

The Global Fund

India Country Coordinating Mechanism

Field visit to Andhra Pradesh

Oversight Committee Report

Date: 08 - 12 July 2024

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Executive Summary

Background

The Covid-19 Response Mechanism (C19 RM) grant was allocated to India firstly in the year 2020 for Covid specific activities. Subsequent to reduction in the risk of Covid-19, Global Fund sought proposals from countries for “Pandemic Preparedness” including Health system strengthening and Community System strengthening.

The C19 RM KP grants had a unique development process and were led by the communities themselves. This grant has undergone reallocation of grants during its course.

All C19 RM grants were approved by India CCM and the Global Fund for implementation.

Objective

C19 RM oversight through virtual desk reviews and physical C19RM specific OC visits.

Team Composition

During the field visit to Andhra Pradesh, India, the team consisted of a diverse group of members representing different organizations and expertise:

1. Dr. Amar Shah, Member, Oversight Committee. Division Chief (Tuberculosis and Infectious Diseases) Health Office, USAID/India
2. Mr. Samir Kumar Sahu, Member, Oversight Committee. Executive Director, Mayurbhanj Biological Research
3. Mr. Shridhar Pandey, Member, Oversight Committee. Secretary, Gautam Buddha Jagriti Society
4. Dr. Benu Bhatia, Grant Manager-NPMU, NACO
5. Mr. Shashank Malviya, Technical Officer, Central TB Division
6. Ms. Sadaf Ahmad, Programme Officer, ICCM Secretariat

Districts visited

4 Districts (Guntur, NTR, Srikakulam, and Visakhapatnam)

Types of facilities visited

TB: Air Borne Infection Control- Chest and TB Hospitals- FIND India- **2 out of 6 sites**

Malaria: Awareness generation by placing IEC materials of Malaria at PHCs- TCIF- **4 out of 18 sites**

HIV: Social Protection Services and schemes, CBO & Networks’ strengthening, Legal Literacy for Sex Workers, Transition of CSCs (SAATHII, IHAA and PLAN India)- **5 out of 31 sites**

Stakeholders met: Focal Points from NGPRs (Non-Government Principal Recipients), Sub Recipients, Sub-Sub Recipients of PRs, STO, PD SACS, JD BSD APSACS, DTO Visakhapatnam and Guntur, WHO Consultants, Project Beneficiaries.

Facilities visited

S.N.	Date	Name of Site	Non-Government PR
1	8th July 2024	Chest and TB Hospital, Visakhapatnam	FIND – TB
2	8th July 2024	Swagati Mahila Sangam, Srikakulam	SAATHII – HIV/AIDS
3	8th July 2024	Malaria IEC Sites, Visakhapatnam	TCIF- Malaria
4	9th July 2024	Briefing Meeting with STO AP and PDSACS	-
5	9th July 2024	Krishna Vennala Mahila Society (KVMS)- SANGRAM SR	SAATHII – HIV/AIDS
6	9th July 2024	CSC- Society For Welfare HIV Infected People (SHIP)	India HIV/AIDS Alliance – HIV/AIDS
7	10th July 2024	Govt. chest & TB hospital	FIND – TB
8	10th July 2024	Siri Mahila Sadhikarika Welfare Society (SMSWS-AP)	SAATHII – HIV/AIDS
9	10th July 2024	Network: Andhra Pradesh Drug Users' Forum (APDUF)	Plan India – HIV/AIDS
10	11th July 2024	Debrief Meeting with Principal Secretary, MDNHM, STO AP, PDSACS	-

Briefing Meeting with PD SACS and STO AP - 09/07/2024

Attendees from State Program Division: PD SACS Dr. Rajendra Prasad, STO AP Dr. T Ramesh, JD BSD Dr. Y Kameswara Prasad, WHO Consultant (HIV) Dr. Sukumar, JD Dr. Bhagya Lakshmi, JD Dr. Manjula and DD Dr. Chakravarti

Discussions:

1. **Lack of Awareness Regarding HIV C-19 RM and KP Grant:** SACS (State AIDS Control Society) was initially unaware of the C-19 RM (COVID-19 Response Mechanism) and KP (Key Populations) Grant. According to the Program Division (PD) of SACS, there had been no communication from NACO (National AIDS Control Organization) or the NGPRs regarding these grants. The Program Division clarified that the NGPRs were expected to directly coordinate with SACS concerning the C-19 RM Grant.
2. **Awareness and Coordination between TB NGPRs and the State:** The State TB Officer of Andhra Pradesh was informed about its NGPRs and confirmed ongoing coordination related to C-19 RM activities. They are in alignment with their NGPRs.



Recommendations:

1. **Enhanced Coordination with SACS:** It was recommended that NGPRs engage with SACS and work collaboratively to ensure effective implementation of the C-19 RM and KP Grant. Improved coordination is essential to align efforts and optimize the use of resources.
2. **Timely Reporting:** It was suggested that NGPRs should ensure that reports are submitted to SACS in a timely manner. This will facilitate better oversight and enable SACS to monitor and support grant-related activities more effectively.
3. **Verification and Cross-Checking:** PD SACS suggested that the State should assist in the verification and cross-checking of the activities carried out by the NGPRs. This measure will help in maintaining accuracy and accountability in the implementation of grant activities.
4. **Focus on Transformation in Project's Final Phase:** Lastly, PD SACS recommended that in the concluding months of the project, efforts should be concentrated on the transformation of sex workers. This focus will help in achieving significant and sustainable changes in their lives as part of the grant's objectives.

Disease Component- HIV

Non-Government PR- SAATHII

The Oversight Committee visited three Sub-Sub Recipients of SAATHII (PR) under C19 RM Grants:

1. Swagati Mahila Sangam, Srikakulam
2. Krishna Vennela Mahila Society (KVMS), NTR
3. Sri Mahila Saadhikarika Welfare Society (SMSWS), Guntur

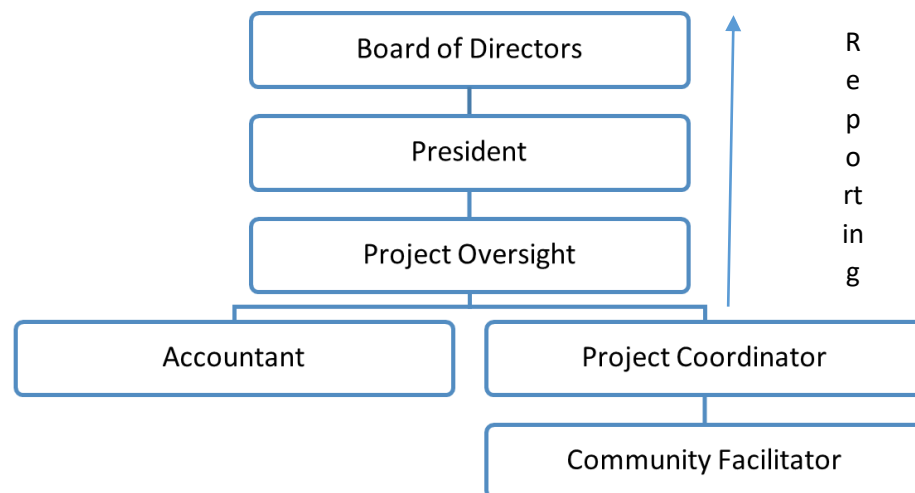
C19 RM Grant Period: January 2023 to September 2024. Closure till December 2024.

KP Grant Period: January 2023 to September 2024

Projects implemented: The SSRs visited are currently implementing two projects:

- i) C19 RM 2021 project – objective is to increase the uptake of social protection for key and vulnerable populations.
- ii) C19 RM KP project – objective is to increase the capacity of sex workers of all genders and their CBOS towards sustainable community mechanism for resilience and right to life with dignity.

Organogram C19 RM 2021 project at SSR level:



80 Community Facilitators were to be trained under each SSR.

One Verification Coordinator is also placed at the SSR though is a staff of the Sub Recipient.

Organogram under the C19 RM KP Grant

The staff of C19 RM KP grant is directly engaged through Sub Recipients. One Help Desk Coordinator is placed per CBO. Programme Officer – CBO Strengthening and Programme Officer – Legal Literacy support the Help Desk Coordinators. 1-2 Programme Officers are placed per state depending upon the load of the state.

Visit to SSRs

Date of visit	8 th July 2024	9 th July 2024	10 th July 2024
SSR	Swagati Mahila Sangham (SMS), Srikakulam	Krishna Vennela Mahila Society, NTR	Sri Mahila Saadhikarika Welfare Society (SMSWS), Guntur
SR	Swati Mahila Sangh (SMS)	Sampada Grameen Mahila Sanstha (SANGRAM)	Swati Mahila Sangh (SMS)
Network	TAARAS Coalition	National Network of Sex Workers (NNSW)	TAARAS Coalition

The SSRs are Community Based organizations. The SSRs has been engaged under this grant since May 2023.

As per the design of the project, **two - three CBOs** have been associated with the SSRs. The activities of the projects are hence focused on the populations covered by the CBOs.

S. No.	Name of the CBO	Location	Population covered by the CBO
1	Swagati Mahila Sangham, SSR	Srikakulam	1870
2	Kiranam Mahila Samakya Sangham	Vizianagaram	1535
3	Chaitanya Jyoti Women Welfare Society	Visakhapatnam	1168
4	Swagati Sneha Sangham	Anakapalli	1400
Total			5,973

S. No.	Name of the CBO	Location	Population covered by the CBO
1	Krishna Vennela Mahila Society, SSR	Nandigama	3712
2	Amma Services and Development Society	NTR	2800
3	Dharanai Mahila Welfare Society	West Godavari	2003
Total			8,515

S. No.	Name of the CBO	Location	Population covered by the CBO
1	Siri Mahila Saadhikarika Welfare Society, SSR	Guntur	6439
2	Jeevanara Rekha Mahila Manndali	Vijaywada	1185
3	Ankitha Women Development Association	Gudiwada	1477
4	Pragati Mahila Sangam	Guntur	2200
Total			11,301

Progress under C19 RM 2021 Grant

	Swagati Mahila Sangham	Krishna Vennela Mahila Society	Siri Mahila Saadhikarika Welfare Society
Community Facilitators (CFs)	Out of the 80 CFs, 54 are active*	Out of 80 CFs, 30 are active*	Out of 80 CFs, 57 are active*
Community Champions as CFs	No Community Champions selected as CF	No Community Champions selected as CF	No Community Champions selected as CF
Training of CFs	All CFs have been trained by Master Trainers, which have been trained by the PR & SR staff. The training has been conducted in 2 phases. A training report from one SSR- SMSWS was also collected.		

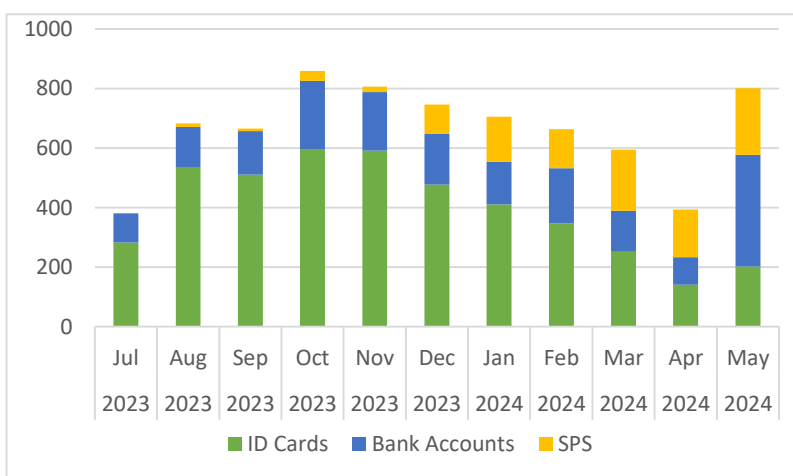
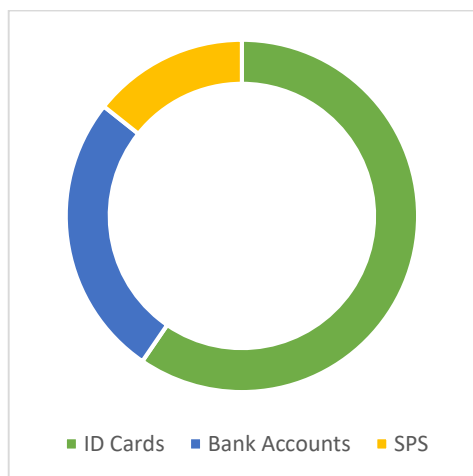
*It may be noted that the project had anticipated that all CFs will not be active as CFs are taken as part time workers.

- As a part of the activities under this grant, the SSR is making efforts to ensure efficient linkages to social protection services for the beneficiaries. Below table shows the progress of this activity:

	Swagati Mahila Sangham			Krishna Vennela Mahila Society			Siri Mahila Saadhikarika Welfare Society		
Type of Benefit	Target	Applied	Received	Target	Applied	Received	Target	Applied	Received
ID Card	1600	1869	1752 (109%)	1600	1222	1111 (69%)	1600	2262	2199 (134%)
Bank Account	800	134	129 (16%)	800	511	507 (63%)	800	699	683 (85%)

Schemes	784	315	290 (37%)	780	410	410 (52%)	784	395	373 (47%)
Total	3184	2319	2171 (68%)	3180	2143	2028 (64%)	3184	3356	3255 (102%)

- Majority of the services provided to beneficiaries were related to linking them for provision of ID Cards such as Aadhar Card, PAN Card, Voter ID Card / Electors Photo Identity Card (EPIC), Driving Licence, Passport, Ration Card, TG identity Card, Unique Disability Identity Card, Birth Certificate, Death certificate, Income certificate, Caste / Community Certificate, Domicile Certificate, Marriage certificate etc.



- Achievement with regard to opening of bank accounts is low in Swagati Mahila Sangh. The efforts to link beneficiaries with social protection schemes began a few months after the other services, and there has been slow progress in this component for all SSRs. In Andhra Pradesh, the beneficiaries have been linked to the following Social Protection Schemes (SPS):
 - e-Shram Card scheme
 - Pradhan Mantri Jan Arogya Yojana (PMJAY) - Ayushman Bharat Yojana
 - Janaganna Cheyuta
 - Atal Pension Yojna
 - Jagananna Amma Vodi Scheme
 - Insurance schemes
 - Arogyashri scheme
 - Sukanya Samriddhi Yojana (SSY)
 - NREGA
- The below table shows the coverage of services for each SSR. It shows that the coverage of the three SSRs as compared to the population covered by the CBO is 32%, 21% and 26% respectively, which needs improvement. Further, the targets set for the grant allow for services to be counted as achievements, and it is seen that a significant number of beneficiaries have received more than 1 service.

SSR	Population covered (A)	Target of services provision (B)	Services Received (C)	Unique Beneficiaries received services (D)	Coverage of population (D/A)	Beneficiaries that received more than 1 service	
						Number (C-D)	%
Swagati Mahila Sangham	5,973	3184	2171	1914	32%	257	13%
Krishna Vennela Mahila Society	8,515	3180	2028	1751	21%	277	16%
Siri Mahila Saadhikarika Welfare Society	11,301	3184	3255	2920	26%	335	11%

- Under the project, Community Response Forms are maintained for those beneficiaries only which have expressed a need for linkages to social protection services. No data is maintained on assessment of the needs of the population covered by the CBOs. Need is only assessed verbally.
- Krishna Vennela Mahila Society, NTR & Siri Mahila Saadhikarika Welfare Society are also Targeted Interventions under National Programme. It was assured that there is no duplication of work under the two projects. It was mentioned that the data reported in SP grant requires an in depth verification process and the same is not followed for reporting for Targeted interventions.

Progress under C19 RM KP Grant

- The grant has been designed such that the staff is placed under the Sub Recipient directly. The activity is functional at the CBOs associated with SSRs of the “C19 RM 2021 grant aka Social Protection grant (SP Grant)”. The team did not visit any CBOs where this activity is functional, but the Help Desk Coordinators had been invited to the SSR facility (of SP grant), and information on their progress was available.
- The assessment of the CBOs has been completed.



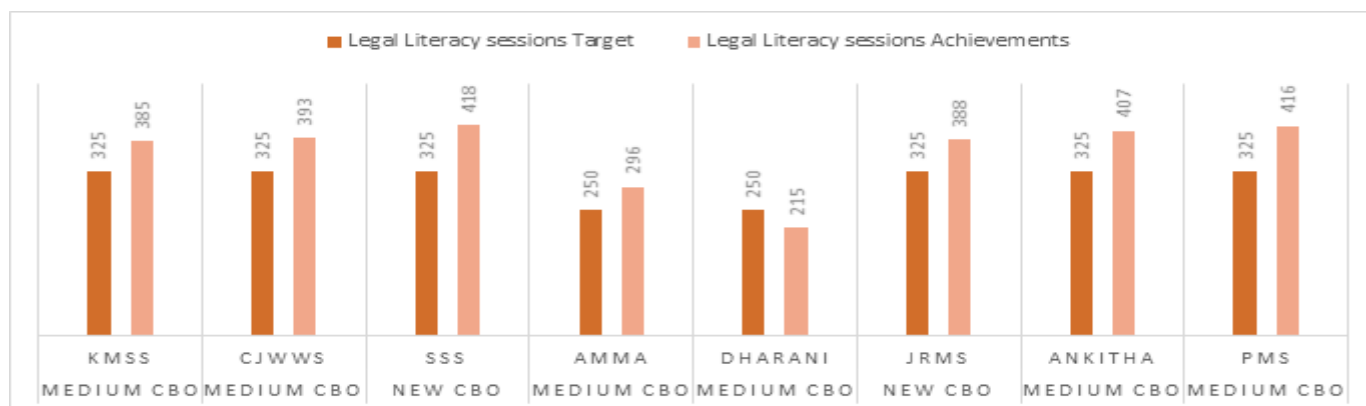
8. A 3-day training of the leaders of CBOs for organizational development has been completed based on the categorization of the CBO. Report of CBO leaders training has been shared.

9. Coaching support modules are being developed and being translated in 7 languages for hand holding support to the CBOs.

10. Majority of the CBOs have achieved their targets for legal literacy training, though very modest targets had been set for the same. One to one and group sessions have been conducted for the

same. It was informed by the PR that Global Fund allowed the application submission for social protection schemes to be implemented till July 2024 only.

11. District Advocacy meetings are also being undertaken under the project.



KMSS	Kiranam Mahila Samakya Sangham	Vizianagaram
CJWWS	Chaitanya Jyoti Women Welfare Society	Visakhapatnam
SSS	Swagati Sneha Sangham	Anakapalli
Amma	Amma Services and Development Society	NTR
Dharani	Dharanai Mahila Welfare Society	West Godavari
JRMS	Jeevanara Rekha Mahila Manndali	Vijaywada
Ankitha	Ankitha Women Development Association	Gudiwada
PMS	Pragati Mahila Sangam	Guntur

Financial Updates

1. No issues were expressed regarding disbursement of grants from PR to SR and to SSR.
2. The expenditures under each grant are significantly low.

Grant	SSR/ SR	Budget (INR)	Expenditure (INR) till May 2024
C19 RM 2021 (SP Grant)	Swagati Mahila Sangam, Srikakulam (SSR)	54,84,222	23, 26, 316 (42%)
	KVMS, NTR (SSR)	54,45,672	23, 69, 560 (43%)
	SMSWS, Guntur (SSR)	54,84,222	34, 33, 145 (62%)
C19 RM KP Grant	Swathi Mahila Sangh, SMS (SR)	6,69,67,375	2,48,85,713 (37%)
	Sampade Grameen Mahila Sanstha, SANGRAM (SR)	7,52,86,106	1,48,02,194 (19%)

Challenges:

Community Facilitators (CFs) identified several challenges in relation to the C19 RM 2021 and C19 RM KP grants:

1. **Zero Balance Bank Accounts:** CFs have reported difficulties in opening zero balance bank accounts for beneficiaries due to lack of identity proof.
2. **Consent for Social Protection Services:** There has been a reluctance among beneficiaries to provide consent for accessing social protection services.
3. **Delayed Service Provision:** The CFs have noted that the process of delivering schemes is often prolonged, leading to diminished interest and engagement from beneficiaries.
4. **Incentive Structures:** CFs expressed concerns about the lack of additional incentives for their roles, especially when beneficiaries require repeated services in subsequent years. This has implications for motivation and continued engagement.
5. **Sustainability of Community-Based Organizations (CBOs):** There was apprehension regarding the long-term sustainability of CBOs following the conclusion of the grant period. Network partners have highlighted that CBOs currently classified as “New” should progress to the status of “Well Established” with continued grant support.
6. **Future Focus Areas:** It was suggested that future efforts should emphasize supporting livelihoods and income generation to enhance the impact of CBOs.
7. **Extension of Grant:** A request was made for a one-year extension of the grant to address ongoing challenges and ensure continued support.



Good Practices:

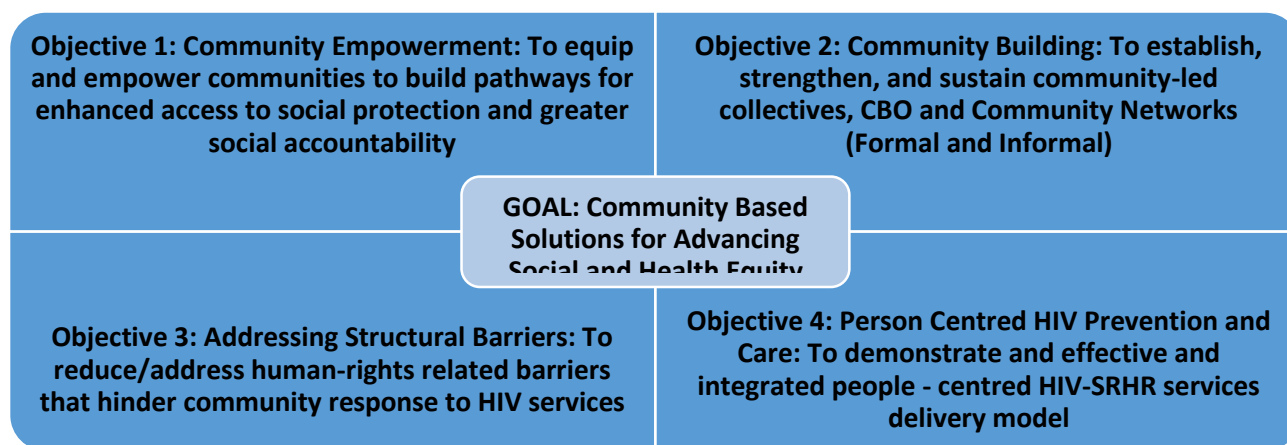
1. **Resource Mobilization:** A notable practice involved a Community Facilitator who successfully mobilized resources to acquire a laptop, which facilitated the submission of applications for social protection services.
2. **Addressing Harassment:** Efforts had been made to address harassment issues by educating beneficiaries about their rights and the legal protections available to them.
3. **Efficient Service Delivery:** The same-day availability of Social Protection Services (SPS) facilities through organized camps and facilitation had been recognized as an effective practice, enhancing accessibility and responsiveness.



Non Government PR- PLAN India

Date of visit	10 th July 2024
SSR	Andhra Pradesh Drug User Forum (APDUF)
SR	India Drug User Forum (IDUF) supported through YRG Care

KP Grant Period: April 2023 to September 2024. Closure till December 2024.



Observations:

1. **No Targets for activities:** PLAN India representative, along with IDUF representative made a presentation to the committee, and explained the four objectives under the grant. It was also mentioned that this grant does not have targets for each activity.
2. **Focus Areas:** It was informed to the Oversight Committee that the Key Population grant is being implemented as proposed by the community, with its aim of overcoming wider barriers to economic, social, legal, and environmental blocks and ways to overcome persistent shocks in order to empower communities to build pathways for enhanced access to social protection and greater social accountability. The program addresses the key population unmet services such as addressing the specific mental health issues, strengthening and sustaining the community

led collectives/ networks, addressing human rights related barriers that hinder community response to seeking holistic and comprehensive services in an enabling environment.

3. **Activities:** It was mentioned that the IDUF with support of YRG care started its implementation later than other Sub Recipients. One of the activities under the grant was to rebuild the IDUF and create 10 State Level Networks. IDUF has conducted 1 National level workshop on Organisational Development, Organizational Compliance and Civil Rights. Support has been given for the Annual General Body Meeting and restructuring of the Board of IDUF. IDUF has also conducted 1 sensitization meeting of Govt. health services providers in Nagaland.

4. **Andhra Pradesh Drug User Forum (APDUF):** In Andhra Pradesh, one network has been created, called the Andhra Pradesh Drug User Forum (APDUF). APDUF is currently an informal organization, and is run by 1 Community Mobilizer. Since it has been functional (around 3 months), it has mobilized 153 individuals for HIV testing, where 9 underwent confirmatory testing, and 7 have been linked to ART centers. APDUF has reached 4 hotspots and has completed 62 registrations.



5. **Other activities:** Other activities under the grant have been implemented at the National Level and other states with other Sub Recipients such as
 - a. Capacity Building of second and third line leadership and linkage to skill building courses – As a joint venture with PHFI
 - b. Reached to Key populations for HIV testing and linkage of positive persons to ART centers
 - c. Linkage to social protection schemes
 - d. Reporting of stigma and discrimination cases
 - e. Referral for Sexual and reproductive health and rights (SRHR) services

	Budget (USD)	Expenditure till March 2024 (USD)	Remarks
Plan India (Grant total)	2,638,997	791,962 (30%)	GF deducted USD 1 m from the total budget of the grant. It was informed that reprogramming of the budget is underway
IDUF	194,283	10,379 (5%)	

Challenges expressed:

1. **Duration of Grant:** It was expressed by the CBO that working with key Population needs time and efforts, smaller duration of any grant creates a vacuum within the communities trust and faith.
2. **Gap in service uptake:** The concerns around Sexual and reproductive health and rights (SRHR), continue to persist since there exists a gap between the current service uptake and the desired levels of services received among the communities will prevail as unmet needs.
3. It was informed that USD 1 m allocation from Plan India was deducted by Global Fund due to low expenditure.

Other Observations:

1. **Communication gaps between PLAN India and State Authorities the Grant:** The partners (PR/ SR/ SSR) had not communicated regarding this grant to the APSACS till date, though they may have kept District officials of DAPCU/ DISHA informed. The concern regarding the same was raised by APSACS. The committee recommended that the partners should visit the SACS informing regarding their implementation of the grant and share timely reporting of the same.
2. **Grant Monitoring and communication:** PR – Plan India had highlighted that the C19 RM grant was not routed through India CCM, and thus is being directly monitored by the Global Fund. However, it may be communicated to the PR within minutes from the 85th India CCM Meeting where the KP grant has approval of the India CCM. The Oversight Committee of the India CCM is designated to monitor all Global Fund Grants of any Principal Recipient.
3. **Mobile ICTC and Sampoorna Suraksha Kendra:** The team also saw the ready Mobile ICTC vehicles, installed Ice-line refrigerators and interacted with the staff of the Sampoorna Suraksha Kendra at the Siddhartha Medical College, Vijayawada. Dr. Amar, USAID proposed that services from Hand held X-ray machines can be included in the Mobile ICTC. JD, BSD, APSACS informed that the Mobile ICTCs are to be launched soon and will be handed over to districts, which will make micro plans for the routes of the vehicles and try to emulate the route of other health vehicles conducting health camps. At the Sampoorna Suraksha Kendra, it was highlighted that a dashboard with data analysis should be available for the SSK Manager.

Non-Government PR- India HIV/AIDS Alliance

Date of visit	9 th July 2024
SSR	Society For Welfare HIV Infected People (SHIP)

C19 RM Grant Period- April 2021-March 2024

Component- C19 RM- Transition of CSCs

Observations:

1. **Project Transition and Integration:** The project concluded in March 2024, and a transition period from IHAA to SAATHII took place from March to June 2024. As of July 2024, SAATHII has fully assumed responsibility for the project of Care and Support Centres 2.0 in this geography.

2. **Initiation of CSC 2.0:** The CSC 2.0 initiative commenced in July 2024. This new phase represents an updated approach or enhancement to the CSCs.



3. **Outreach Workers (ORWs) Deployment:** IHAA employed a total of 163 Outreach Workers (ORWs), of which 54 were added through the C-19 RM (COVID-19 Response Mechanism) Grant.

4. **Training of ORWs:** Training for ORWs was conducted in December 2023. This training was crucial for equipping the ORWs with the necessary skills and knowledge to perform their roles effectively.

5. **Follow-Up Case Outcomes:** It has been reported by IHAA that a 77% definite outcome

achievement rate has been attained for cases categorized as "Lost to Follow-Up." This indicates a significant level of success in re-engaging individuals who had previously been lost to follow-up. Over three years, the performance on this indicator has been 72%-77%.

6. **Social Protection and Entitlements Information:** The data displayed regarding Social Protection and Entitlements suggested that 100% of patients had been awarded the relevant schemes which is an incorrect representation of the achievements. The eligibility criteria and calculations should be thoroughly reviewed and adjusted to ensure accuracy. Similar corrections are needed for Advance Disease Services and Family Member Testing data.
7. **Improvement in Staff-Patient Ratio:** It was reported that the staff-to-patient ratio has improved following the addition of ORWs. This enhancement should contribute positively to the quality of care and support provided.

Challenges:

1. **Medicine Distribution to Fishermen:** CSC staff have encountered difficulties in providing medication to fishermen with HIV who go out to sea for extended periods, often for several months. This challenge complicates the adherence to treatment regimens and requires innovative solutions.

Recommendations:

1. **Documentation and Record Keeping:** Ensure comprehensive documentation to support administrative and operational processes.
2. **Online Claim Submission:** Transition from physical submission of claims to an online submission process to streamline operations and improve efficiency.

3. **Correction of Data Presentation:** Correct the data presented by the Community-Based Organization (CBO) during the meeting regarding schemes awarded. Accurate reporting is essential for assessing the true impact of the schemes and ensuring accountability.



Disease Component- Tuberculosis

Non-Government PR- FIND

Activity: Air borne Infection Control Interventions at Nodal Drug Resistance TB Centre

C19 RM Grant Period: April 2021 to December 2025

Centers Visited:-

1. Gov. Chest & TB Hospital, Visakhapatnam
2. Gov. Chest & TB Hospital, Guntur

Sites specific observations:

1. Chest and TB Hospital, Vizag (FIND – TB)

Observations:

1. **Awareness of Grant Activities:** The State Tuberculosis (TB) Cell was fully informed about the activities and objectives outlined in the grant.
2. **Training of Hospital Staff:** A total of five hospital staff members, including the District Tuberculosis Officer (DTO), participated in a comprehensive two-day training program on Airborne Infection Control (AIC). This training was aimed at enhancing their knowledge and skills in managing airborne infections within the hospital environment.
3. **Ventilation and Infrastructure:** The design of the hospital's infrastructure generally meets satisfactory standards with respect to ventilation. Specifically, the height of doors and windows was appropriate, and over 20% of the rooms and wards are adequately ventilated. However, it was noted that in some areas, exhaust fans have been installed directly above windows, which may adversely affect the effectiveness of natural ventilation.
4. **Hygiene Practices:** The hospital maintains high standards of hygiene by using colored coded linens on beds on a daily basis.
5. **Potential for DRTB Centre Conversion:** The hospital possesses the capacity to be converted into a nodal Drug-Resistant Tuberculosis (DRTB) Centre.
6. **Procurement of UVGI Equipment:** FIND has received all necessary approvals for the procurement of Ultraviolet Germicidal Irradiation (UVGI) equipment approximately 2-3 months ago. FIND is currently processing the procurement, and it is expected that the equipment will be acquired within the stipulated time frame.
7. **Pending Air Exchange Instrument:** The instrument for measuring air exchange per hour was yet to be delivered and tested. That delay hinders the accurate assessment of the hospital's ventilation performance, which is critical for ensuring effective airborne infection control.



8. **Completion of AIC Assessment Report:** The first-quarter report for the AIC assessment was still pending completion.

Additional Observations:

1. **Creation of ABHA IDs:** ABHA (Ayushman Bharat Health Account) IDs had been created for all patients; however, a small number of patients were not registered due to their lack of access to mobile phones.
2. **Fast-Track Processing for TB Patients:** A fast-track process has been established for symptomatic TB patients. These patients receive stamped registration slips and are promptly referred to Room 2 of the Outpatient Department (OPD) for immediate evaluation and care.



3. **Use of Phenol Solution:** To maintain infection control standards, it was recommended to use a 5% phenol solution in empty sputum cups. This measure is intended to ensure proper disinfection and prevent the

spread of infectious agents.

4. **Implementation of Triple Bucket System:** The hospital has adopted a triple bucket system for waste management. This system facilitates the segregation and proper disposal of waste, thereby enhancing overall infection control and safety.



Recommendations:

1. **Consideration for AMC of UVGI Equipment:** It was recommended that the Global Fund (GF) or the State consider establishing an Annual Maintenance Contract (AMC) for the UVGI equipment beyond the current project timelines. This would ensure ongoing maintenance and functionality of the equipment.
2. **Dust-Free Environment:** The hospital environment should be maintained free from dust to prevent potential sources of infection and ensure a cleaner, safer atmosphere for patients and staff.
3. **Enhance Airflow:** It was advised to remove glass panes from windows where possible to facilitate unobstructed airflow.
4. **Exhaust Fan Placement:** Exhaust fans should not be installed directly above windows. Alternative placement strategies should be considered to optimize ventilation and air exchange.

5. **AIC Risk Assessment:** A risk assessment of Airborne Infection Control should be conducted using a comprehensive tool, checklist, or scoring sheet. That will provide a structured evaluation of the AIC measures in place and identify areas for improvement.
6. **Completion of DRTB Ward Construction:** The construction of the DRTB Ward should be expedited to ensure timely availability of facilities specifically designed for the management of drug-resistant TB cases.
7. **Utilization of Medical Students:** Undergraduate medical students should be engaged to work on data related to AIC Components. Their involvement can contribute to the analysis and improvement of infection control practices.
8. **Benchmarking Against Hospital-Acquired Infections:** Hospital-acquired infection rates should be used as a benchmark for evaluating the effectiveness of AIC measures. This will help in setting standards and assessing the impact of implemented controls.
9. **Synergize AIC Models:** It was recommended to align the hospital's Airborne Infection Control model with the Centers for Disease Control and Prevention (CDC) and FIND India's AIC models. Synergizing these approaches can enhance the effectiveness of infection control strategies.



2. Guntur Govt. chest & TB hospital- Guntur (FIND India-TB)

Observations:

1. **Awareness of Grant Activities:** The State TB Cell demonstrated a comprehensive understanding of the activities and objectives outlined in the grant.
2. **AIC Training and Assessment:** Training on Airborne Infection Control (AIC) was conducted 10 days prior to the field visit, involving four hospital staff members. Additionally, an AIC assessment has been completed. However, it was noted that there were no AIC assessment tools available in the hospital, which may impact the effectiveness of ongoing assessments.
3. **Obstruction of Airflow:** The presence of glass on the windows was obstructing airflow within the hospital. This impediment could affect the overall ventilation and effectiveness of airborne infection control measures.

Additional Observations:

1. **Triple Bucket System:** The hospital had implemented a triple bucket system for waste management. This system is designed to facilitate the proper segregation and disposal of waste, contributing to improved infection control.
2. **Patient Registration:** Patient registration was being conducted in an open area.
3. **Hygiene Practices:** Colour coded linens were being used on beds daily to maintain high standards of hygiene.
4. **TB Screening and Fast Track Processing:** TB symptom screening (focusing on four key symptoms) was conducted, and presumptive TB patients receive a fast-track stamp at the time of registration. These patients are then directly referred to the Pulmonary Doctor OPD (Outpatient Department) for further evaluation and care.

GOVERNMENT HOSPITAL
FOR CHEST AND
COMMUNICABLE DISEASES
GUNTUR

CONSULTING ROOM NO. 1, TUBES NO. 33
DEPARTMENT - Pulmonology - CLINIC
PATIENT NAME: Mr. GOLLAPUDI SRINIVASARAO
AGE: 47Y 06M 30D
Sex: Male
SSD
Patient Type: NON-MEC

GHCCD, GUNTUR
Fast Track

Challenges:

1. **Hospital Building Funds:** Although a new building for the hospital had been sanctioned, the necessary funds had not yet been released. As a result, procurement processes had not yet commenced, delaying the development of new infrastructure.

Recommendations:

1. **Sensitization Program for Engineers:** A sensitization program on AIC should be organized for engineers involved in hospital construction and maintenance. This program will ensure that AIC principles are integrated into the new building design and infrastructure improvements.
2. **Sharing of AIC Assessment Report:** The hospital should provide the first-quarter report of the AIC assessment. This report is crucial for evaluating the effectiveness of AIC measures and identifying areas for improvement.

3. **Appointment of AIC Nodal Officer:** The hospital should designate a dedicated nodal officer for the AIC team. This individual will be responsible for overseeing timely AIC assessments and using a standardized scoring tool to evaluate and enhance infection control practices.
4. **Removal of Glass from Windows:** It was recommended that the glass be removed from windows to improve airflow and enhance ventilation. This adjustment will contribute to more effective airborne infection control.
5. **Synergizing of AIC interventions:** It was suggested to align the hospital's AIC practices with those of the Centers for Disease Control and Prevention (CDC) and FIND India's AIC model. That harmonization will optimize infection control measures and ensure best practices are followed.



Disease Component- Malaria

Non-Government PR- TCIF

Activity: Malaria IEC Materials (Sun Boards, ASHA Name plates, Wall paintings) be placed at PHCs for Awareness generation

C19 RM Grant Period: April 2021 to March 2024

Component	Achieved/ Target (AP)
IEC sunboards in each sub-centre	642/648
Digital Wall Painting in each village of sub-centre	173/173
IEC Integrated names plate of ASHA in front of her home	164/164

Sites visited:

1. Chilakalagedda village and Sub Center, Bheemavaram PHC
2. Dasarithota villages Sub Center Chilakalagedda PHC Bheemavaram
3. Medaparthi villages and Sub Center, PHC Luguparthi
4. Peddabidda village and Sub Center, PHC Luguparthi

Observations:

1. **Public Messaging on Malaria Prevention:** The messages displayed on the sun board regarding malaria prevention—covering the causes, symptoms, and referral to government health clinics—were clearly written and effectively communicated.
2. **ASHA Board Compliance:** The ASHA (Accredited Social Health Activist) board adhered to the specified size requirement of 1' x 1', conforming to the guidelines.
3. **Wall Painting Compliance:** Wall paintings, measuring 6' x 4', included the same four messages about malaria prevention. The paintings also met the prescribed guidelines.
4. **Malaria Case Detection and Treatment:** According to the Medical Officer at Bheemavaram Primary Health Centre (PHC), 98 new malaria cases were detected and treated successfully over the past three months in a single foothill village.
5. **Infrastructure Issues:** It was observed that the sun board and wall paintings were installed on inadequately maintained health infrastructure. Additionally, the use of oil-based paints might have been more effective, as they would be less likely to deteriorate under environmental conditions.

Other Observations:

1. **Medicine Storage Practices:** During OPD (Outpatient Department) hours, medicines were left exposed to direct sunlight and not stored in protective boxes. That practice could potentially compromise the efficacy of the medicines and poses a risk to patient safety.

Recommendations:

1. **Sun Board Size:** It was recommended that if in the future grants the same activities are carried out then the sun board be enlarged to a minimum size of 3' x 5'. This increased size will allow for clearer and more visible pictures and messages, enhancing public understanding of malaria prevention.
2. **Display in Scattered Villages:** Given the scattered nature of hamlets and the low footfall at Panchayat Secretariats or Health Wellness Centres, it was advised to display malaria prevention messages in each village to ensure wider dissemination of crucial information and increase community awareness.
3. **Community Use of Mosquito Nets:** Emphasized the importance of using mosquito nets as an effective preventive measure against mosquito bites. Community awareness campaigns should highlight the benefits and encourage the widespread use of mosquito nets.
4. **Continued Malaria Control Efforts:** In light of the high malaria prevalence rate in tribal areas, it is essential to maintain and strengthen malaria awareness, prevention, and control programs.



ASHA Board



Sun Board



Wall Painting

Overall Recommendations to NGPRs:

Based on the observations and discussions during the field visit, the following overarching recommendations are proposed for the successful implementation of programs:

1. Enhance coordination mechanisms between NGPRs, SACS, and other stakeholders. Improve communication channels to facilitate seamless information flow. (HIV)
2. Strengthen documentation processes to ensure accountability and transparency. (HIV)
3. Continue focus on reducing rejection rates and streamlining application processes for beneficiaries. (HIV)
4. Fast track infrastructure improvement efforts to optimize program outcomes and impact. (TB and Malaria)

Debrief Meeting with Special Chief Secretary, PD SACS and STO AP-11/07/2024

Attendees from State Program Division: Special Chief Secretary/ I/C MDNHM and I/C Health Commissioner Krishna Babu, PDSACS Dr. Rajendra Prasad, STO AP Dr. T Ramesh, JD NCVBDC Dr. Ramnath, JD BSD Dr. Y Kameswara Prasad, WHO Consultant (HIV) Dr. Sukumar, WHO Consultant (TB) Dr. Danie Franklin

Discussions and Recommendations:

1. **Coordination on C19 RM Grant Activities:** It was recommended that NGPRs establish and maintain effective coordination with the State authorities concerning the COVID-19 Response Mechanism (C19 RM) Grant and its associated activities. This will ensure alignment of efforts, efficient utilization of resources, and smooth execution of grant-related initiatives.
2. **Addressing Scheme Rejections by CBOs:** In connection with the linkages to various schemes facilitated by Community-Based Organizations (CBOs), it was suggested to investigate and identify the reasons behind any cases that had been rejected. Understanding these reasons will help in addressing any issues and improving the effectiveness of scheme implementation.
3. **Implementation of alternate work for sex-workers:** The Special Chief Secretary recommended the development and implementation of activities related to alternative employment opportunities for sex workers. Such initiatives be explored and enacted to provide viable alternatives and support for this vulnerable group.
4. **Ensuring Long-Term Availability of TB Drugs:** It was suggested to STO AP that the State should consider strategies to ensure the long-term availability of tuberculosis (TB) drugs. That includes planning and securing a continuous supply of medications to prevent shortages and maintain effective TB treatment programs.
5. **Sharing of Field Visit Reports by the Oversight Committee:** It was requested that the Oversight Committee share their field visit report with the State authorities upon completion.

