

Record of Discussions of the fourth meeting of Oversight Committee held virtually on 30th July 2024

Date: 30th July 2024, 3.30 p.m.

Mode: Virtual mode via Webex

<https://mohfw.webex.com/mohfw/j.php?MTID=me680ae9c51edfca10b0cd9f6b1a0c49c>

The fourth meeting of the Oversight Committee was held virtually on 30th July 2024 under the Chairpersonship of Chair, Oversight Committee of India CCM. The agenda of the meeting and the attendance sheet may be found enclosed at *Annexure-1* and *Annexure-2* respectively.

Major Discussion/Action Points are as follows:

1. Update on Action Points from the 3rd OC Meeting was taken during the meeting and it was noted that there are no pending actions.
2. **Presentation of first cut of Oversight Committee Team 1 Field Visit Report of Telangana**

Presentation was done by Dr. Ravi Kumar, Team Lead-Telangana and Ms. Deeepika Srivastava, OC member. The Draft PPT of OC Telangana Field Visit can be found at *Annexure 3*.

Dr. Ravi Kumar provided positive feedback regarding the Telangana Field Visit, noting that it was a productive experience with many valuable insights gained.

Inputs by Program Division-

Observations	Responses
TB-CTD	
ADG CTD inquired whether the Telangana State TB Officer was also unaware of the C19 RM Grant and its NGPRs. CTD suggested that this clarification be included in the Oversight Committee (OC) Report.	It was clarified by OC that the Telangana SACS was unaware of the C19 RM Grant, whereas the State TB Officer for Andhra Pradesh (STO AP) was well-informed. The clarification will be added in the Report.
There was an inquiry about TB-HIV collaboration observations within Community-Based Organizations (CBOs) during screening among key populations and whether any challenges were identified.	An OC member responded that, within the Family Planning Association of India (FPAI), it was observed that FPAI facilitated HIV-TB referrals to ensure that referral loops were closed. Additionally, it was noted that ART Centres do not provide reports to patients until their TB testing is completed. The OC also observed that in Warangal, the coordination between HIV and TB programs was better

	compared to the coordination between HIV and Non-Communicable Diseases (NCDs).
It was noted that the name of the Telangana State TB Officer was incorrectly mentioned in the PowerPoint presentation and should be corrected to Dr. Rajesham in the report.	OC acknowledged to correct the Field Visit Report.
Regarding the Molecular Cartridge, ADG CTD technically clarified that currently, the CBNAAT machine detects only Rifampicin resistance, while Isoniazid (INH) resistance is detected through the first-line Line Probe Assay (LPA). The same is to be clearly mentioned in the report. He also added, that approval is still pending from the National Technical Expert Group for the newer technology required to test all series of resistance through CBNAAT.	OC team agreed to revise the technicalities in the report.
HIV-NACO	
DDG NACO conveyed that during the 90th ICCM meeting held on July 2, 2024, the Health Secretary explicitly stated that the Key Population (KP) Grant would not be extended beyond December 2024 due to low utilization, suboptimal performance, and insufficient initiatives by NGPRs. Additionally, no extension requests had been submitted by NGPRs prior to the 90th ICCM meeting, where their request for an extension was denied by the Health Secretary.	OC members clarified that the "extension of KP Grant" had been mentioned as a request from Community-Based Organizations (CBOs) under NGPRs, rather than as a recommendation from the Oversight Committee. The OC agreed to incorporate it in the OC Field Visit Report.
A query was raised regarding one of the HIV slides that referred to "Separate staff and salaries." The question was whether CBOs under NGPRs required distinct staff and separate salaries and whether they sought to extend beyond the grant period.	An OC member responded that SR SMS manages a Targeted Intervention (TI) and OC had inquired if common personnel were being used for both TI and CBO capacity development. SAATHII replied that separate staff and accounts were maintained for each component, which would continue throughout the grant period.
Malaria- NCVBDC	
It was acknowledged that TCIF had only 1 District in Telangana and the targets were met by TCIF of putting ASHA Boards, Sun Boards and Wall paintings.	

Remarks-

- CTD reported that FIND was initially assigned 100 Drug-Resistant TB (DRTB) sites for AIC Assessments. However, since the component of AIC Assessment for ART Centres was removed, additional DRTB Centres were subsequently included for AIC assessment. The assessments are ongoing, and the reports are pending.
- An OC member, commented on SAATHII's approach of employing different staff for its Targeted Intervention (TI) and CBO Strengthening projects that it is also important to avoid excess staffing for each project. Additionally, the work of CBOs under the C19 and KP Grants was commended and it was recommended to plan a transition for these CBOs, potentially involving them in TI, GC7, or other programs to leverage the community capacity developed on the ground.
- Regarding the issue of inadequate coordination between CBOs and districts and states, it was noted that this challenge could be partially addressed through the GC7 Grant.

3. Presentation of first cut of Oversight Committee Team 2 Field Visit Report of Andhra Pradesh

Presentation was done by Dr. Amar Shah, Team Lead- AP. The Draft Report of OC AP Field Visit can be found at *Annexure 4*.

Inputs by Program Division-

Observations	Responses
TB-CTD	
Concerning the Annual Maintenance Contract (AMC) for UVGI, ADG CTD noted that since the C19 RM Grant extends until 2025, procurement, purchase orders, and expenses must be booked before 2025 in accordance with Global Fund requirements, which presents a challenge. AMC payments are annual and output-based; however, CTD will explore the possibility of accepting advance payments for three years, though this involves some risk. CTD will engage in discussions with The Global Fund, the Local Fund Agent (LFA), and the FIND team to clarify the scope of this arrangement.	The OC AP Team Lead indicated that this recommendation has been made to the State during their field visit and that the State will likely endorse the same recommendation.
HIV-NACO	
HIV Program Division concurred with the report.	
Malaria- NCVBDC	
During the presentation, it was reported by the OC members that 98 malaria cases had been detected within a one-month period in a single Hamlet/Primary Health Centre	The OC members responded that there was a shortage of malaria medicines at the PHCs and noted issues with poor infrastructure.

(PHC) in Visakhapatnam. Dr. Bhuyan, Additional Director, NCVBDC, inquired whether these cases were predominantly Plasmodium falciparum or Plasmodium vivax, and whether the Oversight Committee had made any additional observations.	
An OC member, requested clarification on whether the reported number of malaria cases was supported by surveillance data or was provided verbally, and emphasized that the source of information should be specified in the report.	OC AP Team clarified that the source of information will be mentioned in the final Field Visit Report.

Remarks-

- Regarding procurement of UVGI by FIND, ADG CTD stated that all the necessary approvals were granted to FIND approximately 2-3 months ago. FIND is currently processing the procurement which is expected to be completed within the stipulated timelines.
 - With respect to the Airborne Infection Control (AIC) Modal of Centres for Disease Control and Prevention (CDC), ADG CTD mentioned that the CDC provides Technical Assistance, and CTD will ensure synergy between CDC's AIC modal and that of FIND India.
 - Additionally, in AP Malaria Report presentation it was recommended that the OC could perhaps include a suggestion to improve the ratio of persons to bed nets from 1:1.8 to 1:1 to prevent increase in Malaria cases.
4. The involvement of the AP and Telangana State Representatives for C19 RM Field Visit was commended, and its effectiveness in the field visit was acknowledged by the OC members.
 5. The OC members also expressed appreciation for the presence of Program Division Representatives and the support provided by the India CCM Secretariat staff. Their efforts facilitated smooth coordination with the States and among the NGPRs both, prior to and during the Field Visit.

The key actionables and timelines are summarized below:

S No.	Action Point	Timeline
1	Inputs on C19 RM from the Oversight Committee on Interim Reports and Improvement Plan Reports shared by NGPRs	14 th August 2024
2	Submission of OC AP and Telangana Field Visit Reports	20 th August 2024
3	5th OC meeting (Quarterly OC physical meeting) and the Field Visit debrief meeting	Tentatively planned between 28 th August to 1 st week of September 2024
4	PR Desk Review by OC	September 2024
5	OC Field Visit for GC7	November 2024

4th meeting of Oversight Committee (ICCM)Date: 30th July 2024; Time: 3.30 p.m.

Time	Description	Facilitator/Presenter	Chairperson
15:30-15:40	Action taken update from 3 rd OC meeting dated 14 th June 2024	All members of OC facilitated by ICCM Secretariat	Chair/ Vice chair Oversight Committee
15:40-16:10	Presentation of first cut report of C19RM focussed OC field visit to Telangana (8 th to 12 th July 2024)	Team Lead, Telangana along with team members	
16:10-16:40	Presentation of first cut report of C19RM focussed OC field visit to Andhra Pradesh (8 th to 12 th July 2024)	Team Lead, Andhra Pradesh along with team members	
16:40-17:10	Discussions and inputs by Programme Divisions	Point person from Programme Division (NACO, CTD and NCVBDC)	
17:10-17:20	Tentative date for Debrief meeting/ quarterly OC physical meeting in August 2024	All members of OC facilitated by ICCM Secretariat	
17:20-17:30	Any other matter with approval of the Chair at the end	All members of OC facilitated by ICCM Secretariat	

List of Participants:**Annexure-2**

SI No	Name of participant	Designation	Attendance (virtual)
1	Dr. Ravi Kumar	Chair, OC	Present
2	Dr. Gopa Kumar	Vice Chair, OC	Present
3	Dr P.K.Srivastava	Member, OC	Present
4	Ms. Nandini Kapoor Dhingra	Member ,OC	Present
5	Prof. Ramila Bisht	Member, OC	Present
6	Dr Amar N Shah	Member, OC	Present
7	Mr. Pratik Raval	Member, OC	Present
8	Mr. Vijay Nair	Member, OC	Absent
9	Mr. Samir Kumar Sahu	Member, OC	Present
10	Mr. Shridhar Pandey	Member, OC	Present
11	Deepika Srivastava Joshi	Member, OC	Present

SI No	Name of the participant	Programme Division	Attendance
1	Dr. U B Das	DDG, NACO	Present
2	Dr Raghuram Rao	ADG, CTD	Present
3	Dr Bhawna Rao	DD, NACO	Present
4	Dr P J Bhuyan	AD, NCVBDC	Present
5	Dr Benu Bhatia	NPMU, NACO	Present
6	Mr B L Parihar	NPMU, NACO	Present
7	Mr Shashank Malviya	CTD	Present

SI No	Name of the participant	India CCM Secretariat	Attendance
1	Dr. Shobini Rajan	DDG, Focal Point	Present
2	Ms. Gitanjali Mohanty	Coordinator	Present
3	Ms. Sadaf Ahmad	Programme Officer	Present
4	Mr. Chanderpal	Admin. Assistant	Present

