

## Record of Discussions

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

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

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

**Mode:** Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, SAATHII, 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 **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), SAATHII 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.

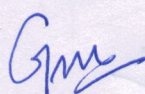
#### **Welcome Remarks**

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

Following the welcome remarks, SAATHII 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	DDG- GFATM, NACO inquired SAATHII regarding the timeline of on boarding SSRs in the remaining States.	It was updated that SSRs are scheduled to be onboarded in Punjab and Karnataka by the coming week. In Telangana, onboarding is expected by mid-April 2025. In Tamil Nadu, there are pending issues related to the conversion of the TG CSC, for which approval is awaited from NACO. SAATHII will be able to onboard the SSR within 10–15 days following the receipt of this approval.
	The Oversight Committee expressed their concern regarding the implementation of CSC activities where the SSRs have not been onboarded.	The Project Director, GC7 (HIV), SAATHII, informed that in areas where the onboarding of new SSRs is pending, the previous SSRs from GC6 are continuing their operations.





2	Regarding the performance indicator "Percentage of PLHIV on ART who are Lost to follow up (LFU) tracked with definite outcome", low performance was noted. The Oversight Committee advised SAATHII to put maximum efforts in tracking LFUs.	SAATHII updated that they have a mechanism of coordinating with other PRs for LFU tracing. However, there is a delay in that process. Thus, SAATHII is prioritizing LFUs under 90 days to bring them back and prevent converting them to long term LFUs. Additionally, they are strengthening the capacity of the field staff in terms of counselling, and providing psychosocial support and negotiations to help bring LFUs back.
3	It was recommended to do a root cause analysis of the repeat LFUs.	SAATHII informed that they are conducting the same and informed that they will document the learning.
4	It was noted that data of Performance indicator targets presented during the review did not match with the Grant Document data.  It was advised that any variance from the grant document must be explained during the reviews and in the progress reports.	It was informed that estimated targets were mentioned in the grant documents. The actual numbers during the reporting period are being used for performance review.  SAATHII agreed to include the same in their reports.
5	Regarding Prison Intervention, the contribution of SAATHII staff and their value addition to the Program was requested to be clarified.	It was explained that there are two mechanisms. One is to provide technical support and coordinate with ICTC to ensure screening, documentation and reporting in SOCH. The second mechanism is conducting health camps. SAATHII to provide the data of HIV testing in Prison ICTCs and camps.  Dr. Subha, President of SAATHII, highlighted that one of the key strategies adopted by SAATHII involves training select prisoners to serve as peer volunteers. These volunteers play a crucial role in motivating fellow inmates to undergo HIV testing and, if found positive, to adhere to prescribed treatment regimens.  Another significant contribution made by SAATHII is the training of healthcare providers to ensure they deliver services in alignment with national health program guidelines. This includes facilitating health camps, supporting integrated testing, and promoting adherence to universal health precautions.  Furthermore, all individuals identified as HIV-positive are to be initiated on treatment within 30 days of diagnosis. To support this, SAATHII staff ensure that an escort is available to accompany patients to the nearest ART Centre, thereby facilitating timely treatment initiation and adherence.

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		Finally, with the consent of the inmate, family members of HIV-positive prisoners are approached for testing. SAATHII staff also conduct follow-up to ensure post-release linkage.
6	The number of Prison Peer Volunteers was requested to be clarified.	Total PPVs identified 3771 and trained 3692.
7	The target of TB notified cases which was set for the prison population was noted to be very less. That should be re-drawn. It was recommended that scaling up of HIV screening using RDT and TB screening and reporting in Ni-Kshay is required.	SAATHII noted the recommendation.
8	The Oversight Committee highlighted the importance of coordination between different NGPRs regarding Inter-State LFUs.	It was updated that since the previous GC6 grant SAATHII has developed a tool for coordination between different NGPRs regarding Inter-State LFUs and all NGPRs follow the same tool.
9	Regular meetings to be conducted with the State authorities which should be well documented with clear action points.	SAATHII noted the recommendation.
10	Clarity was sought regarding the number of Community Champions trained on CLM.	It was updated that out of around 1,646, 1,400 were trained in GC6 by previous organisations. The remaining 200 Community Champions in Punjab and Haryana will be trained by SAATHII. The budget of training for the remaining 200 Community Champions was not included in the GC7. Thus, SAATHII has requested the Global Fund for reprogramming and the approval of the same is awaited.
11	Clarity was sought regarding bridge population TI trainings significantly lower than core TIs.	It was informed that there are more prevention staff working in the TI core projects who need to be trained. Due to a lack of funds, SACS preferred to focus on TI core rather than TI BP.
12	Budget utilization was found to be only 19 % of the total and 50 % of the 1 year sanctioned. Significant delays were seen in hiring of SR and SSR staff, delayed development of IEC material, CSS training, Master ToT etc.	SAATHII to speed up the activities.
13	S-CRG and D-CRG meetings are to be organized regularly and action points to be drawn up for intersectoral co-ordination	To be noted

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

S No.	Action Point	Timeline
1	On boarding of SSRs in remaining geographies	As informed by SAATHII during the review meeting-  Punjab and Karnataka: 7 <sup>th</sup> April 2025 Telangana: 15 <sup>th</sup> April 2025 Tamil Nadu: 10–15 days after following the approval from NACO
2	Variance in the targets of Performance Indicators from the grant document must be explained during the reviews and in the progress reports	In every quarterly report
3	State wise breakup of performance indicators to be provided in quarterly progress reports and in the next Review	In every quarterly report
4	The low target set for TB notified cases in Prison to be looked into and addressed in the next Progress Report.	Progress Report of Q4 Y1 (Jan 2025-March 2025) to be submitted by <b>7th May 2025</b>
5	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>

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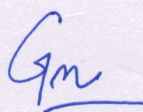


**Annexure 1****Schedule of Virtual C19 RM and GC7 Grant Desk Review of PRs by the Oversight Committee**

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 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 HLFPT (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	Ms. Deepika Joshi	Member	Oversight Committee
4	Mr. Pratik Raval	Member	Oversight Committee
5	Dr. Sai Subhasree Raghavan	President	SAATHII
6	Dr. Lakshmi	Director- GC7 HIV	SAATHII
7	Mr. Anupam Hazra	Associate Director of Programs	SAATHII
8	S Hedvees Christopher	National Prog. Specialist-Kshamta Kendra	SAATHII

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9	Priyambada	National Prog. Specialist- CSC 2.0	SAATHII
10	Mohan	Regional M&E Manager	SAATHII
11	Mahesh	National Prog. Specialist- Prison Intervention	SAATHII
12	Dr. Benu Bhatia	Grants Manager	NPMU, NACO
13	Mr. Parihar	M&E Manager	NPMU, NACO
14	Dr. Shobini Rajan	CMO (SAG), NACO/ICCM Focal Point	NACO/ICCM
15	Gitanjali Mohanty	Coordinator	ICCM
16	Sadaf Ahmad	Program Officer	ICCM
17	Chanderpal	Admin. Assistant	ICCM

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