

## Record of Discussions

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

**Date:** 1<sup>st</sup> April 2025

**Time:** 11:00- 12:00 Hrs

**Mode:** Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, PLAN India, for the GC7 (HIV) Grant was held on 1<sup>st</sup> April 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), PLAN India for the GC7 (HIV) Grant, as per the attendance list enclosed in **Annexure 2**. The objective of the review was to assess the implementation of the GC7 (HIV) 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, PLAN India, who attended the meeting.

Following the welcome remarks, PLAN India 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	PLAN India was requested to update the Oversight Committee on the number of Cab drivers for whom risk profiling was done. This was an observation made during the field visit of OC in Delhi.	PLAN India updated that till date they have completed risk profiling of 2,196 Cab drivers.
2	Update was taken on the number of TB presumptive cases identified among the registered clients.  PLAN India was requested to provide TB screening data among the Cab drivers.	It was informed that the Mehram Nagar One Stop Centre collaborated with the Local TB Departments and participated in intensified TB Campaign in which they were able to identify 3-4 presumptive cases out of which zero TB cases were detected. PLAN India agreed to provide the data.

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3	In terms of package services provided at the One Stop Centre (OSC) apart from HIV, has there been a shift in the past few months at the One Stop Centre which has increased the drop in?	It was informed that PLAN India has projected One Stop Centres as facilities which provide both clinical and social services. There has been an increase in the Client drop-ins due to the tapping on different categories of beneficiaries like E-Rickshaw, Ola, Uber Drivers, labour sites.
4	Update was sought regarding the presence of Sex Workers in Mehram Nagar and if any outreach activity was conducted or is being planned in that area for Sex workers and their clients.	It was informed that all the Bridge Population (BP) OSCs have been directed to look out for all hot spot Sex worker areas and it is one of the best practices in OSCs that the Centres reach out to Middle men/ Brokers who mobilize Sex Workers to different locations, to sensitize them about the diseases and how can Sex workers avail these services.
5	Strategy to be developed to reach out to the female taxi drivers.  PLAN India was requested to share the data in their next report.	It was informed that in the coming months PLAN India will tap the Service providers and capture the data of female taxi drivers.  PLAN India agreed to provide the same.
6	It was noted that the Performance Indicator targets mentioned in the Grant document of PLAN India did not match with the ones mentioned in their presentation.	It was clarified that 7,800 is the MPSE target in a particular geography. However, the registered clientele is beyond that number due to the addition of clientele who had registered in the previous grant. Out of 7,800, PLAN India was asked to test 5,957 in the first semester. Therefore, the target for HIV testing in the first semester is around 5,700.
7	Regarding performance in "Percentage of People who inject drugs who have received an HIV test during the reporting period", PLAN India was advised to focus on improving the performance.	PLAN India acknowledged and ensured to improve the performance by the next quarter.
8	Under DSACS, are there no TIs in the vicinity where the population can be linked or do they not want to be linked to a TI and would prefer to avail services at the OSC?	It was updated that the concept of One Stop Centre started where the Targeted Interventions (TI) were not present and there was an unreached population. Currently, most OSCs are present in farther vicinity to the TIs. However, there are a few districts where both OSCs and TIs are present. For such areas, there is a clear demarcation in terms of geography. The footfall in OSCs is also due to the fact that additional services are provided apart from the HIV services.
9	Regarding linkage of BP beneficiaries to ART Centres and after initiation on ART are they linked to a CSC? Who follows up with them?	It was informed that after linkage to ART, the linkage to CSCs is also looked after. However, in many locations CSCs are not present in the areas where OSCs are located.
10	Low performance was noted in the process indicators especially in "Other screening services".	PLAN India ensured to improve the performance.

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11	Regarding TB screening it was inquired if there has been any coordination with the TB PRs operating in the area.	It was informed that PLAN India had discussed the matter of increasing TB screening with other PRs who had similar activity. However, PLAN India's performance was better in comparison to other PRs.
12	Data of index testing was requested to be shared with the Oversight Committee.	PLAN India agreed to provide the same.
13	The Oversight Committee inquired if there is any coordination between the OSC staff and the front line health workers from National Health Programs.	It was informed that this was one area which PLAN India needs to strengthen and they will ensure that coordination at that level is also established.
14	The frequency of meetings with DAPCU, DISHA and States was sought.	It was informed that since the beginning of GC7 Grant there have been clear directives from the Program Division to the PR to coordinate with District and State authorities. Since then the OSC staff is working closely and aligning their activities with DISHA, DAPCU and SACS.
15	It was confirmed from PLAN India if there is regular progress update sharing with the District and State authorities	It was confirmed by PLAN India that monthly progress updates are shared with District and State authorities.  PLAN India thanked the Program Division for initiating a robust coordination mechanism between the multi stakeholders in GC7 and anchoring monthly coordination meetings in which issues and challenges are addressed.
16	It was informed by NPMU, NACO that the mid-term assessment of One Stop Centres will take place around September 2025. Thus, the plan for OSC sustainability will be dealt with after the assessment.	
17	Performance of GC7 KPI 1 to 5 were found to be quite unsatisfactory.	
18	Under the process indicator covering transgender clients, screening services of syphilis, STI, HBV, HCV the performance was very low. The same was noted for people who inject drugs and especially for other vulnerable populations.	

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

S No.	Action Point	Timeline
1	PLAN India to provide TB screening data among the Cab drivers in the next Progress report	In every quarterly report
2	Data of index testing to be shared in the quarterly Progress reports	In every quarterly report

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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  Progress Report of Q4 Y1 (Jan 2025-March 2025) to be submitted by <b>7th May 2025</b>

### **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.

<b>Date</b>	<b>Time</b>	<b>Description</b>	<b>Facilitator/Presenter</b>	<b>Chairperson</b>
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 HLFPT (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)

#### 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	Dr. Gopakumar	Vice Chairman	Oversight Committee
4	Ms. Nandini Kapoor Dhingra	Member	Oversight Committee
5	Mr. Pratik Raval	Member	Oversight Committee
6	Mr. Samir Kumar Sahu	Member	Oversight Committee
7	Dr. Benu Bhatia	Grants Manager	NPMU, NACO
8	Mr. Parihar	M&E Manager	NPMU, NACO
9	Dr. Rajesh Rana	Project Director	PLAN India
10	Mr. Amit Rawat	Sr. Manager Programs	PLAN India
11	Mr. Kaushik Biswas	Deputy Director: Monitoring & Evaluation	PLAN India
12	Dr. Meenakshi Verma	Sr. Manager Programs	PLAN India
13	Dr. Shobini Rajan	CMO (SAG), NACO/ICCM Focal Point	NACO/ICCM

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14	Gitanjali Mohanty	Coordinator	ICCM
15	Sadaf Ahmad	Program Officer	ICCM
16	Chanderpal	Admin. Assistant	ICCM

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