

**Record of Discussions**  
**Two-day Workshop on Presentation of GC7 grant overview by Principal Recipients to Oversight Committee and ICCM**

Date: 24<sup>th</sup> and 25<sup>th</sup> April, 2024

Time: 09:30 to 17.30 Hrs

Venue: NIHFW Auditorium, New Delhi

A two-day workshop was conducted on 24<sup>th</sup> and 25 April 2024 under the Chairmanship of AS & DG and Co-Chairpersonship of JS/ Heads of Programme divisions of TB, HIV and Malaria, at the Auditorium, NIHFW, New Delhi. The workshop was attended by the members of Oversight Committee (OC), India CCM, Program divisions and the respective Govt. and Non-Govt. PRs (NGPRs) of GC6 and GC7 grants as per the attendance enclosed in **Annexure 1**.

The main objectives of the workshop are as follows as per the agenda enclosed at **Annexure 2**

- Presentation on GC7 grant by Govt. and non Govt. PRs for 2024-2027
- Presentation on GC6 grant closure
- Formulation of the road map and plans for OC

**Day 1: Date: 24<sup>th</sup> April 2024**

**Plenary Session**

Dr Shobini Rajan, DDG, Focal point, India CCM, welcomed Ms. Hekali Zhimomi, AS /DG, NACO, the Dr. K.K.Tripathy, JS (NTEP), Ms. Rajiv Manjhi, JS (Malaria), Ms. Meera Srivastava, JS (RCH), Dr. Anoop Kumar Puri, DDG (NACO), Ms. Anandi Yuvraj, Vice Chair, ICCM on the dais as well as the members of OC, India CCM, Program Divisions and the member representatives from NGPRs.

Dr Shobini Rajan, briefed the house on the global fund allocation of USD 500 + 4 (matching grant for TB) million for India for Grant Implementation period – 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2027. The budget allocation are as follows:

| Eligible disease component | Allocation in USD        |
|----------------------------|--------------------------|
| Tuberculosis               | 280 million + 4 million  |
| HIV                        | 155 million              |
| Malaria                    | 65 million               |
| Total:                     | <b>500 mUSD + 4 mUSD</b> |

She introduced the Government implementing PRs for Global Fund grant for grant period 1st April 2024 to 31st March 2027 are as follows:

- a) Tuberculosis: CTD
- b) HIV: NACO
- c) Malaria: NCVBDC

She also pointed out that about 80.4% of the total fund envelope of the grant cycle for India is provisioned for the Government Principal Recipients (PRs) namely NACO, CTD and NCVBDC i.e. USD 405.24 million out of USD 504 million. The remaining 20% is provisioned for Non-Government implementing PRs for Global Fund grant are as follows:

| <b><i>Eligible disease component</i></b> | <b><i>Name of NGPRs</i></b>  |
|--|--|
| Tuberculosis                             | Karnataka Health Promotion Trust [KHPT]<br>Hindustan Latex Family Planning Promotion Trust [HLFPPT]<br>Solidarity and action against the HIV infection in India SAATHII      |
| HIV                                      | India HIV AIDS Alliance [IHAA]<br>PLAN India<br>Hindustan Latex Family Planning Promotion Trust [HLFPPT]<br>Solidarity and action against the HIV infection in India SAATHII |
| Malaria                                  | Transport Corporation of India Foundation [TCIF]   |

Dr Shobini Rajan also briefed the house about constitution, composition and role of Oversight Committee(OC) of India CCM:

- She appraised the meeting about the reconstitution of OC for term 1<sup>st</sup> January 2024 to 31<sup>st</sup> December 2025 consisting of 13 members of the 13 OC members, 8 are existing OC members continuing for their second term and 5 new members.
- She updated the house about the Orientation meeting for the newly constituted Oversight Committee for term 2024-25 on 19<sup>th</sup> March 2024. She informed that Dr Ravi Kumar, Alternate Member, ICCM has been appointed as Chairperson of OC and Dr Gopa Kumar, Member ICCM selected as Vice Chairperson of OC.
- She also highlighted the Oversight role of OC on the grant related activities, field visits and monitor the effective implementation of grant and target achievement.

**I. Remarks by Dr.KK Tripathy, JS (NTEP):**

- Dr. K.K.Tripathy acknowledged the support from the Global Fund and appraised the house on the goal to eliminate TB, the need for rapid test and diagnosis by finding active cases including new and old cases.

- He stressed on importance of tests to be carried out at district and block level and to reach areas where active case findings are maximum and integrate lab network in the country for TB elimination.

## **II. Remarks by Mr. Rajiv Manjhi, JS, Malaria:**

- Mr Rajiv Manjhi highlighted on the situation of malaria in the country and underlined on how the program was able to cover the burden of Malaria and able to re-strategize the program with the help of GFATM.
- He informed the house that the number of cases reported was more than one lakh and the program has zeroed 33 districts where reported deaths due to malaria was high.
- He also informed the house that there is about 80% reduction in deaths in the last 10 years and the program aims to bring the number of death to zero by 2027 through support from global fund and NCVBDC as lead implementer for malaria elimination.

## **III. Remarks by Dr Anoop Kumar Puri, DDG, NACO:**

- Dr Anoop Kumar Puri informed that under the current grant cycle for HIV about 155 million is being allocated out of the total 500 million. He stated that about 55 million is being allotted for 4 NGPRs and 100 million for NACO, out of which 28 million to be allotted to SRs and the programme has engaged Sub recipients for the NACO grant.
- He highlighted on activities of NGPRs in care, support and treatment, linking PLHIV with social support schemes, address the issue of loss to follow up and carry out prison intervention and one PR work on One Stop centres.

## **IV. Remarks by Ms. Anandi Yuvraj, Vice Chair, ICCM:**

- Ms. Anandi Yuvraj appraised the house on how ICCM, especially members of civil society, KP and PLWD coordinated for development of concept notes, grants submission, negotiations between programs and NGPRs, development of implementation plan, and grants approval.
- She highlighted on ICCM 's oversight role of PRs by site visits and monitor targets achievement.
- She suggested to address the loss to follow up issue and develop potential efforts to continue to build community champions and engage with CBOs who are adequately supported financially under GC7 grant.
- She suggested the NGPRs to focus on TRP comments and focus on human rights and gender equity.

**V. Key note address by Ms.Hekali Zhimomi, AS/DG, NACO:**

- Ms. Hekali Zhimomi, greeted Dr. K.K.Tripathy,JS (NTEP), Ms. Rajiv Manjhi, JS, Malaria, Ms. Meera Srivastava, JS (RCH), Dr. Anoop Kumar Puri, DDG (NACO), Ms. Anandi Yuvraj, Vice Chair, ICCM, the members of OC, India CCM, Program Divisions and the member representatives from NGPRs.
- She appraised the house on efforts made in right earnest towards making sure that the concept notes were developed consultatively and submitted timely to the Global Fund with approval of ICCM. She acknowledged the contribution of the programme divisions, PRs and ICCM members towards preparation of a robust GC7 grant that has now been approved by the Global Fund.
- She reiterated that the current Grants cycle is of total 504 million across three programs, of which 280 million is allotted for TB, 155 million for HIV and 65 million for malaria for the period 2024-27.
- She requested the PRs to use the grants budget to meet the targets like TB elimination by 2025 and Malaria elimination by 2027 in India, the partner organisations to work together for a common vision of ICCM.
- She also suggested that the ICCM, OC, PRs should work together and build a team by selecting right skill sets, develop team culture by a proper leadership working at national, state level and even at grassroots level, for proper Implementation
- She suggested the community engagement to be enhanced by PRs.
- She flagged the monetary and accountability process in the current grant being embedded in implementation process.The ICCM and OC will monitor the implementation in the field level in this grant cycle.
- She requested the PRs to work together to understand the uniqueness across the programs, support each other to achieve the objectives and to achieve the targets.

Dr Shobini Rajan added that a midterm evaluation will be done based on the performance of PRs., that has been agreed to at the highest level in the Ministry.

Ms. Gitanjali, Coordinator, India CCM proposed the Vote of Thanks and the house assembled for a Group photo.

### **Presentation on GC7 grant by Govt. and non Govt. PRs for 2024-2027**

All Principal Recipients made short presentations broadly based on format shared by ICCM secretariat followed by questions and discussions.

#### **A. Presentation on GC7-TB Grant**

◆ Presentation on GC7- TB grant by CTD by Dr Raghuram Rao, CTD (***Annexure 3***)

| <b>SI No</b> | <b>Comments/suggestions</b>                                   | <b>Response/discussions</b>   |
|--------------|---|---|
| 1            | To clarify on procurement of DR-TB drugs under the grant.     | The procurement of drugs is done as per the procurement policy of the Ministry. Procurement of DR-TB drugs is through CMSS and not under GF.<br>Since there is flexibility to use the GF money for the same, the drugs can be procured from GF whenever there is requirement.   |
| 2            | Challenges in the transitioning of the works of NGPRs         | Major activities done by TB NGPRs in the GC6 grant cycle was the supply chain management for drugs and laboratory services. Regular supply chain is already ongoing as a part of NHM, State Govt. have their own mechanism for supply chain management hence the transition is addressed. additional budget is done through PIP.<br>Lab services was supported by FIND, initial years were focused on infrastructure for laboratory, which is now been established. The FIND was involved in providing training for quality assurance through National reference laboratory through program. NRL – ICMR labs and TB institutes.<br>Other activities were active case finding, key population intervention, has been done last 3 years, which has been taken over by existing health systems, and transition plan has already been prepared for each state which is under implementation.<br>New NGPRs activities will be focusing on community engagement, gram panchayats, activities for certain key population, activities related to C19 RM, additional state level support for mobilisation of resources, supply chain mechanism and NIKSHAY Mitra initiative. |
| 3            | Integrated plan for DLI for reporting and process indicators? | DLI are as decided by the Global Fund and programme division and are only applicable for NACO and CTD, as these projects are under payment for results modality. The Global fund has a verification process through LFA to accept the DLI submitted by programme divisions.   |

◆ Presentation on GC7- TB grant by KHPT. Dr Rehana Begum introduced her team and presented the GC7- TB grant (***Annexure 4***)

| <b>SI No</b> | <b>Comments/suggestions</b>  | <b>Response/discussions</b>   |
|--------------|--|---|
| 1            | Strategies to engage with panchayat, plan training modules, social | Capacitating and orienting the gram panchayat, the focal person from the team will visit the panchayat with activities listed down and micro plans developed and document the activities. |

|    |  |  |
|----|--|--|
|    | mobilisation and on engaging with community  | Training modules: the CTD module on Family caregivers is used to carry out the training and use the same to empower TB champions.<br>In the process of developing the strategies for social mobilisation.  |
| 2  | Community based implementation plan  | Plan to work with CTD team to plan for implementation of activities.   |
| 3  | Coverage and process indicators-what is the mechanism of reporting to CTD and how does CTD evaluate these activities?                | KHPT team responded that the reports are shared with CTD and Global Fund on timely basis,<br>Dr Raghuram Rao informed that apart from indicators, there will be quarterly feedback, review meetings, presentation during review meetings and evaluate performance. Certain key indicators and process indicators will be taken from gram panchayat portal. Indicators will be monthly available for visibility to Sarpanch and Gram Panchayat to develop a micro plans and build their capacity to achieve the targets. This will be carried out as a part of initiative implemented by CTD. |
| 4  | To focus on Human rights and gender- to do an initial assessment on Human Rights & gender equity to improve Quality of intervention. | KHPT agreed to the suggestions   |
| 5  | What are monitoring and evaluation systems for this project?   | The KHPT team is working on formats and will be available online.  |
| 6  | On what criteria the geographical area was selected for GC7?   | Selected based on GC6 project and in continuation of discussion with CTD.  |
| 7  | What are the post training activities during the 3 year period and any incentives given?   | Training: training will be on family caregiver module and the incentives will be given activity based.   |
| 8  | Will the TB champions from previous grant be involved for new champions?   | We are utilising existing TB champions along with Ayushman Arogya mandir.<br>TB champion engagement is at HWC level, the team will engage more from existing TB champions and train them to equip them to deliver the 7 components as mentioned in the proposal.   |
| 9  | What are the learnings from the previous projects? Should TB champion move beyond TB disease?  | Previously, TB champions were involved more into awareness and follow up with TB patients.<br>In the current project, the TB champions will be involved beyond disease boundary. Working on well-defined TB champion engagement under this project.  |
| 11 | What is the update on SR selection?  | 3 SRs will be selected. The EOI process and the due diligence is initiated and hoping to go on board by May 2024. Dr Shobini Rajan, informed that the respective PR will do the SR selection.  |
| 12 | Regarding the skill development- will joint trainings will be undertaken?  | It was informed that the counselling content for HIV includes TB and vice-versa. The modules prepared by HIV programme will be made available with CTD, KHPT and TISS.   |

|    |  |  |
|----|--|--|
| 13 | On what concept are the district TB officer trained? | Training will be on soft skills management |
|----|--|--|

- ◆ Presentation on GC7- TB grant by HLPPT, Mr. Chaturanand introduced his team and presented the GC7 grant (**Annexure 5**)

| SI No | Comments/suggestions  | Response/discussions   |
|-------|---|--|
| 1     | The states to be detailed for OC and ICCM members.  | The Geography will be shared.  |
| 2     | Is there any collaboration with other partners for skill enhancement of TB champions?                       | Cross partner's collaboration process is ongoing. The potential TB champions will be identified with the help of DTOs at district level.<br>Current grant involves private hospitals and online labs intervention to enhance the follow ups of patients.   |
| 3     | Are there traditional healers involved? How did you select the corporates and from where are they selected. | AYUSH is involved and all those group of healers who are first point of contact/ at ground level are included or anyone involved in treating the diseases are included and can reduce the delayed diagnosis.<br>Corporates- are contacted through online platforms to avoid the missing out of cases.  |
| 4     | Who are the key vulnerable population? How is this population reached?                                      | Key vulnerable population- slum, categories defined in program, plan to have meeting with PD and mapping at grassroots level and finalise line list of the population.<br>Dr Raghuram, responded that Key population is based on their socio economic status, based on the population which are unable to reach. The ASHAs and outreach workers will be involved to reach the key populations. |
| 5     | Are you involving communities?  | Yes, the gender equity is being maintained and TB champions are involved.  |
| 6     | How to plan to identify extra pulmonary diagnostics sites?  | Will be identifying 30 facilities which are classified in 2 parts- with no equipment and others with no physicians and technicians.<br>Labs will be identified during 1 <sup>st</sup> two quarters.<br>PD responded that identifying the extra pulmonary diagnostic sites is the part of this grant cycle and are identified above district levels.  |
| 7     | When is the QR code implemented   | PD responded that the QR code is implemented only at point of sample collection, will not involve sputum quality and will include only sample collection.  |
| 8     | Do you have enough budget to do screening on key vulnerable population?                                     | PD responded that about 800-900 handheld X-Rays will be purchased in addition to existing ones and guidelines are in place to screen key vulnerable populations.   |
| 9     | If stigma is taken into consideration while screening among Key vulnerable population?                      | Strategy to start with community engagement and then the sample collection.  |

- ◆ Points of discussion on presentation of GC7- TB by SAATHII: Mr. Satish Kumar introduced his team and presented the GC7 grant (**Annexure 6**)

| SI No | Comments/suggestions                               | Response/discussions/discussions  |
|-------|--|---|
| 1     |  |   |
| 2     | The states to be detailed for OC and ICCM members. | The Geography will be shared.   |
| 3     | How would private sector be engaged                | Paediatric TB treatment hubs and private sample collections hubs will be set up and collaboration brought in with Indian Academy of Paediatrics (IAP) |

### B. Presentation on GC7-Malaria Grant

- ◆ Presentation on GC7- Malaria grant: presented by Dr P.J. Bhuyan, Joint Director, NCVBDC. (**Annexure 7**)

| SI No | Comments/suggestions  | Response/discussions  |
|-------|---|---|
| 1     | Is Household survey undertaken in GC7 as done in GC6?                                 | Yes, NIMR carried out the Household survey and the report of the same will be shared with ICCM.       |
| 2     | What are the modifications on status of Human resources?                              | The ToRs for the human resources have been revised.   |
| 3     | Why are only 19 districts included in GC7 instead of 21                               | Since there was no burden of disease in the 2 districts, it was decided to include only 19 districts. |
| 4     | Any budgetary provision for inclusion of strengthening of the networking for malaria? | The provision is available and NGO SR is made available in 7 districts for networking.                |

- ◆ Presentation on GC6- Malaria grant by Mr. Samrat, NCVBDC.

| SI No | Comments/suggestions   | Response/discussions   |
|-------|--|--|
| 1     | Dr Munish commented that when the grant was given to TCIF, two activities along with the 2 components like HR and procurement and sought clarifications on indicators that were not transferred to TCIF. | Dr Tanu Jain clarified that Global fund activities were not transferred to TCIF and that only program related activities were transferred. |



- ◆ Presentation on GC7- Malaria grant by TCIF, Dr Munish Chander introduced his team presented. (**Annexure 8**)

| SI No | Comments/suggestions  | Response/discussions   |
|-------|---|--|
| 1     | How is Learning Management system (LMS) successful? How was it helpful for ASHAs and How is the LMS system validated? | <p>The LMS is a standard system where the reports are generated on number of persons (gender wise, state wise) enrolled, dropped out or completed training. The rights have been reserved to NCVBDC to run and operate the system. The access right has been to granted to State Programme Officer for the same. The LMS has been designed such that all other diseases are also included. It is a self-paced system, in which online training is also conducted through both video or live telecast. The participants can access the LMS simultaneously and the Certificate of completion is auto generated and is being issued to the participants after training.</p> <p>This system is also integrated with government portal and used to conduct meeting.</p> <p>Dr Tanu Jain clarified that LMS modules are yet to be validated by experts and are under development. The ASHAs may not be able to take up the self-paced training and once the LMS is transitioned to NCVBDC the same may be addressed.</p> <p>States with zero cases must be verified and process for the same is ongoing through DBS and PIP.</p> |
| 2     | What is training need assessment?<br>What was the target for ASHAs?   | <p>ASHAs- target was 12 lakhs. There was mismatch in number which was 8-9 lakhs.</p> <p>Training Need assessment- was done with a focus to train ground staffs and for LMS systems. To draft a framework of modifications in LMS.</p>  |
| 3     | Who will handle the LMS in future?  | LMS rights is yet to be transitioned and NCVBDC will be given the rights to manage.  |
| 4     | Why is there no provision for community participation?  | <p>LMS was basically designed for people working with malaria disease.</p> <p>C19 RM grant had community involvement, Public involvement in schools.</p> <p>Dr Tanu Jain clarified that the structure of TCIF previous grant was designed with no community involvement. But now 7 NGSRs are involved, working on IEC and awareness.</p>   |

### C. Presentation on GC7-HIV Grant

- ◆ Presentation on GC7- HIV grant by NACO; by Dr Benu Bhatia: (**Annexure 9**)

| SI No | Comments/suggestions   | Response/discussions  |
|-------|--|---|
| 1     | How is the distribution of condom done?  | It was clarified that condom quantification is done to Tis as well as OSCs, Sampoorana Surakha Kendra, STI clinics and CSC etc. The procurement is done through domestic budget and not through GF and we have supplies and pipelines for about 15 months. Positive prevention is being done and eligible index clients are regularly tested. |
| 2     | Is there possibility for PLHIV networks to work as SRs/SSRs for govt. PRs?                                     | IT is not the mandate of programme division to lay down criteria for SR engaged by Non-Government PR.   |
| 3     | Is there any process at NACO for integrating the portals/registry.   | Discussion is ongoing with NHM team regarding the same for integration with Nikshay, RCH portal, HMIS etc   |
| 4     | Recommended to relax the criteria for selection of PRs and identify potential CBOs without NITI Ayog registry. | It was clarified that the PR selection was done without any relaxation and Response/discussions was very good and included networks and CBOs. The selection was done as per merit. Hence, the preferential call for CBOs was not deemed necessary.  |

- ◆ Presentation on GC7- HIV grant by PLAN India; by Mr. Rajesh and the presentation received no comments or suggestions. (**Annexure 10**)

- ◆ Presentation on GC7- HIV grant by ALLIANCE India; by Ms. Rose. (**Annexure 11**)

| SI No | Comments/suggestions   | Response/discussions  |
|-------|--|---|
| 1     | What is the major back fall in utilisation of grants?  | Major backfall is from Humsafar trust as it took time for utilisation of grant.   |
| 2     | What is the future transition plan?  | 25% of CSC have been transitioned and 100% of them will be transitioned by the end of March 2027.   |
| 3     | How many SRs will be retained? When will the activity start?   | The number will be decided based on the performance review and along with integrity of due diligence. Alliance to share greater clarity on the status of selection and total number of SRs. |
| 4     | How many SRs will be for CSCs in MP, Mizoram, Manipur? Why not all 79 go for GC7 grant and why not 1 SR do the activities. | The numbers and clarity on the same must be provided to the ICCM.   |
| 5     | How many total number of SRs? How many SR for prison and virtual intervention?   | For Virtual intervention- Humsafar Trust<br>For Prison intervention- 1 SR<br>For CSC- 2 SRs<br>Alliance India will manage CSCs directly.  |
| 6     | What is the transition plan for virtual intervention?  | Discussions are ongoing with NACO for the same.   |
| 7     | Transition plan to be shared.  | Alliance to share   |

- ◆ Presentation on GC7- HIV grant by SAATHII. The team was introduced by Mr.Anupam and presented the GC7 grant. (**Annexure 12**)

| SI No | Comments/suggestions   | Response/discussions   |
|-------|--|--|
| 1     | Bottle neck for unspent amount                                   | Efficiency gains were from the capsular training and programme management. Under expenditure was due to unable to perform field assessment across states and PMTCT.  |
| 2     | Kshamta Kendra- is it only for state where SAATHII was involved? | Kshamta Kendra is a pan India activity.  |
| 3     | Process of Selection of SRs and initiatives in states            | New SRs will be on board only after 1 <sup>st</sup> quarter i.e. by July 2024. Coordinating with a note that no services will be disrupted with no gap in the services while transitioning from one PR to another. |
| 4     | Are there any TRP comments for SAATHII and IHAA?                 | TRP comments were on triple elimination, gains of EVTHS preserved specifically in private sector and on tests.   |

- ◆ Presentation on GC7- HIV grant by HLPPT. Mr. Neeraj Pathak introduced the team and presented the GC7 grant (**Annexure 13**)

| SI No | Comments/suggestions                                  | Response/discussions   |
|-------|---|--|
| 1     | Is the selection of SR complete? How is SSR selected? | The SR selection is completed and SR will select SSR.  |
| 2     | Prison intervention                                   | Dr Bhavsar, informed that DISHA will play the role of implementation of prison intervention at district level. |

It was reiterated by ICCM secretariat on behalf of OC and ICCM members that all PRs should share their process indicators, quarterly reports etc with ICCM secretariat to be uploaded on the ICCM website for ease of public access.

The house was also informed that any concept of reprogramming of grants within the overall allocation is done by the NGPRs in coordination and approvals with the PD. If the reprogramming is due to forex savings, such reprogramming has to be approved and endorsed by the Chair and Vice Chair of ICCM. The proposal has to be endorsed by ICCM.



Group Photo

**Day 2: Date: 25<sup>th</sup> April 2024**

**Presentation on GC6 grant performance and closure with lessons learn**

Dr Shobini Rajan, greeted the members of ICCM, OC and representatives of PDs, LFAs and NGPRs. She requested LFA team to introduce themselves. Mr. Gaurav Gupta introduced his team members- Ms. Gunjan Sachdeva, and Mr. Akshay.

Dr. Shobini Rajan, requested Ms. Anandi Yuvraj to chair this session. Ms. Anandi Yuvraj welcomed the PDs and NGPRs and requested the NGPRS to present their learnings and findings under GC6 grants.

Dr. Shobini Rajan, clarified that this session has been included in this meeting because an expectation has been raised from the Global Fund Country team that the Grant closures for GC6 are to be signed off by ICCM.

It is also understood that the original grant period is over by 31<sup>st</sup> March 2024, but the NGPRs have been offered certain time period to smoothly transition activities and close their accounts. Broadly, this translates into a six-month period ending 30<sup>th</sup> September 2024 for all NG PR. Clarity on the role of outgoing PRs, LFA, Programme divisions and ICCM secretariat was sought in light of receipt of documents of asset transfer being received from the Union, that cannot be processed by ICCM secretariat as such.

- 1) Presentation of GC6 grant by FIND, Dr. Akshi Kalra, introduced their team and presented their GC6 grant. (***Annexure 14***)

| SI No | Comments/suggestions  | Response/discussions  |
|-------|---|---|
| 1     | To share the details on standard indicators and stigma study, methodology used, how denominator and numerator was defined and the process of data collection. | Will share a write up with all the details  |
| 2     | How much of unspent amount will be paid back to Global Fund?  | About 8 million.  |
| 3.    | Clarity was sought by FIND from NACO whether they are in agreement to conduct the AIC activity in ART centres as envisaged under C19RM grant with FIND        | Since the concerned officers from NACO were not present during this time of the meeting, it was taken note of that NACO would provide a formal Response/discussions to find expeditiously |

- 2) Presentation of GC6 grant by WCIF, Mr. Shamim introduced their team and presented their findings from GC6 grant. (***Annexure 15***)

| SI No | Comments/suggestions  | Response/discussions  |
|-------|---|---|
| 1     | To clarify the details on timeline of grant closure.                          | The ground level activities were closed by 31 <sup>st</sup> March 2024. Individuals who are under treatment will continue and no new enrolments are undertaken.                                       |
| 2     | Is there a role in handing over to new PRs and continuing services?           | The discussions on the same is ongoing. The Govt PR is taking over and the process is ongoing. Dr. Raghuram Rao informed that the transition is ongoing and taking over is being done at state level. |
| 3     | Suggestion to document the field challenges and learnings from the learnings. | Dr. Raghuram Rao informed that the refusal rates were low and completion rates was very high and acceptance was good.   |

- 3) Presentation of GC6 grant by The UNION, Dr. Bharati introduced their team and presented their findings from GC6 grant. (**Annexure 16**)

| SI No | Comments/suggestions                    | Response/discussions   |
|-------|---|--|
| 1     | Brief the key population in the project | The key population is one group exposed to silica dust for TB infection in 2 districts of MP, found 45% positivity and manuscripts are being developed and will soon be submitted to CTD.<br>Second group is due to the Adverse events during treatment and no causality reported. |

Dr Shobini Rajan, requested the LFA to present the details on closure of GC6 grants. Ms. Gunjan Sachdeva presented the house on the process of closure of grants. (**Annexure 17**)

### Points of discussion on grant closure plan

Mr Gaurav appraised the house on the Grant closure process.

- ◆ Preparation of Grant closure plan by PR should include the - Grant closure budget with the implementation timelines (6 months for PR, 3-4 months for SR & 2 months for the SSR), Fixed Assets plan that includes preparation of Fixed Assets line list with disposal plan (scrap the asset, donate / Re-use in other grants).
- ◆ Review of plan by LFA and Global Fund, which includes the Budget Review, review of Fixed Assets disposal plan and then sent to Global Fund for their concurrence.
- ◆ Endorsement of plan and oversight by CCM in the implementation of the grant closure activities and transition of areas / activities from existing PRs in GC6 to New PRs in GC7.
- ◆ As a final step, Global fund approves the grant closure plan.
  - A grant enters financial closure on the day after the grant end date.

- Status assigned when all refunds have been received. This status would end all normal financial obligations between the Global Fund and the PR under the Grant
- Status assigned when all liabilities and commitments have been fulfilled, cancelled or transferred, all cash and non-cash assets have been accounted for and appropriately transferred or returned and all reporting requirements have been met.
- ◆ Dr Raghuram Rao, requested the LFA team to facilitate the assets plan and explore the possibility of the same to be handed over to the newer NGPRs before they begin their procurements under new grant.
- ◆ Mr Gaurav informed that the asset can be used by new organisation or retained by the parent organisation, if the assets are sold then the amount has to be returned to global fund.

**Action points:**

- The PRs to submit their grant closure documents for asset disposals, unspent budgets, listing of assets with the disposal plan that have already been prepared in informal consultation with the Global Fund Country team for review by respective PDs before 31<sup>st</sup> May 2024
- The PDs to submit the reviewed documents for CCM endorsements by 15<sup>th</sup> June 2024.

Ms. Anandi Yuvraj, thanked the outgoing NGPRs and expressed on behalf of the Chair and full ICCM deep appreciation for their contributions towards strengthening the programmes for TB and expressed her gratitude to the LFA for providing clarity on the grant closure process.

**Presentation on Performance Framework for GC7 grant**

**and**

**Group work for preparation of Road map and quarter wise activity plans of OC for period up to March 2025**

The Govt. and Non-Govt. PRs presented their respective performances indicators (***Annexure 18***) to the members of ICCM and OC, for the OC members to adapt performance framework for OC review tools and prepare a standard operating procedures(SOP) for field visits. This was followed by discussion and group work towards preparation of Road map

## Discussion points:

- a) Dr. Ravi Kumar, Chair, OC, noted that the presentation of NCVBDC and TCIF contained the progress of GC 6 in terms of impact and outcome indicators. However, it is equally important to prepare a comprehensive report of the performance of the process indicators, coverage indicators and distribution, the quality assurance, and the timeline of activities against the agreed targets under the grant confirmation document. The TCIF is to provide details of training activities of different cadres of staff as against the targets set. For the GC7 there is need to draw up suitable targets for the process indicators, coverage indicators and distribution, the quality assurance, and the timeline of activities.
- b) It was decided that each Programme division would designate a point of contact for engagement with the OC who would be responsible for sharing monthly/ quarterly report by PDs for timely circulation among OC members for in depth project review for both Govt PRs and NGPRs.

| Disease component | Officer from PD | Point person from NPMU |
|-------------------|-----------------|------------------------|
| HIV               | Dr. Bhawna Rao  | Dr. Benu Bhatia        |
| TB                | Dr Raghuram Rao | Dr Sandhya Gupta       |
| Malaria           | Dr P J Bhuyan   | Dr C S Aggarwal        |

- c) Till such time as there is no dedicated person in OC for procurement and finance, the capacity and support of the programme divisions may be co-opted, to which the PD broadly agreed to fill up the one vacant position in OC. The said position maybe co-opted from the finance and procurement expert from PDs.
- d) The ICCM Secretariat to facilitate letter from AS to State Health Secretaries prior to OC visits to the respective state for proper coordination and planning.
- e) The resource experts can be co-opted from ICCM members and will be decided based on need and competencies, only in case the OC members are unable to join for field visits.
- f) Oversight Meetings:
- A monthly virtual meeting of OC shall be conducted along with PDs.
  - The focal points for each respective disease component to have a meeting with the PDs one week prior to the virtual /physical meetings and prepare discussion points and brief the points of discussion with the OC during the monthly virtual meetings.
  - Quarterly physical visit of OC should be conducted. The next physical meeting may be planned during 2<sup>nd</sup> week of August 2024 (to invite 2 NGPRs from each

PDs). Subsequently, meeting can be conducted in October 2024 and January 2025. The NGPRs should be invited for these meetings for updates.

- The OC to visit one state per visit per quarter. Out of these four visits, at least 2 States for C-19 RM and 2 States for Malaria. HIV and TB to be covered in all the visits.
- g) The Performance indicators and SOPs for field visits to be prepared by OC team as follows:
- Malaria- Dr. Ravi Kumar
  - TB- Dr. Amar Shah
  - HIV /AIDS- Dr. Deepika Srivastava
- h) The PDs to Invite OC as part of program reviews like NHM-CRM, JMM-TB, in dept evaluation Malaria etc. and plan for midterm evaluation.
- i) The OC should submit their visit report within 2 weeks of visits/ desk review and following which 2 weeks for ATR
- j) ICCM Secretariat to facilitate letter from AS to State Health Secretaries prior to OC visits to the respective state for proper coordination and planning 2 weeks prior to proposed OC visit.
- k) The resource experts can be co-opted from ICCM members and will be decided based on need and competencies, only in case the OC members are unable to join for field visits. OCs to intimate their availability for the field visit to CCM Secretariat 2 weeks prior to the proposed visit.
- l) Planning for mid-term evaluation to be initiated.

Further, the OC activity plans were presented to Dr. K.K.Tripathy, JS ( NTEP), by Dr. Ravi Kumar. Chair, OC.

**Closing remarks of Dr. K.K.Tripathy, JS ( NTEP):**

K.K.Tripathy, JS ( NTEP), thanked the members of PDs, OC and the ICCM and highlighted on the importance of achieving the program targets. He supported the idea of OC monthly meetings and visits. He also suggested to have a better coordination with state government for better coordination and work according to the health needs states.

The meeting ended with vote of thanks!



The key actionable, responsibilities and timelines are summarized below:

| <b>S No.</b> | <b>Action Point</b>  | <b>Assigned to</b>  | <b>Timeline</b>                      |
|--------------|--|---|--------------------------------------|
| 1            | Vacancies in OC to be filled   | CCM Secretariat   | Immediate                            |
| 2            | Prepare a matrix of the geographical distribution of different projects from the approved project proposals. The states for the C19 RM to be selected for the visit in June 2024.  | Dr. Deepika Srivastava  | 15 May 2024                          |
| 3            | To formulate the 1 <sup>st</sup> draft of revised ToRs of OC   | Ms. Nandini Kapoor and Ms. Gitanjali Mohanty                                      | 15 May 2024                          |
| 4            | Share list of States where visits had been done  | ICCM Secretariat  | 15 May 2024                          |
| 5            | NCVBDC and TCIF to re-submit the information including all details in alignment with the GC7 grant document along with the process indicators, coverage indicators and distribution, the quality assurance, targets and the timeline of activities | NCVBDC and TCI Foundation   | 15 May 2024                          |
| 6            | A virtual meeting to be planned during 3 <sup>rd</sup> week of May for C-19 RM   | India CCM Secretariat   | 21 May 2024                          |
| 7            | The Performance indicators and SOPs for field visits to be prepared by OC team   | Malaria- Dr. Ravi Kumar<br>TB- Dr. Amar Shah<br>HIV /AIDS- Dr. Deepika Srivastava | June 2024                            |
| 8            | C-19 RM specific field visit to be planned   | OC/ ICCM Secretariat  | July 2024                            |
| 9            | Over Sight Visits to be planned for 3 states   | OC/ ICCM Secretariat  | Aug 2024<br>Oct 2024<br>Jan/Feb 2025 |
| 10           | Virtual PR desk review meeting to be conducted   | OC/ ICCM Secretariat  | Nov 2024                             |



### Glimpses of the meeting:



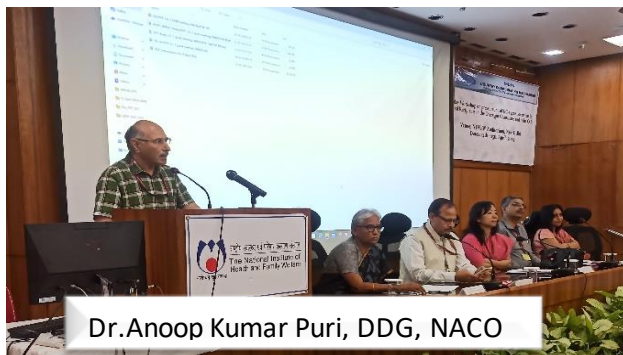
Dignitaries on dais



Dr.K.K.Tripathy, JS(NTEP)



Mr.Rajiv Manhji, JS(Malaria)



Dr.Anoop Kumar Puri, DDG, NACO



Ms. Anandi Yuvraj, Vice Chair, India CCM



Ms.Hekali Zhimomi, AS/DG, NACO

