

Record of Discussions

Desk Review of the Principal Recipient India HIV/AIDS Alliance by the Oversight Committee for GC7 (HIV Grant)

Date: 18th June 2026

Time: 11:00 AM- 12:00 PM

Mode: Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, India HIV/AIDS Alliance, for the GC7 Grant was held on 18th June 2026. The meeting was attended by the members of the Oversight Committee (OC), the India Secretariat, Program Divisions and representatives from the Non-Governmental Principal Recipient (NGPR), India HIV/AIDS Alliance for the GC7 Grant, as per the attendance list enclosed in **Annexure 1**. The objective of the review was to assess the implementation of the GC7 Grant up to April 2026 and evaluate the performance of the Principal Recipient based on their Key Performance Indicators.

India HIV/AIDS Alliance delivered a presentation which was broadly based on the format shared by the India CCM Secretariat and can be found enclosed **Annexure 2**.

Major Discussion Points/Action Points are as follows:

Sl no.	Comments/Suggestions	Response/Discussions	Further action to be taken
1	OC requested a brief on HIV-exposed infants (HEIs) beyond 18 months, which will provide valuable insights.	IHAA has agreed to share the required data	IHAA to provide a brief on HIV-exposed infants (HEIs) beyond 18 months.
2	Regarding VL, the OC stated that nearly 36,000 people were missed in the first year, and in the second year, the total missing has risen to approximately 45,000. The OC asked about the plan for conducting Viral Load testing and what the third-year target is. The OC suggested that if micro-planning is carried out effectively and efforts are made over the next three months to fill this gap, the situation could be improved	It was stated that the Year 1 target was carried forward into Year 2, as beneficiaries with pending viral load testing were shared again in Year 2, reducing the gap to 8,000 cases. A new provision under the SOCH beneficiary application now allows family members or PLHIV receiving medicines from different locations to register and book viral load appointments anywhere in the country. For those visiting ART centres but not getting tested, the organization is coordinating with SACS and ART centres to ensure testing is completed within the month	Post-implementation of the initiative, please provide an update on progress in viral load (VL) coverage within the next three months, including key achievements, and remaining gaps, if any
3	The OC requested data disaggregation by gender, key population, and age group to support the development of a micro-plan	IHAA agreed to share the disaggregated data	Share granular data analysis on key indicators with focus on VLC and LFU and the implementation plan for the next quarter/six months that supports gap filling
4	The OC sought further clarification on viral suppression	IHAA stated that they do not have access to the status of all individual cases after testing to determine if	Satisfactory response for VL suppression

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		the they are virally suppressed, as they receive only the line list from the ART centres and ensure that the cases are tested. They noted that they maintain separate data on overall viral suppression rates at the state level, as well as a subset of the virally unsuppressed population, which is followed up for six months through adherence counselling and subsequent viral load testing	
5	An OC Member raised a query about whether a separate strategic framework exists for under trial prisoners, who make up the majority of inmates in central jails across India. The Member also sought clarification on whether there is a dedicated system to track their treatment and services, and whether any post-follow-up mechanism is in place for continued care and monitoring	IHAA responded that once a prisoner tests positive, the team contacts the family members and links the prisoner to the CSC. Consequently, post-release, the prisoner is followed up by the CSC, ensuring that the linkage is established within the prison setting for all inmates, inclusive of both under trial prisoners and convicts.	
6	OC sought clarification on why the denominator for Viral Load has decreased in Year 2 compared to Year 1, despite the observation that performance in Year 1 was slightly lower than Year 2 performance.	In response, IHAA stated that for both Viral Load (VL) testing and Loss to Follow-Up (LFU), Year 1 had a higher denominator as all due cases were initially being provided; subsequently, NACO revised the guidelines and requested ART centres to share only overdue and exclude MIS for LFU cases, which resulted in the decreased denominator in Year 2.	IHAA to conduct a granular analysis of viral load testing and LFU cases
7	Upon reviewing the total cumulative numbers for VL testing and LFU, there is a difference of approximately 40,000 cases. It is necessary to determine whether this represents the same cohort, as the figures for LFU and VL show a gap of around 40,000 for VL testing and a similar figure for LFU. Therefore, during granular analysis, it would be essential to ascertain whether this discrepancy pertains to the same cohort or reflects variations in geography or typology.	IHAA has agreed to share the required data	Share granular data analysis on key indicators with focus on VLC and LFU and the implementation plan for the next quarter/six months that supports gap filling
8	The OC noted that progress on CSS has been slow from the State CRG to the District CRG, including recruitment and training of community champions. A strategy was requested from the PR to show	A significant number of CSS activities are still awaiting approval from NACO, particularly the CLN rollout. Further, the instructions from NACO regarding community champions were shared late, and	IHAA is requested to provide a strategy outlining how the pace of implementation will be accelerated to address the gap in CSS

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	how implementation will be accelerated.	as a result, the budget have not been utilized effectively. IHAA has agreed to share the required details	performance, following this review
9	The OC sought clarification on ABDM and the ABHA ID push. The OC asked whether the NACO programme is also actively pushing registration through ABHA ID and what the current level of compliance is in the field, since ABHA-based registration could help address issues related to residence verification and duplication of numbers at ART centres.	In response, IHAA stated that, with regard to the ABHA ID, all centres are now being instructed to record details on the ABDM portal and obtain ABHA IDs.	An update on this agenda in the next review shall be appreciated
10	The OC suggested a twice-yearly LFU tracing mechanism and recommended involving SLN and DLNs, along with oordination with ART centres and digital connectivity.	In response, IHAA stated that most of the care and support programme activities are currently being implemented by the SLN and DLN, and that the team is working in close coordination with them. It was further stated that work is also being carried out through the SOCH App	
11	The OC enquired whether the reasons for the 6% mortality among newly initiated cases have been analysed	IHAA stated that the analysis of death cases is currently being carried out by the ART Centre level.	
12	The OC suggested that, in prisons and other closed settings, IHAA could undertake process documentation of GC7 post-release services and UT inmates to help develop a specific SOP	In response, it was stated that a detailed assessment of prisons and other closed settings was conducted at the beginning of this month, which will serve as the baseline. It was further stated that, at the end of this process, a process analysis of the prison intervention will be carried out	
14	Regarding index testing, the OC asked whether typology-wise rates could be shared, particularly for TG and FSW. The OC also sought clarity on whether a specific central or state-level strategy exists to address intimate partner elicitation concerns, especially in cases where elicitation of sexual partners has reportedly led to police action	IHAA have a separate mechanism, the Discrimination Response system, under which any form of discrimination, including within the family or incidents of violence, is analysed in detail during each reporting period, and the relevant information can be shared.	Key observations and findings from the Discrimination Response System could be shared during the review meeting. These insights would provide valuable evidence to inform discussions, identify systemic issues, and support data-driven program improvements.

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List of Participants:

Annexure 1

S No.	Name	Designation	Organization
1	Dr. Naresh Goel	Member	OC
2	Dr. Mohan P S Kohli	Member	OC
3	Dr. Sunita Upadhyaya	Member	OC
4	Mr. Ramesh Babu	Member	OC
5	Dr. Rita Prasad	Member	OC
6	Mr. Ningthoujam Roshan	Member	OC
7	Mr. Shridhar Pandey	Member	OC
8	Mr. Samir Kumar	Member	OC
9	Mr. Atul	Member	OC
10	Mr. Pramod K	Chief Executive	IHAA
11	Mr. Firoz Khan	Lead- Care and Support & Prison Intervention	IHAA
12	Mr. Kushal Pal	Asst Director Grants and Finance	IHAA
13	Mr. Chandan Singh	Technical Officer	IHAA
14	Ms. Gitanjali Mohanty	Coordinator	ICCM
15	Ms. Vera Sapu	Program Officer	ICCM
16	Ms. Chander Pal	Admin Asst	ICCM

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