

## Record of Discussions

### Desk Review of the Principal Recipient India HIV/AIDS Alliance by the Oversight Committee for GC7 (HIV) Grant

**Date:** 28<sup>th</sup> March 2025

**Time:** 16:00- 17:00 Hrs

**Mode:** Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, India HIV/AIDS Alliance, for the GC7 Grant was held on 28th March 2025, chaired by Dr. Ravikumar, Chairman of the Oversight Committee (Schedule enclosed in **Annexure 1**). 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), India HIV/AIDS Alliance for the GC7 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, India HIV/AIDS Alliance, who attended the meeting.

Following the welcome remarks, India HIV/AIDS Alliance 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	24 % utilization was noted for CSC 2.0 component in Y1 of GC7. The Oversight Committee sought clarity regarding the parked M&E software budget of USD 390,652 within the CSC component and if there was a provision for procurement of hardware.	<p>Chief Executive, IHAA explained that for the last 3 phases IHAA had their own M&amp;E software for Care and Support (CSC) component. However, in GC7 the CSC component has been allocated among 3 NGPRs and the software for CSC is being developed by NACO. Thus, the budget is parked and will be utilized for training of staff once NACO rolls out the App for CSC.</p> <p>Regarding procurement of hardware for M&amp;E software, IHAA confirmed that the amount was only for continuation and updation of their existing CMIS.</p> <p>Focal Point-GFATM, NACO added that NACO is developing the App for CSCs which will later be integrated with SOCH App. Additionally, the</p>

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	<p>The Oversight Committee advised that the budget parked for the M&amp;E App to be used cautiously and for training purposes only.</p> <p>The overall budget utilization is only 22 %</p>	<p>App has been piloted in Haryana and Delhi for identification of bugs and operational issues. After the pilot is complete, the App will be rolled out in the entire country. He clarified that NGPRs are not required to develop and use their own Apps for CSCs and some part of parked amount can be utilized for training of staff. However, the entire USD 390,652 should not be required to be utilized completely.</p> <p>IHAA affirmed and informed that they are only going to use the amount for capacity building and the remaining budget will be utilized for reprogramming.</p> <p>Re-programming details to be communicated</p>
2	DDG-GFATM, NACO sought update from IHAA regarding the new SR and SSR selection in Manipur which could not be done earlier due to the law and order issue and led to continuation of existing SRs and SSRs in the State.	IHAA updated that for SSR selection they will be completing the JAT visit in Manipur by next week and by April 2025 end they will be able to board the new SSRs.
3	10 % utilization was noted for the Prison intervention component in GC7 Y1. The Oversight Committee sought clarity from IHAA regarding the underutilization of the budget.	IHAA informed that during the 1 <sup>st</sup> quarter of GC7 the prison intervention was being continued by the previous implementing partners (PLAN and SAATHII) during which the transitioning was being done. The expenditure was being done by SAATHII and PLAN for their staff. Therefore, there were savings in the 1 <sup>st</sup> quarter of GC7 and the expenditure for Prison intervention was initiated from July 2024 onwards.
4	The Oversight Committee requested IHAA to provide information regarding the HR structure of PR, SRs and SSRs, their numbers in different States, their roles and salary bands in different components.	IHAA agreed to provide the same.
5	1 % utilization was noted for the Red Ribbon Bus component. The Oversight Committee requested IHAA to provide a status update of the activity.	IHAA informed that the 3 NGPRs (IHAA, SAATHII and HLPPT) are collectively working on the selection of Vendor for procuring buses for the Red Ribbon Bus component and the activity is expected to kick start from July 2025 onwards.
6	The Oversight Committee requested IHAA to appraise on the expected	It was informed that IHAA had expected a budget utilization of 65% in their Year 1 of GC7.

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S No.	Comments/suggestions	Response/discussions
	budget utilization for the Year 1 of GC7 which was showing as 22 % in their presentation.	However, due to the delay in roll out of Red Ribbon Bus, Community System Strengthening activity and non-utilization of funds for the 1 <sup>st</sup> quarter of Prison Intervention they were unable to utilize the budget as expected.
7	Clarity was sought regarding "Funds parked for future is USD 200,870 in this period, which we are going to use in the reprogramming" as mentioned under CS 2.0 component in the budget utilization slide.	IHAA informed that when they proposed a budget to the Global Fund, there was some cost cutting. That amount of USD 200,870 is now parked and will be utilized in the reprogramming.
8	Regarding performance indicators, the Oversight Committee recommended IHAA to show a State wise breakup of their performance in order to identify low and high performing States.	IHAA agreed to provide the State wise breakup of their performance indicators in the next review as well in their quarterly progress reports.
9	Strategy to increase the viral load testing among PLHIV was requested to be provided.  Confirmation was sought, if there were any overlaps with the Lost to Follow up (LFU) list.	Campaigns are being carried out in the States which have given a large backlog data to IHAA. Once the backlog is cleared and the data starts to be received on a month on month basis, then the performance is expected to be increased.  IHAA confirmed that there were overlaps of LFU cases being reported for viral load testing.
10	Clarity was sought regarding the intervention of IHAA staff to follow up with PLHIV cases for unsuppressed viral load testing.	It was clarified that their staff receive a list of unsuppressed viral load cases from the ART centre after which they conduct a home visit for identification of reason and based on the reason they provide counselling and support to the patients to improve adherence.
11	Explanation was sought on the value addition of IHAA staff and their activities to the Program Division.  The Chair, Oversight Committee requested NACO to assess the value addition of NGPRs to the Program.	Linkages to additional schemes and filling of gaps within the systems.  DDG-GFATM, NACO updated that NACO is planning to roll out CSC activity under domestic budget and currently NACO is doing assessment on the number of CSCs, HR staff required and which functions can be performed under the program in NACP 6.
12	Data discrepancy was noted in the presentation from the data mentioned in the progress reports.	IHAA clarified that the number in the presentation was only of the newly registered patients and the number of people who subsequently become eligible was missing.

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13	Clarity was sought if the Community System Strengthening component under GC7 is different from KP grant and how.	IHAA clarified that under the 11 States that have been allocated to IHAA under GC7, they are identifying States which do not have State Level Networks (SLNs) and it is supporting the States to form SLNs.  DDG- GFATM, NACO added that NACO has shared the list of States to the NGPRs where the SLNs are present and where the NGPRs are required to help build the mechanism of SLNs.
14	State and district CRG meetings are not happening at the required frequency	IHAA for follow up.

The meeting ended with a vote of thanks.

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

S No.	Action Point	Timeline
1	IHAA to provide information regarding the HR structure of PR, SRs and SSRs, their numbers in different States, their roles and salary bands in different components.	In the next Progress Report of Q4 Y1 (Jan 2025-March 2025). To be submitted by <b>15th May 2025</b>
2	On boarding of new SSRs in Manipur	As mentioned by IHAA during the review – 30 <sup>th</sup> April 2025
3	State wise breakup of performance indicators to be provided in quarterly progress reports and in the next Review	In every quarterly report
4	Performance in Quarterly progress reports to be submitted in cumulative format (from beginning of GC7 to that present quarter) as well as in quarter wise format, to the Oversight Committee.	In every quarterly report
5	Budget Reprogramming approvals and revised plans to be shared with NACO and OC	As and when done

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**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	
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	



Date	Time	Description	Facilitator/Presenter	Chairperson
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. U B Das	DDG-GFATM	NACO
2	Dr. Ravikumar	Chairman	Oversight Committee
3	Ms.Nandini Kapoor Dhingra	Member	Oversight Committee
4	Mr.Pratik Raval	Member	Oversight Committee
5	Mr. Samir Kumar Sahu	Member	Oversight Committee
6	Dr. Benu Bhatia	Grants Manager	NPMU, NACO
7	Mr. BL Parihar	M&E Manager	NPMU, NACO
8	Mr. Pramod K	Chief Executive	IHAA
9	Mr. Firoz Khan	Programme Lead- Care and Support	IHAA
10	Mr. Nehal Raval	Project Manager	IHAA
11	Dr. Priyanka	Program Officer	IHAA
12	Mr. Kushal Pal	Asst. Director Grants and Finance	IHAA
13	Dr. Shobini Rajan	CMO (SAG), NACO/ICCM Focal Point	NACO/ICCM
14	Gitanjali Mohanty	Coordinator	ICCM
15	Sadaf Ahmad	Program Officer	ICCM
16	Chanderpal	Admin. Assistant	ICCM

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