

**Record of Discussions**  
**Presentations by Principal Recipients to Oversight Committee and ICCM on C-19 RM**  
**Grant**  
**(C19RM-2020/2021/KP/full funding/Fast track)**

Date: 21<sup>st</sup> May, 2024  
Time: 3:00- 19:00 Hrs  
Mode: Virtual Meeting

A virtual meeting on C-19 RM Grant review was held on 21<sup>st</sup> of May 2024 under the Chairmanship of Dr. Ravikumar, Chairman, Oversight Committee for Government and Non- Government Principal Recipients. The meeting was attended by the members of Oversight Committee (OC), India CCM Secretariat, Program Divisions and Representatives from the Govt. and Non-Govt. PRs (NGPRs) of C-19 RM Grant as per the attendance enclosed in ***Annexure 1***.

The main objectives of the meeting were as follows (***Annexure 2***):

- Presentation by CTD and TB NGPRs (The Union, WJCF, FIND India) on approved C19RM related activities.
- Presentation by HIV NGPRs (IHAA, SAATHII, and PLAN International India Chapter) on approved C19RM related activities including KP.
- Presentation by Malaria NGPR- TCIF on approved C19RM related activities.

Ms. Gitanjali Mohanty, Coordinator, India CCM Secretariat briefed the attendees on the Global Fund Grant for C-19 RM. It was mentioned revised that Global Fund has allocated 134 Million USD for C-19 RM and around 10 Million USD for KP Grant to India. This amount is further divided in phases which are C19 RM-2020/2021, KP Grant, Full Funding Grant and Fast track. It was informed that the Govt. PRs and NGPRs would be presenting the information on the basis of the phases which have been granted to them. The presentations would consist of the following details to cover the entire aspect of the review:

1. Overview of the grant
2. Geographical area covered
3. Grant utilization (Budget Vs. Expenditure)
4. Issues/Challenges
5. Way forward

### **Welcome Remarks**

Dr. Ravikumar, Chairman, Oversight Committee welcomed all the Oversight Committee members, Government and Non-Government Principal Recipients who had joined the meeting.

The review started with the presentation by CTD.

### **Presentations on C-19 RM Review**

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

#### **1. Presentation on C-19 RM- CTD**

- Presented by Dr. Raghuram Rao, ADG, CTD (***Annexure 3***)

<b>S No.</b>	<b>Comments/suggestions</b>	<b>Response/discussions</b>
1	It was appreciated that IHIP integration is one of the main aspects C-19 RM and it was being done by CTD. The different reporting softwares are intended to be integrated with the IHIP.	
2	CTD was requested to be in touch with other Program Divisions regarding integration of IHIP in their programs.	CTD agreed to the same.
3	It was well noted that Block Public Health Units would be strengthened where identification of any disease outbreak can be done and timely action can be undertaken. It was confirmed whether it would be PAN India and all 643 BPHUs would be covered.	Due to limited budget and duration of C-19 RM Grant which is one year, around 200 Public Health Labs are going to be completed this year to be picked-up. Hand-held X-Ray to be provided PAN India. Oxygen Containers to be provided PAN India.
4	Regarding the use of hand held X-ray machines, training and safety of NHM/NTEP staff to be taken care of.	CTD assured that all trainings will be carried out regarding safety procedures.
5	Targets, Process indicators, Outcome Indicators, and priority geographical areas of PD and NGPRs of C-19 RM to be shared with OC before their field visit for monitoring.	CTD agreed to provide the Performance Framework at the earliest.

## 2. Presentation on C-19 RM- The Union

- Presented by Dr. Satyajit, The Union (**Annexure 4**)

S No.	Comments/suggestions	Response/discussions
1	Why is there a big gap between the target and achievement?	<p>The services that The Union is providing on the field are same as what the Government is providing. So, The Union is only filling the gap on the ground. The Union is trying to showcase a model which can be adopted in the future pandemics but since NTEP is a very old program, some services are already being followed in the field. Some patients refusing to take drugs at their door step and shortage of drugs are few other reasons why the targets are not being met.</p> <p>ADG, CTD added that due to COVID-19 the need for doorstep delivery came down and the State Governments didn't want to change the behaviour of the patients temporarily when there was no challenge for patients to come and take the drugs at the DOTS Centre.</p>
2	What action will The Union take to improve the performance?	The Union is trying to set-up teleconsultations and connect doctors with all the patients. The gap of unavailability from doctors or patients side is also aimed to be improved. Follow-up sample collection is being improved through a vendor in the field.
3	No significant amount of money is being spent on other Professional expenses. The Union is recommended to take the support of Program Division and State TB Officers of respective States and make a time bound plan to improve the performance.	The Union agreed to the same.
4	The Union has made three Apps. But have they prepared any report or are in the process of making one to test what difference the Apps have made in terms of quality and monitoring efforts? If not, then they can prepare a report and share it with the CTD and the OC so that it can be replicated in other areas.	<p>The Union is in the process of writing a report on the three Apps. The report will be shared once it is ready.</p> <p>ADG, CTD agreed and added that it's important to document the process if they want to replicate and take it forward. Also, the SOPs should be made as part of the exercise.</p>
5	DDG, NACO questioned The Union about zero Drug Susceptibility Testing in the month of April and requested CTD to examine and find out	The Union responded that UDST was not in the mandate of The Union in the beginning and they are doing it now on a special request.

	the challenges and issues with the same	
6	<p>The Union mentioned that a general strike was one of the main reasons for shortfall. DDG, NACO enquired if the strike was in all the 7 States or in some particular ones and the duration of the same. He requested CTD to examine.</p> <p>He further added that the fund utilization is okay but the pragmatic implementation at the field level needs to be re-evaluated by CTD.</p>	It was informed that the strike was in Maharashtra and not PAN India.

### 3. Presentation on C-19 RM- FIND India

- Presented by Dr. Akshi Kalra, Dr. Deepak Khismatrao and Dr. Sarabjit (**Annexure 5**)

S No.	Comments/suggestions	Response/discussions
1	Regarding Community intervention, FIND has trained a large number of people in different aspects. The Program also does the same. How is FIND monitoring their training activities in comparison to the Program Division? Also, how is the effectiveness of these training programs is being measured?	FIND had a 9-month detailed Communication Scaling Program in which a third party agency was also included for the training of TB survivors. Pre and Post Questionnaires were designed for TB Champions in order to understand the difference and grasp of concept the trainings were making on the TB Champions. In addition to that, open discussion sessions were held for all kinds of queries and doubts. Detailed reports of the Airborne Infection Control Assessments done would be shared with the state /CTD,
2	It was suggested by OC that FIND should go one step further in their assessment and do a survey on impact of training on a person's work for quality purpose.	FIND India accepted the suggestion and agreed to take up some studies to measure the impact of the training programs.
3	From which states did the nominations for TG TB Champions did not come?	Bihar, Uttarakhand, West Bengal, Uttar Pradesh, Madhya Pradesh, Punjab and Haryana did not send nominations
4	It was suggested that if the coordination was done with HIV Organisations from those states then perhaps some TG TB Champions would have been identified.	CTD responded that the nominations for TG TB Champions came from State Governments and in the future if something similar is being done then nominations from CBOs can be taken for better number of nominations.

#### 4. Presentation on C-19 RM- WJCF

- Presented by Dr. Shamim Manan (**Annexure 6**)

S No.	Comments/suggestions	Response/discussions
1	The cross referral between NCD and TB is an established practice. WJCF has done the same hopefully in a systematic effort. There is a need for appropriate documentation of the outputs in terms of Tb cases among NCD patients etc.	WJCF agreed to do the same
2	A proper report on impact assessment requested to be shared with the Program Division and OC.	WJCF accepted the action point.

Points by Dr. Raghuram, ADG, CTD regarding field visits:

1. FIND- People who have been trained in the RRT part can be visited in the field and surveyed. AIC- trainings can be attended during the field visits.
2. DRTB centres can be visited once the equipment are set up.
3. The Union- activities of ACF can be seen on field.
4. WJCF- 33 sites where X-ray is being implemented and 17 sites where X-ray is being given to the system can also be covered during the field visits.
5. TB Program Division- IPHLs, Oxygen and handheld x-ray activities can be seen by the end year of this year once procurement is done.

#### 5. Presentation on C-19 RM- IHAA

- Presented by Mr. Pramod and Ms. Rosenara, IHAA (**Annexure 7**)

S No.	Comments/suggestions	Response/discussions
1	What was the amount in KP Grant?	Around 3.7 m USD
2	Are the 7 listed SRs in the presentation as for VIHAN Project?	The existing SRs in VIHAN are continuing as SRs for C-19 RM
3	The end line for KP Grant is December 2024 and the expenditure till now is 55%. How does IHAA plan to speed up the expenditure?	IHAA acknowledged and responded to share their improvement plan for expenditure

## 6. Presentation on C-19 RM- SAATHII

- Presented by Mr. Manish Soosai, SAATHI (*Annexure 8*)

S No.	Comments/suggestions	Response/discussions
1	A report on monitoring quality of training program and effectiveness in attitudes and practice of people who took the training is required.	SAATHII agreed to share the same.
2	A report on number of master trainers trained, participated in subsequent training programs and performers to be shared with NACO.	SAATHII agreed to share the same.
3	If the SRs are same for C-19 and KP grant then do they have different project staff and how is it ensured that there is no duplication between the two initiatives?	The SRs for both the grants are same but in Social Protection Grant SAATHII has three partners and KP Grant there are only two SRs. There are completely different staff for the two Grants. SAATHII does induction training and meet with the staff on field. There is no duplication but the two grants complement each other.
4	Why only 103 Community Champions identified from all across India? Very low number	SAATHII has tried to bring in as many Community Champions as possible through SRs but many of them were not willing to be part of the training.
5	Out of the 3 Partners, two are consistently average performing partners. Is there any mechanism SAATHII is looking up to come to speed?	SAATHII is concerned about the same and they keep giving feedback to them. Due to late boarding of SSRs by December 2023, the performance is affected of those two SRs (SANGRAM and Humsafar Trust). But now both the SRs have come to stability.
6	What is the Budget?	36 % to 38 % of the Budget is to paid to community facilitators as and when they are providing services. Another large amount that would be paid will be to master trainers and ground trainers. As and when these trainings will be done the budget will get released.
7	SAATHII needs to get in touch with respective SACS for receiving a list of Champions and get them on board.	SAATHII agreed to continue with the process of on boarding Champions.
8	The Program Division suggested that there are existing Champions who are already trained by respective SACS who could be utilized by SAATHII instead of approaching SRs for the same	SAATHII responded by saying that they had initially connected with respective SACS for the same but not all those trained Champions were willing to come forward. But SAATHII assured that they will continue to get Champions on board through additional trainings.
9	The budget given to SAATHII for KP Grant is 38% of their overall budget and the timeline is till December 2024. It was requested to SAATHII if they	SAATHII agreed to share the same.

	can share an improvement plan up till December 2024 detailing out the activities, expenditure, challenges and how to address them. Otherwise their funding will be taken back.	
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## 7. Presentation on C-19 RM- PLAN International India Chapter

- Presented by Ms. Simran Shaikh (**Annexure 9**)

S No.	Comments/suggestions	Response/discussions
1	More clarity to be given on the budget of KP Grant and SR wise division to be showcased.	The total burn rate is 39% which includes HR and overall costing. SR wise Burn Rate: <ol style="list-style-type: none"> <li>1. Humsafar Trust – around 27% (Late on boarding due to delay in finding informal CBOs in remote districts and ensuring their financial compliance is intact to sign a MoU).</li> <li>2. National Network of Transgender persons- around 60%</li> <li>3. National Collation of People Living with HIV- 48%</li> <li>4. IDUF supported by YRG Care- 10% (They got on boarded in March and were the last to get on board which led to delay in initiating the activities as they had a weak structural management and systems in places)</li> <li>5. Family planning association of India- 67%</li> </ol> PR- 27 % Total- 39%
2	Is the percentage mentioned (39%) against the overall target or till 2024?	It is against the overall target
3	Improvement Plan to be shared regarding budget utilization and activities.	Plan of action will be shared with all.
4	More clarity to be given on the KP Grant based on current status.	There are no targets for KP Grant but they are internally decided by PR and in principal agreed by consortium partner. But as such there are no core targets.
5	Flag something on Telangana	It is a heavily invested state by US and Government. PLAN India wanted to ensure that it worked with Trans masculine population as a CBO as it falls under NTP regional zone. The transmen were not interested or were not present there. PLAN India wanted to move away from main cities and work in smaller peripherals and districts in which they are still struggling. PLAN India is trying to find a way to work with transmen in those areas.
6	In terms of forming CBOs, is there a particular reason why	Total empanelled SSRs/CBOs are 82 in which there are 2 categories- CBO1 and CBO 2. Since NCPI+

	two SRs- NCPI and FPAI have not initiated the activities?	and FPAI* are directly working with State level networks, they are having 1-1 SLN in that State. That is why there are no numbers in their place. 39 was total of NTP and HST in CBO 1 and 2 categories. MoUs have been signed with 5 SRs and 82 CBOs, currently.
7	In terms of reprogramming and re-budgeting, is PLAN India also changing the objectives or a different allocation between the 5 SRs based on their performance?	The re-budgeting is being done by consortium partners in order to justify how they can complete the activities. If there is any modification in their activities, then those are getting revised in their re-budgeting. The overall objective of the grant is not being changed but the re-budgeting is happening at the pragmatic site of the activities.

## 8. Presentation on C-19 RM- TCIF

- Presented by Dr. Munish Chander, Head, TCIF (*Annexure 10*)

S No.	Comments/suggestions	Response/discussions
1	It was noted that 95% achievement has been reported regarding the IEC activities.	
2	Have any efforts been made by TCIF along with NCVBDC to measure the impact on health seeking behaviour, knowledge improvement, behaviour change or better practice among the population?	For the points mentioned, TCIF mentioned that impact assessment studies were not actually a part of the grant. They have conducted the activities which can be monitored by the state malaria departments.
3	It was suggested that Impact assessment of IEC activities is required to be carried out.	TCIF agreed to explore the possibility of carrying out impact assessment.
4	An inquiry was made whether the IEC activities were carried out in a continuous manner or were they bunched in the last quarter of the year.	TCIF has assured that the IEC activities were done on a staggered manner over one and half year to implement the project and it was a continuous implementation.
5	One of the main objectives of C19 RM is that the IEC activities of any of the three disease components should be done in an integrated manner so that effective messages relevant to all the three programs reach the people. It was noted that the IEC material contained messages regarding malaria only.	TCIF through the support of NCVBDC were linked with SPOs and State authorities for implementation, designing and translation. TCIF has used the approved IEC material. They have assured the integrated approach in the succeeding projects.



**It was put on record that in respect to C-19 RM Grant, it was approved by ICCM for all the 3 PRs with a caveat which clearly stated that PRs have to include activities other than HIV. In the 3 presentations of HIV PRs, activities related to Malaria and TB were not observed. In all the 3 presentations it was noted that the expenditure was not at par and there was a scope to include organisations/ communities related to Malaria and TB.**

The key actionable, responsibilities and timelines specific to NG PRs (should come through their respective Program Divisions) are summarized below:

1	Impact assessment report conducted by the Union on the 3 Apps and SOPs to be shared.	The Union	30 <sup>th</sup> June 2024
2	Sample assessment studies are to be taken up on the effectiveness of the training programs in improving the activities.	FIND India	30 <sup>th</sup> June 2024
3	A report on monitoring quality of training program and effectiveness in attitudes and practice of people who took the training is required	SAATHII	30 <sup>th</sup> June 2024
4	A report on number of master trainers trained, participated in subsequent training programs and performers to be shared with NACO.	SAATHII	30 <sup>th</sup> June 2024
5	Impact assessment of Malaria IEC activities carried out is required	TCIF	15 <sup>th</sup> July 2024

The overall key actionable, responsibilities and timelines are summarized below:

S No.	Action Point	Assigned to	Timeline
1	Interim Report on C-19 RM to be shared	Government PRs and NGPRs	31 <sup>st</sup> May 2024
2	NGPRs to submit Performance Framework (List of geographies + activities +KPIs) to Program Division. Program Division to further share the Performance Framework to OC to be used during the field visits.	Program Divisions and NGPRs	7 <sup>th</sup> June 2024
3	Improvement plan to be shared by PRs on improving budget utilization, desired activities, meeting targets, challenges and how to overcome them for C-19 RM and KP Grant.	Government PRs and NGPRs	10 <sup>th</sup> June 2024
4	OC to be updated regularly on progress in implementation of C19 RM and KP grant by respective Programme divisions after their internal reviews with NGPRs.	Program Division	Monthly, Ongoing
5	OC recommendation for Evaluation/ Impact assessment of C19 RM and KP grant projects	<p>ICCM to consider the recommendation</p> <p>OC to provide specific geographic and thematic areas</p> <p>Programme divisions to allocate resources and oversee the evaluation</p>	<p>30<sup>th</sup> June 2024</p> <p>15<sup>th</sup> July 2024</p> <p>3- 6 months as per timelines</p>

**List of Participants:****Annexure-1**

<b>S No.</b>	<b>Name</b>	<b>Designation</b>	<b>Organisation</b>
1	Dr. U B Das	DDG	NACO
2	Dr. Shobini Rajan	DDG, NACO	NACO
3	Dr. Raghuram Rao	ADG(TB)	CTD
4	Dr. Bhawna Rao	DD NACO	NACO
5	Dr. Beenu	Grant Manager- NPMU	NACO
6	Ira Madan	Technical expert- CSS	NACO
7	Mr. Parihar	NPMU	NACO
8	Dr. Sandhya Gupta	Consultant	CTD
9	Dr. Shashank Malviya	Consultant	CTD
10	Manpreet Singh		NCVBDC
11	Samrat Bannerjee	Consultant- Finance	NCVBDC
12	Dr. Rajesh Rana	Project Director, GFATM	PLAN International
13	Ankur Agarwal		PLAN International
14	Simran Shaikh		PLAN International
15	Santosh Kumar	APS	SAATHII
16	Mr. Manish Soosai	Management Committee Member Project Director- C19RM project	SAATHII
17	Mr. Arpan Bose	Deputy Director- C19RM project	SAATHII
18	Mahender		SAATHII
19	Ms. Rosenara Huidrom	Director Programmes	IHAA
20	Mr. Pramod K	Associate Director (Care & Support)	IHAA
21	Dr. Munish Chander	Director General and Head TCI Foundation	TCIF
22	Namita		TCIF
23	Ramesh Dhiman	National Coordinator- GFATM (PR-2)	TCIF
24	Dr. Akshi	Medical Officer	FIND India
25	Dr. Sarabjit Chadha	Regional Technical director	FIND India
26	Dr. Deepak S Khismatrao		FIND India
27	Dr. Satyajit Chowdhury		The Union
28	Dr. Shamim Mannan	Deputy Director (Infectious Diseases)	WJCF
29	Manoj Singh		WJCF
30	Dr. Ravikumar	Chairman	Oversight Committee
31	Dr. Gopakumar	Vice Chairman	Oversight Committee
32	Ms.Nandini Kapoor Dhingra	Member	Oversight Committee
33	Dr. Amar Shah	Member	Oversight Committee
34	Dr.P.K.Srivastava	Member	Oversight Committee
35	Mr. Vijay Ramdas Nair	Member	Oversight Committee
36	Mr.Pratik Raval	Member	Oversight Committee
37	Mr. Samir Kumar Sahu	Member	Oversight Committee

38	Prof. Ramila Bisht	Member	Oversight Committee
39	Mr. Shridhar Pandey	Member	Oversight Committee
40	Azahar	SM&EO C19 RM	
41	Karthick Bharathy		
42	KVS Prasad		
43	Naushad Hasan		
44	Pooja Gupta		
45	Sudha Jha		
46	Gitanjali Mohanty	Coordinator	ICCM
47	Sadaf Ahmad	Program Officer	ICCM
48	Chanderpal	Admin. Assistant	ICCM

**Annexure 2**

**Second meeting of Oversight Committee (ICCM)  
Virtual C19RM Grant Review for PRs  
(C19RM-2020/2021/KP/full funding/Fast track)  
Date: 21<sup>st</sup> May 2024**

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<b>Time</b>	<b>Description</b>	<b>Facilitator/Presenter</b>	<b>Chairperson</b>
<b>15:00-15:10</b>	Welcome remark and Introduction of Participants	India CCM Focal Point	
<b>15:10-15:50</b>	Presentation by CTD and TB NGPRs on approved C19RM related activities	Representative from CTD and respective NGPRs	Chair/ Co chair Oversight Committee
<b>15:50-16:30</b>	Presentation by NACO and HIV NGPRs on approved C19RM related activities including KP grant	Representative from NACO and respective NGPRs	-do-
<b>16:30-16:45</b>	Presentation by NCVBDC and Malaria NGPR on approved C19RM related activities	Representative from NCVBDC and respective NGPR	-do-
<b>16:45-18:00</b>	Internal meeting and discussions of OC	All members of OC facilitated by ICCM secretariat	-do-