Minutes of the Two-Day Review Meeting by the Oversight Committee

Venue: New Delhi

Dates: July 26-27, 2022

Executive Summary

The Oversight Committee of India CCM undertakes regular oversight visits, desk reviews and meetings to review HIV, TB and Malaria-related Global Fund grants and C19 RM grants of the Global Fund and provide strategic guidance to the grantees. A two-day PR Grant review meeting by the oversight committee was held on 26th and 27th July 2022 in New Delhi.

The key objectives of the review meeting were to,

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

Day-1: Review of C19RM 2020, 2021 (26th July 2022)

Under the Covid-9 Response Mechanism (C19RM) grant, the Global Fund approved an immediate award of USD 20 million for India's COVID-19 response. The Global Fund further approved an additional USD 10 million under KP-C19RM funding.

In 2021, the Global Fund approved USD 75 million Fast track funding to the Government of India for the procurement of PSA Plants and Oxygen Concentrators.

The Global Fund approved an additional funding of USD 38 million for COVID-19 response, mostly to Non-Governmental Organizations on 28th February 2022.

Recommendations - C-19 RM Grants (TB)

The UNION

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

WJCF

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

FIND

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

Recommendations - C-19 RM (HIV/AIDS)

India HIV AIDS Alliance

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

SAATHII

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

PLAN India

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

Day-2 Review of Global Fund Grants (April 2021-March 2024) (27th July 2022)

1. National Center for Vector Borne Diseases Control (*NCVBDC*) – Govt PR -- Malaria

- Total budget: USD 52.7 million.
- Spend rate extremely low at USD 2.09 after 1 year of grant approval

Recommendations:

- NVBDCP to have a definite plan with regards to the distribution plan for LLINs so as to avoid delay in distribution once procured
- Take stock of regularization of staff at the state level so as to quickly reprogramme the funds allocated for HR
- Seek necessary support to fast-track the activities including approvals for the SRs at the national and state level and procurement of vehicles and LLINs to ensure timely utilization of the fund

Action points:

- OC committee can advocate with GF to address some of the delays related to procurement of goods
- State-wise progress to be shared with OC
- Distribution plan of LLINs with timelines to be shared

2. Transport Cooperation of India Foundation (TCIF).. Non Govt PR Malaria

- Total budget: USD 12.26 million.

Recommendations:

- TCIF needs to map existing training centres at the state and district level rather than set up new ones

- TCIF may need to relook at the qualifications required for VBD consultants whose function is more programme management and more technical expertise for zonal entomologists
- ASHAs online training materials are not feasible, so offline training with study materials will be more beneficial
- TCIF needs to provide an update on the status of the content development for the training
- TCIF to clarify the actual expenditure vs the budgeted expenditure for the project activities with the OC

3. **Centre for Tuberculosis Disease (CTD)—TB Govt PR**
   - Payment for results modality
   - Total grant USD 280 million
   - The Oversight Committee observed that largely the project is on track but the programme has to appropriately address the setbacks due to Covid disruptions which is a challenge

4. The UNION – TB NGPR
- Earlier HP and MP was on Treat only policy but with the Government adopting the test and treat policy, it will impact the target of UNION set by GF, as only 40 to 45 will now become eligible for TPT under the revised situation.
- Physical training of Medical Officers needs to be conducted with support from STO and this needs to be scheduled
- States need to be supported to ensure uninterrupted supply of drugs as some states do not have drugs in stock which could be due to indenting issues.
- If UNION gets access for data entry into the NIKSHAY portal, it will be easier. Currently data is being inputted manually with support from the NTEP staff at the block level. Also NIKSHAY does not give output details.

5. PLAN India Non Govt PR

Challenges
- Challenges with last mile data visibility
- No schedule distribution plan from DDS to TU
- Hi frequency of Aditional Drugs Request (ADR)
- Lack of supply chain training of the pharmacists and store Incharge

Observation and recommendation:
- A detailed presentation was made and all questions were answered. The actions taken were also shared
- Inequitable focus on the objectives, as maximum focus of the project was on strengthening 3PL services. There should be equal focus on the other two objectives as almost one year is spent to revise SOPs and the project is about to complete.
- In the context of reporting on the key indicator of time bound delivery, the calculation should be on the basis of how many indents received and what percentage of that was delivered on time
- If savings from the project is adequate to extend the project pan India, there are some reasons for the savings to that amount – It is essential to understand whether the planned activities were not undertaken or some of the activities had been over budgeted.

- PLAN India must start planning the transition of the Project to CTD at the earliest as this should have been done in the first year of the project to ensure sustainability. The immediate focus therefore should be to build capacity within the government system who will be carrying this task ahead.

5. William J Clinton Foundation—TB NGPR

Challenges

- Login access to NIKSHAY to get patient list from NTEP – already discussed with CTD and is in the process of being resolved
- Delay in procurement of 3HP by the programme (underway)
- CTD support requited to get access to the e-sanjivani portal being used for HHC screening & Consultation so that patient access can be channelised
- Specific review of PMTPT by the programme will help in improving project performance as it is a new component
- Need to do physical training of Medical Officers push by the government will fast track the activity
- Need to focus on quality of care parameters

Recommendations: At the state and district level within the NHM, HR is not disease-specific, so the MO or the Lab technician is supposed to take care of all diseases. It is essential to have a structured induction training when a doctor joins the service. CTD works with NHSRC to initiate an induction training package for all doctors and lab technicians to be able to handle the needs across all diseases.

6. FIND—TB NGPR

Recommendation: Under the guidance of NTEP-CTD, common reviews are being undertaken. TB infection component and strengthening community engagement will increase synergy with partners. Community involvement is important from two key aspects of disease elimination and TPT promotion.

7. India HIV Alliance - VIHAAN – HIV NGPR

Challenges

- Issues regarding travel costs
- Client load of HPs
- CSC - ART ratio is increasing

Observations and recommendations:

- Alliance is not clear about the CSCs that have to be transitioned. The selected CSCs should not be equipped with additional HR, being provided through GF support which is not be feasible. Alliance needs to withdraw the provision in these facilities at the earliest. NPMU will seek support from the CST division to understand and resolve the matter
- Since NERO is a branch office of Alliance in the North East, it cannot be made an SR, Like UNION they too seem to be implementing directly some of the grant money

Action points

- Need to give breakup of the budget for each of the SR including what Alliance is sending to the NERO office
- Alliance to provide a transition plan to NACO
- The basis of calculation of targets by Alliance needs clarity and they should revert back to the OC on what basis were the calculations done for the performance indicators under all activities
- Alliance to submit a transition plan

8. SAATHII—HIV NGPR

Recommendations

- There is 40% savings from the available funds that can be reprogrammed to meet the emerging needs. Secondly, NACO can facilitate these classroom training as states have some funds for training. So, it is better to coordinate with the programme on a cost-sharing basis.
- SAATHII needs to share the transition plan with NACO as the project is in year 3 and the programme needs to be transitioned back both for EMTCT and prisons which needs to be shared.

9. National AIDS Control Organization (NACO) – Govt PR—HIV

Observations: The Mapping and Population Size Estimation (MPSE) undertaken NACO indicates the existence of new pockets of High-risk groups, which will be useful for determining the location of the OSC centres. The MPSE will be available soon and will be useful to review against the 2009 mapping results. Also, Covid must have had an impact on the behavior and location of the HRGs.

Action points

- NACO to share the GF Audit Report and the report on occupation and HIV positivity
- NACO to share the mapping of the SRs engaged across various grants

Overall Major Challenges:

- COVID-19 affected the grant activity and timeline
- Administrative and procedural delays including approval from GF delayed the program implementation, leading to inadequate spending
- Specific conditions by GF for procurement of goods leading to delay in progamme implementation
- Inadequate preparedness by grantees prior to launching their projects
- Low burn rate and slow implementation

Major Action points/Recommendations:

- **Regular Oversight** meetings/visits to monitor and strengthen implementation
- **GF related issues** to be raised with GF country team (procedural delays/procurement)
- As most grants need to transition to respective programmes by the year 2023-24, comprehensive **transition plans** need to be developed for smooth and systematic transition
- **Strategies, activities, outputs with timeline** are to be defined and adhered to ensure maximum utilization of resources and achieving the objectives.
- TB - **Meaningful strategies** are required to reach the unreached and most vulnerable to ensure access to drugs

- Expedite the **procurement of digital portable digital handheld X-ray devices** and develop strategies to reach out to the community, create demand and acceptance
- **Coordination mechanism between NACO and CTD** especially for managing DR TB be strengthened.
- Develop strategies to effectively **link the communities** with the existing social protection schemes.
- Develop strategies for improving **documentation & dissemination.**
- Assessment of the effectiveness of **innovative projects** to be explored

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Chair Person:

Members Present

Objectives of the review meeting:

The key objectives of the review meeting are to,

- Review progress of allocated grants for,
  - C-19 Response Mechanism
  - C-19 KP grant
  - Regular grants
- Facilitate grantees to identify programmatic and operational challenges and suggest pragmatic solutions to address them.
- Exchange learnings and seek suggestions for programmatic improvement.
- Ensure smooth coordination with stakeholders including government and other implementing partners to improve operational efficiency and effectiveness of programs to achieve the intended targets in a timely manner.

Details of the two-day proceedings:

On the Day-1, the COVID-19 Response Mechanism Grant was reviewed and the 2nd day focused on the regular grants of the disease control programs. Each recipient made their presentation in a template that was finalized in discussion with select OC members and shared with the committee members.

Overview of Grants

COVID- 19 Response Mechanism (C19 RM) funding for India -2020:

- Global Fund approved an immediate award of 20 million USD in June 2020. Besides, it approved an additional C19 RM grant award of ~ 10 million USD for key populations (KPs) in Dec, 2020. The implementing PRs are India HIV AIDS Alliance and SAATHII

COVID-19 Response Mechanism (C19 RM) funding for India – 2021:

- The Global Fund reviewed and approved the (C19-RM) full funding request for US$ 38 million on 28th February 2022.
- India submitted a fast-track funding request proposal to the Global Fund amounting to US$ 75 million on 30th April 2021. The Global Fund reviewed and approved (C19 RM) US$ 75 million, NACO being the implementing PR.

- India submitted the full funding request to the Global Fund in consultation with the three program Divisions (CTD, NACO and NVBDCP) and relevant stakeholders after due endorsement by India CCM on 30th June 2021 and a revised FFR proposal for US$ 50 million was submitted on 17/12/2021.

Global Fund Grant (April 2021-March 2024)

- Total allocation USD 500 million for a period of 3 years
- Tuberculosis - USD 280 million
- HIV - USD 155 million
- Malaria – USD 65 million

Covid 19 Grants	Recipients	Amount	Time line
	India HIV AIDS Alliance	USD 4,444.000	June 2020 – June 2021
	FIND	USD 15,560,000	June 2020 – June 2021
	India HIV AIDS Alliance	USD 3,079951	Dec 2021 – Sep 22
	SAATHII	USD 6,819,477	Dec 2021 – Sep 22
			May 2021- Dec 23
	HIV/AIDS		
	NACO	USD 75, 000,000	May 2021 – Dec 23
	India HIV/AIDS Alliance	USD 7,954,785	March 22 – Dec 23
	SAATHII	USD 6,269,158	March 22 – Dec 23
	PLAN India	USD 1,647,284	March 22 – Dec 23
	TB		
	FIND INDIA	USD 9,957,640	March 22 – Dec 23
	WJCF	USD 7,871,792	March 22 – Dec 23
	The UNION	USD 3,566,853	March 22 – Dec 23
	Malaria		
	TCIF	USD 651,882	March 22 – Dec 23

Grants	Recipients	Amount	Time line
General – HIV/AIDS	India HIV AIDS Alliance	USD 23.2 Million	April 21- Mar 24
	SAATHII	USD 19.6 Million	April 21 – Mar 24
	PLAN India	USD 12.2 Million	April 21 – Mar 24
	NACO	USD 100 Million	April 21 – Mar 24
TB	CTD	USD 200 Million	April 21 – Mar 24
	FIND INDIA	USD 37.1 Million	April 21 – Mar 24
	WJCF	USD 22.6 Million	April 21 – Mar 24
	The UNION	USD 13.6 Million	April 21 – Mar 24
	PLAN India	USD 6.47 Million	April 21 – Mar 24
Malaria	NVBDCP	USD 52.74 Million	April 21 – Mar 24
	TCIF	USD 12.26 Million	April 21 – Mar 24

I. 19 RM Grants for Tuberculosis

Primary Recipients

1. The International Union for Tuberculosis and Lung Diseases **(UNION)**
2. The Foundation for Innovative New Diagnostics (**FIND)**
3. William J Clinton Foundation **(WJCF)**

1. The International Union for Tuberculosis and Lung Diseases (UNION)

Duration: April' 21 - Dec' 23

Budget:

- Sanctioned: US $ 35,66,853
- Received: US$ 75,436 as on June 16, 22
- Spent US$: 4,730 primarily on HR

Geography:

- 16 Districts from 7 states that are being covered under Akshay + project

Planned activities:

- Door-step delivery of TB drugs through e-pharmacy
- Sample (Sputum) collection facilitated through a mobile application and manually in the absence of android phones.
- Tele-consultation for treatment initiation and continuity through e-vendoring

Progress so far, till 25th July 2022

Following the receipt of grant on June 24, 2022, the activities completed during the last month were,

- Completed hiring of staff
- Developed the statement of work (SOW) for the e- pharmacy module
- Solicited RFP for the selection of e-pharmacy vendors and received applications
- The RFP was further reissued with an extended deadline
- Final selection will be done during the first week of August 2022

Proposed next steps:

- It is planned to have consultations with the CTD for suggestions and technical support. Following this, there will be consultative meetings with the respective states
- It is planned to start the implementation of activities by September, 2022

Key challenges

- Selection and on-boarding of e-pharmacy vendor
- Timeline of the project

OC observations and UNION's responses

1. The OC questioned the relevance, necessity and value addition of the initiative considering the change in the COVID-19 pandemic, as the project intended to address the requirements of TB patients during the COVID-19 pandemic to ensure the continuity of treatment and services.
   Response: UNION will review/ reconsider the current activities and re-programme them in discussion with CTD.
2. The OC raised concerns whether the proposed activities would duplicate the activities under the national programme by CTD.
   Response: UNION is building on the identified operational gaps in the current program and the value addition is the doorstep delivery of drugs ensuring treatment adherence for the index cases and teleconsultation services
3. The OC enquired whether there was any feasibility assessment to understand the willingness of e-vendors to get engaged in this project prior to the launching of the project.
   Response: UNION focused on the e-pharmacy model, which was essential during the pandemic. UNION agreed that it has become a challenge to get e-vendors on board. As private for-profit agencies are reluctant, it explores the possibility of on-boarding non-profit organizations as indicated in the RFP.
4. As the project team must be aware of the challenges and limitations of initiating the project, the OC asked about the measures taken to tackle the possible challenges including the logistical issues
   Response: Given funds were released in June 22, UNION focused on fast-tracking the activities by hiring staff, developing SOW for the e-pharmacy and posting RFP in addition to having consultations with more than 10 organizations. As the development of mobile applications takes time, UNION aims to launch the project through the existing applications and add the modules, to meet the project timeline.
5. The OC asked, when the project would be able to deliver any tangible outcomes considering the time-consuming onboarding e-vendors
   Response: UNION had floated the RFP and it seeks a single agency that can provide all three services. UNION has contacted the agencies. As the agencies assess the HR requirement for this project, a two weeks delay is expected.
6. The OC enquired about the number of responses for RFP and the timeline for finalizing the contract.
   Response: Around 6 to 7 applications are expected and the final selection will be done in the first week of August 2022.
7. The OC asked if there have been any discussions with the states to identify the gaps and understand hard-to-reach population
   Response: UNION will have consultations with CTD and respective states once the e-pharmacy vendor is on board
8. The OC enquired about the possibility of engaging the TB community for Tele counseling
   Response: As the teleconsultation is for consulting the doctors, engaging TB community is not relevant.
9. The OC requested the details of the provision under GF for repurposing the assigned funds and extending the timeline of the project.

Clarification by India CCM: The Non-Government PRs need to approach the GF country office for any changes in the grant objectives/activities or timelines with appropriate justifications. GF would assess and provide approval if the request is appropriate for the programme. Recently, regarding the savings due to the exchange rate, the CCM chair directed to make the proposals for fresh initiatives and not for continuity of the project.

10. The OC asked about UNION's plan to achieve the project activities by 2024 as the project is getting delayed.
    Response: Once the vendor is shortlisted by 1st week of August 22, UNION will fast-track the activities. UNION plans to use existing apps that have already been piloted by other players to expedite the implementation.
11. **The OC asked if it is required to** repurpose the funds or to go ahead with the project as it has been approved
    Response: UNION will discuss the matter internally and revert back to the Secretariat.

Key recommendations:

- UNION to have meaningful strategies and steps to reach the unreached and most vulnerable to ensure access to drugs rather than focusing on the geographies that have been well-targeted and covered.
- UNION to update the OC team regarding the current status though the targets are not achieved
- UNION to reprogram considering the current COVID situation to improve the effectiveness. There can be specific activities that could be relevant on the longer term and add value to project outcomes.
- UNION to consult the relevant departments in the 7 states for finalizing the activities considering the current context, and target populations to add value to the ongoing activities.
- UNION to document the process as the data collected can be considered as baseline information.

Action Points:

- UNION to update their slides with further information so as to provide clarity on their project details
- UNION to update and share their work plan with targets and timeline
- UNION to report on the progress on the hiring of vendors including the number of applications, change in strategy on geographical locations and target population
- UNION to report on areas that may be reprogrammed and the timeline for approval from Global Fund

2. William J Clinton Foundation C19 RM

Duration: 1st April 2022 – 31st December 2023

Budget:

- Sanctioned: US$ 7,871,792
- Received till July 22- No information
- Spent US$: 13,602

Geography:

- 33 districts across 8 states - UP, Bihar, Rajasthan, Gujarat, Tamil Nadu, Kerala, Uttarakhand, Haryana and Ladakh. Locations shall be representative of the national landscape, in terms of:
    - Urban/ Rural
    - Population density
    - TB burden

Project need:

Given India's huge burden of TB, X-Ray plays a key role for the detection TB. COVID placed tremendous pressure on the health systems particularly on radiology imaging as demand has increased substantially. TB diagnosis through radiology imaging increases the accuracy of diagnosis within a shorter time frame thus preventing loss to follow-up of pre-treatment patients diagnosed with TB. As machines are available at the CHC level, there is limited access. CTD has been already using x-ray at the community level with proven effectiveness

Project Objectives:

- Understand operational feasibility in different types of geographies with diverse profiles of high-risk communities.
- Generate local evidence for feasibility and impact of the proposed solution
- Demonstrate various use cases for impact
- Market shaping for CXR and CAD software to improve access in LMICs

Project Deliverables:

- Procurement of 50 high sensitive screening tool, a digital portable handheld X-ray devices that would be interpreted with the support of Artificial Intelligence and linking link through molecular diagnosis
- Detect active and passive cases through a hybrid model
- Active cases
    - Community camps at key locations such as the panchayat building or a local club/market near heavily populated slums.
    - Workplace intervention through onboarding organisations with a vulnerable employee base (miners, truckers, etc)
- Passive cases
    - Devices placed at PHCs so that eligible OPD patients can get screened on site, reducing patient travel and cost; Deployment across 33 districts
    - Standard operating procedures for adoption and effective long-term use of devices
    - Document impact, feasibility challenges, learnings & recommendations.
    - Transfer and training/operational support for adoption in the national programs using domestic budgets.

Proposed pilot activities

- **Health check-up:** Attendees to be checked for BP, diabetes, height, weight, symptom screening, vulnerability mapping
- **CXR:** Individual will be registered on the CXR CAD app/form for identification of scans, CXR will be conducted and results will be delivered in <10 mins.

- **Diagnostic linkages:** Sputum samples will be collected for all presumptive patients for confirmatory diagnosis and subsequent treatment.

Expected outcomes

- CXR scans: ~2.5M scans over 3 years
- Case finding: Assuming 6%* positivity rate leading to ~150k new patients diagnosed
- Shorter time to diagnosis: Reduced delays and LTFUs by effective placement of solution

Progress and achievements till July 22

- WJCF had initiated procurement of devices and software. EoI completed and RFP submitted to GF for review. Procurement will be through Global Drug Facility which has 2 manufacturers listed on the portal. There are 7-8 manufacturers in India, but they do not have regulatory approvals and the lead time for procurement and delivery is the same (3 to 4 months) for both GDF and domestic procurement. As domestic procurement is cheaper, it is advantageous to procure from domestic markets in the long term. So, some procurement will be through GDF and the rest will be from the domestic markets.
- As licenses are required to use these devices, regulatory approval is required. WJCH has initiated landscaping of geographies to identify districts with vulnerable populations to:
    - Optimise use of device for maximum impact
    - Test project feasibility in diverse populations
- Initiated awareness generation: through FLWs (ASHA/ ANMs) and field coordinators for all pilots.
- The delivery of first batch of X-Ray machines will be by Sept 22
- Sub - Recipients (SRs) are on board
- Completed the allocation of HR completed
- Since Tamil Nadu already has mobile vans with X Ray devices, WJCF worked with Chennai Corporation to incorporate community acceptance
- WJCF had discussions with identified states and districts and got them on board. Punjab and MP have already secured CSR funding to procure these machines through WJCF support
- From facility level testing of all tests, to community level testing will be achieved through this project.

Challenges:

- It is critical to get community acceptance to use the device
- Limited ability of manufacturers to deliver the required quantity
- Devices and AI software have to be procured separately

OC observations and WJCF's responses

1. The OC raised whether there is any overlap between Union and Clinton Foundation as there should be a complimentary role between them; whether there has been any discussions between the organizations.
   Response: WJCF started having discussion with the UNION. However, the focus geographies differ as WJCF focuses more on remote areas. The vendors that UNION engages may not be ready and willing to deliver in rural locations. However, WJCF works with UNION to connect some of the

districts covered by them through their project- Akshara. WJCF has collected information about the NGOs at the community level and intends to get them on board for their project as they are familiar with TB.

2. The OC asked how WJCF would gain community support that yielded positive results for HIV, being aware of the challenges around the TB programme
   Response: Apart from the local NGOs, WJCF works with the state TB divisions to gain the support of the TB champions' networks to ensure community acceptance
3. The OC enquired about the interventions in Tamil Nadu.
   Response: The interventions have not been initiated as the machines are just being deployed
4. The OC asked how WJCF would address the gaps in terms of the shortage of drivers and X-Ray technicians in 23 districts in the state
   Response: WJCF focuses on six districts in the state and it would position drivers and X ray technicians and community mobiliser as permitted by the guidelines. WJCF will also work with the NGOs in these districts for implementing the project.
5. The OC asked where the 50 machines in 33 districts would be placed and the person accountable for reporting and referral mechanisms.
   Response: The reporting will be aligned with the national TB programme which is through NIKSHAY, any TB patient who get diagnosed will be added to the MIS. The custodians of these machines will be the district TB programme unit.
6. The OC enquired about the technicians for these machines
   Response: Technicians are budgeted for machines to be operated by WJCF. For the machines that will be managed by the programmes, the CMOs will be responsible for their maintenance. WJCF will be training the radiographers.
7. The OC raised how WJCF plans to strengthen community engagement around more than 100 or more of health and wellness centres in a district.
   Response: Kerala has conducted a vulnerability mapping amongst community members, with the support of their strong social structure - Panchayati raj. Many states attempt to do the same with varied success as in Tamil Nadu. The national TB program intends to implement across Haryana. The tools being used for this exercise will be used by this project. Secondly. The formats used by ASHA workers capture information on these aspects which can be used by the project rather than duplicating the efforts. The Artificial intelligence (AI) aspect which has been tested at tertiary care level will be taken to the community level.
8. The OC asked about the staggered process of procurement as only 35 machines will be procured by December 22
   Response: WJCF has been in touch with several manufacturers and none can supply these machines in one go as it is an emerging market for them. Globally, these machines have been procured in small quantities only.

9. The OC requested for more details on the value added by using X Ray devices as X rays did not offer any additional benefit over microscopy historically. If there is value addition, it needs to be documented and the cost-benefit of it.
   Response: Though there may not be benefit in terms of cost, many other problems that can get detected in the screening process through X-ray
10. WCJF indicated that the rest of the machines are expected to be procured by February 23.
11. The OC enquired about the other challenges given the timelines

Response: Taking the devices to the CHC is a challenge and WJCF proposes to take them to the community although it is being done for the TB prevalence survey. Unlike using it for prevalence surveys, WJCF would offer services to those infected. However, the challenge is how many will get themselves tested. The second is the expectations from the community and the third is the ability to provide. There are some operational challenges in terms of its implementation on the ground.
WJCF will get an opportunity to test the community mobilization strategy and the awareness generation mechanisms in Tamil Nadu, which would be useful to refine the community mobilization strategy.

12. The OC opined that the learnings from a single state may not sufficient as the country is so diverse and the strategy must be contextualized as per the geography.
    Response: The strategy has to be contextualized as per the local geography, but the learnings will be useful and feed into the developing awareness generation strategies.
13. The OC commented that if through, x-ray more health issues could be diagnosed, there must be a strategy to link to cases to other health programmes - the process and cost are to be defined.
    Response: WJCF focuses on 5 to 6 key morbidities that can be captured and how they can be linked in the intervention districts
14. The OC asked whether the TB community will be engaged for active case detection process which is being proposed to be done through community engagement
    Response: WJCF has not initiated the process as X-ray machines are yet to be delivered. Since the project focuses on rural districts, the project will engage the community.

Recommendations

- WJCF to do a cost-benefit analysis to show the difference between the use of microscopy and X-Ray for TB detection. This information will be critical to assess and plan further scale up of this method within the national programme.
- The project needs to ensure adequate focus on rural and urban areas, besides equitable distribution across population density and disease prevalence. These findings will serve as strong markers for TB detection in India in terms of the feasibility of the utilization of such a device across the country
- Community engagement strategy needs to be contextualized as per the geographic region to ensure acceptance and uptake of the project. What can be achieved in TN and Kerela may not be suitable for Uttarakhand and Bihar
- WJCF to document how this project will increase access to community to detect TB cases

Action points

- WJCF to share monthly work plan and activity plan
- WJCF needs to provide more information on
    - How they are planning to increase access to reach the 1.5 million new cases through this project till 2023 as this is a major gap in the current national progarmme.
    - When diagnosis through microscopy is ongoing, will the screening through X-Ray devices increase access to areas where there are no other means available?

3. PLAN India - C19 RM 2022

Duration: 01 July 2022 – 31 December 2023

Budget:

- Grant amount sanction USD **1,647,284**
- Grant receive USD **1,647,284**
- Grant Spent NIL

Geographical focus: PAN India

Objectives

- Provide PPE kits to 43,000 Frontline workers and operational staff involved in HIV programme. As there is no SRs, procurement is undertaken by PLAN India.

Progress and achievements till July 22

- RFP developed and submitted to GF for review and approval
- Approval received from NACO
- Approval for RFP and local procurement expected next week
- Completed hiring of HR
- Masks to be procured from GF as per the specifications. As it is a time-consuming process, the quantity has been reduced and the rest is to be procured through domestic procurement.
- PLAN will procure Mask/soap bars and sanitizers directly as there is no SRs. (Quantity calculated based on the identified number till Dec 23)
- Short term procurement consultant is to be hired by August 22 and the advertisement for procurement will be placed after GF approval

Support required

- Number of beneficiaries has been finalized but state-wise distribution needs to be finalized by NACO

OC observations and PLAN India's responses

1. The OC enquired about the realistic time for PPE kits to reach the beneficiaries
   Response: Plan India expects to initiate the process by October 2022
2. The OC asked about the quality assurance mechanisms for sanitizers and soaps
   Response: The RFP explains the technical specifications and the QA guidelines from Plan India and the quality specifications from the GF. The samples will be quality-checked as per these technical specifications and quality guidelines in identified labs when the supply reaches the states.
3. The OC enquired about the feedback mechanisms from the end users.
   Response: PLAN India intends to ensure that the products are as per the technical specifications which will be checked by the concerned labs
4. The OC suggested adhering to the timeline for the distribution of the products.
   Response: Plan India will undertake the distribution and ensure smooth distribution. Due to the shortage of storage space at distribution sites, the quarterly replenishment of stock will be done. GF has also requested the distribution template which is being prepared and will be submitted on a monthly basis.

5. The OC asked for the rationale behind the decision to provide 22 masks per month per person and enquired whether all 43,000 PPE Kits will be provided at one instance.
   Response: The total number of working days was considered for the calculation. PLAN India decided on 22 days due to budget constraints as well. As there is no possibility of cost reduction, PLAN India decided to limit the numbers.
   PLAN intends to have a staggered distribution. The load may vary from month to month but would cover the identified population.
6. The OC questioned the relevance of supplying PPE considering the current situation of the pandemic and questioned how the usage would be monitored as there is poor compliance and reduced perception of contracting the infection. The OC asked whether the objectives need to be modified as per the situation and need.
   Response: As the frontline workers are still vulnerable, and mobile, there is a definite requirement for masks. Moreover, it is important to be cautious of the possible resurgence and be prepared. It is also important to focus on COVID-appropriate behavior amongst the NACP staff at the facilities where the PPE kits are to be distributed. PLAN India's recent consultation with stakeholders for the KP grant too indicated the need for PPE kits and through this project the kits will be supplied directly to the users.
7. The OC commented that supplying directly to the population may guarantee its utilization if appropriate behavior is not followed
   Response: The probability of use may be high if the product is made available. As PPE kits assure protection to the workers and help them to do their work without fear.

Recommendations

- PLAN India to undertake a rapid needs assessment to understand the health workers' views on PPE kits and redesign the components accordingly
- PLAN to take measures to ensure Covid appropriate behavior so that the PPE kits are utilized. PLAN India must also have BCC strategy with relevant messaging within the project

4. FIND INDIA – C-19 RM grant

Duration: April 20 to June 2021 (first grant)

Budget:

- Signed amount USD 22.56 million including budget flexibility
- Sanctioned till date USD 22.56 million
- Spent till date USD 17.37 million

Planned technical components/activities under 2020 grant

- Strengthening diagnostic capacity COVID testing at NCDC through supply of automated nucleic acid extractors, centrifuges etc. and consumables.
  - 10 color GeneXpert machines supply across the country (# 159) for improved diagnosis of COVID-19 and XDR-TB.
  - Supply of PPE for over 20,000 staff across TB lab network for reducing risk of transmission of TB and COVID-19
- 77% of the budget expended till Dec 2021

- Unspent amount of USD 5.2 million was carried forward in C19RM Round 2 funding after Global Fund approval and will be utilized for procurement of PPEs.

2nd C-19 RM grant

Duration: July 2021 - Dec 2023

Budget:
- Signed amount: USD 15 million
- Grant sanctioned till date: USD 2.02 million
- Grant spent till date: USD 0.02 million

Geography: Multiple states

SR – Reach and two SSRs – MAMTA and World Vision

Planned components/activities
- **PPE procurement –** focus on COVID-19 control and health systems strengthening. Provision of Personal Protective Equipment (PPE) items for staff working at DMCs and TB labs under the National TB Elimination Programme (NTEP).
- **AIC enhancement for 100 Nodal DR TB & ART centers** to reduce airborne infections at these facilities and provide a safer environment for health care workers.
  - AIC Assessment of DR TB Centers and associated/ co-located ART Centers at 100 institutions
  - Upgrading infrastructure at these DR-TB Center institutes for AIC compliance including upper room UVGI installation as appropriate
  - Training of health care workers at these DR TB Center institutes for promoting and implementing AIC measures.
- **Community engagement through Unite to ACT**
  - To engage survivor-led networks & TBCs to improve community awareness/preparedness for TB & COVID-19 through communications skilling
  - To facilitate the formation of local rapid response teams led by TBCs in coordination with local health officers/Community HOs
  - To strengthen the engagement and participation of the transgender community and TG survivors in the TB-COVID-19 response

Progress/achievements

AIC Interventions WORKPLAN (2022-2023)

Progress
- Hiring of Staff and consultants - expected to be on board between July-Aug 22.
- Completed the Situational Analysis and finalisation of the sites for interventions
- In terms of Assessment of AIC sites, FIND is in discussion with NACO and CTD to identify the centres

Proposed activities

- Training of Trainers for undertaking the assessment will be done in August, 2022
- Assessment of sites in batches of 20 between August and December, 2022
- Infrastructure improvement at nodal DR TB centre as per action plan will be completed by Dec 22 including the supply of the UVGI, as well as the minor civil work
- Strengthening Infection control committee at facilities will be done between Nov'22 to Nov'23 and capacity building of the HR including the training of trainers and state level training will be complete by Nov 22 and patient education material which will be inclusive of job aids will be developed and distributed by March 23.
- In terms of PPE procurement, the quantity was decided in agreement with CTD and GF in May 22 and the technical specifications are being finalized. The RFP will be issued shortly. The technical evaluation will be done by Sept 22. Award of contract to the selected vendor by Oct 22. The distribution will be done in 2 tranches in Jan 23 and April 23 respectively.

Unite to ACT for C-9 intervention

Progress and plans

- Completed recruitment during April- June 2022 as per the plan. There will be some savings in this area.
- Identified the Communication agency to train the TB champion across 80 districts in 10 states between April to September 22 and the workshop for the rapid response team by December 22
- IEC material and tool kit are in the process of development in consultation with CTD, to engage the Transgender community. Their engagement plan will be decided in discussion with CTD and NACO during Oct 22-Sept 23.
- Engagement of TBCs for communication training is expected to be completed between Oct 22 to July 23
- Engagement of TBCs within the rapid response team intervention will be complete during August-Dec 23.

Budget expenditure details

- Received approved budget on June 30th 22 and the contract is in the process of being signed.
- Some of the initial activities such as hiring of the communication agency and staff recruitment, the process was initiated in May 22
- Expenditure till date is 1% of the budget as money has been used for infection control intervention

Challenges and support required

- As a large number of DR-TB centres are to be assessed, having assessors on board was a challenge. Government staff could extend their support so that the task is completed within the timelines.
- Support requested from NACO for identification of the ART centres to be assessed
- Intervention for the control of air borne infection is initiated first time. As the project will procure upper room air UVGI fixtures in large numbers, there may be limited manufacturer's capacity to supply large numbers. FIND proposes to carry out the following steps to avoid the delay,
    - Assessing capacity of vendors to understand by when the machines can be made available and then plan the timings of the installations as per availability

- Simultaneously coordinating with CTD for approval of technical specifications and with TGF for expediting procurement

- There is difficulty in identifying TB survivors amongst the Transgender Community in intervention districts. As consultation with states did not yield much results, it is being discussed with CTD to undertake this activity at national level rather than the district level.
- The target is to train 40 TB survivors from the TG community who could advocate for better care and treatment services for the community. FIND to take this activity forward in discussion with NACO and CTD.
- Since COVID-19 incidence is coming down, it may be necessary to reconsider of some of the planned activities to optimize the grant outcomes.

OC observations and FIND's responses

1. The OC enquired whether the entire savings from the 1st round of grant- USD 5 million allocated for PPEs. Considering the 2nd grant which also has provision for PPE, the OC asked if the need is still relevant to the current situation. As PLAN has allocated funds for the same, Is there any coordination between the organizations with regards to the categories of health workers to whom the PPE is being provided to avoid duplication
   Response: FIND's funding is specifically for DMC Lab staff for procuring respirators, shoe, hair covers and gloves. However, FIND would clarify with PLAN India.
2. The OC asked the rationale for identifying the Transgender Community (TG) only for this intervention
   Response: This was not only proposed by the states but the last CCM also recommended prioritizing the TG community. Besides, as the IEC material that had been developed was not suitable for TGs, it was decided to develop specific interventions to engage the TG community in discussion with CTD and NACO using the new grant.
3. The OC asked if the Targeted Intervention (TI) division of NACO been consulted with regards to this specific activity.
   Response: FIND is working with NACO and CTD to develop the Standard Operating Procedures (SOP), but the intervention is yet to be initiated
4. The OC enquired about the number of TG/TB survivors identified by FIND.
   Response: As the intervention in the districts is in the planning stage and has not yet been initiated, identifying survivors from the districts where intervention is going to be implemented will be a challenge. Therefore, it is suggested to do this activity at the state or National level. FIND is in discussion with CTD to finalize the strategy. The activity is to be initiated from October'22 and FIND will engage around 40 TG/RB survivors.
   The number of TGs was not calculated based on any numbers. As the activity will be implemented in 5 states and the initial plan was to engage 8 per state. As there are 40 districts in these states, it will ensure at least 1 per district. As FIND is not able to identify the same, it is proposed to do it at the national level.
5. The OC queried whether the TG intervention at the national level would include representation from all the states, unlike the original 5 states proposed earlier, The OC also opined that the numbers have to be increased if the coverage is expected from across all states, as the TI- NGOs have a list of TB/HIV patients
   Response: It will include all states and FIND will definitely increase the number if the focus is to cover all states. FIND is working with NACO in this regard.

6. The OC observed that engaging government staff for the assessment of DR TB Centres may be challenging but they can support the training of assessors. The OC also enquired why more 10 colored gene machines are being procured that are not currently present in India.
   Response by TB division: Technical Committee is to review the usage of this machine in India.

Recommendations

- FIND must work with NACO/ the TG Welfare Board to identify TG members across the country besides other initiatives like PEPFAR for the ToT training.
- FIND should ensure adequate representation of TG from across the country if the ACT intervention is being planned to be implemented at the national level.
- FIND should develop specific qualifications for people who will undertake an assessment of DR TB Centres as it requires technical expertise.

II. C19 RM Grants for HIV

1. Primary Recipient: National AIDS Control Organization (NACO)

Grant duration: 2021-2023

Budget:

- Signed amount USD 75 Million
- Sanctioned till date: Nil
- Spent till date: Nil

SRs Not Applicable

Geography: Not Applicable

Planned activities

- Setting-up of Pressure Swing Adsorption Oxygen plants – 67 million
- Procurement of Oxygen concentrators (large volume delivering up to 10 litres/min) – 8 million

Status: Seeking reprogramming of the grant

Clarifications:

- This was the first COVID-19 grant for India, approved in record time by GF in April 2021, when India faced an acute oxygen shortage. The procurement division of the MoHFW procurement the PSA concentrators directly. In the meantime, as the GoI took a decision to use PM Cares Fund to procure PSA Plants, the original activity as planned under this grant became redundant.
- It was decided to repurpose the funds to procure mobile PSAs and Advanced Life Saving Ambulances (ALS) following the necessary protocol for approval by the India CCM. Subsequently India was informed by GF that ALS was not part of the COVID-19 impact mitigation strategy. So, it was decided to utilize this fund for some other pressing need within the programme in consultation with Secretary,

Health. Consultations with the states did not lead to any specific outcomes. Therefore, it was proposed to move the funding for ambulances and certain turnkey oxygen equipment rather than PSAs.
- Currently, GF reissued the revised guidelines for what can be procured for pandemic preparedness and the revised proposal can be submitted by August 31, 2022. So Member Secretary of I CCM has to convene a meeting to finalize the revised proposal to utilize the approved grant.

Observation: The reprogrammed proposal will be discussed later in August 22 with the India CCM for ratification.

2. Solidarity and Action Against The HIV Infection in India (SAATHII)

Budget: USD 6.8 Million. It is a joint funding with India HIV/AIDS Alliance to mitigate the impact of COVID-19 among Key Populations

Budget Spent till date:
- Expenditure: USD 991,564
- Unspent Budget: USD 5.83 Million

Target for SAATHI:
- 3,34,408 KPs (Sex Workers Female, Male and Transgender), MSM and Transgender populations associated with four networks- INFOSEM, TARAS, NNSW and NTTKHA

Geography: Pan India

Planned activities
- Direct Beneficiary Transfer to: 17,682 KPs
- Grocery provided to: 32,296 KPs as per guidelines of limiting to only 10% of the beneficiaries

Reasons for unspent
- Timelines: Limited implementation timelines for a vast number of beneficiaries to be reached
- Documents: Non-availability of complete and correct documents within timelines hindered bank transfers

Proposed reprogramming of unspent amount as per NACO's direction. Proposal have been developed in consultation with NNSW and TARAS

Geography:
- 8 states (Andhra Pradesh, Karnataka , Telangana, Tamil Nadu, Kerala, Maharashtra, Gujarat and Jharkhand)

Period Of implementation: July 2022 – Dec 2023

SR Partners:
- NNSW and TAARAS Coalition of female, male and transgender sex workers

Objectives

- Strengthen institutional capacity and sustainability of 132 CBOs serving sex workers (F, M, TG) in the areas of governance structure, statutory compliances, financial systems, resource mobilization, stakeholder engagement and community monitoring.
- Increase understanding of available socio-legal provisions and rights among sex workers to enable access to schemes, entitlements and available mechanisms for prevention and redressal of S&D and violence.

Proposed Budget: USD 2,533,738
- **PR Budget:** USD 514,905
- **SR Budget:** USD 2,018,833

COVID-19 2nd Grant

Duration: 1 April 2021 to 31 December 2023

Approved Budget: USD 6,269,158

Target Population: Sex Workers, MSM, Transgender women and Non-health front line community workers

Geography:

20 States (in alignment with the presence of the network members) : Haryana, Delhi, Punjab, Rajasthan, Maharashtra, Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Goa, Puducherry , Telangana, Odisha, Madhya Pradesh, Uttar Pradesh, Chhattisgarh, Jharkhand, Bihar, Manipur and West Bengal.

Objectives:
- Insurance coverage to 42,308 non-health frontline workers
- Increase access to social protection and HIV services among 1,00,000 Key and Vulnerable populations in the 20 intervention states

Proposed activities
- Implementation through three SRs, two representing the sex workers networks and a MSM network and 50 SSRs to be hired by the SRs across 20 states.
- Develop a cadre of 8,000 volunteers from amongst the 50 SSRs whose capacity will be strengthened to link key population to the social protection schemes
- Provide 195,000 unique services to 1,00,000 key and vulnerable population
- Each SSR to link about 4000 community members.

Progress till date:
- Shared the revised budget and implementation plan with GFATM. The approved budget and implementation letter received in July 2022.
- Submitted the response to the queries and recommendation of Investment Committee to GFATM
- Held consultation meetings with the community networks on the project activities and the implementation process.
- Staff recruitment of PR is in progress.
- The SOP on implementing health insurance coverage and social protection access is being developed.

Budget breakdown

- **Total budget** : USD 6,269,158
- **Allocation for PR** : USD 3,039,334 (includes USD 2,147,810 for Insurance of Community Workers)
- **Allocation for 3 SRs:** USD 880,946
- **Allocation for 50 SSRs**: USD 2,348,878

Next Steps

- Meet with NACO and ICCM to seek guidance on implementation.
- Develop and submit a framework on implementing performance based incentives for CBO volunteers and submit to GFATM for approval.
- Selection and induction of SR.
- Selection and induction of SSRs.
- Implementation of the activities for Insurance Coverage and Social Protection.

OC Remarks and Responses

1. The OC asked for the reasons for planning activities for only for 2.5 million when the unspent money in the first round was 5 million
   Clarifications by NACO: The total grant amount was 9.9 million and the total unspent was 7.6 million for which all PRs were asked to submit proposals. The proposals were reviewed by a committee that recommended that the proposal was not suitable to be presented to the ICCM. So to split it across all PRs for better utilization of the funds, SAATHI was allocated 2.3 million. Plan India has some money which was not shared by them and the rest with Alliance.
   Clarification by Alliance: The initial round of grant under the Covid Emergency KP Grant funding was allocated to 2 PRs – SAATHI and Alliance. PLAN India was included as a new entrant and the money was allocated in equal portions amongst the three PRs. So, each PR has submitted the proposals and awaiting endorsement from the ICCM.
2. The OC enquired about the sustainability of Health Insurance coverage for Non-Health Frontline Workers beyond the grant period. The OC opined that as the insurance starts, the project timeline will be over. After 1-year people will lose this insurance which is worse than not having it at all so not a good strategy at all
   Response: The need emerged during the peak of COVID. However, there is not much clarity at the moment regarding the future. However, PLAN will advocate with programs which have this similar component to ensure continuity of the same
3. The OC raised its concerns that in the first grant – PLAN proposed 2 SRs (NNSW and TARAS), through them 132 CBOs were to be covered. The timeline of this grant is very short. Given that the grant is not yet approved, the OC requested a status update on the CBOs
   Response: PLAN intends to focus on strengthening existing CBOs. The need emerged during PLAN's interaction with CBOs as they lacked the capacity for statutory compliance, internal systems which hampered their efficient functioning. Post the grant period the CBOs will be capacitated to raise their own funding. Also, the support will be customized as per the need of the organization.
4. The OC enquired whether the proposed SRs will be the same for both the 1st and 2nd grant. For the 2nd round, whether the 8000 volunteers selected under this project would be different from the 6000

community champions who have been identified within the CSS programme. How can the duplication be avoided?

Response: The number has been identified by SAATHII through their internal assessment but will definitely align with the CSS network, to avoid duplication. But SAATHI's effort will be to build the capacity of many community members so that they will be available in an emergency situation.

5. The OC asked PLAN India, the details of 132 CSOs to be identified and the criteria for selection
   Response: The CSO/CBOs have been identified, but there is a formal procedure for SSRs as per GF norms which has to be undertaken to complete the process. The networks with whom PLAN is working have identified the CBOs and will be selected as per the identified criteria.
6. The OC asked whether the CBOs and SSRs are same entities or different
   Response: They are different as the SSRs will be the implementing body for capacity building. The SSRs will be selected based on their previous experience, experience of strengthening organizations and working with KPs. Therefore, there will be 3 SRs who can ensure coverage to necessary organizations in a limited time frame.
7. The OC enquired if the layered approach necessary for just building capacity of CBOs.
   Response: The project is not limited to capacity building but has other dimensions including legal literacy, strengthening linkages with social protection schemes, etc, therefore multiple SSRs are needed. This will help promoting community ownership across states. In terms of managing the cost, an incentive-linked mechanism based on the output is proposed to minimize the cost.
8. The OC sought details of the areas of capacity building.
   Response: Governance, organizational policy and systems capacity, legal literacy and availing of social protection schemes
9. The OC opined that the limitation of the first COVID-19 emergency grant was the inability to reach KPs due to the lack of documentation that needs to be prioritized to ensure availing the benefits from future schemes
   Response: The project is focusing on this aspect and has proposed the provision of ID cards
10. The OC enquired if there has been any assessment to understand the capacity of organizations to absorb this capacity-building exercise and how SAATHI would measure the outcome of its efforts in this direction
    Clarification by NACO: Gap analysis has been done on capacity building and 8 modules have been developed – 5 for community and 1 for CBOs. So SAATHII can use these resources and make the outcome indicators clearer. If CBOs are the focus, they must have the necessary documentation unlike community groups who may need support to become CBOs.
11. The OC sought clarity on the 0.5 million which is 20% of the grant -that is being retained by SAATHII and the plan to expend the money.
    Response: Management costs
    Clarification from NACO: This matter needs to be discussed further by the India CCM as it is too high in terms of management costs.
12. The OC sought clarity on SAATHII's proposal to link the community to social protection schemes in the 2nd grant.
    Response: It is proposed to link 1 lakh population to 1,95000 unique schemes which includes 35000 ID cards and 65000 bank accounts, besides linking them to whatever state specific protection schemes that are available.
13. The OC enquired about the strategy that will be adopted by SAATHII to identify the beneficiaries

Response: SAATHI has 3 SRs across 20 states who will identify 50 SRRs. It will be the responsibility of these SRRs to identify 8000 community volunteers who will be trained to identify community members from TI and Non-TI who are in need of this support

14. The OC sought more clarity on the plans to reach the key population which is a large number.
    Response: Each of the 50 SSR is expected to reach a population of 4000 and one lakh lakh is calculated on that basis.
15. The OC asked whether SAATHII proposes to identify the existing social protection schemes in the identified states and link the population by ensuring that they have the necessary documentation to avail the same
    Response: SAATHII will facilitate the documentation to linkage
16. The OC enquired whether SAATHII verified that their proposed activities are not being undertaken by other organizations
    Response: The activities were planned based on the identified need on the ground as there are a lot of community members who require this linkage with Social Protection Schemes

Recommendations:

- Several organizations are already engaged in capacity building of CBOs and there needs to be integration amongst the organizations such as NACO and FHI. These organizations have developed tools which have been field tested and can be utilized by SAATHI rather than duplicating efforts.
- SAATHII should work out mechanisms for the continuity of health insurance for non-health workers beyond the project period.
- SAATHII needs to strategize carefully to ensure the continuity of the Insurance to the population. There is an urgent need for advocacy with relevant stakeholders to ensure a comprehensive transition plan.
- Some states like Tamil Nadu have the provision of free insurance and PLAN can work with these states to integrate the workers from this project
- Needs adequate preparation before the launch of the project as some of the states have insurance and are covering PLHIVs under Ayushman Bharat. It may be good if the project can actually utilize the fund to build linkages with the existing provision of insurance rather than providing it for a year.
- SAATHII can explore insurance schemes which are providing long-term insurance through one-time time premium coverage. It would be advisable to look at these options
- PLAN should align with NACO to identify community champions that are being selected on a systematic manner rather than undertake the task independently.
- Evaluation for communication and community engagement for India in the context of COVID-19 indicates that there is minimal communication with the community, so one of the important role for the CBOs is to be able to engage with the community in whatever crisis that may emerge. While building capacity of the community, this is area to be focused to prepare the community to respond to crisis

Observations:

When the COVID-19 emergency grant was allotted by GF, the entire amount was allocated to HIV with consensus of all due to the existing evidence that had been gathered by the organizations. However, this review indicates that the amount was not utilized adequately to mitigate the community need. It has to be acknowledged that given the unprecedented situation this unique grant was approved by the GF on the

basis of the support sought by the HIV KP community. Further with consensus from the representatives of HIV/TB/Malaria ICCM representatives, it was agreed to allocate it for them.

Given the GF compliance issues and the conditionality attached to the funding the PRs were unable to spend it within the given timeline. Thus at present the remaining grant balance is being repurposed by 3 PRs and is under consideration by the CCM. As per the directive of the GF, this balance has to be utilized for the benefit of the community.

Observation from NACO: The unspent money from the C-19 emergency grant reprogramming was meant to focus on the three disease verticals with specific focus on addressing community needs. However, the proposals presented focused only HIV. The proposals must be implemented through guidance and support from NACO. The COVID-19 RM fund does focus on TB community as was shared by the PRs earlier.

If there is money available from the COVID-19 emergency fund, TB patients could also receive these benefits instead of focusing the entire sum on capacity building

If PLAN India focuses only on sex workers – the other PRs will focus on IDUs and PLHIVs. When these grants were being planned, NACO was informed that the project is not limited to HIV only but will also look at other disease components. However, TB and Malaria components are not as large as compared to HIV.

OC committee can make a recommendation that NACO also reviews the performance of the PRs as is being done for other areas of work.

Action points: SAATHI needs to revise the details for the 2nd grant and provide more clarity on the modalities of how this Project will be implemented on the ground.

3. India HIV/Alliance

India HIV Alliance received three grants.

- The 1st Grant was received in 2020 from Global Fund which was utilized for the distribution of PPE kits to all the TI NGOs in 7 states in consultation with NACO. The budget spent was USD 2.5 million.
- The 2nd grant of 3.88 million dollars was to support 110 Care and Support Centres- which is part of the 310 CSEs being run by Alliance through its Vihaan project and it is in the process of being transitioned to the National programme. As there were some procedural delays, Alliance approached Global Fund. As a result, an additional grant was given. This funding was also added to the C-19 funding.
- The 3rd C-19 RM grant of USD 2,797,139 million was received to continue the support of the CSEs.

Planned Activities

- The approved work plan from the C-19 savings includes additional health promoters for CSE, and additional HR to SR partners. Alliance proposes to continue to utilize this fund through the

ongoing VIHAAN project so that the same SR and SSRs will be engaged, and no further formalities will be required.

- Increased travel for Health Promoters and Peer Coordinators to ensure proper monitoring
- A state level stakeholder meeting.
- Joint review of VIHAAN and C-19 grant.

1st KP grant

It was approved in December 2020 for USD 9.9 million and the amount was allocated to two PRs – Alliance and SAATHII. This grant focused on 2 key objectives that re,

1. Direct Benefit Transfer spent about INR 48000
2. Provision of Ration – reached 1.6 million and spent INR 1,192,785

Challenges

- Lack of documentation amongst the Key Population
- Many did not have bank accounts so could not transfer
- Fear among the key population on breach of confidentiality
- Many reluctant to share their details for verification

Action taken to address the situation:

- Regular meetings with CBOs and Community leaders and advocacy with banks to open accounts
- Variances in spending because of travel restriction and HR turnover

The 2nd Grant

Duration: April 21 to Dec 23

Budget:

- Signed amount is USD 3.079 Million
- Sanctioned till date: USD 1. 19 Million
- Spent till date: USD 1. 19 Million

For the KP emergency grant – 3 SRs were onboard

1. All India Network of Sex Workers
2. Assam Network of Positive People for the OVC component
3. Indian Drug Users Federation– Pan India

The proposal that has been submitted by Alliance to the CCM for approval and endorsement. From the savings of this grant, there will be only 1 SR which is the All India Network of Sex workers

OC Remarks and Responses

1. The OC asked for more clarity on the budget figures. As per the CCM, the sanctioned amount for the PPE kits was USD 3.37 million and USD 10.7 million for running of the CSEs.
   Response: Alliance needs to give more clarity as there is some error

2. The OC raised concerns on the confusion in terms of timelines. For instance, 110 CSEs continue till June 21 but the support for the same continues till 22.
   Response: Alliance to clarify the time period.
3. The OC verified whether each CSE has 8 Health Promoters and their role
   Response: The roles of the health promotors are, accompanied referrals for PLHIVs for ARV and provide information on opportunistic infections
4. The OC enquired whether the Health Promoters are meant for 110 CSCs or for the total CSCs under the VIHAAN project and asked the rationale for hiring this cadre; and the future plan for the 110 CSCs
   Response: HPs are working across all CSCs, and they were recruited to address the gaps in terms of outreach to PLHIVs for ART adherence
   The CSEs need to be transitioned to NACO and 42 have been transitioned so far. The challenge is that the CSCs seek technical support from the states. Alliance is in discussion with NACO to work out the modalities on the continuity of support as there is a need for additional budget.
5. The OC enquired about the transition plan by Alliance, prior to handing over the CSEs
   Response: The transition plan has been shared with NACO and is awaiting their feedback.
6. The OC commented that the C-19 20-21 grant also includes activities such as training on Covid appropriate behavior which was not reported
   Response: Alliance did not report all activities but ensured no duplication of activities and geography with SAATHII. Alliance focus was on PLHIV for the Social protection Schemes. Besides, the geography and population are different, and Alliance is not working on the provision of insurance
7. The OC commented that the CSCs have a role of connecting PLHIVs to social protection schemes and therefore, this aspect should be covered under the CSC budget. The OC enquired if there is an additional budget for this.
   Response: A small amount has been allocated to add on to the budget allocated for the CSCs which is not adequate.

Action points

- Alliance to share the transition plan for CSCs with the OC
- Alliance to update the OC on all other activities including Covid appropriate behaviour and Social Protection Scheme
- Alliance to share updated slides with additional information sought by the OC committee
- Alliance to give clarity and updates on the budgets

III. General grants

1. **Primary recipient:** National Vector Borne Disease Control Programme - Malaria

Duration: April 21 to Mar 24

Budget:

- Assigned USD 52 Million
- Sanctioned: USD 0.65 Million
- Spent: USD 2.09 Million

Geography: 10 States-(7 NE States (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Tripura), Jharkhand, Chhattisgarh & Odisha)

SRs at State level: **(**for high endemic areas): Bakdil, Meghalaya, CPD Mizoram, CINI, Jharkand, BSJVS, Chattisgarh

SR at national: New Concept at national level for IEC/BCC

Proposed activities:

At National Level

- Procurement of LLINs for increased vector control management
- Conducting large-scale population survey
- Increasing focus on IEC/BCC across the high endemic states by hiring of an external agency
- Procurement of vehicles for increased monitoring and evaluation

State Level

- Strengthening surveillance in high endemic areas by engaging SRs
- Strengthening human resources at State and District level
- Procurement of vehicles
- Conducting of LQAS at block level

Progress so far:
Expenditure till June 2022 - though expenditure negligible, there has been progress in terms of process.

At the national level – No significant expenditure as most of the activities are yet to be initiated

- **Procurement of LLINs** - budgeted at INR 1.13 Cr has been initiated by the department as they have:
    - Completed registration at Wambo Portal and finalized district wise consignee list which has been submitted for approval by GF
- **Large scale population survey** - EOI and RFP will be floated after approval of competent authority.
- Constitution of a TRG has been proposed for approval to oversee the population-based survey.
- Expected timeline for selection of agency is Sep'22
- **Data Centre & Surveillance System** - Detailed Proposal is under preparation at NCVBDC
- **Procurement of vehicles for Entomological Zones** at State and Districts –91 vehicles are to be procured.
    - Specification have been approved
    - Detailed consignee list is submitted for approval
    - Procurement will be done through GeM portal and approval awaited from the Ministry
- **Outsourcing Agency for IEC/BCC Activity**
    - Agency selected
    - Budgets and Draft MOU shared with GF and under LFA review
    - MOU expected to be signed by Mid-August'22
- **Selection of NGO SRs for high endemic areas** for monitoring & supervision
    - Partners selected (CPD, Bakdil, CINI, BSJVS)
    - Budgets and Draft MOU shared with GF and under LFA review.

- MOU between Partners and NCVBDC are expected by August'22

State Level expenditure:

- Approximately USD 4.4 million - almost 47% utilized at State level (The total amount will be USD 6 million as the expenditure not received till June 22, from 3 states of Meghalaya, Chatisgarh and Odisha).
- 70% utilization on salaries of VBD consultant and Data Entry Officers for the seven northeastern but optimum utilization could not be done due to the vacancy in certain states and also because some states like Manipur have regularized the staff.
- 50% utilization for mobility support at state, district and block level
- 40% utilization for LQAS as some states have not been able to do the survey due to Covid
- Lack of expenditure under mobility support for entomological zone the vehicles which are essential for monitoring and evaluation is in the process of being procured
- Procurement and placing of the sun boards showing negative balance as activity was approved in the previous year and has been procured
- Expenditure utilization low for meetings at regional and state level as they were on the virtual platform
- 40% cumulative for procurement and maintenance of motorbikes for the MTS

In terms of impact – The positivity rate has declined, and this is an achievement for the Malaria programme. It has declined from 97% to 37%.

Challenges

- Procurement through the WAMBO portal is time consuming and requires a lead time of at least 9 months
- Procedural delays including approval for initiation of activities at the state level

Next Steps

- Procurement of LLINs and vehicles
- Appointment of SRs at National and State level
- Hiring of staff at State level
- Data Centres and surveillance systems will be put in place by March 23

OC observations and Responses

1. The OC enquired whether contracting of NGO PRs which will be taken on board by mid-August 22, more than a year after the grant has started, would impact the results in terms project implementation
   Response: There were procedural delays due to timely approvals for Government PRs
2. The OC commented that the Implementation slow, and low expenditure rate at USD 2.09 of the USD 52 million sanctioned, does NVBDCP envisage that as a challenge, as there is less than 2 years for the project completion.
   Response: Major expenses are on 3 areas which is resource intensive procurement of LLINs, vehicles and large-scale surveys. The process has been initiated about 10 months back, but due to procedural delays including clarifications that are being raised on certain aspects of the procurement. However, it is in the final stage of approval and so if we undertake these 3 activities then we would have expended almost 75% of the budget.

3. The OC asked for clarity on why Sanction is less than expenditure and enquired whether it is on a reimbursement model.
   Response: Expenses are reimbursed
4. The OC asked for details of NCCDC
   Response: It is a not-for-profit agency which focuses on communication for development and is supporting NVBDCP for IEC/BCC for Malaria prevention
5. The OC enquired whether the entire budget been mentioned, or the budget utilized till the period of reporting
   Response: The total budget sanctioned is 52. 74 million and expenditure reported only for 2.09 million that is till June 22.
6. The OC commented that NVBDCP states that the SR budget has been spent up to 52% - but it was mentioned that SRs will be on board by August 22.
   Response: The total budget bifurcated into 3 components – National, State Recipient and NGO Recipient. The expenditure mentioned is for the State level expenditure as scheduled under the State PIP
7. The OC enquired whether the expenditure of 50% only for staff salaries as programme component such as distribution of LLINs has not started so will there be adequate budget.
   Response: The programme is already providing LLINs from the domestic budget, which has 3 years. Once the new LLINs are procured they will be distributed as a replacement and there will not be interruptions in the programme implementation. In this case, since the procurement is of a high quantum so there is a bit of delay.
8. The OC asked whether the procurement from previous expenditure not utilized
   Response: Distribution of LLINs is ongoing in high endemic zones and there has not been any interruption as Malaria programme is now on elimination mode. Replacement will be done whenever the department procures them.
9. The OC suggested that under mobility support – three components are clubbed together - Procurement of LLINs – a major chunk, procurement of POL for entomological zone and procurement of sun board- these should be detailed separately as the action required for each component is different
   Response: Under GF there are 4 areas of support and activities have been identified and planned accordingly therefore they are clubbed accordingly
10. The OC observed that was no reporting under the outcome indicator but there must have been some progress as NVBDCP reported decline in the positivity rate for Malaria prevalence
    Response: Outcome indicator is based on large scale survey as against comparison with the target set for 2021 and NVBDCP is in the process of undertaking the same by hiring an agency that will be on board by the 3rd quarter of 22. Lot Quality Assurance Sampling (LQAS) surveys are being undertaken at block level, but that data is not relevant to be considered for national level.
11. Regarding the details for "sunboard" - It is used for IEC and is like a poster only that the material is different and is not damaged by rain etc.
12. The OC asked why other states cannot follow the same as Manipur regularized the cadres
    Response: This is a challenge for NBVDCP as the budget was accounted in the GF budget but regularization of the staff is a more sustainable mechanism, But, some non GFATM states have also regularized their staff. So NVBDCP is waiting for responses from the states whether they will require HR support and the money will be reprogrammed based on that.
13. The OC mentioned as LLINs are being distributed from previous stock, they still effective as the life span is for a period of 3 years. As the current project has not yet procured, it enquired whether Malaria programme envisages substantial quantity to be left unused.

Response: The quantity budgeted can be utilized at any point of time through the project period as it is meant for replacing the LLINs that are being used so there is no stated timeline.

14. The OC enquired whether there will be delay in procurement of LLINs that would make them redundant for the purpose they are being bought
    Response: LLINs do not come with stated expiry dates so they can still act as a physical barrier even after 3 years. Earlier procurement through domestic channels so less time consuming, but now the decision has been taken to procure through the Mambo portal which is time consuming as the registration on this portal was tedious. Some of the areas where they are required urgently it is being procured through domestic budgets as well.
15. The OC asked whether the Mambo portal the GF procurement portal and is the procurement process time consuming in other countries as well
    Response: For procurement under the GF grants, Mambo portal registration is essential and the time for processing depends on which geographical location the product is going to be delivered, custom clearance etc.

Recommendations:

- NVBDCP should have a definite plan with regards to the distribution plan for LLINs so as to avoid delay in distribution once procured
- Take stock of regularization of staff at state level so as to quickly reprogramme the funds allocated for HR
- Seek necessary support to fast track the activities including approvals for the SRs at the national and state level and procurement of vehicles and LLINs to ensure timely utilization of the fund

Observation by OC:

- Spend rate extremely low at USD 2.09 after 1 year of grant approval

Action points:

- OC committee can advocate with GF to address some of the delays related to procurement of goods
- State wise progress to be shared with OC
- Distribution plan of LLINs with timelines to be shared

Transport Cooperation of India Foundation (TCIF)

Duration: April 21 to Mar 24

Budget

- Signed amount USD 12,262,615
- Sanctioned till date: USD 1,707,127
- Spent till date: USD 416,751

Proposed activities:

- Strengthening capacity of 8 cadres engaged in IMEP 2, which is about 1.7 million workforce across 36 states and UTs
- Strengthening program by hiring of technical workforce in the 7 NE states, Odisha, Chattisgarh and Jharkhand
- Strengthening of Entomological Zones by procuring microscopes and entomologist kits

- Establish National Malaria elimination cell within NVBDCP to be set up and equipped with staff and also at TCIF

Budget spent mostly on salaries and the variation is due to some attrition and lesser number of staff hired than what was proposed, besides lack of travel due to Covid in the last quarter of 2021
Expenditure is slow due to delay in hiring of external agencies which was to be on board by June but will now come on board in the month of July 22.

Progress

Hiring of technical staff at National/State and District level

- Posts advertised and candidates selected at Central, State and District levels in coordination with NVBDCP
- Hiring of 155 Vector Borne Disease Specialists at district level in 10 states on going

Capacity Building:

- RFP/Tender issued and external agencies hired for conducting Training Needs Assessment and development of e- training manuals
- Training of 1.7 million workforce through a national e- portal which was set up as it did not exist at NVBDCP and this was done in collaboration with National e-Governance Division (NeGD) and the content development is ongoing with IQVIA International
- Need to set up a training centre dedicated to Malaria Elimination
- Training of trainers will be initiated in October 22 and they will in turn train other cadres across all states

Entomological Zone Strengthening:

- RFP/Tender issued for procurement of entomologist kits and distributor identified and approved by GF for procurement of microscopes
- Agreement executed with distributor of microscopes in India
- Procurement to be completed and distributed by August 2022

- TCIF has 1 performance outcome indicator related to capacity building which is expected to be initiated from October 22
- Master trainers are to be trained for Malaria Elimination programme and will part of the resource pool after the project
- Discussion is ongoing with NVBDCP to re-programme the savings from the project

Challenges

- Recruiting VBD consultants to focus on Malaria at the district level as per the specifications suggested by NVBDCP, especially the salary offered was difficult. Therefore, recruitment was slow but selection panel has been constituted which will expedite the process
- Networking at state and district levels for facilitating e-training
- Support from NVBDCP and GF to set up training centre at state/dist level as in some remote areas such as the tribal areas or even to train ASHAs offline training will be necessary

OC observations and Responses

1. The OC asked why TCIF cannot strengthen the existing training center instead of proposing a new one.
   Response: Existing centers will be utilized. However, an exclusive center for malaria would be advantageous.
2. The OC enquired about the 10 states the project will be implemented
   Response: The 7 NE states plus Chatisgarh, Odisha and Jharkhand as project is ongoing in these states
3. The OC suggested that there is a mandate to train 1.7 million workforce but for ASHAs a varied approach may be required as it is difficult for them to come to the centres or district level training centres, instead they can be trained at PHCs or at block level
   Response: That can be considered in discussion with NVBCDP
4. The OC asked if there are any provision for community engagement as GF emphasizes this point.
   Response: This component can be incorporated into the project in discussion with NVBDCP and GF to repurpose the savings from the project as this will be essential to ensure Malaria elimination
5. The OC asked for clarifications in the context of training which was informed would be at National, State and District level – is it all planned to be conducted through the e- platform or at physical level as well
   Response: The first round of training for Master Trainers is being planned at a physical level as it will be the first time that the Malaria progranmme will be moving to training on a e-platform. The MTs who will be trained from the State and Districts will further do the trainings online. The participants will be senior officials from the Malaria programme
6. The OC enquired about the need for MTs ad E- learning systems are self-sufficient
   Response: NVBDCP is going to do virtual trainings so there will be facilitators
7. The OC enquired whether there is a need for developing training manuals as the existing modules may also be used
   Response: The existing manuals focus on prevention and control and these manuals are being modified to focus on elimination. Besides, the manuals are old as they were published during 2012-14.
8. Capacity building has been mentioned at 100% in terms of performance, the OC asked for clarifications as training has not yet started
   Response: This is related to the specific quarter and does not state the completion of the activity which is ongoing
9. The OC asked for details related to the budget spent and details for NA
   Response: There was no expenditure besides staff cost under capacity building as it was not required till the agencies were hired
10. The OC commented tha the staff working on this project is also budgeted under the grant. So that should be mentioned as expenses under the capacity building head
    Response: The expenses incurred under HR is reported cumulatively as Capacity Building has four activities and staff time divided across all including needs assessment, development of content, developing the LMIS system and training.
11. The OC asked for clarification that the HR spent rate reported at almost 100% but TCIF reported that due to Covid spending on HR not optimum can it be clarified
    Response: The costs under HR is not cumulative but is reflecting salaries paid to the number of staff that were present in that quarter only. The HR cost is in terms of salaries only as travel and other costs are budgeted separately
12. The OC asked for clarifications from TCIF whether the HR budget was realigned

Response: The realignment was done with approval from the Global Fund

13. The HR spend needs to be clarified as it does not reflect the actual spend vs the projected spend
Response: The expenses reflected against actual expenditure and not the budgeted expenditure

Recommendations:

- TCIF needs to map existing training centres at the state and district level rather than set up new ones
- TCIF may need to relook at the qualifications required for VBD consultants whose function is more programme management and more technical expertise for zonal entomologists
- ASHAs online training material not feasible so offline training with study material more beneficial
- TCIF needs to provide update on the status of the content development for the training
- TCIF to clarify the actual expenditure vs the budgeted expenditure for the project activities with the OC

2. Centre for Tuberculosis Disease (CTD)

Duration: April 21 to Mar 24

Government PR: DEA, MoF

Implementation PR: CTD

- Payment mode: Result based
- 2 Government PRs TISS and NIRT
- 4 Non Government PRs
- PLAN India, FIND, UNION and WJCF

Budget

- Total grant 280 million
- CTD Grant USD 186.7
- TISS Grant USD 4.09 million of the 200 USD received by CTD
- NIRT Grant USD 9.25 million of the 200 USD received by CTD and
- Non-Government PRs USD 80 million

Activities:

By CTD

- Expanding the coverage of DR TB treatment (Pan India)
- Decentralization of Rapid Molecular diagnostics and
- Strengthening of Laboratory system (Pan India)

By TISS

- Psycho-Social counselling support for DRTB patients (Rajasthan, Gujarat, Maharashtra & Karnataka)
- Training of DRTB counselors across India
- Capacity building of NTEP staff STS and TBHV) on sycho-social support counselling services (Pan India-though master trainers)

By NIRT

- Strengthening monitoring/surveillance under NTEP through:
    - District Level Annual Survey (DLAS)
    - District Level Sentinel Survey (DLSS)- 50 districts
    - Genetic Sequencing Surveillance for Mutation (GSSM)
- With TISS support in 4 states, that continued from previous grant, it is in the process of phased discontinuation over the next two years and it will be moved out by year 3 of the current grant. Their current focus in on building capacity of the counselors within the programme to ensure continuity of the activity
- NIRT is responsible for surveillance at the district level to update on the annual TB prevalence which was conducted through the domestic budget. They will also conduct elimination certification through district level surveys.

In terms of the Non-Government PRs,

- UNION will focus on TB preventive treatment, multi-sectoral coordination and work place interventions
- Clinton Foundation will focus TB preventive therapy, one year of transition of private sector interventions that was carried over from the previous grant cycle period
- FIND India will focus on TB preventive therapy, strengthening of lab systems and engaging community
- PLAN India will focus on strengthening supply chain management

Progress so far

- The grant is based on payment for results that is reimbursement against the achievement of the 3 indicators identified on the basis of the thematic areas.
    - DLI1: Number of cases with RR TB or MDR TB who were initiated on 2nd line treatment
    - DLI2: Treatment success rate of RR TB or MDR TB patients
    - DLI3: Number of presumptive TB patients received molecular diagnostic

- The progress towards achievement of the targets was disrupted due to Covid. In the case of DLI 1, the target was initiation of 61 000 patients in year 1, 66000 in year 2 and 71000 in year 3. If Year 1 target was achieved, Government would receive a disbursement of US$24.5 Million
- In terms of achievement for April 21 to Mar 22 for the first indicator, 50, 337 patients were put on 2nd line treatment and the results are under review by the LFA. Performance on DLI 2 and 3 is being reviewed by GF LFA.

The reasons for under performance

- Linked to the reduction in testing for MDR which is the 3rd indicator and thus resulting in 25% of reduction in case notification of DR –TB cases due to Covid.
- There was a shortage in availability of the consumables for molecular diagnostics due to Covid. This reduced the testing rate to 51% in 2021 as compared to 58% in 2019, which also contributed to the reduction in identification of DR TB cases
- Due to the above reasons the number of DR TB cases that were identified and also those initiated for treatment reduced by over 20%.
- The programme is now taking mitigating measures to regain the achievements to pre-covid phase and will be able to achieve the target in 22 as 18% increase was achieved in 2021. During the Covid period, the diagnostic and treatment centres were repurposed for Covid diagnosis as well.

- The programme was able to meet the target for patients who were identified and initiated on treatment in 2020 at 54% as treatment was initiated in 2018 and it is a 2 year treatment period. At this rate in the last year of the project CTD will achieve a 65% in terms of treatment success rate.
- The 3rd indicator which is related to testing using molecular diagnostics impacted severely as the programme could achieve 64% of the presumptive cases being tested through molecular diagnostics as the molecular labs that were scaled up in year 1 was repurposed for Covid testing and the labs were reverted back to the TB programme but 10% still engaged with the Covid programme.
- Policy decision taken to decentralize procurements at 22 states and they were able to procure at their level. From this year onwards, there will be centralized procurement and hence, should be able to meet the targets,
- The lab capacity has increased from 1605 in 2019 to 3835 in 2021 but due to Covid the TB testing was restricted

SR activities

TISS

- The phasing out of TISS counselors in the 4 states has been initiated as 4 batches of DR TB counselors have been trained and MTs have been identified and engaged to train all NTEP field staff till the block level and 83% of the budget has been spent

NITR

- The national level prevalence survey is delayed due to the pandemic by a year, but district level survey conducted in 2020 and the awards for TB free districts distributed in March District level survey is being planned now
- Savings from the non-implementation of the 50 districts survey will be repurposed
- The GF grant was based on DLIs but there was a conditionality where for DLI1 where drug resistant patients initiated on 2nd line treatment and DLI 2 success of treatment amongst DR patients. Around 85% of the funding for these two components was based on the condition that the drugs will have to be procured from the GDF which was a challenge. It was agreed that only those drugs that are unavailable through domestic procurement would be procured from GDF. Domestic procurement is cheaper than the options available on GDF so it was agreed to reduce it to 55%.
- CTD intends to claim full reimbursement from GF for DLIs 1 and 3 citing Covid issues which severely limited their progress.

OC observations and Responses

1. The OC enquired about the impact on finances due to the grant revision from 85% to 55%
   Response: There has not been any impact on the value of the grant or the disbursement as the conditionality was to get the reimbursement linked with the DLIs , the programme has to procure drugs worth 85% of the funds to buy 2nd line drugs from GDF. USD 102 million was allocated for drug procurement from GDF. But with the relaxation, it has been revised to about USD 60 million which the programme can achieve.
2. The OC asked whether the training that was completed between 21-22 was physical or online
   Response: It was physical training conducted by TISS

14. The OC enquired whether the states have been divided among the non-government PRs

Response: The TB preventive and treatment project JEET has been distributed across the 3 PRs with different geographies

15. The OC enquired about the challenges faced by the department
    Response: Meeting the testing targets which has to be done incrementally is a challenge as it is linked to DLIs 1 and 2. The programme has increased the lab capacity and there will be further expansion to meet the demand. Secondly, the move to centralize procurement will accelerate supply as states have limited capacity in this area
16. The OC enquired whether CTD can negotiate with GF for drugs for latent TB and DR TB
    Response: That can be done after a comparison of the prices between GDF and domestic and whoever offers a lower price will be selected accordingly

Observation by OC: Largely the project is on track but the programme has to cover up for the setbacks due to Covid disruptions which is a challenge

3. The UNION

Duration: April 21 to March 24

Budget

- Signed amount: USD 1,34,31,955
- Sanctioned amount till June 22: USD 51,12,696
- Spent till date till June 22: USD 40,78,274

SRs:

1. Catholic Health Association of India (CHAI)
2. German Leprosy & TB Relief Association India (GLRA)

Geography: 107 districts in 7 States (AS, CG, HP, MH, WB, MP, JH)

Planned activities

- TB preventive treatment (PMTPT) in 107 districts of 7 states
- Multi- sectoral coordination - Pan India
- Work place interventions - for which support ended in June'22, but national level support is being provided till Sep'22 with GF approval
- UNION is implementing PMTPT in 3 states in 23 districts directly and SRs are implementing in 84 districts

Progress so far.

PMTPT operation planned to be initiated in a phase wise manner from April 22, in 107 districts in 7 states of which 2 districts - Sukhma and Bijapur have begun operations later due to hiring of HR due to some challenges.

In terms of achievement

1. 75%-80% of contacts are being screened against target of 70%
2. Approx. 60%-65% of screened contacts are being given TPT against target of 50%
3. CHOs are being involved in TPT monitoring

Only 2 districts were following the test and treat policy where UNION was giving IGRA support but a recent policy change by the government of Himachal Pradesh, the entire state has adopted this policy so UNION too has to provide the services there.

Similarly in MP where it was treat only policy, now 26 of the 27 districts have moved to test and treat as per the revised mandate by the state. UNION provides limited end to end service through hired services so this revision in HP and MP has increased the work load as patients are being counseled and linked to the nearest testing centre which is tedious and time consuming.

Loss in TST-40% in HP, TST positivity-14% in HP, Drug availability issue in Jharkhand and Assam

Multi stakeholder Engagement being implemented pan India

Work progressed in 2 states of Himachal and Jharkhand and other meetings are being organised in other states

- National level Rotary club meeting held on 22 April to seek support but challenge as the state chapters not bound by the national forum
- Engaging NYKS and NSS in HP for awareness generation in collaboration with the Ministry of Youth and Ayush
- Working closely with JSLPS and RD in Jharkhand

Operation Research

- 2 studies and SORT IT Course will be undertaken. Data collection ongoing for Study 1 on TPT-Adverse Events and protocol and study tool sent for approval for Study 2 on TPT-Burden, Feasibility and Cost-effectiveness.

Project has 3 performance indicators

- Percentage of household contacts screened - the target was overachieved
- Number of people in contact with TB patients who began preventive therapy - under achieved in the first PUDR period due to late start of the project but in the 2nd quarter almost 77% achieved against the identified target.
- Percentage of contacts initiated on TPT completing treatment – the outcome for this indicator will be reported from the 3rd quarter of 2022.

Overall budget expenditure between April 21 and June 22 is about 80% including

- 88% on HR and 40% on travel-related costs which include meetings and workshops. Due to Covid, these activities were conducted online but the budget was not utilized
- Provision of IGRA services through sourcing from external agency was done on need basis and the budget spend is at 124% as it was originally envisaged till March, was extended till June and decision now to provide till August 22 as per approval by GF
- Laptop provided to field staff as against the earlier decision of tablets so there is a saving of 5%.
- Communication expenditure largely for printing with expenditure at 51%
- In terms of quarter wise expenditure from April 2021 to March 2022, district activities were initiated from August 21 post the national launch and TOT in July 21 so expenditure was low. Expenses picked up from Q3 when the district operations was initiated, but was booked in Q4 so excess spending reflected.

Challenges

- Earlier HP and MP was on Treat only policy but with the Government adopting the test and treat policy, it will impact the target of UNION set by GF, as only 40 to 45 will now become eligible for TPT under the revised situation.
- Physical training of Medical Officers needs to be conducted with support from STO and this needs to be scheduled
- States need to be supported to ensure uninterrupted supply of drugs as some states do not have drugs in stock which could be due to indenting issues.
- If UNION gets access for data entry into the NIKSHAY portal, it will be easier. Currently data is being inputted manually with support from the NTEP staff at the block level. Also NIKSHAY does not give output details.

OC observations and Responses

1. The OC asked for clarifications on "end to end service" which they have stopped in MP and Himachal.
   Response: When the project was started there were two different models being followed within the PMTPT - one was treat only where patient was screened and put on treatment following the algorithm. In case of test and treat, UNION was hiring an external agency to provide IGRA services. The agency reaches out to the contacts at their homes to take sample for testing and provides the results and linking to treatment. In this case the patient was supposed to get services at their door step delivery. With the state providing IGRA services, the patients is required to come to the facility 3 to 4 times for testing and treating which decreases the chances of the patient being put on TPT. So, UNION is looking at end to end door step delivery as compared to institutional delivery. So in HP now 40% lesser contact are reaching out to facilities to get treatment.
   Regarding the intending issues, as UNION does not have access to NIKSHAY, they are unaware of the quantity of drugs being requested. Due to non-availability of drugs, patients are not being treated
   Clarification by CTD: To resolve this issue CTD has already linked both PLAN and UNION for improved coordination as PLAN focus is on improving the efficiency of Supply Chain Management
2. The OC enquired about the criteria for the selection of PRs selected
   Response: SRs are selected on the basis of geography with similar activities and on board from April 21
3. The OC asked why there are SRs when UNION is implementing the project directly. The OC also asked whether the direct implementation by UNION would affect the capacity building aspects of SRs
   Response: UNION follows a unique model whereby they undertake direct intervention in a few districts to implement innovative projects to understand the outcomes faster. Capacity building of SRs is an ongoing activity which is being implemented on a regular basis.
   Information provided by CTD: End to end testing will also include skin testing at local level, and hence treatment guidelines will also be revised accordingly. Cost will come down as skin test is $1/5^{th}$ of the cost of IGRA. India has adopted test and treat policy nationally. So, the number of people to be screened and tested in all the states and districts will change accordingly
   In this context there is a need to assess the number of population being covered by the 3 PRs to take stock of the learning, achievements in terms of the cascade of care as the grant was based on certain assumptions. So, Year One data needs to be analysed to understand the achievements and the challenges. The programme division also needs to assess the savings from the PR projects and re-programme to increase the coverage in view of the policy

4. PLAN India

Supply Chain Management Scheme

Duration: April 21 to March 24

Budget

- Signed amount: USD 6,457,831million
- Sanctioned amount till June 22: USD 6,457,831million
- Spent till date till June 22: USD 1,204,711 million about 62%

SRs: JSI R&T Foundation

Geography: Pan India

JSI providing technical support to Plan India to implement the project at national, state and district level and DPL is the logistics partner responsible for distribution to the last mile.

Strengthening of supply chain management system for high quality TB drugs and diagnostics availability at all levels by

- Provide 3rd party logistics (3PL) for distribution of all commodities centrally procured by CTD from States to TUs (100% states)
- Support last mile facilities to use the eLMIS (Nikshay Aushadhi) for essential data recording and reporting for real time visibility
- Provide technical assistance to State TB Cell to strengthen the system through people, process and technology for sustainability

Planned activities

- Distribution of supplies till the last line in partnership with logistics partner 3PL
- Developing Standard Operating Procedures and eLMIS for building capacity of staff
- Enhance storage capacity for commodities
- Support strengthening of capacity for forecasting of drugs and diagnostics of NTEP staff through physical and online train
- Pilot initiated in 5 States In Rajasthan, UP, Bihar, West Bengal and Arunachal Pradesh states selected on the basis of geographical locations including the hard to reach areas
- App being developed for drug distribution management system which will help to locate both consignments and vehicle movement for drug delivery by mapping facility the whole country which is taking time

Progress so far

Objective 1

- 3PL hired and transition plan implemented between April and June 21
- 15000 facilities being served under the project across the country

- Pilot rolled out in 5 states and data being collected on the costing and challenges of last mile delivery prior to scale up across the country
- Delivery mechanism has been kicked in and commodities are being distributed through relocation to avoid stock-out
- Capacity for supply chain management is strengthened by training workforce including store in charge and pharmacists at the all levels through the e-learning management system developed by PLAN India.
- On time delivery target through 3PL was set at 80% but has exceeded it at almost 99%. This activity is being done through support from DPL world the logistics partner
- Geo mapping of facilities being undertaken for the drug distribution management App and will be completed by August 22

Objective 2

- Assessment completed of the existing NIKSHAY AUSHADI app to understand the existing challenges and fix the problems. The gap assessment report has been submitted to CTD and joint meeting proposed between CDAC which has developed the app and CTD
- Training conducted to increase usage of the NIKSHAY AUSHADI app
- SDS, DDS and TU using the app which has increased but need to understand how to connect PHIs
- Reporting systems on commodity availability at PHI level had increased till the app got disconnected in April
- Support provided for report collection, aggregation and analysis

Objective 3

- Existing SOPS reviewed and gaps assessed
- Workshops conducted with States to understand the current supply chain management system and the proposed revision within the system
- New SOPS being drafted based on the gaps once approved training will be initiated both physical and online
- To capture KPIs a supportive supervision tool has been developed which is manual at the moment but will convert to digital
- Currently the availability of diagnostics and drugs has increased between 95 to 98% and on time delivery of commodities is at 99%

Challenges

- Challenges with last mile data visibility
- No schedule distribution plan from DDS to TU
- Hi frequency of Aditional Drugs Request (ADR)
- Lack of supply chain training of the pharmacists and store Incharge

Action taken

- Meeting with CTD to resolve the current issues with states
- Meeting with STOs to align with project goals and objectives
- Continue supporting on the relocation of TB drugs and Diagnostics to prevent the stock out and expiries

Support Required

- Letter to all STOs to support the project and distribution plans from DDS to TU level
- National level support to finalize the SOPs and capacity building of staff
- Align CDAC to customize the Niksahy – Aushadhi for data recording and reporting

OC observations and Responses

1. The OC enquired whether the traditional way of indenting and procurement accept the new techniques and any challenges faced by the pharmacists etc.
   Response: The current NIKSHAY AUSHADI application for inventory management has been strengthened by identifying the gaps and addressing it appropriately that ensured dynamic reporting and real time data generation. In close collaboration with CTD, efficiency of Supply chain management is ensured through correct forecasting and communication.
2. The OC asked explanations on "last mile" till what geographical location is the commodity being delivered to
   Response: Supply from the state to the district depots and till the block level across the country. In 5 states commodity is being delivered to the PHI level that is the PSC level to understand the costing and effectiveness and efficiency.
3. There is a shortage of DR TB drugs in Bihar which is also a pilot state and also there is a reluctance to accept short expiry date drugs at the state level
   Clarifications by CTD: As there was a drug transition in Bihar from injectable based regimen to all other regimen, there was a pressure to ensure adequate consumption drugs before the new regimen was initiated. Secondly, data was entered into the NIKSHAY Aushadhi correctly so the error in communication at the district and state level disrupts the supply chain management. These gaps have actually necessitated an efficient SCM system as DR TB cenrres are currently being expanded across all districts. As shoryt expiry drugs was a challenge, when the new regimen was introduced, drugs were moved from different states to where there was consumption to ensure optimum usage of these drugs
   Clarification by PLAN India: All partners should reach out to PLAN India to highlight the drug availability issues as transport mechanisms in place to transport the drugs/diagnostics even if the indentation has not been done accurately to avoid stock out.
4. The OC enquired whether the letters to STOs have been issued
   Response: This letter needs to be sent out at the earliest as the distribution planning is not being received to ensure smooth distribution of commodities. PLAN India is in discussion with CTD to get the letter issued at the earliest
5. The OC asked about the national level support required to finalize the SOPs and capacity building of staff
   Response: The SOPS have been revised in consultation with relevant stakeholders and have been submitted for approval from CTD, once that is received the training will be initiated.
6. The issues related to cooperation from CDAC
   Clarification by CTD: The gaps identified by PLAN India of the NIKSHAY Aushadhi has to be modified by CDAC and it is in process.
7. The OC enquired whether there is a reverse plan in system to take back stock from delivery centres
   Response: This system is not in place at the moment but can be put in place as vehicles are placed near facilities which can be utilized only for medicines and diagnostics reversal.

8. The OC enquired the possibility of having POS machine for dispensation and currently entry on NIKSHAY Aushadhi is a manual process
   Response: There is no possibility within the current system as it will require a complete revision of the system as anything that requires sensing barcodes or using of AI are not possible at the moment. So the scope of the project is to increase capacity of the staff to increase utilization of the exisiting app.
9. The OC asked for update on HR like the pharmacists
   Response: At the last mile level, at the PHCs there are either no pharmacists. Even if they are available, they are overloaded with work as usually one person has to manage all the national programmes.
   Clarification by CTD: Since it is an integrated programme, TB work is perceived as additional work, so only 30% of the peripheral facilities have data entry done. Behavior change is required among the pharmacists. Besides, there is 20% vacancies within the system. With the Medical Services Corporation being set up in all states there has been improvement within the systems in terms of digitization and e- portals. The current need is to ensure adequate stock and proper indents
10. The OC asked whether any agency working with the Pharmacists to ensure behavior change among them.
    Response: Plan India is conducting regular sensitization sessions to reiterate the importance of systematic data entry and the situation is improving.

Observation and recommendation:

- A detailed presentation was made and all questions were answered. The actions that are being taken was also shared
- Inequitable focus on the objectives, as maximum focus of the project on strengthening 3PL services. There should be equal focus on the other two objectives as almost one year is spent to revise SOPs and the project is about to complete.
- In the context of reporting on the key indicator of time bound delivery, the calculation should be on the basis of how many indents received and what percentage of that was delivered on time
- If savings from the project is adequate to extend the project pan India, there are some reasons for the savings to that amount – It is essential to understand whether the planned activities were not undertaken or some of the activities had been over budgeted.
- PLAN India must start planning the transition of the Project to CTD at the earliest as this should have been done in the first year of the project to ensure sustainability. The immediate focus therefore should be to build capacity within the government system who will be carrying this task ahead.

5. William J Clinton Foundation

Duration: April 21 to March 24

Budget

- Signed amount: USD 22,452,552
- Grant spent till date: Till March 2022 - USD 6,550,820 (29%)
  - Till June 22 - USD 8,111,971 (36%)

SRs: CHRI, WVI, TBAI, ALERT India and LEPRA (for PPSA only)

Geography: LTBI - 65 Districts (11 States)
PPSA – 52 Districts (8 States)

Planned focus areas

- TB preventive therapy through the Joint Efforts towards Elimination of TB (JEET),
- Transition of private sector interventions that was carried over from the previous grant cycle period

Focus: Iimproving access to TPT to all child and adult contacts of index TB cases by implementing scale up models which will entail targeting all public and private sector pulmonary TB patients and their contacts

Key activities:

- Contact tracing, counselling and symptom screening, TPT initiation and follow up, facilitation of free x ray for symptomatic contacts
- In pilot districts, LTBI will be ruled in through IGRA testing before initiating TPT
- Support PPSA transition to domestic funded agencies: The project will continue to strengthen FDC drug logistics systems and improve drug access to private sector patients

Progress so far

- PPSA transition happened and in 2 states, the RFP is in process
- Others who have been transitioned to the domestic budget will be sharing their experience with the TB division in the first week of August

Between April and September 21

- SRs has been contracted
- Staff hiring completed
- National TOT completed and
- IGRA services contracted

Between October 21 to March 22

- Phase 2 and 3 District Training and Launch across the PU period
- Mapping undertaken for Phase 2 and 3 Districts (MOs, CXR Facilities, Geography Mapping)
- CXR Facility Engaged

Projected activities between April and September 22 and October and March 2024

1. **Improve coverage of index patients** for screening of household contacts (HHCs) through coordination with NTEP TU teams, FLWs and PPs. WJCF finds it challenging to increase coverage of index patients to be screened which has been successfully achieved by The UNION.
2. **Empanelment of private chest X-ray facilities:** Mapping of facilities both private and public at the block level to increase testing capacity across the geography was done, but the findings indicate that in public facilities, equipment are available but no HR support or vice versa. To address this gap, the project is trying to empanel the private x-ray facilities, besides initiating discussion with NHM who are also engaging private x ray providers

- **Gathering evidence** on how the patient, providers and the community receive the new drugs that is being introduced within the system. These are being given for preventive purpose and the individual being provided to, has no risk perception about himself.

- **Strengthen HHC** symptomatic screening and ADR Reporting for on-TPT HHCs
- Introduction of Task Lists and Dashboards on LTBI360

Program Budget vs Actual Expenditure (Apr-21 to Mar-22) PU1 and PU2

- The budget scheduled under External Professional Agency- budgeted at US$1,64,229 but actual spent was higher at $2,11,066 indicating a variance of 129%. It is due to the provision of IGRA services which is very expensive. There was additional spending that what was planned for the first PU. As CTD informed earlier, if cheaper method (CTB) is adopted, it would reduce the cost.
- Incentives for Community Health Workers (CHW), outreach workers etc was planned to assist the PPSA transition. Incentive was being paid for notifications of patients being treated by private doctors. However this was being done without assistance so there is a savings under this head

Project has good savings so in discussion with CTD to repurpose it for

1. Procurement of 3HP till the government completes it procurement

Support requested from CTD and OC

1. Login access to NIKSHAY to get patient list from NTEP – already discussed with CTD and is in the process of being resolved
2. Delay in procurement of 3HP by the programme (underway)
3. CTD support requited to get access to the e-sanjivani portal being used for HHC screening & Consultation so that patient access can be channelised
4. Specific review of PMTPT by the programme will help in improving project performance as it is a new component
5. Need to do physical training of Medical Officers push by the government will fast track the activity
6. Need to focus on quality of care parameters

OC observations and Responses

1. The OC enquired how can the mobility of trained doctors be addressed
   Clarification by CTD: At the state and district level within the NHM, HR is not disease specific, so the MO or the Lab technician is supposed to take care of all diseases. It is essential to have a structured induction training when a doctor joins the service. CTD works with NHSRC to initiate an induction training package for all doctors and lab technicians to be able to handle the needs across all diseases.

6. FIND India

Duration: April 21 to March 24

Budget

- Signed amount: USD 37.6 mn
- Grant spent till date: USD 16.43 mn

SRs: KHPT and TB Alert for JEET
For Unite to ACT – REACH SR and 2 SSR – World Vision and MAMTA

Geography: Multiple States

Areas of focus

- SHAQTI_ Strengthening health systems for sustainable access to quality diagnosis towards elimination of TB in India
- Project JEET – Joint efforts at elimination of TB
- Unite to ACT – amplifying community action for TB elimination

Activities

- SHAQTI – focus on lab quality improvement, increasing access to high quality diagnosis strengthening and expanding capacity for genome sequencing for DR TB surveillance
- JEET – Private sector intervention transition to NTEP
- TB infection burden management focusing on screening, TPT initiation and reporting on outcomes
- Under Unite to act building capacity of TB affected communities to promote right based, gender responsive and equitable services

Performance indicators

For SHAQTI component all indicators have exceeded the targets envisaged

- 98 percent achieved in the context of CBNAAT laboratories showing adequate performance on External Quality Assurance against 95%
- 91% percentage of Truenat laboratories showing adequate performance on External Quality Assurance against 80%
- 58% percentage of DST laboratories showing adequate performance on External Quality Assurance against target of 52%

For JEET

- Number of notified TB cases (all forms) contributed by private providers 88% in PU 1 and 87% in PU 2
- Treatment success rate- all forms 85% in both Pus as against a target of 75%
- Percentage of household contacts screened 24% in PU 1 and 72.6 % in PU 2 as against a target of 70% for each PU
- Number of people in contact with TB patients who began preventive therapy- 2,275 against target of 7,354 in PU 1 and 34,189 against the target of 31,332 in TU 2
- Number of People with DS TB who received person-centered care and support services from TB champions during reporting period 43,529 against a target of 48,000 in PU 2, that is patients receiving psycho social support through engagement of TB champions

Budget spent vs actuals between April 21 and June 2022

- The overall spend rate is at102% s due to emergency procurement of consumables after TGF/CTD approval

Challenges

For Lab strengthening

- Delay in procurement of supply of equipment and consumables; TB Lab upgradation activities were due as it was difficult to get the right vendors with negotiable pricing due to Covid 19. FIND

decided to do advance planning and better engagement with vendors and monitoring of activities to overcome this challenge

- Delay in transition of 11 types of critical TB lab equipment which was expected by April 21 to Sept 21 due to the unpreparedness by the states. FIND conducts online training to mitigate the situation and to sensitise the states to ensure smooth transition. So the AMC was extended from March to September 21. FIND will provide technical support for inventory management, budgeting and equipment maintenance
- Unavailability of consumables and reagents at the sites for DST PT certification, resulting in delays, so emergency procurement was done for consumables as stop gap arrangement; NTEP is in the process of streamlining

For JEET and United to ACT the challenges were

- Private sector involvement under PMTPT is high. To address this, field officers were hired post approval from the GF to sensitize the private providers and plan CMEs at district level for them as guidelines were made available in July 21. It was found difficult to convince them that even healthy individuals need to be put on TB preventive therapy
- MO availability at PHC through fixed day approach for TPT initiation and for the uninterrupted supply of
- INH procurement through a three month requisition to the STO.

Support required

- Procurement of 3HP
- Communication to states to engage trained TBC in non- project districts in CE activities and guidance to utilizing capacity of trainers

Clarification by CTD: TPT issues are common to all but lab component as high maintenance can be a challenge when it is transitioned to the programme. All procurement through GEM is time consuming but CTD is working on these issues and should be able to resolve soon. Earlier challenges were faced due to state level and national level procurement of consumables. As there is central procurement, there may not be any emergency procurement, but utilize the domestic budget for the procurement of lab components

OC observations and Responses

1. The OC asked whose support is required for TB Champions to go to non-intervention areas
   Response: FIND has conducted state level capacity building workshops and created a cadre of trained trainers. The objective is to ensure that these trainers can build the capacity of TB survivors in the nonintervention sites and CTD can help to take this initiative ahead.
   Clarification by CTD: Apart from the GF and USAID supported projects, there is funding under the domestic budget to identify 2 TB champions in every block and 2 volunteers at the CHC and building their capacity. The ToTs will undertake this exercise in consultation with the districts. Some of the states have money for community engagement and has to be driven by them at both levels to take ownership of this activity. State and district level forums in place and conduct meetings on a periodic basis so REACH is developing videos of the meetings being conducted by them so that it can be analyzed to improve the quality of these meetings. Active case finding can be increased with the help of these community volunteers

Observation: Any disease elimination program has a fixed timeline such as 2027 – this is possible when there is sufficient money source reduction and community involvement. As far as source reduction is concerned identifying early and treating patients after correct diagnosis. But what is happening in the programme is that all partners are working in silos including PRs/SRS and the government focused only on the area that the organization needs to deliver. So FIND is facing challenges in sourcing INH but PLAN is managing it so need to coordinate between partners

Recommendation: Under the guidance of NTEP-CTD common reviews being undertaken TB infection component and for strengthening community engagement will increase synergy with partners

Observation: Community involvement is important from 2 aspects disease elimination and promoting TPT

7. India HIV Alliance - VIHAAN

Duration: April 21 to March 24

Budget

- Signed amount: USD 23,190,936
- Grant sanctioned till date: USD 8,093,289
- Grant spent till date: USD 6,814,059

SRs: Total 7 SRs (NCPI, NMP, GSNP, UPNP, TNP-TN, NERO and HST)

Geography: Pan India

Areas of Focus

- Care and support
- Private sector engagement
- Community systems strengthening
- Virtual intervention through outreach on e-portal

Progress between April 2021-22

200 CSCs are running and providing care and support cervices

- 52 CSCs transitioned to SACS in Kerala, Mumbai, Goa, Puducherry, Tamil Nadu,, Chandigarh, West Bengal and Andhra Pradesh till June 22
- Completion of SSR review and training
- State oversight Committee Meeting in process
- Impact Assessment of CSCs
- Prevention of linkage loss in 100 priority ICTCs is being implemented through peer navigator by linking to CSCs
- Completed the Training of Trainer and finance, and eMpower
- Community Consultation for Innovative Communication under "NETREACH has been completed

Performance against indicators

- Percentage of people on ART among all people living with HIV at the end of the reporting period (2nd and 3rd Line) - 66% of the target for PU 1 as against the 88% set by GF and in PU 2 Alliance achieved 91% as against the FGF target of 114%.
- Percentage of PLHIV who are lost to follow up (LFU) and missed to ART Centre tracked with definite outcome 67% achieved in PU 1 due to Covid restrictions and 79% in PU2.
- Percentage of people newly diagnosed with HIV initiated on ART 54% of the target achieved in PU 1 and moved to 86% in PU 2. The data is till March 22
- Percentage of key population identified at virtual platforms who received e-referral and accessed HIV related services during the reporting period- it was 73% in PU 1 and 77% in PU 2.
- Social Welfare linkage in PU 1 the eligible target identified was 204904 but only 89546 linked to Social Protection Schemes (SPS) and in PU 2 - 24557 of the 165062 was linked.
- 22334 of beneficiaries linked to Social Entitlements against the identified number of 28757 and in PU 2 9616 were linked as against the target of 32041

Update on the progress at the CSCs

Community-based drug dispensation (CDD) at 30 CSCs

- CDD started in all CSCs in Telangana
- Maharashtra agreed to start once supply of TLD start on MMD
- 2,149 PLHIV clients are linked with 30 CSCs for community-based drug dispensation in 7 states

HIV testing of Sexual partner and family member of the PLHIV

- 60,310 persons were identified as eligible for first time HIV testing till March
- 19,762 sexual partners and family members were referred for HIV testing
- 1,459 (7%) detected positive for HIV

Community based HIV screening (CBS)

- Increased from 79 CSCs to 83 CSCs in 13 states by the end of March 2022
- 6,724 screened for the first time till March 22
- 119 were confirmed HIV positive
- 116 have been linked with ARTC

Challenges

- Issues regarding travel costs
- Client load of HPs
- CSC - ART ratio is increasing

Action taken to address the issues

- Increase the number of HPs under C19 budget to cover hard to reach area
- Increase travel allowances of outreach workers
- Regular meeting with ARTC and contacting clients and two way address update
- Strengthening of review mechanism
- Real time follow up monitoring through eMpower and monthly report generation

Activities being undertaken under Private Sector engagement

- Mapping and sensitization of Private Providers
- Tracking of total PLHIVs treated by PP
- Reporting to NACO and SACS on quarterly basis
- Meeting with professional bodies and stakeholders of PPP

Activities being undertaken under CSS

- Training for CSS team at PR level completed
- Need assessment for CSS completed
- Formation of DLN/SLN in 9 sites

OC observations and Responses

1. The OC observed that expenditure indicates more than 80% on HR
   Response: Alliance project related to care and support so there is a large number of HR at the field level almost 2250 who are paid - @ 10000 per month. SR costs included within the HR component.
2. The OC enquired about the monthly salary of the outreach worker, and software development cost
   Response: INR 10, 000 per month/ outreach worker and salary component also includes PR costs. Software have been developed to collect data at field level
3. The OC enquired how Alliance identified the number – 29105 who have received treatment through the CSCs
   Response: These are people who are availing 2nd and 3rd line drugs
4. The OC asked if the same networks continuing to operate the CSCs after transition to SACS
   Response: Networks were implementing the CSCs and it is recommended that they continue to do so to ensure smooth transition

Observations and recommendations:

- Alliance is not clear about the CSCs that have to be transitioned and there seems to be some confusion on the matter. Also, these selected CSCs should not be equipped with additional HR that is being provided through GF support which is not be feasible. Alliance needs to withdraw the provision in these facilities at the earliest. NPMU will seek support from the CST division to understand and resolve the matter
- Since NERO is a branch office of Alliance in the North East, it cannot be made an SR, Like UNION they too seem to be implementing directly some of the grant money

Action points

- Need to give breakup of the budget for each of the SR including what Alliance is sending to the
- NERO office,
- Alliance to provide a transition plan to NACO
- The basis of calculation of targets by Alliance needs better clarity and they should revert back to the OC on what basis were the calculations done for the performance indicators under all activities
- Alliance to submit a transition plan

Issue raised by Alliance in the context of a planned activity - assessment of CSCs: One of the activities proposed under the grant was a third party assessment of the VIHAAN programme which has been running since 2013. This was approved by GF and NACO in their January 2021 NCC meeting. With NACO's consensus, Kantar a third party selection was also done and Covid interrupted the ongoing discussion. So when the discussion was resumed in end June 21– it was informed that a PR cannot hire a third party to assess their own project due to conflict of interest

Since there is a large sum parked under this head, the non-utilization is being questioned by GF and can lead to disallowance.

Recommendation: Alliance to take the matter directly to NACO for reconsideration of the matter as the OC cannot deliberate on this matter If NACO has sent a mail disapproving the same it must have been sent with approval from the AS. In case Alliance wants to open up the issue then it has to be raised at the quarterly review meetings of the PRs.

8. SAATHII (HIV)

Duration: April 21 to March 24

Budget

- Signed amount: USD 13,319,029
- Grant sanctioned till date: USD 5,680,029
- Grant spent till date: USD 4,691,290

SRs: Total NCPI+, SVYM, GSNP+, UPNP+ LEPRA and 7 SAATHII State units

Geography: Pan India

Area of focus

- Elimination of Mother to Child Transmission of HIV
- Interventions for Incarcerated Populations
- Blended Training for HIV Elimination

Budget expenditure for each component and spend till date:

- PMTCT (Svetana)- 75% of the budget has been spent
- Prison (Subhiksha+) - 54% of the budget
- Blended Training - 60% of the budget spent

Project Svetna

Goal: Elimination of new HIV infections among children and keeping their mothers alive

Objectives

- Increase the HIV testing of pregnant women
- Increase testing of spouses and partners of HIV+ pregnant and lactating women
- Ensure ART initiation and continuation among HIV+ pregnant and lactating women
- Increase early infant diagnosis (EID) among HIV exposed infants at two months

Planned Activities

- Mapping and enrolling of private facilities that are providing services for pregnant women and ensure that they report to the national programme through HIV pulse and the data is entered into SIMS portal
- Saturation of the public Sector and follow up of all pregnant mothers from identification of single test reactive till the baby is 18 months

- Primary prevention working with adolescents in schools and colleges
- Mapping of family planning services and link all eligible pregnant and lactating mothers to FP counseling services within the project

Core indicators achieved

- ANC testing above 90% and for the April to March 22 and for PU 3 it is showing 72% as the testing data yet to be made available as there is technical glitch with SIMS portal from Nov 21 and therefore data being collected manually
- Initiation of ART between 99 to 102% in PU 1 and 2 and 153% in PU 3
- Spouse testing of positive mothers between 97 to 144% between PU 1to 3
- Early infant diagnosis (EID) among HIV exposed infants at two months in terms of Eligible vs. Testedat 84 to 90% between PU 1and 3

Program Budget vs Actual Expenditure (INR): 75% expenditure on PMTCT programme till June 22

Activities planned between April 22 and March 23

- Remapping of private health care providers
- Public sector saturation, including scaleup of VHSND
- Follow up of positive pregnant and lactating women to ensure retention and uptake of PPCT cascade services
- Development and implementation of District EMTCT plans
- Review of EMTCT status by State and District EMTCT committees ‘
- Continue adolescent and RRC sensitization and increase coverage of family planning services
- Establishment of PPTCT learning sites
- Advocacy with NHM to include cold storage and dual testing kits in the PIP budget to ensure uninterrupted supply
- Finalize the transitioning plan in coordination with PLAN India and NACO

Challenges

- Non-availability of updated ANC registration data (HMIS) in the public domain which is the first indicator for EMTCT
- Interrupted supply of of HIV testing kits and ARV prophylaxis for which advocating with NACO to sort out and also coordinated with NHM and added dual kits in many states
- Technical glitch in the SIM software so coordinating with SACS on collecting offline data and also supporting SACS in the rollout of SOCH
- Renewal of MoUs with the PPP sites so coordinating with NACO

OC observations and Responses

1. The OC enquired about the key challenges
   Response: Non-availability of updated ANC registration data so unable to calculate the first 95 based on that
2. The OC enquired about the transition plan to the oversight committee
   Response: Not yet submitted, but have started working on the treansition plan in coordination with PLAN India and NACO and will submit soon

Clarification by NACO: The programme worked with SAATHII to prepare the transition plan which needs to be shared with the oversight committee

Recommendation: SAATHII needs to share an updated version with the OC members

Project Shiksha

Goal: Building the capacity of the HIV care providers from public health sector on quality HIV prevention, testing, care and treatment services in a sustainable manner

Objectives

- Train 25,433 public sector HIV health care providers in the clinical cadres
- Setting up institutional mechanism TI service providers

Activities completed under Objective 1

- Completed online refresher training of LT SA-ICTC (3664) and LT ARTC (352)
- Developed training modules for 4 OST cadres (MO, Nurse, Counsellor, Data Manager)
- Developed classroom training modules for ART CCC and
- Online refresher and induction training for existing and new cadres
- Induction classroom training for ART CCC
- Classroom training for new joiners of LT SA-ICTC, ART Nurse and ART MOs
- 46 batches of classroom training for new joiners of LT SA-ICTC
- Conducted SMV in 12 ICTC and CD 4 Labs to understand the post training impact in terms of improvement of the services
- Completed online induction training of 485 new joiners of existing clinical cadres

Activities completed under Objective 2

- Need assessment on training module development through 60 group discussions with KPs and Peer Educators and 98 SSI with SACS, TSU officials and TI PMs
- Developed classroom training modules for 4 TI staff cadres (PM, ORW, PE, Accountant MEO)
- Conducted capacity assessment filed visits with SACS representatives for all locations
- Completed selection process for 14 of the 19 Kshamta Kendra (TI training institute)

Performance Indicators

- Achieved target for LT Training and have trained 4124 as against 2478 as new cadres were added
- ART Nurse /ANM Training was also achieved
- For MO out of 3419 targetted about 1405 trained till date
- For the ART specialist of the 683 achieved 153
- For the ART Care Coordinator, Pharmacist and Data Manager and Counsellors training not initiated as modules are being developed

Grant utilization

As against the first 5 quarters there is a burn rate of 60%

Planned activities for July 22 to March 23

- Classroom induction training of LT SA-ICTC – 30 batches to be completed
- Online refresher training of 306 LT SA-ICTC and 84 LT ARTC Classroom training of 32 batches of ART CCC
- Online Training of 645 ART Pharmacists (induction) and
- 666 ART Nurse (refresher induction) Online Training of 2382 Counsellors(refresher) and
- 645 ART Data Manager (induction)
- Onboarding 19 TI capacity building institutes
- 70 Supportive Monitoring Visits

Challenges

- Limited availability of domain experts to work on content development as the domain experts were engaged in full time positions in various organisations
- For SOCH interface training - in consultation with NACO for inclusion of staff from all cadres as now reporting will be through the SOCH platform
- Delay in the transition of the Saksham module developed by TISS and in consultaion with NACO these modules are being reviewed and revised

Support Required

- Endorsement and approval of the CCM for the approval of the proposal submitted to NACO
- Additional fund required for classroom training of ART Data Manager and ART Pharmacists as they are new cadres and not budgeted earlier
- Fund for video editing of ART MO and Nurse induction module revision
- Require additional server space in NIC to host the LeMIS as at present 500 GB is allotted and it is not adequate

OC observations and Responses

1. The OC enquired whether the additional fund that is required will be from the savings of the project
   Response: The savings from the project has already been repurposed and the proposal is awaiting the approval of the CCM. SO, additional funding is required as these two cadres not part of the original proposal. Also during the proposal development, it was assumed that online training will suffice but as the modules are being developed the need for physical training is also becoming necessary which was not budgeted.
2. The OC asked why the ART Pharmacists and Data Manager are referred as new staff
   Response: They are existing staff but it was not planned to include them in the training when this was being planned

Recommendations

- There is a 40% savings from the available funds that can be reprogrammed to meet the emerging needs. Secondly NACO can facilitate these classroom trainings as states have some funds for training. So, it is better to coordinate with the programme on a cost sharing basis

Clarification by NACO: On the PAAR proposal submitted by SAATHII to NACO: to repurpose the savings from the project due to dollar exchange, the grantees and the programmes will have to come back to ICCM and post the approval of the ICCM chairperson and then ratify it with the full ICCM. Because,

in principle, this is additional funds over the approved fund. **This is applicable to all PRs.** The PAAR proposal has been approved by the Chairperson, the communication will be shared soon.

In reference to the SAKSHAM Modules: NACO will not go forward with DSRC modules or counselor modules till NACO completes its own exercise with respect to having the modified operational flow. So the timelines need to be modified for this activity,

Project Subhiksha (Prison Intervention)

Goal: Support national program to reach 95-95-95 fast track targets, of ending AIDS among inmates in prisons and OCS

Objectives:

- Increase HIV testing from 24% to 70% among 2.3 million incarcerated individuals
- Increase linkages of HIV+ incarcerated individuals to care and treatment services from current 79% to 100%

Activities and Progress between April 21 and June 22

- State Launch: State launch / consultation events, were conducted in 9 states. Some states did not want any State Launches. Other states scheduled in next quarter.
- District Oversight Committees: 85 DOCs formed and meetings held (DOC yet to be formed in remaining project districts). The key participants are the DAPCUs, Prison Officials, WCD Officials and SAATHII team
- IEC Development & Wall Paintings: Developed Posters and Flipbook, translated into regional languages. Completed wall paintings in 351 P&OCS.
- Recreational Events: 428 recreational events were conducted and they were attended 21,947 inmates. Inmates are engaged in various games and later they will undergo health awareness session.
- Health Care Provider (HCP) Training: 326 HCPs of prisons & OCS were trained in 10 trainings. Necessary approval for other P&OCS for deputation of their HCPs is awaited.
- HIV Screening Camps: 5753 screening camps conducted inside P&OCS. This includes HIV, TB, STI, HBV and HCV camps.

Core indicators

1. **HIV testing**
    - In PU 1, 157000 inmates tested for HIV which is about 62% of the target
    - In PU 2, 320624 inmates tested which is more than 100% and
    - In PU 3 that is between April and June 22, 178,666 inmates tested which about 99% of the target
    - So between April 21 to June 22 about Overall **6,56,659** inmates from 1,333 Prisons and OCSs were screened for HIV
2. **ART Initiation**

    - In PU 1 there were about 684 positives and 87% of this were initiated on ART and in PU 2 and 3 it was 89% of Positive inmates who were initiated
    - ART initiated within 30 days - 533 of the 684 were linked to ART within 30 days

Additional services being provided under the programme includes TB, STI, Syphilis, Hep B and C – Inmates have been screened and those found positive have been linked to services
In addition, 10,000 prison volunteers within the prison have been identified who will be trained and educated to raise awareness amongst other inmates within OC setting

Grant utilization

- As against the first 5 quarters there is a burn rate of 54% but the spend rate is increasing over the quarters as the project is progressing

Challenges

- Target set on 2019 data, but there are more inmates who require – to saturate additional health facilities is required
- Cascade loss: Delays due to lack of availability of vehicles and staff to take prisoners out for confirmatory testing or ART linkages
- Post-release linkage gaps: This is in the context of under trials who do not have any fixed period and can get released at any time. So difficult to connect with them due to in-correct/ in-complete addresses, denial by inmate/ family, migration of inmate

Support required

- Advocating with MoHFW for increasing budgetary allocation for improving health facilities inside prisons
- Adequate funds allocation in NHM's PIP for provision of adequate HCV and HBV testing and treatment facilities for prison inmates

OC observations and Responses

1. The OC enquired about the changing targets across quarters?
   Response: Targets were set on the basis of 2019 data during the development of the proposal and are determined on an incremental increase from PU to PU. So in the first PU it was 2.54 lakhs and in the second it was 3 lakhs and in the 3rd PU it is about 4 lakhs but SAATHII has reported for 3 months of the last PU.
2. The OC enquired about the number of HIV+ inmates that have been identified cumulatively by SAATHI
   Response: 2660 HIV positive inmates of which 89% on treatment

Observation by NACO:

- It is important to track the number of people who come in and out of prisons such as the under trial population which is not included in the reporting, besides the prison inmates that is being tracked through the project
- SAATHII needs to include that through their support, the programme conducted a national consultation whereby the programme is now working on a modified strategy for prison
- Separate strategy for prison in terms of long term and short term inmates based on their behaviourial patterns, as short term inmates may have high risk behaviour and therefore need more attention. Besides, the TI or Link worker scheme or CSC will be connected with the under trials for follow ups

Recommendation by NACO: SAATHII needs to share the transition plan with NACO as the project is in year 3 and the programme needs to be transitioned back both for EMTCT and prisons which needs to be shared

9. PLAN India

Supply Chain Management Strengthening Project – NACP

Duration: April 21 to March 24
Budget:

- Signed amount: USD 6,223,099
- Grant sanctioned till date: USD 6,223,099
- Grant spent till date: USD 2,251,538

SRs: JSI R&T Foundation

Geography: Pan India

JSI providing technical support to Plan India to implement the project at national, state and district level and DPL is the logistics partner responsible for distribution to the last mile.

Goal: Strengthening of the supply chain management system of NACP to improve both health program for testing and treatment to achieve the set target by 2025

Objectives:

- To provide third party logistics services (3PL for distribution of all commodities centrally procured by NACP though integration and segmentation of products
- To provide technical assistance to states (SACS) to strengthen the system through people, process and technology for sustainability
- To support NACP and implementing partner to strengthen the electronic Logistics Management Information System (eLMIS) for real-time data visibility for informed decision

The system is both through mobile app and web based and enables learning of SCM through a platform

Planned Activities
Objective 1

- 3PL hired and transition plan implemented
- Distribution of supplies till the last line in partnership with logistics partner 3PL
- About 15000 facilities being served under the project across the country
- Delivery mechanism has been kicked in and commodities are being distributed through relocation to avoid stock-out
- On time pickup and delivery target through 3PL is between 98 to 99%. This activity is being done through support from DPL world the logistics partner
- Geo mapping of facilities being undertaken for the drug distribution management App and will be completed by August 22

- App being developed for drug distribution management system which will help to locate both consignments and vehicle movement for drug delivery by mapping facility the whole country which is taking time

Objective 2

- Finalization of modules, UAT, transition to NIC Server and Roll out of Dakshata for NACO
- Capacity development of SACS, ART and ICTCs staff - F2F and through online
- Developed Standard Operating Procedures and disseminated
- Implementation of SOPs to all SACS, ARTC, DAPCUs and ICTCs
- Sensitization and capacity building of staff through eLMIS
- Support strengthening of capacity for forecasting of drugs and diagnostics of NACO staff through physical and online train
- Enhance storage capacity for commodities by forecasting at SACS | ART | ICTCs
- Procured 60 deep freezers to meet the walk in cooler requirements which has been installed across several locations in the country

Objective 3

- Increase the usage of application for data recording and reporting
- Enhancement of application as per SOPs
- Support on report collection, aggregation and analysis
- Assessment of Maturity Model completed and gap assessment report submitted to NACO in march 22
- Activity model of SOCH for inventory management has been submitted to NACO and PLAN will work with the IT department to ensure the integration within the system
- The ICTC usage on SCM has increased on SOCH

Outcome indicators

- Supportive supervision developed and now the online module is being developed
- Diagnostics tracer item 96% availability across the facilities visited
- Drugs availability at 99% at facilities
- On time delivery at 97%
- PLAN India team is conducting supportive supervision for ensuring the availability of drugs and diagnostics and also train the staff on SOPS

Future activities

- 5 Regional workshops planned and the northern region completed
- Online capacity building through learning management system, DAKSHATA
- Regional Project Reviews to understand what PLAN is supporting and what are the gaps
- Development of Mobile application for inventory management system
- Development of supportive supervision application

Grant utilization

- Burn rate of 77% so aligned with the expected spend rate

Challenges

- Warehouse space in many states like Rajasthan, and Gujarat
- Increase in lead time for procurement of drugs and diagnostics
- Understanding of program and supply chain management

Action taken

- Supported states to procure the drugs as per instruction from NACO
- Supported states to rent and installation of warehouse/WIC for drugs/diagnostics
- Capacity building of SACS officials to improve the supply chain of diagnostics and drugs

Support required

- Timely issuance of a letter to SACS to initiate the local procurement of drugs
- Letter to all states to implement the SOPs for supply chain management
- Letter to all PDs to develop the SCM team at the SACS level to manage and review the activities

PLAN India – EMTCT AHANA

Duration: April 21 to March 24

Budget:

- Signed amount: USD 5,978,978
- Grant sanctioned till date: USD 5,978,978
- Grant spent till date: USD 2,192,692

SRs: UPNP, NCPI,HLFPPT,CINI

Geography: 13 states – Uttar Pradesh, Bihar, Odisha, Chhattisgarh, Jharkhand, Assam, Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura

Planned activities

- Orientation of School going Adolescents
- Orientation of Red Ribbon Clubs
- Mapping of the FP Facilities
- Formation and orientation of District EMTCT Committee
- Formation of Community Based Support Groups
- Orientation of Faith Leader on EMTCT in the Meghalaya, Mizoram, Assam and Bihar
- Orientation of PMAs in Assam and UP

Performance Indicators

- % of women who know their HIV status – 72% achieved in PU 1 and 71% in PU 2 due to the glitch in the SIMS reporting mechanism
- % of HIV-positive women who received ART during pregnancy and/or labour and delivery – 106% achieved in PU 1 and 109% in PU 2
- % of HIV-exposed infants receiving a virological test for HIV within 2 months of birth – 82% achieved in PU 1 and 93% in PU 2
- % of other vulnerable populations that have received an HIV test during the reporting period and know their results – 93% in PU 1 achieved and 99% in PU 2

Work plan of Programme activities - April 22- March 23

- Formation of District EMTCT Committee
- Formation of Community Based Support Groups
- Conduct State Advisory Review Meetings
- State Resource Team to facilitate community based (VHND) HIV and Syphilis testing
- Conduct District Stake Holders Orientation on EMTCT in Bihar and UP
- Project Outreach Review Meeting

Grant utilization

- Burn rate of 84% so aligned with the expected spend rate

Challenges

- Availability of sufficient testing kits, as per the ANC estimates
- District wise identification of PPWs against the estimated PMTCT load
- Viral Load testing at 32-36 weeks of pregnancy
- Unavailability of Nevirapine from1 August 2022
- Transitioning from SIMS to SOCH reporting platform and keeping ICTC- FICTC reporting on track

Action taken to address the gaps

- Convergence with State NHM to facilitate procurement of dual testing kits at the state level
- District wise assessment to understand the situation and take action accordingly so the District EMTCT committees meetings are being use to present the gaps and strengthen the PMTCT component at district level
- Conducted state level orientation with private medical associations primarily FOGSI to sensitize private health service providers on EMTCT
- District wise assessment of
  - ANC estimates vs ANC registration
  - ANC registration vs HIV and Syphilis testing
  - PMTCT load Vs actual identification

Support required

- Availability of sufficient testing kits as per ANC estimates/targets at the district /facility level
- Sample collection for viral load test as difficult for pregnant women to travel to ART centres so home sample collection should be arranged

OC observations and Responses

1. The OC asked for clarity on the reported non availability of Nevarapine in the field from the end of July 22

Clarification by NACO: Nevarapine that are available in the field was expiring on July 31, 2022. The states are requested to initiate the procurement locally and few identified states to procure for a group of states. NACO is tracking the delivery. There is also a policy decision for the decentralization of these drugs which is available on GEM and can be procured by the states directly as the overall requirement is a low quantity.

2. The OC commented suggested that the District Committees under NHM to be used for advocacy
. **Response:** PLAN is using existing platforms and not creating new forums
   Clarification by NACO: At NACO, it has been decided not to monitor each and every state but have identified 4 states - Rajasthan, Bihar, UP and Maharashtra and also created a set of indicators to assess the sustainability by NHM
3. There was no information shared on prong 2 by PLAN which is prevention of unintended pregnancies amongst positive women. This is a gap in the programme that needs to be addressed. There is also a captive population of HIV + women in their reproductive age available at the ART centres who need to be taken care of to avoid unwanted pregnancies. Some action or specific guidelines may need to be put in place to strengthen focus in this area
   Response: Both SAATHI and PLAN are mapping the Family Planning facilities and once completed this will strengthen the focus Prong 2.
4. Both SAATHII and PLAN have highlighted the shortage of test kits
   Clarification by NACO: There is no shortage of kits as stock available for the next nine months
   Response by PLAN: As per the ANC requirements there is a shortage and therefore this has been included in the PIP through joint requisition by both SACS and NHM on a sharing basis to avoid non availability.
   Clarification by NACO: A forecasting meeting is being held to look at the requirement for dual test kits and this should streamline the process so that NACO can provide these kits for ANC and STIs on priority as NACO is moving to addressing dual elimination of HIV and STI as a strategy.

Action point: PLAN India has not presented to the OC committee its transition plan for the project so needs to include the same and share it with the OC

PLAN India - Prison intervention

Duration: **Started April 2022**
Budget:

- Signed amount: USD 5,978,978
- Grant sanctioned till date: USD 6,311,868
- Grant spent till date: USD 268,545

SRs: YRG Care

Geography: 13 states for Prison and 27 States for OSC & CSS

Planned activities

- On boarding of project staff for Prison and OCS.
- Inception meetings with SACS and Prison Authorities.
- Finalization of OSC list in consultation with NACO and other stakeholders.
- On boarding of project team for OSC.
- Finalize CSS strategy with NACO and SACS and start CSS orientation.

Progress so far

- National consultation of Prison and OCS held in May 2022.
- National consultation of OSC held in June 2022.

- Onboarding of project staff and their orientation on project goal and objective.
- Initiation meeting held in 10 states for Prison work and 8 states for OSC
- Participated in 9 SACS orientation meetings for CSS

Component wise progress

Prison and OCS

- Project introductory meeting with SACS on Prison & OCS completed in 10 States.
- On boarding of PPM and LT ongoing in Assam, Arunachal Pradesh, Tripura, Manipur.
- Visited 10 prison sites and 3 Swadhar & Ujjwala centres during state visits to better plan the intervention.
-

One Stop Centre (OSC)

- PR - SR Roadmap planning meeting on June 8, 2022. Draft log frame and implementation plan developed by SR.
- Introductory meetings with SACS on OSC component in 8 states. (Tamil Nadu, Chhattisgarh, Jammu & Kashmir, Madhya Pradesh, Assam, Arunachal Pradesh, Meghalaya & Tripura)
- Draft M&E framework developed by SR.
- State Managers and M&E Associates in 05 zones (North East, East, South, West & North) on boarded.

CSS

- Assisted NACO in CSS module development and finalizing CSS Master Trainers Training (TOT).
- Plan India YRG has been identified as lead partner for CSS in 14 states.
- Supported EOI development for selection of community champions in Tamil Nadu and West Bengal.

Proposed activities

- Rolling out of the prison intervention through on boarding and sensitization of staff and building their capacity
- Sensitization of key stakeholders from prisons and
- Mapping of facilities to understand the availability of services for linkage to treatment.
- For the prison component more emphasis will be on the under trials as they have a higher vulnerability and ensure that they are linked to prevention and treatment post release- The activities will be initiated from July to September in 320 jails.
- Similarly, there are 71 One Stop Centers to be established PAN India with specific focus on linkage to service facilities.
- Reporting and Documentation will be ongoing throughout the project period

For Community System Strengthening, Plan India and YRG are the lead partners who will implement this component in 14 states – Assam, Jharkhand, Chhattisgarh, Kerala, J&K, Ladakh, Manipur, Odisha, Sikkim, West Bengal, Karnataka, Tamil Nadu, Puducherry, and Goa.

The proposed activities under this are,

- Orientation of SACS on CSS
- Support 14 SACS in EOI and selection of Community Champions
- Facilitate Training of Community Champions

- Support SACS in the above states on formation of State level CRG

OC observations and Responses

1. The OC asked the reasons for the delay
   Clarification by NACO: The biggest challenge was the late onboarding of the PR, which had to be reselected because the SR with the earlier PR backed out so the whole process had to be reviewed from the beginning and required to be approved by the GF which took almost the financial year. Thus Plan began in April 22 only
   For prison a lot of activities have already been undertaken by SAATHII like building standardized resources. Handholding provided by them to PLAN to kick start the process helped them to match the lost time.
   OSCs 1 national consultation conducted where the programme division of NACO has participated – In the context of OSC and TI- Sampoorna Suraksha – NACO is trying to expand prevention services beyond TI services and positioning it at different levels and wants to understand its effectiveness.

10. National AIDS Control Organisation

Duration: April 21 to March 24

Budget

- Signed amount: USD 99,984,197
- Grant sanctioned till date: Is based on Payment for Result Model post verification of KPI
- Grant spent till June 22: USD 13,478,820

SRs: TISS; HLFPPT; Share India
Geography: Pan India

Payment model: Results based

Activities

- Procurement of ARVs and Viral load testing
- Procurement of ILR and mobile vans to reach hard to reach areas for ICTC by SACS
- Setting up of Sampoorna Suraksha Clinics
- Research

Allocation of Budget

- 80% for procurement of ARVs and viral load testing
- 5% on the procurement of ILR and mobile vans
- 2% for setting up of Sampoorna Suraksha Clinics
- 6% for SRs
- 4% for Research studies
- Budget allocated for SPMU and IEC was reprogrammed

Budget spent till date

- 6 million for SRs – paid in advance

- Disbursement 12.8 million for viral load
- Order placed for DTG procurement for USD 30 million of the total USD 41.6 million that had been allocated
- 1/3rd spent under research
- Funds released to SACS for procurement of mobile vans for ICYC

18 million USD was projected to be spent but in 1st year but 10.8 million spent

Progress so far

- Order placed for ARVs and Viral Load testing
- Money released to SACS for the procurement of mobile vans SRs activities
- Process initiated for SS clinics
- Research studies initiated – assessment of TIs and CSCs among others

Performance indicators

- DLI 1: Number of people on ART at the end of the reporting period
- DLI2: Percentage of people living with HIV and on ART who are virologically suppressed
- DLI3: No of SS Clinics operational that is sending reports
- DLI4: Number of people who inject drugs reached with HIV prevention programs - defined package of services
- Of the 4 DLIs 1, 2, and 4 are completely achieved and in some cases targets exceeded. These achievements has also been verified by the GF through independent verification
- DLI 3 will be reported in year 3.

Challenge faced or verifying DLI 2 –due to lack of access lab wise data. GF Audit report verified the results and the final report is awaited. Once received, it will be shared with the OC committee.

Sampoorna Suraksha Clinics:

Proposed activities

- Stakeholder and Community Consultation in August 2021.
- Working Group developed. Four meetings conducted from Oct 2021- March 2022
- Consolidation & Roll out of the Sampoorna Suraksha Strategy December 2021
- Pilot Phase in 3 states: Proposals developed (January 2022). Workshop on Proposal Development & Implementation Plan for first 75 centres (Phase I) April 2022
- Proposals for 41 centres approved. Budget allocated for 75 centres for FY 2022-23 in AAP
- 25 centres to be made operational in year 1 followed by 75 in year 2 and 150 year 3
- Proposal received from 10 states and approval sent to 9 states for 41 centres.
- Team in place to handhold the states for the initiation of the SS clinics reporting mechanism including M& E and reporting system is in the process of being finalized. IT support will be set up with support from PEPFAR as the funding is not provisioned within the GF proposal.
- By August end the approval letters for the targeted 75 centers which was the target for the current year will be sent out. States have shared plans for the fund utilization for the SS Centres. By March 23, 75 SSCs to start reporting which was the target for the current year
- Post that hand holding support till the states recruit the outreach team through the TI NGOs/CBOs comes on board at the state level who will provide the expanded range of services

- The next 75 centres too are in a state of preparedness so that they can initiate the clinics but funds have not been disbursed yet which will go in the next year – so they will not need any additional approval
- SSCs within government facilities

OC observations and Responses

1. The OC enquired about the difference between One Stop Centres and SSCs
   Response: Boradly, they are the same. The difference is that OSCs are community specific based on TG, Bridge population and IDUs and is to be set up in Community settings or by NGOs outside government facilities. 71 OSCs are to be set up and the locations are finalized. OSCs major focus on bridge population as IDUs and TGs are being covered within the HRG strategy. NACO has ensured that both SSCs and OSCs are not in the same district and the distribution of sites based on needs assessment.
2. The OC enquired who will be setting up the OSC centers and enquired whether the data be gathered would provide details of occupation of the people accessing SSC
   Response: PLAN India along with YRG Care
   Response: Yes, it is an important factor. The data from the ICTC is also indicating the linkage of occupation to HIV positivity and therefore the need to focus on bridge population, which is not now restricted to migrants and truckers as earlier, but more heterogenic group of people who need to be addressed in terms of prevention services.

Observation: The Mapping and Population Size Estimation (MPSE) undertaken NACO indicates the existence of new pockets of High risk groups, which will be useful for determining the location of the OSC centres. The MPSE will be available soon and will be useful to review against the 2009 mapping results. Also, Covid must have had impact on the behavior and location of the HRGs.

Action points

- NACO to share the GF Audit Report and the report on occupation and HIV positivity
- NACO to share the mapping of the SRs engaged across various grants

Closing Remarks

- The Oversight committee mentioned that the review meeting was an enriching experience in terms of learning. It provided deep insights on the activities being implemented by each project, the value addition and impact under the GF grants
- The constructive discussions would facilitate the key actions to be taken and move forward with the nodal government departments and between the PRs
- The meeting between the PRs and the programme division has facilitated a good space for discussion and interactions
- The presentations by the agencies were extensive, informative and valuable for the OC committee
- The report will be presented to the CCM with recommendation and action points
- The OC will propose a field visit or physical meeting with in a short period as Covid has subsided, preferably in the last quarter of this year
- The OC opined that there is a need more periodic meetings of this nature to be more supportive to the PRs
- The OC opined that the meeting was a cross learning experience for the three critical disease control programmes

- The role of the OC is to ensure that the grants are utilized optimally and purposefully. In this regard, the meeting was useful for the OC members to assess the issues and find ways to support achieving the objectives and intended outcomes.
- The OC opined that it is essential to have a continuity of engagement with the OC. It suggested to create a plan for quarterly virtual meetings and review visits by select members to review certain aspects of the programme
- Essentially, the meeting provided a good understanding on the GF grants, and the information shared can be considered as a baseline for the ongoing activities.

The meeting was closed with a vote of thanks by the ICCM Secretariat
Agenda to be attached and list of participants