

De-briefing meeting held on 12th Oct 2023 of the Oversight Committee for the (ICCM) visits held during the months of July and Aug 2023 in the states of Nagaland and Karnataka.

Date: 12th October 2023

Venue: Hotel Royal Plaza (The Venetian), 19, Ashoka Road, New Delhi-110001

Time: 9:30 AM to 5: 30 PM

The De-brief meeting of India CCM was conducted on 12th October 2023 at 9:30 AM onwards under the Chairmanship of AS& DG, Member Secretary India CCM at the Hotel Royal Plaza (The Venetian), New Delhi.

The agenda of the meeting:

- I. De-Brief Meeting of Oversight Committee Visits for TB, HIV and Malaria Programme post visits to the States of Nagaland and Karnataka during the month of July-August, 2023
- II. Progress Update regarding C19RM Grant.

The Oversight Committee visits were held in the states of Karnataka and Nagaland during the months of July and August 2023. In this regard, a Debriefing meeting was proposed to be held on 12th Oct 2023 to present findings of the visits. The oversight committee members and PRs attended the meeting and presented their findings/updates and action taken reports.

Action taken report by Programme Divisions:

Sl No	Programme Division	Presenter	Remarks
1	Action taken report for TB (recommendations & action taken/ current status for visit to UP)	Dr Raghuram Rao, ADG, CTD	As enclosed in the annexure
2	Action taken report for HIV (recommendations & action taken/ current status for visit to Mizoram and UP in Oct 2022)	Dr Bhawani Singh, DD, NACO	As enclosed in the annexure
3	presented action take report for Malaria (recommendations & action taken/ current status for visit to Mizoram in Oct 2022)	Dr Vinod Choudhary, MO, NCVBDC	As enclosed in the annexure

Action taken by Programme Divisions following OC visits to the states of Mizoram and UP during October 2022

1. TB division:

SL No	Key Observations /Recommendation	Action taken
1	Lack of cooperation from private doctors requires sensitization	PPSAs for sensitizing private sector involvement and private practitioners are involved constantly and recent notifications from the private sectors have been increased.
2	Training module for TB champions	Community involvement has been enhanced- campaigns in community, gram panchayat for better reporting and testing. Ayushman Bharat campaign is being conducted for 2 weeks in a month in which TB is a significant component. Ayushman gram along with HWC is involved and TB is a component. All the data has been included in NIKSHAY.
3	Drug shortage affects multiple dispensations; Cartridges shortages in labs	Purchase for drugs and cartridges have been initiated. Currently, no shortage of FLD & SLD; SLD procurement has been materialized and are being issued to the States basis their requirements. 16 lakh chips available and 14 lakh is in pipeline
4	HR shortage	Support from NGOs and involvement of state level health care workers States are undertaking all necessary recruitments as per PIP approval and is ongoing.
5	Interventions of non-govt-PRs and SRs need to be assessed	National, state, district level review meetings- NGPRs, monthly quarterly review meetings. The periodic reviews at central level held. Transition plan with existing NGPRs and new additional NGPRS.
6	NIKSHAY related issues in data sync and it does not sync with the internal system - Manipulation of reports by private practitioners	Improved IT capabilities w.r.t to NIKSHAY, newer elements developed to reduce the loading time. Central and state teams will review the data quality. Data validation checks are in place along with 3rd party verification

2. HIV division:

SL No	Key Observations /Recommendation	Action taken
1	Both states are lagging in achieving the UNAIDS	Integrated HIV, STI, TB, Hepatitis campaign for prison intervention, other closed Settings, Juvenile home and drug rehabilitation centers. Progress on ISHTH Campaign has been undertaken. Health camps in north eastern states. 600 camps have been set up, including outreach camps. State-CRGs are established to Strengthen the engagement of churches for community engagement. Village level campaigns through village heads for awareness on HIV, STI & drug use. Viral load testing has been addressed- 12 existing RT-PCR machines installed during the COVID - 19 pandemic in institute/ medical college to conduct HIV-1 viral load testing under the National AIDS and STD Control Program, MoHFW. Counsellor training programs conducted to address the newly recorded PLHIV and their follow up.
2	High prevalence of HIV in Mizoram, and increase in number of STI, needs to be addressed	Village level campaigns through village heads for awareness on HIV, STI & drug use. Health camps conducted at high priority areas.
3	Strengthen the engagement of	The State had so far conducted awareness campaign at 47

	churches in the HIV response including prevention efforts in Mizoram.	individual churches & advocacy meetings with the church committee.
4	IEC initiatives for promoting early identification of STIs and community-based HIV testing are to be prioritized (Mizoram).	Village level campaigns has been initiated in 9 districts
5	Limited availability and access to viral load testing have been a major hurdle at the state level.	Viral load testing has been addressed- 12 existing RT-PCR machines have been installed during the COVID - 19 pandemic in institute/ medical college to conduct HIV-1 viral load testing under the National AIDS and STD Control Program, MoHFW
6	As care and support centers are a critical link between the community and services, their role needs to be reviewed, and a stronger focus on linkage to services (ICTC to ART) and social protection schemes need to be ensured.	Proposed in the upcoming Global Fund Grant to enhance the mandate of Care & Support Centers – to be positioned as CSC 2.0 with the aim to bridge linkage losses from ICTC to ART, ART initiation, Viral Load testing, social protection schemes, Hep B & C, Syphilis and TB screening etc., and follow up of pregnant women as per EVTHS guidelines. CSC evaluation by third party is proposed in the upcoming Global Fund Grant.
7	The mobile numbers of the newly initiated PLHIV are to be recorded and new cases to be followed up.	Reinforced in counsellor training program.
8	Better coordination with the Health Promoter staff of Vihaan project is required for tracking missed cases and lost to follow-up cases.	Monthly coordination meetings should be held at the ART level. The coordination meeting details have been taken from the PRs and are being analysed.
9	Dried Blood Spot (DBS) testing for pregnant women in the third trimester (32-36 weeks gestation) may be explored to the difficult terrain and travel logistics.	Viral load sample transportation guidance note included in EVTHS guidelines for plasma sample as Annexure-I
10	The delay in EID reporting by NICD, Kolkata needs to be addressed	The delay in the procurement of EID kits (FY2022-23) was due to the "Make in India " requirement which has now been approved and exempted by Hon'ble HFM. The matter has been resolved. Meeting with EID lab was held on 8th June to monitor progress and ensure timely reporting of EID.
11	Index testing for all biological children, and partner/husband of pregnant woman to be prioritized.	Targets for testing of spouses/partners of PLHIV (including PW) and children who have been exposed to HIV have been given to each state. Additionally, Index testing guidelines are drafted based on Index testing SOP shared with states in 2020.
12	To improve service uptake, single prick testing and human resource rationalization.	National NACO-NHM Coordination Committee” and “National Working Group for NACP-NHM Coordination” constituted and meetings held on 29th November 2022 and 6th April 2023 respectively. Joint letter has been issued from JS-RCH and Director NACO which include direction for first trimester HIV-Syphilis testing of PW and reporting of the same in HMIS along with other directions. Mizoram has procured dual RDT through NHM budget and will be distributed to facilities soon. UP procurement of dual kit through NHM budget under tendering process.
13	The SOCH system continues to have glitches at the health facility levels.	Regular review of the progress of SOCH portal is conducted, Mobile app has also been launched for data entries at Prison facilities for ISHTH campaign.
14	The state level M&E team	Hands-on training (3-5 day physical) was also conducted

	should be given access to review the data uploaded at the district level	recently for the M & E and field level staff.
15	HR shortage and overcrowding of facilities	It was reiterated to all SACS to fill up vacant position on priority basis during recently held meeting with PD-SACS in August, 2023.

3. Malaria division:

SL No	Key Observations /Recommendation	Action taken
1.	Need for effective and targeted IEC/BCC activities in the community to promote the use of LLINs.	Distribution of IEC materials at school and community level. i. IEC materials are developed and translated to local languages and distributed through workshops, religious places.
2	The feedback of the community on the quality of LLINs needs to be assessed through a survey	NCVBDC in collaboration with NIMR-ICMR has started House Hold Survey in 11 GFATM project states.
3	Recruitment of HR positions such as VBD consultants and Sr. State consultants under TCIF	All the HR positions has been filled
4	Training of health care workers	Training for ASHA, health workers, Lab technicians, and medical officers has been conducted and is ongoing.
5	MTS Participation in the monthly ASHA meeting at PHCs/CHCs to impart sensitization and training on malaria must be monitored at the state/district level.	All MTS informed to attend the meetings. Routinely monitored and reviewed by the districts & state team respectively
6	Program must utilize all available platforms to keep malaria a priority, especially among the grass root level health workers.	Media advocacy, district level advocacy and inter-sectoral meetings are held. State Review Meetings, Regional review meetings conducted to focus on priority activates and geographies.
7	IEC/BCC strategy needs to be prepared	New IEC/BCC materials developed for different level of health cadre. Intensive IEC in three languages Mizo, Bru, Chakma has been carried out.

ATR Discussion points by the Oversight committee(OC) members

- The NGOs and private sector to be sensitized for reporting patient data entry.
- Dr Sangeeta Kaul and Dr Goel (OC members) raised the issue of health staff doing the data entry after work hours- program divisions to address this issue.
- The OC members emphasized on enhancing the capabilities of NIKSHAY to improve data entry and reporting and the IT related challenges to be addressed.
- Ms. Mercy Annapoorni (OC member) recommended the NIKSHAY to be more user friendly for enhanced data entry and release of funds should be made on time and procurement policies also should be undertaken.
- Ms. Nandini Kapoor, Dr Gopa Kumar and Ms. Mercy Annapoorni (OC members) suggested to enhance the activities on community engagement for TB. Also emphasized on integrating health services and NGOs with focus to work in rural system.
- The OC members strongly recommended to address the efficiency of HRs and NGOs and the need to fill up the shortage of staffs.

- Dr Gopa Kumar pointed at shortage and delayed supply of CBNAAT cartridge and drugs and suggested to strengthen the supply chain mechanism.

Dr Shobini Rajan, Focal Point, India CCM welcomed Ms. Nidhi Kesarwani, Director, NACO to chair the meeting in the absence of ASDG/Member Secretary, India CCM,

She further welcomed Dr. Tanu Jain, Director, NCVBDC and the Oversight Committee(OC) members and requested Ms. Nandini Kapoor, Chair, Oversight Committee, India CCM to present Oversight Committee (OC) report of the visit to Karnataka and Nagaland during July-August 2023.

Ms. Nandini Kapoor presented the oversight committee report and the OC members covered specific areas from the report of the visit to Nagaland and Karnataka during August 2023- Key observations and recommendations. (As enclosed in Annexures).

A. Observations from OC visit to Karnataka:

- OC shared their observations of St. Theresa Hospital, Bangalore that there are 2 obstetricians at hospital and they don't take up delivery of HIV positive patients. The data collection was done by lab technician and an SYVM staff is helping out for data collection. Discriminatory behavior in private hospitals and facility being shut during HIV positive delivery. Syphilis is not being included as ANC package.
- At One stop center(OSC) at Belagavi, staff was motivated in conducting the camps, conducting the outreach activities and trained well but the focus was on truckers and not the seasonal migrants. These migrants were not followed up.
- Client registration format was lengthy and lot of information being collected and feedback of data was very down-flow, but how is it used by staff and site for geo-targeting of the same was not attained.
- Housing schemes, women transportation schemes and education schemes for HIV clients are going well. Social protection schemes being implemented very well. OC noted that at Spandana network in Belagavi district, awareness on HIV act is less.
- Main observations of TB program at Bangalore and Belagavi. OC team shared their observation on the activities by KHPT, which is dedicatedly working towards TB programme, a coordinator who works on drugs rollout and constant monitoring of drugs disbursement. TB survivors are building up TB champions, creating awareness and was involved in community engagement. This was very well managed in both districts. Training programme structure was very good and dedicated staffs were available.
- Drugs shortage at Belagavi, especially pediatric TB drugs, this was observed only at Belagavi and rest of the state has been working well.

❖ Recommendations from OC members:

1. SOCH platform functioning was an issue at all facilities, to be addressed by the program
2. MMD a desperate demand from the community,
3. Treatment literacy in a structured manner to be rolled out at all ARTs and CSCs
4. ORW/HP from CSC to visit/sit at the ART centres to ensure linkages and follow up
5. E-MTCT, single prick under ANC to be streamlined, sharing human resources (LT) between ANC and e-MTCT.
6. Innovation for future CSCs to and strengthen the role for treatment literacy at the time of treatment initiation
7. CSCs need to be accessible to patients for availing services better – location in proximity/ ORW being available at ART centre
8. C19 and KP grant to be reviewed at short intervals by the OC and the ICCM as it is short timeframe for implementation and possible overlap between projects
9. Close monitoring recommended of the ongoing initiatives before scaleup – Care and support centres, One Stop Centres, SSK.
10. The OC suggested that since the TB cases are less, either suspected cases are less, or asymptomatic or not screened. This particular scenario needs to be addressed.

11. Recommendation to non- government PRs:

- a. ALLIANCE India: The committee recommended joint meetings by PRs since there are multiple SSRs to prevent overlaps in reaching out to communities. Rationale of health promotor to be checked upon for the CSCs. Having more community champions to reach out to community. PRs to develop plan for treatment literacy, training plan for health promotors and model for CSC transition for sustainable model.
- b. SAATHII: Explore the integration model of HIV testing with routine ANC investigations and linkage with ART centres. Monitor the regular antenatal follow-up and ARV adherence counselling for the HIV positive pregnant women. To conduct in person training among the prison health workers. Consider the provision of condoms at the prison clinics, to track the inmates who are released from prisons, to ensure that they received support beyond prisons (CSC, district network linkages).
- c. C19 & KP Grant - Swathi Mahila Sangama (SMS): To Conduct joint meetings of all SRs, to track number of services per beneficiary, Training and mentoring support to strengthen efficiency and address overlaps between projects and ensure no duplication of PRs.
- d. PLAN India, the capacity building activities under Dakshata were pending, SOCH integration was recommended. strengthen their HIV-TB coordination for TPT and INH drug availability at ART centers. OSC staff to be trained on source and destination migration. Refresher training for staffs. Digital forms of data collection
- e. FIND India: To collect sputum outside a common place to prevent spread of infections. Tracking mechanism has to be undertaken both for HIV as well as TB at both districts. CBNAAT machines and drugs procurement system need to be strengthened. Refresher training for staffs. IEC should be developed in local languages too (Marathi could be included).

B. Key observations of OC visit to Nagaland visit

- ❖ **Dr Sangeeta Kaul, presented the visit details to Nagaland and other OC members covered specific areas.**

Recommendations:

- 1) The mobile ICTC outreach to be prioritized in the Burma Camp colony, Dimapur, and mobilization of the nearby TI NGO, and participatory community assessments may be conducted for risk profiling and index testing to be prioritised. Recommended for detailed profiling of newly diagnosed HIV, alongside mobile ICTC outreach camps at Burma camp.
- 2) Monthly ART-CSC Coordination meetings to be held regularly, with proper documentation and follow-up action plan to improve ARV adherence and reduce LFU
- 3) HIV positive clients visiting the other departments should be followed up.
- 4) Recommended to increase the number of outreach workers.
- 5) To conduct physical training of the ART Center Medical Officers on Advanced HIV Disease Management.
- 6) The Care Coordinator of the ART Center should verify the mobile numbers and addresses of all the PLHIVs coming to the center. The respective PRs need to monitor activities like data cleaning to get the actual numbers.
- 7) Recommended to fill up the medical officer post in prison. The available pharmacist maybe trained for CBS testing. Increase the number of visits of YRG LT/ counsellor in the prison. The One stop centers can be linked.
- 8) Juvenile homes and de-addiction centers should be covered. IEC materials need to be made available at centers.
- 9) Recommended action to be taken by NACO for the youngsters not willing to use Nirodh condoms.
- 10) IEC /awareness information posters about the SSK services should be available in the Mobile ICTC vans for better dissemination of information for the hard-to-reach HIV-negative population.
- 11) It was observed that the HIV positivity rate at ICTC Dimapur is at 22% and at Dimapur prison is at 4 % positivity, this issue must be addressed. It was suggested that research

has be undertaken to check the high positivity rates. It was recommended for training other paramedic staff for basic test.

- 12) Procurement policy needs to be revisited. Drugs should be made available on time.
- 13) IEC materials on TB should be available at all prisons, TB detection camps and TB awareness programs to be conducted in prisons.
- 14) Recommended the release of salaries/ incentives on time of health workers.
- 15) Salaries/incentives of the staff were recommended to be disbursed on time for smooth functioning.
- 16) Issues regarding maintenance and POL for two-wheelers can be resolved by disbursing funds timely and adequately.
- 17) ASHA workers do not receive incentives on time therefore, releasing funds on time was recommended.

18) Recommendations to PRs-

- Alliance India to depute one outreach worker on a daily basis to the ART centers for daily screening and follow ups. Private sector engagement needs to be strengthened.
- PLAN India should maintain updated records of all essential medicines and keep track of any stock-outs at the district and state levels. Recommended the LT/Counsellor visits the jail at a more frequent interval, preferably once or twice a week to conduct the HIV screening for all the new prison inmates. Hands-on training is to be imparted to the Pharmacist of the District jail. Proper linkage with the nearby OST center should also be explored.
- SAATHIII to undertake responsibility for physical trainings of staffs. Kripa foundation should undertake training for NGOs.

Lessons Learnt: (OC 2021- 2023) Since the term of the current is coming to an end in Dec2023, the Chair of the OC presented the following:

- Participation of the full OC essential for effective functioning.
- A minimum of two field visits and two in-person meetings in one year.
- Follow up/actions taken to be monitored after the meetings/visits.
- Oversight work plan to be developed at the beginning of the year and submitted to the ICCM.
- Focal point/OC officer critical at the ICCM Sec to support the OC and follow up from the visits and meetings.
- OC to be engaged at the time of reprogramming grants.

Discussions by the Program Divisions and Oversight committee members.

- 1) Dr Bhawani Singh, DD NACO emphasized that the OC visit has been useful and recommended to frequency of visits.
- 2) Dr Tanu Jain, Director, NCVBDC appraised that the state of Nagaland has made progress in controlling malaria. She also announced the plan to visit Odisha in the month of Nov 2023 and action taken report will be shared after 2 months of the visit.
- 3) Dr Gopa Kumar stressed upon increasing the OC visits and logistic issues to be addressed. He also recommended to fill up the vacant positions in Nagaland and in person trainings.
- 4) Ms Nandini Kapoor summarized the overall activities of the OC at field and made some specific recommendations:
 - Issues related to SOCH platform to be resolved as was noted as a concern across all facilities.
 - Treatment literacy at ARTs and CSCs and ensure proper coordination between ARTs and CSCs. Monthly ART-CSC Coordination meetings to be conducted.
 - An assessment/evaluation of ongoing CSCs and OSCs to inform future scale up
 - The mobile ICTC outreach to be prioritized in the Burma Camp colony, Dimapur, and mobilization of the nearby TB NGO, and participatory community assessments may be conducted for risk profiling.
 - Improve HIV testing across hard-to-reach areas and improve private sector engagement.
 - In addition to virtual, physical trainings of medical officers and health workers.
 - The states visited could be invited to join the de-brief meetings.

Remarks by Ms. Nidhi Kesarwani, Director NACO:

At the outset, she thanked the OC members for the efforts taken for the field visits.

- I. She apprised the house to address the high prevalence rates of HIV in North eastern region and an integrated plan has been setup for north-eastern states for which funds have been allocated.
- II. She expressed that the drug use is a chronic problem in the NE, and informed that coordination has been undertaken with the Ministry of Social Justice to revisit the prevention plan.
- III. She also expressed that that the prevention plan and strategies needs to cope up with the changing requirements and demands.
- IV. She also stressed upon having the leadership at state level for better coordination between ART center and ICTC Center.
- V. She requested the state officials of the program should undertake the responsibilities and utilize funds at state level.
- VI. General health system should be strengthened by increasing health campaigns.
- VII. She requested all PRs to follow up with recommendations of OC team.

Agenda 2: Progress Update regarding C19RM Grant. (presentation of NGPRs enclosed in Annexures)

1. **The Union presented their update on C19 RM grant:** The grant is for Door-Step Delivery Model for TB Care was up to 31st Dec 2023 and extended up to Dec 2025. The major agenda of the grant is for the digital health care delivery especially in hard to reach areas. The total grant used is 11% as of Sept 2023. Major activities covered are the Tele-consultations, Drug delivery and sputum collection implementing in 16 districts. The mobile app was completed by June 2023 and field activities has been started. The expenses were used for salaries and App development.

Discussions:

SL NO	Discussions/Queries from OC	Response from the team	Recommendation if any
1	The details of fund expenditure and utilization	Salary was paid for 4 persons and the fieldwork has been started. The max budget is at this head and the development of App and the procedure at state and district discussions was time consuming. Hence the money will be absorbed once the field is completed.	Since, the utilization of funds from April 2022 to 2023 is very less. The expenditure plan up to 2025 should be explained
2	If there is a demand for such services at community level, district level & state level? Even after project completion will this services would integrate with the existing services.	There are still areas who have lack of accessibility issue. The App would helpful in reaching out to contacts who have no symptoms and were not contacting the medical officers. The App could be used by state officials/private practioners for the regular follow ups especially household contacts. This can also be a preparatory for next subsequent lockdowns and can be handed over to state/district level programmes.	
3	If this have been reviewed in terms of the project, since it is out of context.	The same has been reviewed by Dr Rao.	

2. **FIND presented their update on C19 RM grant:** The major activities covered under the grant are Procurement of CBNAAT, PPE, Equipment & Consumables for NCDC. A total of 18% expenditure incurred and the remaining are carried forward. The quarter-wise expenditure plan was presented. The activity plan and work plan for 2021-2024 was presented. The majority of the amount spent will be in assessment activities and training and capacity building activity. The team presented the pending activities are the procurement payment process, AIC activities and community engagement. The challenges presented are the assessment of large no. of AICs, which is time consuming & identification of transgender(TG) in the intervention districts.

Discussion:

SL No	Discussions/Queries from OC	Response from the team	Recommendation if any
1	What is the reprogramming plan for the remaining amount?	The orders were placed for PPE during 2020 and payments could not be done before June 2021. Hence, the payments were carried forwards and paid during 2022. All funds have been used.	
2	If any of this activity carried out at Nagaland or Karnataka.	All centers will be assessed. There were two components in 2021- community engagement and AIC intervention and only AIC intervention will be extended to 2025. There is AIC center at Kohima in Nagaland and Odisha (3 sites), no sites in Karnataka and planning to extend to other districts too.	Once the districts are finalized the information to be shared with ICCM.
3	How many TGs identified?	The TB champions are engaged in the project, especially Transgender (TGs) TB survivors. About 44TGs are trained and 29 are engaged in community engagement.	
4.	How is activities different for TG & TB champions w.r.t the community engagement.	The activities were focused on for both TB + COVID survivors. Since, the COVID was not on surge, so took up activities for both TB and HIV for empowering the TB survivors. About 800 TB champions were trained for communicating. So that they could take up issue at community level activities. TGs survivors were hard to reach, different from regular set up. TG community were not comfortable to remain in the common training platform for male, female and TGs.	Ms. Simran opined that based on the previous experiences, the TGs are comfortable in regular set up only if there is a little gender sensitivity in training, the rest will be same when it comes to training.

3. **PLAN presented the updates on C19 RM:** The C-19RM fund was surrendered as per direction of global fund. The major activities under C-19 KP grant to keep community based solution on advancing social and health equity and promote equity among humanity at district, state and national level and establishing and strengthening sustaining community led CBOs the informal and formal groups. This is to address human rights related barrier that hindered community responses in HIV services. There is a plan to include mental health component and integrate SR-HR with HIV. The total expenditure is only 0.2 million as identifying the informal groups was time consuming.

Discussions:

SL No	Discussions/Queries from OC	Response from the team	Recommendation if any
1	How is work divided among SR. How many FBI clinics and how about other states?	The SRs are working for TGs, services are provided only at 10 locations of the centers. The write up and implementation plan has been submitted-under each SR we are proposing to 15 to 20 SSRS, which is CBOs.	To provide a write up on SSR functions
2	How many centers were assessed and how many did not pass the assessment.	The details will be provided.	The details on centers assessed and not assessed to be provided.

3	If the Humsafar organization is engaged with any state or national level network.	The Humsafar organization was engaged with NSM network and were networking with TG organization and is a state level network.	
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4. **WJCF presented their update on C19 RM grant:** The focus of the grant is on Procurement & operationalization of ultra-portable handheld X-ray Machine. The total expenditure incurred was 12-15%. The team reported that the first 50 devices will be device with AI facility and will be distributed to 8 states and 23 districts. The next 175 devices will be only the device, going to different states and UTs. The procurement process is delayed due to regulatory framework for the machine. According to AERB guidelines, regulations are available for bigger devices and not for hand held ones.

Discussions:

SL No	Discussions/Queries from OC	Response from the team	Recommendation if any
1	If the radiographers are not available in HWCs, how can we get radiographers in field.	There are regulations for X-ray devices to be handled only by radiographers. Suggested that the person handling the same maybe called as x-ray technician cum radiographers.	
2	If the device is available in Indian market and approved by DCGI, why is the challenges.	Yes, devices are approved by DCGI. There is a change in regulations for AI software under medical devices act in India according to CDSCO. and there is need for guidelines to know if the handheld devices can be used in field. The same has been in discussion with central TB division.	Focal Point India CCM suggested that a technical consultation meeting with the technical heads has to be conducted to discuss the issue of procurement of handheld devices and its regulation.

5. **Alliance India presented the update on C19 RM grant:** The CR19 RM 2020 was for the PPE procurement in which some of the money was reallocated for the impact assessment and telecommunication. About 4.73Lakhs PPE kits has been distributed. The PPE procurement under KP grant reached upto 44977 DBT beneficiaries through cash transfer and 15146 groceries beneficiaries. The savings of 1.88lakhs which was reallocated as 2.56 million and continued to current KP grant towards pandemic preparedness. Currently, the team is working with the AINSW network, which has a network of 3 SRs and 36 CBOs. The grant implementation started from May 2023 to March 2024. The team presented major activities covered, current progress, action taken and key activities undertaken and challenges.

Discussions:

SL No	Discussions/Queries from OC	Response from the team	Recommendation if any
1	How is CBOS being reported to NACO? Since the targets have been issued to states and the numbers are entered in SOCH, how is the index testing of household members, partners or children or contacts being done?		There should be some mechanism for index testing numbers being reported. Dr Shobini Rajan clarifies that the PI format comes as TIA format and the TB has come in the TIA format. The prison CBS in the prison format. The STI is not done at CBS presently. It is getting reported through the ICTC where they refer to TB to the ICTC and from there we are getting the reports. All the FICTCs are now being told to report to HMIS. They are no longer reporting in SOCH. So, we will not get this report

			until and unless it is either coming through an ICTC
3	How many CSCs are proposed by Alliance and how many by NACO?	This is under discussion and finalized details will be shared	The final lists of CSCs proposed to be shared.
5	Whether CSC evaluation reports has been disseminated?	Not yet. The CSC and ART coordination issue are monitored at state level. The state takes ownership. the evaluation is done at state level.	The team is requested to disseminate the evaluation report (quarterly, yearly)
6	It was recommended by the OC that a health worker can be placed at ART centers	A health promoter can be placed at ART center.	Good counselling by health promoter at initial registration itself at ART center.
7	If social protection is done under KP grant, are the SRs and SSRs are listed to avoid duplication	This can be listed.	To review the SRs and SSRs across the country to avoid the duplications of SRs. Review of KP grant.

6. **SAATHIII presented their updates on C19 RM & KP grant:** The C19-RM grant is on social protection for key population and KP funds for strengthening and legal literacy. The team presented the details on contracting SRs, networks and progress update as on sept 2023. The fund utilization is 24%. The fund will be used for the incentives paid to community facilitators. Weekly reporting and progress update has been given to NACO.

Discussions:

SL No	Discussions/Queries from OC	Response from the team	Recommendation if any
1	It was enquired if ALLIANCE India and SAATHIII work together and conduct meetings for C19 RM grant.	The meetings were initially conducted and not on regular basis. In the sex workers network, the DBT made a clear demarcation of areas. When KP grant was started, the updated list of CBOs submitted by AINSW and the NNSW submitted to SAATHII and the overlaps was checked and the networks reported no overlaps.	It is recommended to conduct a regular meeting between ALLIANCE India and SAATHIII. Also have a check on duplicates of SSR and list them. The need for project steering committee, once the steering committee is operationalized, the scope of the projects working under global fund in which we will take stock of all these activities. The SAATHIII team to conduct a meeting and look into SRs and CBOs.
2	How much is the target of providing social protection	The team responded that each community outreach member will be receive an incentive Rs.1000/- on service completion and will	

		have to cover about 30-40 beneficiaries.	
3	How is the documentation of case studies where a person did not have any identity being done?	The team shared the scenarios where the sex workers who do not have identity and registration in Social Protection schemes are being done through corporators.	The OC team pointed out a Supreme Court judgment, that NACO and SACs officers have the authority to approve the identity of sex workers.

7. TCI foundations presented the details on C19 RM and KP grant-

The grant was on the development of IEC materials. This has been undertaken at 12 states. The team reported that a total of 50 % of grant utilization. The objectives have been achieved in states and the rest will be obtained by November 2023. Activities undertaken was distribution of IEC materials like sun boards, wall paintings and ASHA boards. The team requested no extension of the project.

The meeting concluded with a vote of thanks!