

**Record of Discussions**  
**GC7 Grant Principal Recipient (PR) Desk Review by Oversight Committee**

Date: 18<sup>th</sup> September, 2024

Time: 10:30 to 14:30 Hrs

Mode: Virtual- Meeting Link

<https://mohfw.webex.com/mohfw/j.php?MTID=mb6ba53617f59f174d4f84b2dd932784d>

One day GC7 Grant PR Desk Review was conducted on 18<sup>th</sup> of September 2024 under the chairmanship of Dr. Ravikumar, Chair, and Dr. Gopakumar, Vice Chair, Oversight Committee. The review meeting was attended by the members of Oversight Committee (OC), Program divisions and the respective Govt. and Non-Govt. PRs (NGPRs) of GC7 grants as per the attendance enclosed in **Annexure 1**.

The agenda of the GC7 PR Desk review meeting is enclosed at **Annexure 2**.

**Welcome Remarks**

Dr. Ravikumar, Chair, Oversight Committee welcomed the participants from the Oversight Committee, Program Divisions and NGPRs.

The meeting started with a round of introduction followed by Presentations of TB, HIV and Malaria Components, respectively.

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

All Principal Recipients made presentations broadly based on the format shared by India CCM secretariat followed by questions and discussions.

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

- Presentation by Dr Raghuram Rao, ADG, CTD (**Annexure 3**)
  - The presentation received no comments or suggestions

**Action Points:**

1. It was reiterated that Quarterly reports of the Performance indicators and activities to be shared to OC by PD.
  2. Suggest specific geographies where activities are being conducted, for OC field visit.
- Presentation by Dr. Rehana Begum, KHPT (**Annexure 4**)

SI No	Comments/suggestions	Response/discussions
1	Clarity was sought on the budget utilization % which was mentioned as 8%, whether that percentage includes the expenditure of SRs.	It was informed that 8% includes the expenditure of all SRs from April 2024 to September 2024 except TISS as they have not yet submitted the Statement of Expenditure (SOE). KHPT is planning activities in which there will be expenditure and better utilization will reflect in the next quarter.
2	Regarding Performance indicators it was inquired why there was not	It was informed that field implementation of AAMs has not yet taken place. KHPT has



	achievement against the targets for Ayushman Arogya Mandirs (AAM).	completed the road mapping and started with the trainings of TB Champions in September 2024. Therefore, the results will be reflected in the next quarter.
3	The achievement of DBT scheme was 36% against the target of 56 % from April 2024 to August 2024. It was advised to put more efforts and improve the performance of the indicator.	It was informed that KHPT has on boarded consultants in the month of July 2024 who are working closely with the State NTEP Offices to improve the performance. The results will be reflected in the next quarter.
4	It was inquired why WPTM3 indicator "Establishment of 4 Patient Support Centres with Sensory Corners" was not applicable.	KHPT responded that it was not applicable in the current quarter but will be applicable in the next quarter.
5	Regarding indicator WPTM 1 "Assessment of human rights and gender related barriers for TB care services" at stage 3 it was inquired what comes out of the assessment is going to be utilized and disseminated across the project in order for them to manoeuvre it.	KHPT informed that by September 2024 they were supposed to receive the review by The Global Fund, CTD and have an agency to implement a study from October 2024 to March 2024 in which KHPT will do the analysis and form a report mentioning the outcome of the study. Thus, the indicator reflects at stage 3.
6	It was pointed out that despite a few SRs continuing from GC6 to GC7, KHPT still does not have their projected or actual expenditure. If there are any issues regarding the same, KHPT was requested to clarify and make OC aware about the same.	KHPT responded that even though the budget was approved from April 2024 it took some time to finalize the budget of TISS and currently KHPT is waiting for the SOE. But KHPT is not facing any issue regarding finance from TISS.

#### Action Points:

1. Amended timelines of on boarding of SRs to be resubmitted to OC.
  2. Update on WPTM 1 to be provided once approved with revised timelines.
  3. It was reiterated that Quarterly reports of the Performance indicators and activities to be shared to OC through PD.
  4. Suggest NGPR specific geographies where activities are being conducted, for OC field visit.
- Presentation by Dr. A Sathish Kumar, SAATHII (**Annexure 5**)

SI No	Comments/suggestions	Response/discussions
1	Disappointment was expressed in regards to the lack of information provided on activities covered under Performance Indicators by SAATHII	SAATHII responded that field level activities have started in the month of September 2024 which is why they could not mention the activities. It was also mentioned that activities related to State Level Networks (SLN) and Community based activities will be covered in the HIV Presentation.

#### Action Points:

1. Expedite the field level activities and share the revised timelines in the report.
2. It was reiterated that Quarterly reports of the Performance indicators and activities to be shared to OC through PD.



3. Suggest NGPR specific geographies where activities are being conducted, for OC field visit.

- Presentation by Mr. Chaturanand Thakur, HLPPT (**Annexure 6**)

SI No	Comments/suggestions	Response/discussions
1	Regarding Active Case Finding (ACF) among Key Vulnerable Population (KVP) data it was questioned that in which State there was maximum variance found in respect to proposed vs estimated population and the reason for the variance.	HLPPT informed that the maximum variance was found in Maharashtra which was -36% which was due to the reason that when they initially estimated, they took entire Mumbai population into consideration which has 24 wards but HLPPT is present in only 6-7 wards.
2	Regarding the unavailability of Portable X-Ray Device and high Turn Around Time (TAT) of NAAT  it was confirmed if the issue was informed to the States and Central TB Division	It was informed that the issues have been communicated verbally to the States and CTD. Over the next course of months, HLPPT is expected to see better results.
3	It was inquired if the retrospective patient data in Ni-Kshay can be corrected.	It was informed that the data can be corrected at the back end.
4	Status of operational research for AYUSH practitioners was sought.	HLPPT informed that they had shared the concept note with CTD a month ago and they are expecting the response soon after which they will further share it to The Global Fund and the Ethics board.
5	It was recommended to focus on ACF activities and TB-HIV collaboration activities in order to improve the performance.	HLPPT agreed to focus on the same.
6	It was recommended to include other population as well apart from KVP as HLPPT has both TB and HIV Components.	HLPPT agreed to the same.

#### Action Points:

1. Update on Operational Research for AYUSH to be provided once approved with revised timelines.
2. The directory of Master Trainers trained by HLPPT to be shared to CTD and OC mentioning the activities conducted by master trainers.
3. The unavailability of Portable X-Ray Device and high Turn Around Time (TAT) of NAAT to be flagged to CTD.
4. It was reiterated that Quarterly reports of the Performance indicators and activities to be shared to OC through PD.
5. Suggest NGPR specific geographies where activities are being conducted, for OC field visit.



## B. Presentation on GC7- HIV Grant Updates

- Presentation by Mr. Firoz, ALLIANCE India (**Annexure 7**)

SI No	Comments/suggestions	Response/discussions
1	It was confirmed if the mentioned indicator data of “% of PLHIV who are lost to follow-up to ART Centre tracked back with definite outcome” was inclusive of all the States in India	It was informed that the data was inclusive of all the States
2	It was pointed that since the data mentioned in the above indicator was an average percentage after consolidation from all the States it did not reflect the data of low performing States. Thus, it was suggested to provide the State wise data of Lost to Follow up cases in order to identify lagging States.	IHAA agreed to provide State wise bifurcation of each indicator to OC.
3	Regarding the mentioned denominator “2419” of Indicator “% of other vulnerable population that have received a HIV test during the reporting period and know their results (Index Testing)” clarity was sought if the number 2419 included the elicited cases of Index person.	It was clarified that the number 2419 included only the individuals who are the elicited contacts of the index.
4	The current status of activities was asked and if any improvements have been made in the program activities.  It was asked what value addition is IHAA doing to the program.	It was updated that at the initiation of the grant the lost to follow up cases were around 12% and currently they have been reduced to 7.8%. In regards to the newly initiated cases, regular follow up is being taken since last 6 months leading to improved retention.

### Action Points:

- IHAA to provide State wise data of indicator “% of PLHIV who are lost to follow-up to ART Centre tracked back with definite outcome” to OC identifying the States which are lagging and the reasons for the same.
  - Field level activities to be improved.
  - It was reiterated that Quarterly reports of the Performance indicators against their targets and activities to be shared to OC through PD.
  - Suggest NGPR specific geographies where activities are being conducted, for OC field visit.
- Presentation by Dr. Sangita Pandey, HLPPT (**Annexure 8**)

SI No	Comments/suggestions	Response/discussions
1	Regarding the indicator “% of PLHIV who are Lost to Follow-up to ART Centre tracked back with definite outcome” concern was raised regarding low achievement which was 54%.	It was informed that till June 2024, HLPPT was in the process of selection of SRs and SSRs. So, they have been busy in the selection. They have developed a sheet of all SSRs and CSCs identifying focus areas to work upon.



		<p>In the next quarter, there will be improvement in the outcomes.</p> <p>It was also highlighted that due to the transition from GC6 to GC7 there has been some confusion at the field level which caused the performance to lag.</p>
2	<p>It was recommended that with the cluster coordination meetings happening under the SRGs and CRGs at the district and State levels there was a possibility of utilizing the community champions that have trained for improving LFUs track back.</p>	<p>HLFPPT noted that it will use the opportunity to mobilize the field level resources and seek support at the field level.</p>
3	<p>Regarding issues and challenges faced by HLPPT in terms of data sharing from ART Centres to CSCs, low salaries of SPM, budget of CSC, activity budget and additional positions, it was clarified by Focal Point, India CCM that it was not the mandate of the OC for consideration and have to be taken up with the Program Division.</p> <p>It was also confirmed if HLPPT has taken up the issues with the Program Division and what has been the response from PD on the same.</p>	<p>It was informed that HLPPT has been closely following up with the Program Division regarding the issues and the challenges.</p>
4	<p>It was recommended that was a need to hasten the progress in some indicators.</p>	<p>HLFPPT agreed to the same.</p>
5	<p>As HLPPT has both TB and HIV Components, it was recommended that collaborative activities should be conducted in full spirit and all opportunities for collaboration should be utilized.</p> <p>It was also suggested to HLPPT to prepare a report on the cross collaborative activities of TB and HIV and publish the results.</p>	<p>HLFPPT agreed to the same.</p> <p>HLFPPT affirmed to publish and share the data of cross collaborative activities of HIV and TB.</p>
6	<p>Detailed report on Prison Health Assessment and information on dashboard for CSCs to be shared.</p>	<p>HLFPPT agreed to provide the same.</p>

#### Action Points:

1. Clarity from NACO to be provided with respect to CSC 2.0 implementation.
2. HLPPT to prepare a report on the cross collaborative activities of TB and HIV activities and share the results.
3. SOPs developed by NACO for P&OCS to be used in the trainings.
4. It was reiterated that Quarterly reports of the Performance indicators against their targets and activities to be shared to OC through PD.
5. Suggest NGPR specific geographies where activities are being conducted, for OC field visit.



- Presentation by Ms. Lakshmi Ramakrishnan and Mr. Anupam, SAATHII. (**Annexure 9**)

Sl No	Comments/suggestions	Response/discussions
1	The date for on boarding of SSRs has been indicated as September 2024 during the meeting with JS (NACO)  Focal Point, India CCM inquired from NACO if the intimation of extension of date for SSR selection by SAATHII was given to NACO.	SAATHII informed that they have date extension for SSR on-boarding in Telangana, Punjab and Haryana till November 2024 from NACO which was not informed to India CCM Secretariat.  Concurrence was taken from NACO.  The same will be informed to India CCM Secretariat.
2	Regarding development of SOPs for training of SACS officials for Prison intervention it was clarified that it was not the mandate of Project to train them. Moreover, SOPs have been finalized by NACO and NACO is going to conduct training for SACS officials. However, PR may ensure training of their staff.	SAATHII accepted the correction and clarified that the SOPs developed by them is for training their SR teams.
3	Regarding revision of field staff allocation based on ARTC load, it was inquired if there would be any impact on the hiring of SSRs and costing of each project.	It was informed that SAATHII is trying to balance out the budget between 3 positions (Outreach Worker, CSC Coordinator, and M&E cum Finance Officers) so that the overall budgetary changes are minimised.  It was confirmed that the SSR selection and activity of field staff allocation will go on parallel without impacting each other and without financial implications.

**Action Points:**

1. Concurrence taken from NACO and SAATHII regarding date extension of SSR on boarding. The same to be informed to India CCM Secretariat by NACO.
2. It was reiterated that Quarterly reports of the Performance indicators against their targets and activities to be shared to OC through PD.
3. Suggest NGPR specific geographies where activities are being conducted, for OC field visit.

- Presentation by Mr. Amit Rawat, PLAN India (**Annexure 10**)

Sl No	Comments/suggestions	Response/discussions
1	Concern was raised regarding the low achievement of the performance indicators. The reason for the same was sought.	It was informed that the first three months of the Grant were utilized in the administrative transition process. In the next quarter there would be better performance.

**Action Points:**

1. It was reiterated that Quarterly reports of the Performance indicators against their targets and activities to be shared to OC through PD.
2. Suggest NGPR specific geographies where activities are being conducted, for OC field visit.



### C. Presentation on GC7- Malaria Grant Updates

- Presented by Dr P.J. Bhuyan, Joint Director, NCVBDC. (**Annexure 11**)

SI No	Comments/suggestions	Response/discussions
1	It was noted that there was delay in the on boarding of SRs and it was recommended that efforts are to be made to initiate the activities at the earliest.	NCVBDC agreed to expedite the process.
2	Clarity was sought regarding the Program activities mentioned in the PPT, whether the activities were exclusively related to GFATM budget or included other activities related to the total NCVBDC Program Division budget.	It was confirmed that the activities mentioned PPT were related to the GFATM budget.
3	Regarding supply of WHO susceptibility test kit it was pointed that earlier WHO supplied those kits free of cost but currently they are being purchased from CMSS.	Program Division responded that WHO would not be able to supply the Susceptibility test kits, now. Thus they are being purchased through CMSS.

#### Action Points:

- It was reiterated that Quarterly reports of the Performance indicators against their targets and activities to be shared with the OC.
- Suggest specific geographies where activities are being conducted, for OC field visit.

- Presentation by Dr Munish Chander, TCIF (**Annexure 12**)

SI No	Comments/suggestions	Response/discussions
1	Clarity was sought on the budget amount mentioned in the PPT.	It was clarified that the budget mentioned was the total budget of 3 years.
2	The reason for having no SRs under TCIF was inquired.	TCIF informed that they had submitted a comprehensive proposal to Program Division and after grant negotiation a few activities were assigned to TCIF for which TCIF did not find the need to have SRs.
3	It was inquired if TCIF was aware of the progress of "Sub National verification of Malaria Elimination by the Committee constituted by the programme".	<p>NCVBDC will prepare.</p> <p>It was informed that the Committee has been constituted. Currently TCIF is waiting for the names and schedule of the Committee. Once that is received, TCIF will start working on the same.</p> <p>Program Division appraised that they have recommended the Sub National Committee Verification by Secretary Health but due to technical reasons the documents received have been revised and NCVBDC will sensitize the districts. They are also prioritizing the</p>



		formulation of Sub National Committee member list.
4	Update on Entomological Kits was sought	TICF informed that they have received the list of States where Entomological Kits have to be sent and they will send the procurement order to the vendor. It is likely that by the end of September 2024 they will deliver the Kits to the required areas.

#### Action Points:

1. It was reiterated that Quarterly reports of the Performance indicators against their targets and activities to be shared to OC through PD.
2. Expedition of "Sub National verification of Malaria Elimination by the Committee constituted by the programme" process to be done by NCVBDC and TICF.
3. Procurement timelines of Entomological Kits to be shared.
4. Suggest NGPR specific geographies where activities are being conducted, for OC field visit.

The Presentation of NACO was shifted to the end of all PR presentations according to the availability of NACO. The NACO presentation was made by Dr. Benu Bhatia, NPMU in the presence of DDG-Lab Services, NACO.

- Presentation by Dr. Benu Bhatia, NPMU, NACO (**Annexure 13**)

SI No	Comments/suggestions	Response/discussions
1	It was inquired if the Program Division would also be monitoring the activities of NACO SRs under GC7 Grant and under what capacity.	<p>It was appraised that the activities of SRs under NACO are being monitored regularly and one meeting under JS (NACO) has been held previously. However, NACO having a PfR Model, the reporting to The Global Fund will be made based on the DLIs mentioned on the Grant agreements.</p> <p>DDG (Global Fund, Lab Services and PMR) added that NACO is in the process to release the first instalment of Grant to the SRs due to the new rule of Ministry of Finance in which all payments to SRs have to be made through e-Kuber system of PFMS. The formalities for the same are causing a delay to disburse payments. The MoU with NIHFWS has been signed after which the funds will be released in a few days.</p> <p>In regards to the SR indicators, DDG (Global Fund, Lab Services and PMR), NACO informed that NACO reviews the performance of all SRs every quarter through Desk Reviews, data reviews, and field visits.</p>

#### Action Points:

1. It was reiterated that Quarterly reports of the Performance indicators against their targets and activities to be shared by PD with the OC.



2. NACO to inform India CCM Secretariat and JS (NACO) regarding extension of date for SSR selection by SAATHII.
3. NACO to share performance indicators against their targets and activities of SRs to OC through India CCM Secretariat.
4. Suggest specific geographies where activities are being conducted, for OC field visit.

The meeting ended with a vote of thanks!

The key actionable, responsibilities and timelines are summarized below:

S No.	Action Point	Assigned to	Timeline
1	NGPR Quarterly reports of Performance indicators against their targets and activities to be shared to the OC through the Program Division.	Program Divisions (CTD, NACO and NCVBDC)	(Q1- April to June 2024; Q2- July to September 2024) by 31 <sup>st</sup> October 2024  (Q3- October to December 2024) by 31 <sup>st</sup> January 2025  (Q4- January to March 2025) by 30 <sup>th</sup> April 2025  And quarterly henceforth
2	All PRs to keep India CCM Secretariat apprised along with the Global fund and Program Divisions regarding any changes in their Grants.	Principal Recipients	As and when required
3	NGPRs to suggest specific geographies where activities are being conducted, for OC field visit.	All NGPRs	10 <sup>th</sup> October 2024
4	GC7 related OC Field Visit to be conducted	Oversight Committee	November 2024



Attendance sheet: Virtually GC7 PR Desk Review meeting held on 18th September 2024 at 10:30 a.m.

S No.	Name of Participants Shri/Smt.	Designation/ Organisation
1.	Dr.Ravi Kumar	Chairman, Oversight Committee
2.	Dr. Raghavan Gopa Kumar	Vice Chairman, Oversight Committee
3.	Dr. Deepika Srivastava Joshi	Member, Oversight Committee
4.	Dr Amar Niranjan Shah	Member, Oversight Committee
5.	Pratik Ravel	Member, Oversight Committee
6.	Prof. Ramila Bisht	Member, Oversight Committee
7.	Mr. Samir Kumar Sahu	Member, Oversight Committee
8.	Mr. Sridhar Pandey	Member, Oversight Committee
9.	Dr. Pradeep Srivastava	Member, Oversight Committee
10.	Dr. U.B. Das	Sr. CMO (SAG), NACO
11.	Dr.Raghuram Rao	ADG (TB), CTD
12.	Dr. P J Bhuyan	Addl. Director, NCVBDC
13.	Dr. Benu Bhatia	Grants Manager, NPMU, NACO
14.	Mr. Bhanwar Lal	M&E Manager, NPMU, NACO
15.	Ms. Jatinder	Coordinator, NPMU
16.	Dr. Rajesh Rana	Project Director, Plan International India Chapter
17.	Mr. Kaushik Biswas	Senior Manager: Monitoring & Evaluation, Plan International
18.	Mr. Amit Rawat	Sr. M&E Manager, Plan International
19.	Lakshmi Ramakrishnan	Project Director-GFATM, SAATHII
20.	Dr. A. Sathish Kumar	Country Director, SAATHII
21.	Mr. Anupam Hazra	Associate Director (Programmes), SAATHII
22.	Mr. Arpan Bose	Deputy Director, SAATHII
23.	Mr. Manish Soosai	PD-C19 RM, SAATHII
24.	Priyamboda Mohanty	SAATHII
25.	Dr. Sangita Pandey	National Lead – HIV/AIDS & TB Division, HLFPT
26.	Mr. Chaturanand Thakur	HLFPPT
27.	Neeraj Pathak	HLFPPT
28.	Mr. Mohan Lal	CEO, KHPT
29.	Dr. Rehana Begum	PD, KHPT
30.	Dr. Karthikeyan K.	Thematic Lead-TB, KHPT
31.	Mr. Nanjundappa	Director Finance, KHPT
32.	Mr. Firoz Khan	Alliance India
33.	Ms. Soubhagya	Alliance India
34.	Dr. Munish Chander	Head, TCI Foundation
35.	Dr. RC Dhiman	TCIF
36.	Ms. Namita Mehra	HR, TCIF
37.	Dr. Shobini Rajan	DDG/Focal Point, India CCM
38.	Ms. Gitanjali Mohanty	Coordinator, India CCM Secretariat
39.	Ms. Sadaf Ahmad	Programme Officer, India CCM Secretariat
40.	Mr. Chander Pal	Admin. Asstt., India CCM Secretariat



## Virtual GC7 Grant Desk Review for PRs

Date: 18<sup>th</sup> September 2024

Time	Description	Facilitator/Presenter	Chairperson
10:30-10:45	Welcome remark and Introduction of Participants	India CCM Focal Point	
10:45-11:00	Presentation by CTD on GC7 related activities*	Representative from CTD	Chair/ Co chair Oversight Committee
11:15-11:30	Presentation by KHPT	Representative from KHPT	--do--
11:30-11:45	Presentation by HLFFPT (TB grant)	Representative from HLPPT	
11:45-12:00	Presentation by SAATHII (TB grant)	Representative from SAATHII	
12:00-12:15	Presentation by NACO on GC7 related activities	Representative from NACO	
12:15-12:30	Presentation by IHAA	Representative from IHAA	
12:30-12:45	Presentation by SAATHII (HIV grant)	Representative from SAATHII	
12:45-13:00	Presentation by HLPPT (HIV grant)	Representative from HLPPT	
13:00-13:15	Presentation by PLAN	Representative from PLAN	
13:15-13:30	Presentation by NCVBDC	Representative from NCVBDC	
13:30-13:40	Presentation by TCIF	Representative from TCIF	
13:40-14:15	Internal meeting and discussions of OC	All members of OC facilitated by ICCM secretariat	

\*Each presentation will be of 15 mins duration—7 mins presentation followed by 8 mins discussions