

## Record of Discussions

### Desk Review of the Principal Recipient WJCF by the Oversight Committee for C-19 RM Grant

**Date:** 8<sup>th</sup> April 2025

**Time:** 12:00- 13:00 Hrs

**Mode:** Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, WJCF, for the C-19 RM Grant was held on 8<sup>th</sup> 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 Division, and representatives from the Non-Government Principal Recipient (NGPR), WJCF for the C-19 RM Grant, as per the attendance list enclosed in **Annexure 2**. The objective of the review was to assess the implementation of the C-19 RM 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, WJCF, who attended the meeting.

Following the welcome remarks, WJCF 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 requested WJCF to document the outputs of TB cases among NCD patients and share with the Oversight Committee.	WJCF agreed to share the same.
2	During the C19 RM Field Visit in Telangana, the Oversight Committee had noted that the hand held X-Ray was not being utilized in Jogulamba Gadwal district of Telangana. The Oversight Committee inquired about the current status of the hand held X-Rays being utilized.	Deputy Director, WJCF clarified that during the 100 days campaign, out of the 50 procured devices only 35 have been operationalized and the rest were handed over to the States. They were yet to identify the Radiographers which is why they were not operationalized. Additionally, they have lead shield available.
3	The Oversight Committee sought clarity from WJCF if the C19 RM Grant includes	It was clarified that under the C19 RM grant there are no incentives for field workers.

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	any budget for incentives for Field workers.	
4	<p>WJCF was asked to clarify the timeline for all the 175 Handheld X-Ray machines to be operationalized.</p> <p>The Oversight Committee also asked WJCF to provide the timeline for programming and utilization of the C19 RM grant for the period up to December 2025.</p>	<p>WJCF indicated that the procurement timeline is set for 15th April 2025. Subject to the successful completion of the audit and procurement review, and upon receiving the necessary approvals, contracts with the selected agencies are expected to be finalized by 5th May 2025. Following the signing of contracts, WJCF anticipates a period of six months to ensure the availability of all 175 devices within the country.</p> <p>Dr. Shamim, Director at WJCF, further stated that the actual cost per device secured through the procurement process was significantly lower than the initially budgeted estimate, resulting in substantial cost efficiency. The RFA bid included an option clause which allows for the procurement of additional units in the event of savings. WJCF plans to exercise this clause to procure additional machines.</p>
5	The Oversight Committee requested WJCF to share the individual output of 50 functional X-Ray devices.	WJCF agreed to provide the numbers and operational efficiency of each device, subsequently.
6	Regarding operational training on Hand Held X-Rays, the Oversight Committee suggested that once the standard training is completed, it can be shared with other health staff.	<p>It was reported that, prior to the commencement of the 100 Days Campaign, WJCF conducted virtual training sessions for healthcare staff on the use of Ultra-Portable X-Ray Devices. Additionally, during a field visit to Faridabad, WJCF organized a session with the newly appointed Global Fund TB Principal Recipients (PRs), during which a live demonstration of the overall Camp Operations was provided.</p> <p>Following the field visit, WJCF hosted a detailed briefing at their office, where the PRs were oriented on the Monitoring and Evaluation (M&amp;E) framework as well as the Radiological Information System.</p>
7	ADDG TB, CTD inquired WJCF if the position of Radiographer is still required even after giving trainings to NTEP and other health staff.	<p>It was informed that the Hand-held X-Ray devices have been designed in such a manner that they are easy to operate by anyone after 30 minutes of training. However, as part of AARP guideline, the designation of Radiographer is mandated and Handheld X-Rays are to be operated by Radiographers only. If the guidelines are revised by AARP, the WJCF will submit the revisions.</p>
8	The Oversight Committee remarked that in the Quarterly report shared by WJCF, the targets were not clearly mentioned.	WJCF agreed to provide the same.

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	<p>WJCF was requested to mention the targets along with the Process indicators in their subsequent quarterly reports.</p>	
9	<p>In the indicator "Number of Beneficiaries offered X-Ray" under the Process Indicator slide, it was inquired how many abnormal X-Rays were identified out of that number.</p> <p>DDG TB, CTD inquired WJCF if the abnormal Chest X-Rays are subjected to NAAT.</p> <p>DDG TB, CTD stated that the strategy has shifted from symptomatic to asymptomatic to vulnerable. The focus is to identify the disease early. She advised WJCF to subject all abnormal X-Rays for NAAT.</p> <p>She also added that for presumptive cases with abnormal X-Rays, counselling can be done before NAAT for improving sample quality through nebulisation, steam and early morning sample.</p>	<p>It was informed that on an average if 100 people are offered Chest X-Rays, 12-15 X-Rays are found to be suggestive of TB and another 15-20 X-Rays are found to be abnormal.</p> <p>WJCF informed that as part of the overall algorithm that WJCF devised with CTD, only X-Rays symptomatic or suggestive of TB are to be prioritised for NAAT.</p> <p>WJCF accepted the guidance provided to them and ensured to incorporate it in the current design.</p>
10	<p>Some key issues identified were; <b>Male Participation</b></p> <p>Due to reliance on HWC and NTEP staff, camps cannot be conducted early mornings or late evenings; leading to lower male footfall than expected.</p> <p><b>Collection &amp; Transportation</b></p> <p>Currently, project staff plays an active role in collection &amp; transportation of samples,</p> <p>For the project period, 15% beneficiaries who could not expectorate at camp/produce quality sample, only 3% samples could be collected next-morning.</p> <p>WJCF along with the state health authorities should put and place a system to take care of these issues.</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	Grant document of C19 RM Grant to be shared.	5 <sup>th</sup> June 2025
2	Submission of final consolidated report of the C19 RM including the final expenditure and performance under different KPIs.	5 <sup>th</sup> June 2025
3	Performance in Quarterly progress reports to be submitted in cumulative format (from beginning of C19 to that present quarter) as well as quarter wise format, to the Oversight Committee. Additionally, targets along with the Process indicators to be included in the subsequent quarterly reports.	5 <sup>th</sup> June 2025
4	Revised action plan starting from April 2025 to December 2025 to be shared with the Oversight Committee.	5 <sup>th</sup> June 2025
5	Document the outputs of TB cases among NCD patients and share with the Oversight Committee.	5 <sup>th</sup> June 2025
6	Individual output of 50 functional X-Ray devices to be shared.	5 <sup>th</sup> June 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	

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01/04/2025	11:00-12:00	GC7 Presentation by PLAN India (HIV)	PLAN India	
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 <sup>th</sup> OC meeting)	All members of OC facilitated by ICCM secretariat	
TBD		PR Desk Review Debrief meeting	Chair/ Co chair Oversight Committee	JS (GFATM)

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**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. Amar Shah	Member	Oversight Committee
5	Mr. Samir Sahu	Member	Oversight Committee
6	Mr. Shridhar Pandey	Member	Oversight Committee
7	Dr. Shamim Mannan	Deputy Director (Infectious Diseases)	WJCF
8	Mr. Manoj		WJCF
9	Dr. Shobini Rajan	CMO (SAG), NACO/ICCM Focal Point	NACO/ICCM
10	Gitanjali Mohanty	Coordinator	ICCM
11	Sadaf Ahmad	Program Officer	ICCM
12	Chanderpal	Admin. Assistant	ICCM

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