Record of Discussions

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

Date: 4th April 2025
Time: 11:00- 12:00 Hrs
Mode: Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, HLFPPT, for the GC7 (HIV) Grant was held on 4th 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), HLFPPT 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, HLFPPT, who attended the meeting.

Following the welcome remarks, HLFPPT 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	For the purpose of review by the OC, the PR was asked to provide information in their presentation as per the format with focus on KPIs. However, the PR had sent a presentation which was vague and incomplete. This required further pursuing with the PR.	HLFPPT to comply.
2	Ms. Nandini, Member, Oversight Committee, recalled that during the GC7 Oversight Committee visit to an ART Centre in Delhi, the Medical Officer had expressed concerns regarding patient confidentiality and the sharing of information with the Care and Support Centre (CSC). She requested an update	The Project Director, HLFPPT, informed that in Delhi, ART Centres share data with DSACS, which then forwards the information to the Care and Support Centres (CSCs). In contrast, in other states, data is shared directly between ART Centres and CSCs.

	on whether this issue has since been addressed.	
3	An update was sought regarding the issue of improving Post release linkage of Prisoners and their linkage with CSCs. HLFPPT was requested to share the data of Post Release linkages in their quarterly progress reports.	It was informed that the Prison Coordinator ensures Post release linkage of Prisoners. However, CSC staff have not been given permission to visit inmates in the Tihar Jail Complex by Prison authorities. HLFPPT ensures that the Prison Coordinator attends the monthly coordination meetings of ART Centres and CSCs. HLFPPT agreed to provide the same.
4	It was inquired if any linkages have been established in terms of Social Protection schemes.	346 Inmates have been linked with the Social protection schemes.
5	It was inquired out of 74 SSRs how many were first time SSRs.	It was informed that out of 74 SSRs, 14 are new.
6	HLFPPT was requested to provide information of the total number of Prison Coordinators and if there were any Prisons where Prison Coordinators are not present.	It was updated that there are 98 Prison Coordinators (PC) working in 591 Prisons. One PC is given the charge of 4-5 Prisons which they are expected to visit weekly.
7	HLFPPT was requested to include the details of the trainings conducted by them in their quarterly Progress Reports.	HLFPPT agreed to provide the same.
8	Regarding SOC, HLFPPT in their presentation had mentioned that State Oversight Committee (SOC) meetings of few states were conducted in the month of July 2024. It was inquired if SOC meetings were conducted beyond that.	It was informed that SOC meetings are being planned in coordination with the States. The recent being planned in Uttar Pradesh.
9	Low budget utilization was noted.	HLFPPT appraised that due to delay in the Red Ribbon Bus activity, late onboarding of SSRs and some SRs like UPNP are being supported by Alliance India. Therefore, the budget utilization is low.
10	Under budget utilization, HLFPPT was requested to indicate budget and utilization for CSS separately along with a budget allocated for trainings.	HLFPPT agreed to provide the same.
	A concern was noted regarding low performance in addressing Lost to Follow-Up (LFU) cases. It was reported that the most common reason cited for LFU remains "Untraceable/Incomplete address," a recurring issue over the years. HLFPPT was asked whether any new strategies have been introduced	HLFPPT reported that they had conducted a meeting with SACS, during which they highlighted the ongoing challenge of a high number of Lost to Follow-Up (LFU) cases, primarily due to "Untraceable/Incomplete addresses." HLFPPT requested SACS to ensure the accurate and complete recording of addresses for all HIV cases.

	under the CSC 2.0 model to address this persistent challenge. It was recommended that efforts should focus not only on tracking back LFU cases but, more importantly, on preventing LFU and identifying its root causes. Effective LFU prevention requires a comprehensive approach beginning at the facility level—this includes ensuring high-quality counselling, accurate data collection at the time of PLHIV registration, and extending to preventive home-based care. Additionally, CSC-based interventions should be leveraged to mitigate LFU. When HIV NGPRs convene, they are encouraged to collaborate on innovative, flexible, and feasible "light-touch" solutions aimed at LFU prevention. These could include measures such as flexible ART pick-up options, multi-month drug dispensation, and family-centered interventions that foster a supportive environment for sustained engagement in care.	This issue has also been raised in meetings with ART Centres. To mitigate the challenge, Prison Coordinators and CLHs have been instructed to work in close coordination with the ART Centres. Additionally, an Inter-State Migration Tool is currently under development to further support LFU tracking. A Track-Back Campaign for LFU cases is actively being implemented across 7–8 states. Once the data from this campaign is compiled, it will be shared with the respective states to facilitate tracking and reporting. HLFPPT noted the recommendations.
11	It was noted that the targets mentioned in the Grant Document under the Coverage Indicators of HLFPPT, did not match with the ones presented during the review. HLFPPT was inquired to explain the process of derivation of targets and the estimates.	HLFPPT informed that, in accordance with the CSC guidelines, they are required to adhere to the prescribed protocols. Therefore, their targets were aligned based on the line list provided by the ART Centres.
12	The Chair, Oversight Committee requested NACO to compare the targets mentioned by the HIV NGPRs in their presentations to their Grant Documents and provide a critical review of their actual performance to the Oversight Committee.	NACO agreed to provide the same.

13	A gap was noted in the screening of TB among the prisoners. 90439 clients were screened and among them 5234 were found to be presumptive (ICF). 5026 were tested. The gap is significant specially in Bihar and Nagaland states. HLFPPT was requested to provide a response on the matter. It was recommended that the cross screening between HIV and TB should be 100%.	HLFPPT agreed to provide a response on the matter and ensured to improve the cross screening also.
14	Performance in the indicators "Number of people in prisons and other closed settings that have received an HIV test during the reporting period and know their results" was noted to be low in Q2 and Q3 of Year 1 of GC7.	It was informed that it was due to the shortage of testing kits.
15	The Oversight Committee raised a query regarding the role of HLFPPT in increasing HIV testing and linking individuals to treatment, given that ART is provided to HIV-positive inmates by the Prison Authority. HLFPPT was requested to elaborate the role of their staff in different components, in their quarterly reports.	It was informed that Prison Coordinators are responsible for facilitating the raising of indents for HIV testing kits, ensuring the supply of kits from SACS to the prisons, mobilizing ICTC staff within the prison facilities, coordinating with prison authorities, organizing camps, ensuring that trainings are conducted for Prison staff, and collecting data of both convicted and undertrial inmates. HLFPPT agreed to provide the same.
16	HLFPPT was requested to provide insights on how they can contribute to addressing the existing treatment gap.	HLFPPT reported facing challenges in linking syphilis-positive cases to RCH, primarily due to limited response and integration with the RCH (Reproductive and Child Health) Program. Additionally, a few confirmatory tests are also not undertaken which limits the treatment initiation. HLFPPT responded that with the help of their State Program Managers, who facilitate the State Oversight Committee meetings, the platform can be utilized to address the challenge in the presence of State Officers and advocate to improve the diagnosis and treatment of Syphilis.
17	Zero "District Community Resource Groups" were noted in the States of Bihar, Sikkim, Jharkhand and Chhattisgarh. The reason for the same was requested to be provided by HLFPPT in their report.	HLFPPT ensured to provide reasons for zero "District Community Resource Groups" in the States of Bihar, Sikkim, Jharkhand and Chhattisgarh, in their quarterly progress reports.

	HLFPPT was recommended to improve their performance in the formation of "District Community Resource Groups".	
18	One possible suggestion for the data sharing challenges which have been repeatedly raised in the progress report shared by the PR is to streamline data sharing by having some sort of a central tracking mechanism, where NACO and SACS can see that data has been shared in time with PR, so that there are no delays in service delivery due to such avoidable issues. On the traceback of PWID LFU, HLFPPT was suggested to take the help of community champions.	HLFPPT noted the suggestions.

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

S No.	Action Point	Timeline
1	NACO to compare the targets mentioned by the HIV NGPRs in their presentations to their Grant Documents and provide a critical review of the same to the Oversight Committee	15th May 2025
2	HLFPPT to explain the role of their staff in different components, and value addition to the Program, in their quarterly reports	In the next quarterly progress report (Jan 2025-March 2025)
3	Reasons for zero "District Community Resource Groups" in the States of Bihar, Sikkim, Jharkhand and Chhattisgarh, to be provided in the quarterly progress report.	In the next quarterly progress report (Jan 2025-March 2025)
4	State wise breakup of performance indicators to be provided in quarterly progress reports and in the next Review	In every quarterly report
5	Performance in Quarterly progress reports to be submitted in cumulative format (from beginning of GC7 to that present quarter) as well as quarter wise format, to the Oversight Committee.	In every quarterly report Progress Report of Q4 Y1 (Jan 2025-March 2025) to be submitted by **7th 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	
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 HLFPPT (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 HLFPPT (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 (9th OC meeting)	All members of OC facilitated by ICCM secretariat	
TBD		**PR Desk Review Debrief meeting**	**Chair/ Co chair Oversight Committee**	**JS (GFATM)**

Annexure-2

List of Participants:

S No.	Name	Designation	Organisation
1	Dr. Ravikumar	Chairman	Oversight Committee
2	Ms.Nandini Kapoor Dhingra	Member	Oversight Committee
3	Ms. Deepika Joshi	Member	Oversight Committee
4	Mr.Pratik Raval	Member	Oversight Committee
5	Mr. Samir Kumar Sahu	Member	Oversight Committee
6	Dr. Sangita Pandey	Project Director - GFATM	HLFPPT
7	Mr. Mahendra Pancholi	Project Lead-HIV	HLFPPT
8	Mr. Neeraj	Prison Intervention	HLFPPT
9	Dr. Sudhir Rathod	Technical Expert-HIV	HLFPPT
10	Mr. Opendra Singh	Program Expert-HIV	HLFPPT
11	Mr. Sanjay Swain	Program Expert-RRB	HLFPPT
12	Mr. Archit Sinha	Program Expert-UP State	HLFPPT
13	Mr. Sudarshan	M&E Lead	HLFPPT
14	Dr. Benu Bhatia	Grants Manager	NPMU, NACO
15	Mr. Parihar	M&E Manager	NPMU, NACO
16	Dr. Shobini Rajan	CMO (SAG), NACO/ICCM Focal Point	NACO/ICCM
17	Gitanjali Mohanty	Coordinator	ICCM
18	Sadaf Ahmad	Program Officer	ICCM
19	Chanderpal	Admin. Assistant	ICCM