



Minutes of the India Country Coordinating Mechanism (CCM) Meeting held on 17 October 2008

The India Country Coordinating Mechanism (India CCM) meeting was held on 17th October, 2008 at The Ministry of Health, Nirman Bhavan, New Delhi. A list of India CCM members and invitees present at the meeting is annexed (Annexure-I). The meeting was chaired by Shri Naresh Dayal, Secretary, Health & Family Welfare, Government of India and Chair CCM.

Agenda Item No. 1

Discussion and Decision on Round 8 Country Proposal

The Chair expressed disappointment on the unsuccessful GFATM Round 8 proposal and the RCC (HIV) submitted from India. The TB division was congratulated for the successful RCC proposal.

The comments of Technical Review Panel (TRP) for Round 8 were shared and discussed with the members (Copy attached). The members were of the opinion that the comments did not question the technical feasibility of the proposal but were only on the presentation and missing information. AS&DG NACO stressed the need for a better synergy between the National Strategic Plans and proposals developed by the civil society organizations to avoid a disconnect between National Plans and CSO proposals.

UNICEF noted that a very intensive process of collaboration was undertaken between the PRs during the development of Round 8 proposal, however the limited time available for the steps to be completed made the process of proposal development very stressful. It was also noted that the process of concept development to implementation, needs further strengthening. The need for more active regional consultations was expressed by the members.

WHO Resident Representative stressed the need to follow the national M&E systems and not develop duplicate systems.

The members agreed that the comments received from the GFATM for round 8 proposal were procedural and could be rectified as the proposals were addressing important gaps in the National Programme. It was agreed to re-submit the Round 8 proposal for Round 9 after taking into account the weaknesses of round 8 proposal as noted by the TRP.

Decision : The CCM agreed to re-submit the Round 8 proposal for Round 9 after incorporating all the suggested changes.

Agenda item No. 8

Discussion and decision on priorities for Round 9

The Vice Chair suggested that the issues of Care and Treatment, especially second line drugs should be considered. It was clarified that this concern would be addressed in the RCC proposed to be submitted for Round 4 & 6 that deals with ART treatment. In view of the substantial scale of the Round 8 proposal and the RCC proposal for HIV and the short time frame for Round 9, other competing activities and upcoming festivals, the members recommended only a resubmission of Round 8 proposal for Round 9. It was also suggested that the CCM should look at a short term and a long term strategy for proposal submission from India. It was agreed that the consultations being undertaken by NGOs in different parts of the country focusing on gender issues, should not lose momentum and be developed as a long term strategy. It was felt that the concept paper on women and HIV, TB, Malaria by CSOs should be prepared for a discussion by CCM and then developed as a project proposal to be submitted for Round 10 which has a submission date of 1st July, 2009

The TB Programme Manager was requested to review the issues of two civil society PRs with the proposed organizations and take into account the weaknesses noted by the TRP. The Malaria Programme Manager was asked to review if they could proceed with LLI rather than bed-nets. Referring to the HIV component, AS&DG NACO reiterated the need to develop the proposal in line with the national plans and specifically look at the unit costing of activities.

The members suggested that Resource persons should be appointed to facilitate the process and communication between the NGOs and the National Programmes. The members suggested that the gaps in capacity of civil society partners should be assessed and capacity building should be included as part of the proposals.

As per the comments of the TRP the issue of limited capacity of PRs proposed for the HIV component was discussed in detail. The option of inviting new PRs for this component was not endorsed by the CCM, as the TRP comments had only asked for some information and did not state a change of PRs.

The two issues to be addressed in the HIV component were the budget vs utilization capacity and a stronger linkage in between the proposal components.

Decision : The CCM members agreed that based on consultations with the PRs, the proposals for Round 9 be determined. The suggestion was endorsed and the Chair suggested that all the disease programmes should call for a meeting of the proposed Principal Recipients, review the TRP comments and re-submit for Round 9 .

Agenda Item No. 2

Revise and Endorse Terms of Reference of India CCM

Discussion:

The CCM members discussed the revised TOR prepared by a representative group of the CCM members. The changes as suggested by CSO's were deliberated and the TOR approved for implementation. It was pointed out that the process of election of CSO's to the CCM required more work as it was based on a small constituency of about 250 CSO's, while India has about 50,000 CSO's in the country. It was therefore essential that intensive advocacy be undertaken and membership base expanded so that the members truly represent these civil societies engaged with health sector and gender issues are included. It was also pointed out to the CSO members that they did not only represent their own organization but the CSO constituency as a whole and therefore need to be more proactive in engaging with them.

Ms. Sujatha Rao, AS&DG, NACO noted the poor attendance of the CCM members at the meetings and vacant positions of civil society representatives at the CCM. It was agreed that the issue of membership needs serious consideration at the time of the next election of members, scheduled for March 2009. Mr. K.K.Abraham, Vice-Chair CCM and Dr. Mala Srikant, representative from the TB department said that a process of establishing a federation for HIV and TB NGOs has been initiated to ensure more active civil society representation.

Decision:

The suggested changes in the TOR were endorsed and cleared for posting on the CCM website. . With regards to the election process, UNAIDS was requested to support the CCM in development of a concept note by 15 December 2008, outlining the process and steps for election of CCM members.

Agenda Item No. 3

Endorsement of Gender Representative in India-CCM (SAATHI)

The SAATHI representative was requested to leave the room to be able to discuss and endorse their election to the CCM. The process of civil society election process was presented by the CCM Secretariat, saying that the e-voting process was undertaken from October 2007-December 2007. Amongst the 80 eligible nominations, only SAATHI qualified the criteria for a gender representative, therefore was unanimously elected upto March 2009, until the next election takes place.

Decision : The CCM members endorsed SAATHI's candidature as the Gender NGO representative for the CCM upto March 2009.

Agenda Item No. 4

Endorsement of Phase II - Request for Continued Funding (RCF) Round 6 Global Fund Grant-India HIV/AIDS Alliance (IDA-607-G12-H):

Discussion:

HIV/AIDS Alliance made a presentation of their RCF Round 6 stating that there is no change in the budgets or targets of the project and to ensure that the targets and quality is met, they were proposing to reduce the time frame of Phase-2 of the project from 3 to 2 years.

HIV/AIDS Alliance informed the members that GFATM has given it's consent to a change in the time line of the project and requested a resubmission of the revised proposal by 15th October, 2008. UNICEF questioned the feasibility of reducing the time frame, which may impact the targets and asked for more details on the strategy being adopted to take a decision.

Decision:

The members suggested that the CCM secretariat request for an extension of time for HIV/AIDS Alliance to submit the revised proposal and a meeting be held between UNICEF, HIV/AIDS Alliance and NACO to discuss this further, following which the RCF can be submitted to GFATM.

Agenda Item No. 5

Review and approval of request for utilization of funds for TB – Round 2 (year 5)

The Central TB Division presented a proposal for utilization of unspent funds of the GFATM Round 2, which covers 110 million populations in the States of Bihar and Orissa. The Phase II GFATM approved funding was for USD 22.02 million and the time line of the project is through March 2009. In Year 5, grant expenditure is expected to be about USD 6.5 million against the budgeted amount of 7.65 million, which results in unspent funds of USD 1.2 million.

The TB division presented a proposal to utilize these unspent funds for re-establishing services to flood affected communities and districts, as well as to enlist the abilities of civil society partners for focused interventions to improve programme performance. The proposal from four civil society organizations was presented.

- Advocacy to ensure political, administrative and technical commitment from policy and decision makers (component activities to be taken up by the IUATLD)
- Activities in flood hit areas to reinstate DOTS services (component activities to be taken up by VHAI).

- Community mobilization and increasing awareness of DOTS services (component activities to be taken up by PSI)
- Early establishment of Intermediate Reference Laboratory (IRL) for diagnosis and management of MDR-TB patients (component activities to be taken up by Damien Foundation).

The CCM agreed that proposed activities will assist in raising the profile of the TB Programme through active advocacy and communication.

Decision:

The proposal for US D 1.2 million unspent funds was endorsed by the CCM members.

Agenda Item No. 6

Endorse the India CCM proposed budget submitted to the Global Fund

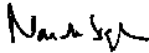
Discussion:

The proposed CCM secretariat budget was presented to the members for approval to Global Fund

Decision:

The CCM members approved the budget and suggested that GFATM should be requested to expedite its approval.

The Vice-Chair thanked the CCM Members and the organizations which made presentations and finally concluded the meeting.


Naresh Dayal
Chair of CCM
Date Oct 21, 2008

ANNEXURE - I

List of CCM Members present in the meeting:

1. Mr Naresh Dayal, Secretary, Health & Family Welfare, MoH&FW, Govt. of India, India-CCM Chair
2. Ms. K Sujatha Rao, AS & DG (NACO), MoH&FW, Govt. of India
3. Ms Nandini Kapoor- Dhingra, Senior Programme Coordinator/Officer-in-Charge–UNAIDS
4. Dr. Salim J. Habayeb, WHO Representative to India – WHO
5. Dr Vandana. P. Bhatia, National Programme Officer (HIV/AIDS), UNFPA on behalf of Dr. Marc Derveeuw - Representative – UNFPA
6. Ms Janet Hayman, Cordinator, PEPFAR, , Ms Kerry Pelzman, Director Population and Health - USAID
7. Ms Sabina Bindra Barnes. Senior Health Advisor, DFID
8. Mr K K Abraham, General Secretary, Indian Network of People Living with HIV/AIDS, India-CCM Vice Chair
9. Dr. Sai Subhasree Raghavan, President, Solidarity and Action Against the HIV Infection in India - SAATHII
10. Dr. Ravi Raj William – Director, Christian Council for Rural Development and Research (CCOORR)
11. Ms. Malini B. Eden – Director Strategic Alliances- SEARCH on behalf of F. Stephen – Executive Director
12. Dr. Rajesh Kumar – Executive Director - Society for Promotion of Youth & Masses on behalf of Dr. Zeenat N.
13. Mr John George, Director - German Leprosy & TB Relief Association
14. Dr Kumudha Aruldas, Additional Director, Population Foundation of India
15. Dr. Madhumita Dobe, Secretary General, Indian Public Health Association
16. Prof. A.P. Dash, Director, NIMR (National Institute of Malaria Research)

17. Dr. Vidya R. Ganesh – Chief HIV/AIDS Section – UNICEF
18. Mr Naved Masood, Additional Secretary & Financial Advisor, MoH&FW, Govt. of India
19. Ms. Anne Bossuyt, Human Development Specialist, World Bank
20. Ms. Manjula Krishan - Secretary – Department of Women and Child Development, Govt. of India
21. Dr. P.R.Padwal – PD (GOA SACS) – on behalf of Mr. Anand Prakash - Development Commissioner & Secretary – Govt. of Goa

List of Members not present in the meeting:

1. Mr. R.K. Srivastava – Director General of Health Services, MoH&FW, Govt. of India
2. Mr Madhusudan Prasad, Joint Secretary (FB), Ministry of Finance, Department of Economic Affairs, Govt. of India
3. Lt General Yogender Singh - Director General - Armed Forces Medical Services, Ministry of Defence, Govt. of India
4. Mr. Anshu Prakash – Secretary, Health & Family Welfare - Govt. of Arunachal Pradesh
5. Mr. Vishwakarma – Secretary, Health & Family Welfare – Govt. of Chattisgarh
6. Mr Madan Gopal, Principal Secretary, Health & Family Welfare, Govt. of Karnataka
7. Ms. Kavita Chandok, Country Director - International Training and Education Centre on HIV (I-Tech)
8. Dr. V. Kumaraswami - Director - Tuberculosis Research Centre (TRC)
9. Dr K. R. Thankappan - Professor - Achutha Menon Centre for Health Science Studies (AMCHSS)
10. Dr. R.S Shukla – Joint Secretary – Ministry of Health and Family Welfare
11. Ms. Anuradha Gupta - (IAS) Financial Commissioner to Govt of Haryana, Health Department
12. Dr. S.D. Gupta – Director – Indian Institute of Health Management and Research (IIHMR), Jaipur.

List of Invitees

Permanent Invitees present in the meeting

1. Dr Kuldeep Singh Sachdeva, CMO, Central TB Division, MoH&FW, Govt. of India on behalf of Dr. L.S. Chauhan, DDG (TB)
2. Dr G.P. S. Dhillon, Director, Directorate of National Vector Borne Diseases Control Programme (NVBDCP, MoH&FW, Govt. of India)

Special Invitees present in the meeting

1. Mr Rajan Mani, Director (Finance & Administration) and Sunil Nanda, Director (Programmes), India HIV/AIDS Alliance

Additional Participants

1. Dr.G. S .Sonal, Joint Director, NVBDCP
2. Dr Mala Shrikanth, CTD Consultant, Central TB Division.
3. Mr. Arun Monga – National Program Officer – Donor Coordination – NACO
4. Mr. Reuben Samuel – National Program Officer – Epidemiology
5. Mr Arun Baroka – Director MoH&FW
6. Ms Sonal Mehta – India HIV/AIDS Alliance
7. Ms Annette Reicisch – The Global Fund – Geneva – M&E department
8. Ms. Tsovinar Sakanyan – The Global Fund – SWA team.