentioned NGO was not a part of the consortium that had submitted the proposal to the GFATM for round 6. He stated that the NGOs had been dropped from the consortium at the discussion and negotiation stage itself.

However, the members requested HIV/AIDS Alliance to respond formally to the above issue.

The ICCM Secretariat was requested to forward to all the ICCM members, the link to the HIV/AIDS Alliance proposal details, available on the Global Fund website to examine the list of sub-recipients mentioned in the proposal submitted to the GFATM.

**Agenda Item 8:**

***Discussion and decision on the Selection process for filling the 4 vacancies in the Civil Society Organizations (including Faith Based Organizations) Constituency***

AS&DG (NACO) informed the members that based on the compliance of the India CCM with the minimum eligibility criteria for CCMs approved by the GFATM Board, with regards to the civil society sector it was decided by the CCM that 8 representatives from the NGO (including Faith Based organizations), would represent the civil society sector.

The CCM also decided in favor of an open transparent internet based process of enrolling civil society stakeholders and from among these enrolled stakeholders, elected representatives to come to the CCM as members.

The process of enrolling members and their elections was managed by the Center for Sustainable Health & Development, a civil society organization based in Pune.

The following were selected:

- CCOOR and SEARCH, Bangalore to represent HIV/IDS sub sector,
- SPYM was selected to represent Child development sector,
- German Leprosy & TB Relief Association, to represents the TB sub sector.

Since there were no eligible candidates fulfilling the eligibility criteria recommended by the India-CCM sub - committee and endorsed by the ICCM, the following sub sectors are not represented in the India-CCM.

- Two representative for Malaria sub sector
- One representative for gender sub sector
- One representative for the Tuberculosis sub sector

The members endorsed the proposal to re- open the registration process. The members deliberated on the issue of the selection of agency to carry out the open transparent internet based process of enrolling civil society stakeholders and election of representatives from the enrolled members. Among the several possibilities explored including NIC, UNAIDS, GTZ, NACO website, it was suggested that any one of the above could be requested to carry out this procedure and assistance to ICCM secretariat was offered by UNAIDS to expedite the registration and election process. The members also raised concern regarding the maintenance of the ICCM website. In response to this, USAID informed that discussions were underway in developing mechanism for strengthening the ICCM secretariat.

#### **Agenda Item 9:**

##### ***Discussion and Decision on selection of Private Sector Representative for the I- CCM.***

AS&DG(NACO) briefed the members on the current situation regarding representation of private business sector representation to the CCM, where earlier attempts had been made by the country focal point and ICCM secretariat to get the three short listed private organizations to select a representative through mutual agreement.

It was clarified by AS&DG and the ICCM secretariat that as per the minimum eligibility guidelines for the CCM, laid down by the GFATM, it was required that the representative to any of the non government sectors be selected by the members of her/his own constituency through a transparent, documented process and the India-CCM could only facilitate the selection process.

UNAIDS offered to facilitate a resolution for selection of a representative from the private business sector, which was endorsed by the CCM.

#### **Agenda Item 10:**

##### ***Discussion and Decision on Transfer of funds for technical assistance from GFATM to WHO and IUATLD, in Phase 2 of GFATM Round 4 funding round***

Dr. Chauhan, DDG, CTD, briefed the members on the status of Phase II, Round 4, GFATM Tuberculosis grant being implemented in the

states of Andhra Pradesh and Orissa. He informed the members that the Phase II extension request had been submitted after CCM approval and the budget calculations indicated a likely total saving of US \$ 3.4 million.

The members were informed that GFATM had communicated approval of Phase II of Round 4, as well as approval for the two proposals submitted for technical assistance by WHO and IUATLD, which utilised the savings under GFATM Rd 4 project.

It was being proposed by CTD that the modality of transfer of funds from GFATM to WHO, could be in accordance with similar procedures followed in Nepal and Bangladesh, where funds had been released to WHO by GFATM after signing an agreement between the respective governments and WHO.

The CCM members unanimously endorsed the decision to nominate IUATLD as additional PR for receipt of funds directly from GFATM and signing of an agreement with WHO following which GFATM could release the funds to WHO under the Round IV GFATM RNTCP Project.

*The following items could not be discussed due to constraint of time.*

**Agenda Items 11 &12:**

- (i) Five year evaluation study of the GFATM, in India - Health Impact Study (For information)***
- (ii) Submission of Phase II, Round 4 Malaria Proposal to the Local Fund Agent by the ICCM Secretariat, following endorsement by Circulation. (For Information)***

The meeting concluded with a vote of thanks to the Chair.