

De-briefing meeting of the Oversight Committee for the (ICCM) visit to the State of Odisha and Orientation of newly constituted Oversight Committee.

Date: 19th March 2024

Venue: The Park Hotel, New Delhi

Time: 9:30 AM to 4:00 PM

A meeting of the Oversight Committee of India CCM was held on 19th March 2024 at 9:30 AM onwards under the Chairmanship of AS& DG, at the Park Hotel, New Delhi as per agenda enclosed at Annexure 1. The meeting was attended by the OC members, both outgoing and new and the representatives from programme divisions as per attendance sheet at Annexure 2.

The objectives of the meeting were:

1. To introduce and orient the newly constituted Oversight Committee(OC) (2024-2026).
2. De-Brief of Oversight Committee's visit for TB, HIV and Malaria Programme to the State of Odisha during the 12th to 17th December, 2023.

Dr Shobini Rajan, DDG, Focal point, India CCM, welcomed the OC members and outgoing Oversight committee and appraised the committee about the agenda.

Ms. Nandini Kapoor, the outgoing Chair of OC (2020-2023), introduced the outgoing Vice Chair and OC members and each member shared their experiences as OC member during the term. She emphasized on the meetings, activities and visits conducted during the term. The OC members and new members introduced themselves and shared some of their experiences and suggestions as an OC member:

1. It was emphasised on how the OC plays important role in identifying and solving the problems in an amicable way and challenges faced during the visit to states.
2. The OC also suggested that the states must be oriented about the importance of the OC and the number of visits and communication maybe increased as per budgetary requirements.
3. The OC requested for revision of TA/DA and norms for honorarium for OC members.
4. The OC suggested on inclusion of an India CCM member with public health expertise to strengthen the oversight function in accordance to report of CCM evolution.
5. The OC also suggested for CTD to increase their active participation in oversight activities.
6. The OC suggested on approaches to spend time with community and beneficiaries' communities during visits.



Dr Shobini Rajan informed that additional new member Mr. Suresh Puri, expert in Procurement, is yet to submit NOC from his department and confirm his participation in Oversight Committee activities.

- Ms Gitanjali, Coordinator, India CCM presented the Global fund portfolio in India and role of India CCM and COI as per PPT enclosed.
- Ms Revathi, Programme Officer, India CCM presented the role of Oversight role of ICCM & key functions of OC as per PPT enclosed.
- Ms. Nandini Kapoor appraised on the role and functioning of OC and activities undertaken during visits.
- **The action taken reports(ATR) were presented by Programme Divisions:**

SI No	Programme Division	Presenter	Remarks
1	Action taken report for TB (recommendations & action taken/ current status for visit to Odisha)	Dr Sanjay Kumar Mattoo, Jt Director, (Sr CMO, NFSG)	As enclosed in the annexure 3
2	Action taken report for HIV (recommendations & action taken/ current status for visit to Nagaland & Karnataka and as per the comments from SACS, divisions of NACO & NGPRs)	Ms. Benu, Grants Manager, Global Fund, NACO	As enclosed in the annexure 4
3	Action take report for Malaria (recommendations & action taken/ current status for visit to Odisha)	Dr C.S.Agarwal, PHS (SAG)	As enclosed in the annexure 5

Key observations and recommendations from OC on ATR:

SL No	Observations and recommendations	Responses (If any)
1	Dr. Naresh Goel pointed out that the action taken reports are very generic. The letter of approvals or policy changes made and the documents of the same to be shared with ICCM. The action taken is documented and output is shared with OC and the same to be followed up with the states.	ICCM secretariat will upload all the PR wise reports on ICCM website for ease of access
2	The OC members enquired if STO is appointed at Nagaland	Dr Gopa Kumar clarified that a new STO has been appointed at Nagaland.
3	Ms. Annapoorni requested to clarify and facilitate for the payment of Rs. 500/- to community and collect the bank details of the community	Dr Sanjay Kumar responded that the TB unit personnel collect bank details and ASHA workers are also involved in collecting bank accounts.

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4	The OC enquired on zero stock of medicines	Dr Sanjay Kumar responded the medicines for limited period and state wise list of available medicines is available. At present there is no shortage of drugs.
5	Dr Ravi Kumar request to share the key performance indicators with the OC team.	Dr Sanjay responded that implementation challenges are always there and they are scaled up and managed at field level.
4	The OC suggested that a monthly ATR can be submitted to ICCM and circulated among OC members.	ICCM to seek regular updates from all PRs and share with OC
5	Dr Nandini Kapoor requested the OC to develop intervention at CCM level or program level to follow up on ATR on pending actions	Pending actions will be added to subsequent reports for follow up and action taken
6	The OC committee suggested to increase the longitudinal tracking of the data in facilities, understand how the data is being used. A suggestion on the referral of cases to the going referral to Health and wellness centre instead of only one SSK. The engagement of private sector can be enhanced by conduct CME. The CRF needed to be modified as per the utilisation of data to reduce the burden on data collectors.	Noted by programme division

- **The OC members presented their findings and suggested their observations and recommendations of the OC visit to the state of Odisha from 12th to 17th December 2023.**

SL No	Team Members	Program	District visited
1	Dr.Naresh Goel, Dr Sangeeta Kaul Mr.Bhanwar Lal Parihar	HIV Program as per PPT enclosed	Ganjam
2	Dr.Pradeep Srivastav, Dr.Vinod Chaudary Mr. Varun K Yadav Consultant, NCVBDC	Malaria Program as per PPT enclosed	Koraput



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(A) Dr Sangeeta Kaul presented the observation and recommendation from oversight visit to the HIV program in the state of Odisha. (Annexure 6)

Key recommendations by the OC for HIV Program:

1. Detailed analysis needs to be done by OSACS and the DAPCU team, to identify the exact villages/blocks of out migration.
2. Specific IEC package to be shared in these targeted villages, with the involvement of the Gram Panchayats, to create awareness about the HIV prevention, testing and treatment services available in the district.
3. Since HIV screening is available at the VHND level, it would be important to train the ASHA and ANMS in these Blocks/villages in PMTCT interventions and the importance of ARV adherence for the newly diagnosed HIV positive pregnant women.
4. Index counselling to be prioritized in these targeted villages of out migration.
5. To address LFU related issues, ensure effective coordination with the ART Counsellors of Surat ART Center, Civil Hospital.
6. Tracking of all newly diagnosed male migrants and their pregnant wives to be fast tracked.
7. The outreach activities of the CSC staff and their outcomes to be closely monitored by the DAPCU team in Ganjam.
8. As a special case MMD may be considered for newly diagnosed, seasonal migrants in the district

Key Recommendations for PRs:

ALLIANCE INDIA	PLAN INDIA	SAATHII
<ul style="list-style-type: none"> • Proper rationalization of outreach staff to be reviewed by the PR and SR (Alliance India and UP NP+) • The Peer counsellor of the CSC should work in close coordination with the ART Counsellors and keep track of the newly registered migrant PLHIV at the ART centers • Correct address and Mobile number of the newly registered PLHIV to be assured at the time of registration of PLHIV at the CSC • Index testing of all the PLHIVs registered at the CSC should be a priority action • CLHIV less than 18 years of age, who are single or double orphans should be referred to the Child care home for institutional care and support 	<ul style="list-style-type: none"> • PLAN /YRG Care should support OSACS in conducting the CBS training for the hospital paramedical staff. • PR/SR should support the daily CBS for all new inmates coming to the prison • The two newly recruited Psychologists should be trained by the YRG Care team in HIV prevention, testing and treatment topics. • Early registration of pregnant women in the first trimester should be prioritized along with HIV 	<ul style="list-style-type: none"> • Emphasis should be given on physical training to ensure better receptivity and comprehension of training by the participants. • The selection of the trainers should be done on the basis of their areas of expertise.

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<ul style="list-style-type: none"> • All positive pregnant women should be provided enhanced ARV adherence counselling by the Health promoters • Proper maintenance of data, and data validation at the CSC should be a priority for the PR and the SR. • LFU tracking and bringing the PLHIV back to ART centers needs to be assessed • Each Outreach worker should spend one full day at the ART center and maintain his/her daily notes and rest of the five days go for the routine microplan based outreach services. 	<p>screening at the VHND level</p> <ul style="list-style-type: none"> • Enhanced ARV adherence counselling should be done by the NGO partner /CINI at the block and district level, for all the newly diagnosed HIV pregnant women • The NGO Outreach staff should have monthly meetings with the ASHA and the ANMs at the block and district level • Proper maintenance of data regarding the infant outcomes should be maintained both by the NGO outreach worker and the ANM • In coordination with NHM, HIV and PMTCT training should be prioritized in the HIV high burden districts 	
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(B) Dr P K Srivastava presented the observation and recommendation for Malaria program from oversight visit to the state of Odisha.(Annexure 7)

Key recommendation for Malaria program:

- NCVBDC guidelines for *comprehensive follow-up* needs to be followed which includes treatment as well as focused preventive measures rather only on treatment follow up.
- *Mandatory listing and mapping of all positive cases* under the routine screening or under Mass Survey during campaign like DAMaN for knowing real magnitude and follow-up. Ensure implementation of preventive measures for *interruption of transmission* like IRS, LLIN, and IEC.
- Checking LLIN lots to prioritize distribution of old stock Structured Training for Lab Technicians: Lab technicians (outsourced) had no training in the past and are not aware of the stages and different shapes of the parasites
- Organising structured training on Malaria Microscopy for lab technicians (outsourced) through RoHFW-Bhubaneswar
- Utilize e-modules developed by TCIF for ASHA and MPHW training Recruiting VBD technical supervisors may be assessed and re-considered
- Partner with ICMR-VCRC & ICMR-RMRC for training, entomological surveillance and operational research



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- Conduct micro-level supervision for effective monitoring including cross checking the performance of district VBD consultant and MTS.
- State to Propose and align activities with allocated GFATM funds.
- Ensuring timely utilization of allocated funds
- Regular review meetings expected at all levels should be organised with priority for high endemic districts especially 5 focused districts which are highly endemic.
- State may be given flexibility for need based feasible IEC activities.
- DPH informed that minor correction has been done in the creatives submitted by TCIF, and approval will be accorded shortly
- State and districts will develop a follow-up chart, which is a very much required for field activities and providing a checklist on micro-level monitoring.
- A training calendar will be created and submitted for approval, prioritizing GFATM districts for training sessions to align with malaria elimination goals, with physical training sessions separated from ongoing e-modules to ensure complete focus on malaria eradication efforts. TCIF will be requested to support and organise these training immediately.
- Detail entomological study should be planned and conducted, in collaboration with the ICMR-VCRC field station Koraput for malaria and other VBDs.
- Insecticidal efficacy of IRS and LLIN should be assessed with the support from VCRC field station Koraput.
- Insecticide Resistance Monitoring is required in all the districts and old data should be considered while prioritizing.
- GFATM team should provide a model for data entry to avoid any duplication of the data.

Key Discussions on OC Visit to Odisha:

1. To check with pension to PLHIV was done as direct transfer to PLHIV, some policy to be developed to check this.
2. To reduce the time of presentation of recommendations and present the same within a month.
3. To check with common recommendation across the visits to states and address to recommendations.
4. Strategy to focus on migration populations and how the vulnerable populations can be addressed and to build skills of the outreach workers and health promotion staffs to delivery services to Children living HIV.



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Dr Shobini Rajan appraised Ms. V Hekali Zhimomi, AS&DG, NACO on the proceedings of morning and requested her to address the members.

Ms. V Hekali Zhimomi, ASDG NACO handed over the mementoes to the outgoing OC members and thanked the outgoing members for their contribution to the OC and welcomed the new OC members.

Remarks by Ms. V Hekali Zhimomi, ASDG NACO:

She emphasised on how OC plays important role in NACO and suggested the following to the OC:

- To develop a monitoring mechanism to be put in place to identifying the gaps in implementation, accountability of the activities of PRs, NGPRS, issues related to grants, HR, sensitisation of staffs and coordination within and with other programs.
- To develop plans for strengthening the surveillance systems, feedbacks from communities & health integrated campaigns.
- To review the parameters for monitoring and to ensure better coordination across the divisions and state government and address the challenges.
- To plan visit of states in advance to coordinate between programme divisions.
- To explore digitisation of the ATR and to be accessible to all PDs, to follow ups and cross checks the states that have been visited.
- A SOPs for field visit should be developed and suggested the OC team to interact with District Commissioner/Magistrate and do de-briefing with Secretary Health/Principle Secretary Health and develop a schedule at the earliest and do an assessment from different states/districts along with NACO.

The way forward is tabulated below:

SI No.	Next course of work plans/ actions	Timeline
1	Selection of Chairperson and VC for OC	April 2024
2	Revise the terms of role of OC	
3	Plan for monitoring activities of C19 grant along with the activities of OC	
4	Create a mechanism for ensuring regular monthly updates and action taken to be submitted by Programme divisions and PRs so as to keep a follow up on the observations and recommendations of OC.	
5	Develop in consultation with programme divisions and PRs a broad calendar of work plan for 2024 including field visit plan in accordance to GC7 and C19RM, including KP grant.	
6	Revise the TA/DA norms and honorarium for OC members.	
7	Convene meeting on orientation of GC7 grant with the new PRs and PDs.	

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8	Key performance indicator matrix for each of the PR of HIV, TB & Malaria to be shared with ICCM and OC quarterly	May 2024
9	Develop SOPs for field visits which includes the engagement of OC with communities and beneficiaries.	
10	Letters to be issued from Member Secretary ICCM to Health Secretary of visiting States to provide high visibility and weightage to Oversight Committee visits and opportunities for debriefing at the highest level	June 2024

Meeting ended with Vote of Thanks to the chair

List of annexure:

1. Agenda of the Meeting
2. Attendance of the participants
3. Action taken report for TB
4. Action taken report for HIV
5. Action taken report for Malaria
6. Observation and recommendation for HIV program from oversight visit to the state of Odisha.
7. Observation and recommendation for Malaria program from oversight visit to the state of Odisha.

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Glimpses of the meeting:

Ms. V Hekali Zhimomi, ASDG NACO handed over the mementoes to the outgoing OC members



Ms. Nandini Kapoor



Dr. Ragavan Gopa Kumar



Dr. Sangeeta Kaul



Ms. Merry Annapoorni



Dr. Naresh Goel



Mr. Sudeshwar Singh



Dr. Deepika Srivastava
Joshi & Dr. Amar N Shah



Dr. P. K. Sivastava



Prof. Ramfa Bisht



Mr. Pratik Raval

Group Photo:



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