

Record of Discussions

Desk Review of the Principal Recipient HLPPT by the Oversight Committee for GC7 (TB) Grant

Date: 8th April 2025

Time: 11:00- 12:00 Hrs

Mode: Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, HLPPT, for the GC7 (TB) Grant was held on 8th April 2025, chaired by Dr. Ravikumar, Chairman of the Oversight Committee (Schedule enclosed in **Annexure1**). The meeting was attended by members of the Oversight Committee (OC), the India CCM Secretariat, Program Divisions, and representatives from the Non-Government Principal Recipient (NGPR), HLPPT for the GC7 (TB) Grant, as per the attendance list enclosed in **Annexure 2**. The objective of the review was to assess the implementation of the GC7 Grant up to February 2025 and evaluate the performance of the Principal Recipient based on their Key Performance Indicators.

Welcome Remarks

Dr. Ravikumar, Chairman, Oversight Committee, extended a warm welcome to all Oversight Committee members, Program Division, and representatives from the Non-Government Principal Recipient, HLPPT, who attended the meeting.

Following the welcome remarks, HLPPT delivered a presentation, which was broadly based on the format shared by the India CCM Secretariat and can be found enclosed in **Annexure 3**.

Major Discussion/Action Points are as follows:

S No.	Comments/suggestions	Response/discussions
1	The Oversight Committee recommended HLPPT to focus on the Key Vulnerable population during Active Case finding for TB and not just among PLHIV.	HLPPT agreed to focus on the same.
2	DDG TB informed that the number of symptoms used for identifying presumptive TB cases has been expanded from four to ten. Additionally, the Program now mandates X-ray screening for all presumptive TB cases. The DDG TB questioned HLPPT regarding their non-compliance with this protocol, specifically why X-ray	Project Director, HLPPT informed that during the 100 days Campaign, under the guidance of the Program Division they have screened the population based on 10 symptoms and have performed 12,447 X-Rays in the Prison in which 701 were found suggestive and 125 were found positive of TB.

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	screening had not been conducted for presumptive TB cases under their implementation.	
3	<p>Regarding screening for TB in Prisons, DDG TB sought clarification from HLPPT on whether all 2,036 PLHIV individuals screened for TB were also screened using X-ray.</p> <p>Additionally, the DDG TB requested HLPPT to share detailed data on X-ray screenings conducted in prisons.</p>	<p>It was informed that the 2036 PLHIV cases were offered NAAT however 100% X-Rays were not performed.</p> <p>HLFPPT agreed to share the same.</p>
4	<p>The Oversight Committee requested HLPPT to clarify the population group in which 34 out of 466 TB patients were found to be HIV positive, reflecting a 7% positivity rate.</p> <p>The Deputy Director General (TB) further requested HLPPT to share detailed data pertaining to this finding.</p>	<p>HLFPPT clarified that the data was from IDU population.</p> <p>HLFPPT agreed to provide data of the IDU screened population.</p>
5	<p>DDG TB sought clarification from HLPPT regarding identification of new vulnerable sites.</p> <p>DDG TB responded that it is the role of the DTO to maintain the list of vulnerable sites and all sites are updated by DTO. The role of HLPPT in this regard was not understood.</p>	<p>It was informed that a list of vulnerable sites was shared by Urban Coordinator and DTO to HLPPT. However, during the ACF activity and during Field Visits, HLPPT identified new sites which were not mentioned in the list.</p> <p>HLFPPT informed that with the help of DTO they have updated the list and shared with the districts.</p>
6	Regarding supply of testing kits and medicines to prison, ADDG TB inquired HLPPT if they have identified any gaps in the supply chain management.	HLFPPT apprised that they ensure smooth facilitation of kits and medicines from ART Centres to the Prisons. They have identified that at times there is a limitation of movement of inmate from Prison to the ART Centre.
7	<p>Regarding the indicator "<i>Number of people with TB (all forms) notified among prisoners</i>", low targets for TB notifications were noted. DDG TB inquired how HLPPT decided the targets.</p> <p>DDG TB inquired with HLPPT regarding who had approved the target for TB notifications in prisons.</p> <p>DDG TB stated that she would like to review the target-setting</p>	<p>It was informed that the target was determined based on the number of prisoners who remained in custody for the entire year. This figure was then used to estimate the number of presumptive TB cases and the expected number of confirmed positive cases.</p> <p>HLFPPT informed that since the target was part of the grant, it was first approved by the Global Fund and then the Program Division.</p> <p>HLFPPT informed that unique prisoners were identified as 2,36,000 for the period and it was</p>

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	<p>methodology, as the current approach does not appear to ensure TB screening for all prisoners.</p> <p>ADDG TB inquired HLPPT of the source of 22% reference.</p> <p>HLPPT was advised to analyse the same and redefine the targets.</p>	<p>estimated that 22% would be found symptomatic and out of that 22%, 90% would go for testing and in the end 2% would be found positive for TB.</p> <p>It was informed that earlier Prison Intervention was undertaken by SAATHII. Therefore, based on their assumptions and findings, HLPPT incorporated the same.</p>
8	<p>Regarding the "<i>Indicator 2: Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners)</i>" HLPPT was inquired how they plan to improve the performance.</p>	<p>HLPPT explained that delays in administrative approvals in certain states, along with the absence of a structured human resource framework and handheld X-ray units, contributed to the initial slowdown in implementation. However, they informed that the HR structure is now in place and the target districts have been finalized. As a result, improved performance is expected in the upcoming quarter.</p>
9	<p>DDG TB recommended HLPPT to project their own work instead of projecting the work of the Program Division. HLPPT was requested to showcase their value addition to the Program.</p>	<p>HLPPT noted the recommendation.</p>
10	<p>HLPPT was asked to refine the slide of "Process Indicators- for activities not covered by KPIs" which only contained the percentages and lacked clarity in terms of numbers.</p>	<p>HLPPT noted the observation of the Oversight Committee.</p>
11	<p>HLPPT was requested to share the sample of assessment reports from different States with the Oversight Committee.</p>	<p>HLPPT agreed to share the same.</p>
12	<p>Budget utilization was only about 10 % of the sanctioned amount</p>	
13	<p>Establishment of Hubs for DRTB, EPTB not yet done</p>	
14	<p>Skill development training of Tb survivors has not started.</p>	

The meeting ended with a vote of thanks.

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

S No.	Action Point	Timeline
1	HLFPPT to document their efforts and value addition to the Program in their quarterly reports.	In every quarterly report Next Quarterly progress report to be submitted on 15 th May 2025
2	Detailed data on X-ray screenings conducted in prisons to be shared.	15 th May 2025
3	TB notification data of the IDU screened population to be shared.	15 th May 2025
4	TB Notification target for the Prison to be analysed and redefined.	15 th May 2025
5	Few samples of assessment reports from different States to be shared with the Oversight Committee	15 th May 2025
6	Data mentioned in the "Process Indicators" slides to be reshared in detail in the quarterly progress report	15 th May 2025

Annexure 1

Schedule of Virtual C19 RM and GC7 Grant Desk Review of PRs by the Oversight Committee

March 2025

Chaired by Chair and Co-Chair, Oversight Committee and facilitated by the India CCM Secretariat.

Date	Time	Description	Facilitator/Presenter	Chairperson
19/03/2025	11:00-12:00	GC7 Presentation by TCI Foundation (Malaria)	TCI Foundation	Chair and Co-Chair, Oversight Committee
25/03/2025	11:00-12:00	C19 RM Presentation by IHAA (HIV)	India HIV/AIDS Alliance	
25/03/2025	16:00-17:00	C19 RM Presentation by SAATHII (HIV)	Solidarity and Action Against The HIV Infection in India	
28/03/2025	11:00-12:00	C19 RM Presentation by PLAN India (HIV)	PLAN India	
28/03/2025	16:00-17:00	GC7 Presentation by IHAA (HIV)	India HIV/AIDS Alliance	
01/04/2025	11:00-12:00	GC7 Presentation by PLAN India (HIV)	PLAN India	

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01/04/2025	16:00-17:00	GC7 Presentation by SAATHII (HIV)	Solidarity and Action Against The HIV Infection in India	
04/04/2025	11:00-12:00	GC7 Presentation by HLPPT (HIV)	Hindustan Latex Family Planning Promotion Trust	
04/04/2025	16:00-16:30	GC7 Presentation by KHPT (TB)	Karnataka Health Promotion Trust	
04/04/2025	16:30-17:00	GC7 Presentation by SAATHII (TB)	Solidarity and Action Against The HIV Infection in India	
08/04/2025	11:00-11:30	GC7 Presentation by HLPPT (TB)	Hindustan Latex Family Planning Promotion Trust	
08/04/2025	11:30-12:00	C19 RM Presentation by WJCF (TB)	William J and Clinton Foundation	
08/04/2025	16:00-16:30	C19 RM Presentation by The Union (TB)	International Union against Tuberculosis and Lung Diseases	
08/04/2025	16:30-17:00	C19 RM Presentation by FIND India (TB)	Foundation for Innovative New Diagnostics India	
11/04/2025	11:00-11:30	C19 RM Presentation by CTD (TB)	Central TB Division	
11/04/2025	11:30-12:00	Internal meeting and discussions of OC (9 th OC meeting)	All members of OC facilitated by ICCM secretariat	JS (GFATM)
TBD		PR Desk Review Debrief meeting	Chair/ Co chair Oversight Committee	

List of Participants:

Annexure-2

S No.	Name	Designation	Organisation
1	Dr. Urvashi Singh	DDG TB	CTD
2	Dr. Sanjay Kumar	ADDG	CTD
3	Dr. Ravikumar	Chairman	Oversight Committee
4	Dr. Gopakumar	Vice Chairman	Oversight Committee
5	Ms.Nandini Kapoor Dhingra	Member	Oversight Committee
6	Dr. Amar Shah	Member	Oversight Committee
7	Dr.P.K.Srivastava	Member	Oversight Committee
8	Mr. Vijay Ramdas Nair	Member	Oversight Committee
9	Mr.Pratik Raval	Member	Oversight Committee
10	Mr. Samir Kumar Sahu	Member	Oversight Committee
11	Prof. Ramila Bisht	Member	Oversight Committee

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12	Mr. Shridhar Pandey	Member	Oversight Committee
13	Dr. Sangita Pandey	Project Director - GFATM	HLFPPT
14	Mr. Chaturanand Thakur	Project Lead – TB	HLFPPT
15	Dr. Naveen Sethi	Corp Engagement Specialist-TB	HLFPPT
16	Dr. Mayank Mittal	Technical Expert – Lab	HLFPPT
17	Dr. Asif Shafie	Programme Expert – TB	HLFPPT
18	Dr. Nitin Mudgal	Programme Expert – TB	HLFPPT
19	Mr. Vishal Abhishek Laxmalla	Regional Public Health Expert	HLFPPT
20	Dr. (Maj) Rashmi Sharma	Technical Expert (TB)	HLFPPT
21	Dr. Ganesh	M&E Officer	HLFPPT
22	Dr. Shobini Rajan	CMO (SAG), NACO/ICCM Focal Point	NACO/ICCM
23	Ms. Gitanjali Mohanty	Coordinator	ICCM
24	Ms. Sadaf Ahmad	Program Officer	ICCM
25	Mr. Chanderpal	Admin. Assistant	ICCM