

Record of Discussions

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

Date: 19th June 2026

Time: 02:00 PM- 03:00 PM

Mode: Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, HLPPT, for the GC7 Grant was held on 19th 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), HLPPT 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.

HLPPT 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 required
1	Dr. U.B. Das sought clarification on breast cancer screening, as it has not been instructed by NACO	In response, HLPPT explained that the proposed screening with SACS is based on recommendations of the Oversight Committee and is to be discussed with SACS, after which SACS would follow up with NACO. They clarified that this screening is only a proposal, and that such integration of facilities and services will be ensured only after NACO's approval and SACS' agreement.	
2	The OC asked what action had been taken on the MIS/registers and follow-up, based on the inputs given by OC members during the December 2025 jail intervention visit.	In response, HLPPT stated that they are maintaining uniformity across all prisons by using and maintaining Register 1.2	
3	The OC noted a gap of 20,000 in loss to follow-up (LFU) and recommended developing a specific Northeast PWID strategy, and asked that the program present: state-wise cascade data, and data on retention and re-engagement	HLPPT responded that out of these, around 2,000 cases fall under the migrant and unreachable category, so the team is trying to address this by coordinating with other states and matching the line list to see whether they are registered elsewhere, so that records can be updated	Provide an update on the coordination with other states and progress made to address the LFU gap within 3 months
4	The OC noted that three indicators need focused attention: LFU, CD4 less than 200, and unsuppressed viral load results. They said these three indicators require granular analysis to see whether they involve the same cohort from the	In response, HLPPT stated that, based on these gaps, they have developed a Northeast Strategy, which started with a first consultation meeting with the PD. They said the strategy has been developed together with the	Provide an update on the implementation of the North East Strategy, with a focus on reducing loss to follow-up

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	same geographies, so that, once the data are analysed, a more precise strategy can be developed	Global Fund and NACO, and implementation has already begun.	(LFU) and improving viral load (VL) coverage, particularly among the PLHIV cohort with CD4 counts below 200 cells/mm ³ . Review data from the last three months to assess progress and determine whether the observed gaps in LFU and VL coverage are concentrated within the same cohort.
5	The OC sought clarification on the data source for viral load (VL) testing due lists and VL results used for action by CSC staff.	HLFPPT responded that VL data are derived from ART centre-reported data. In Year 1, data were initially obtained from NACO and subsequently through SoCH. In Year 2, data were collated from the line lists shared by the ART centres, with outcomes reported by the ARTC. HLFPPT maintains an individual line list for VL testing; based on this validation only, the data are reported.	
6	The OC requested disaggregated data by age and gender. In addition, HLFPPT was asked to substantiate how value addition can be demonstrated by NGPR through documentation of outputs and outcomes, rather than focusing only on processes. It was further emphasized that value addition should be evidenced by comparing results in geographies where HLFPPT is working with those where it is not, to ascertain whether the results achieved in implementation areas are better than in other areas.	In response, HLFPPT stated that it possesses state-wise data and will share the same if required. It was further committed that HLFPPT will work on preparing a value addition report	Submit a state-wise granular report on key program indicators, particularly loss to follow-up (LFU) and viral load (VL) coverage. The report should also document the key technical and programmatic inputs, associated outputs, and how these interventions complemented national and state efforts to improve program performance, where possible

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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	Dr. Ravi Kumar	Member	OC
11	Dr. U B Das		NACO
12	Dr. Sangita Pandey		HLFPPT
13	Dr. Chaturanand		HLFPPT
14	Ms. Gitanjali Mohanty	Coordinator	ICCM
15	Ms. Vera Sapu	Program Officer	ICCM
16	Ms. Chander Pal	Admin Asst	ICCM

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