The Global Fund

India Country Coordinating Mechanism

FIELD VISIT TO TELANGANA

Oversight Committee Report

Date: 08 - 12 July 2024

Executive Summary

Background:

The Global Fund had announced worldwide assistance to support countries in responding rapidly to the COVID-19 pandemic in June 2020 and has disbursed approximately USD 134 million to India as a part of C19RM grant since 2020. 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 of the visit:

The Oversight Committee visit to the state of Telangana (8th-12th July 2024) had the following objectives:

- Provide supportive supervision, enhance the coverage, quality, equity, efficiency and effectiveness of the C19 RM GF programming.
- Learn the best practices adopted by the state and to suggest their replication in other GF implementation geographies.
- Understand the qualitative and quantitative performance of the C19 RM Fund activities in the state along with challenges faced by the program managers at the field level.
- Provide recommendations with timeline to improve the performance of the GF grant.

Team Composition:

The composition of the team was as follows:

1. Dr. Ravi Kumar. K, Chairperson, Oversight Committee. Independent Consultant.
2. Dr. Raghavan Gopa Kumar, Vice-Chairperson, Oversight Committee. Touched by TB.
3. Prof. Ramila Bisht, Member, Oversight Committee. Professor, JNU.
4. Ms. Deepika Joshi, Member, Oversight Committee. HIV division chief, USAID India.
5. Dr. Sandeep, WHO Consultant, Central TB Division
6. Mr. Bhanwar Lal Parihar, Manager (M & E), NPMU, NACO
7. Ms. Gitanjali Mohanty, Coordinator, India CCM Secretariat

Districts visited:

2 Districts (Hyderabad and Warangal)

Details of Non Govt PRs in Telangana:

S.N.	Non-Government PR	Sub-Recipients (SR)	SSR/ Implementing agencies
1	Foundation for Innovative New Diagnostics (FIND)	-	Chest & TB Hospital, Hyderabad Chest & TB Hospital, Hanumakonda, Warangal
2	Plan India	National coalition of people living with HIV in India (NCPI)	Network of Telangana people living with HIV/AIDS (NTP+)
3	Solidarity and Action Against The HIV Infection in India (SAATHII)	Swathi Mahila Sangha (SMS)	Navyasri Mahila Welfare Society (NMWS)
4	India HIV/AIDS Alliance (IHAA)	National coalition of people living with HIV in India (NCPI)	Network of Telangana people living with HIV/AIDS (NTP+)

Details of facilities visited:

The following facilities were covered during the field visits which were conducted between July 8 to 11 in Hyderabad and Warangal:

S.N.	Date	Name of Site	Non-Government PR
1	8th July 2024	FPAI Clinic	Plan India – HIV/AIDS
2	8th July 2024	NCPI	Plan India – HIV/AIDS
3	9th July 2024	DRTB Centre Chest & TB Hospital	FIND – TB
4	9th July 2024	HIV of Positive People Efficiency Society (HOPES+)	India HIV/AIDS Alliance – HIV/AIDS
5	10th July 2024	Chest & TB Hospital, Hanumakonda, Warangal	FIND – TB
6	11th July 2024	Navyasri Mahila Welfare Society (NMWS)	SAATHII – HIV/AIDS
7	11th July 2024	Modern Awareness Society	India HIV/AIDS Alliance – HIV/AIDS

Briefing Meeting with PD SACS- 08/07/2024

A Briefing Meeting was held with Project Director, TGSACS, STO, Telangana and other senior State Government Health Officials on 8 July 2024. The Oversight Committee briefed the authorities about The Global Fund, the Covid 19 Response Mechanism (C19 RM) Grant in India and its activities, objectives of the OC visit, visit plan and details.

The following officers were present at this meeting:

S.No.	Name	Designation
1.	K. Hymavathi, I.A.S.	Project Director, TGSACS
2.	Dr. P. Prasad	Addl. Project Director, TGSACS
3.	Dr. Rajesham	State TB Officer
4.	Dr. John Babu	Addl. Director (Leprosy)
5.	Dr. Ch. Chandra Reddy	Joint Director (BSD), TGSACS
6.	Dr. K. Karuna Sri	Joint Director (CST), TGSACS
7.	SVS. Narasimham	Joint Director (Finance), TGSACS
8.	K. Prasad	Joint Director (TI), TGSACS
9.	V. Ravi Kumar	Dy. Director (IEC), TGSACS
10.	T. Durga Srinivas	M&E Officer, TGSACS
11.	Venkatesh	Deputy Director (NCVBDC)

Dr Bharat Kumar –FIND India and R.K. Sivarama Krishnan RSCM, Plan India were also present. The meeting was held under the chairperson Project Director, SACS.

Discussion Points:

The following were the points noted after the discussions:

- While SACS is appreciative of support from partners, it was observed by them that currently there is no system of reporting by or review of NGO-PR/SR by the State particularly for HIV. The team suggested that a regular partner coordination mechanism be constituted to streamline & coordinate across stakeholders. Additionally, to enable an informed review, fund allocation details, proposed activities as well as numbers of HR support should be made available to TB and HIV State Offices.
- The contribution of ORWs that were funded by the C19 RM was discussed and applauded. However, it was noted that remuneration for certain categories of staff e.g. outreach workers at CSCs may be enhanced to address high attrition rate of field level workers. With the addition of additional indicators related to EVTHS for tracking by CSC, it is critical to have the trained ORWs retained.
- Community champions are a great trained cadre of workers that have been created (their contribution to the Index testing campaign was cited and appreciated), but their retention in the program is a concern. They may be provided travel support to ensure continuity in service. Also, a plan for utilization of trained community champions within the health system needs to be developed.

- As for such funded projects as the C19 RM and other Global Fund projects, the suggestion was that the project duration be long enough to show impact, through a quarterly tracking mechanism.

Disease Component- Tuberculosis

FIND INDIA and William J Clinton Foundation (WJCF) are the two NGPRs who are implementing the C19 RM funded TB control activities in Telangana state.

Non Government PR: FIND INDIA

The overall key activities for the Telangana state are as follows:

A. Airborne Infection Control (AIC) interventions at 100+ 85 Nodal DR TB centres

B. *PPE procurement for NTEP lab staff*

C. *Strengthened COVID-19 diagnostics through procurement of diagnostics and consumables*

The original grant cycle was from 01 Apr' 2021 to 31 Dec' 2023. No Cost Extension has been given for 1 Jan' 2024 to 31 Dec' 2025. The overall country project budget size is 19.1 million USD.

A. AIC interventions:

The first step was assessment of the sites and preparation of site action plans. In the state of Telangana, in the first phase, as per the target, the expert teams have completed the assessments in Hyderabad, Khammam and Warangal during the period September 2022 to June 2023. In the second phase additional assessments are planned for 3 chest and TB hospitals at Nizamabad, Adilabad and Nalgonda.

National level ToT has been conducted on 9-10th May 2024 in which the state TB officer, WHO HQ consultant participated and were trained in AIC. The first regional training has been conducted in Hyderabad on 19-20th June 2024 in which HICC Member Secretary / Infection control officer (ICO), Nodal person of DRTB center, Infection control nurse (ICN), biomedical engineer, District TB Officers (DTOs) of 3 districts namely Hyderabad, Warangal and Khammam, WHO-NTEP Medical Consultant and others participated. The state has developed a facility level training plan in 6 districts.

1. Nodal DR-TB centre, Government Chest & TB Hospital, Erragadda, Hyderabad:

The team held discussions with the following officers:

S.No.	Name	Designation
1.	Dr. Mehboob Khan	Superintendent
2.	Dr. A. Rajes Khan	JD (TB) / STO Telangana
3.	Dr. C. Sumalatha	Epidemiologist
4.	Dr. G. Sanjana	WHO NTEP Consultant
5.	Dr. Prasidh	I/C DRTB Medical Officer
6.	Dr. Sneha Shukla	WHO Consultant
7.	Dr. Bharat Kumar	A & C Team, FIND
8.	Dr. Seema Tabassum	RMO – II
9.	Dr. I.A. Sarala Kumari	RMO – I
10.	Dr. T. Spandana	Sr. Microbiology
11.	Dr. S. Bhanu Khan	Dr. T.B. Coordinator
12.	Mr. Ramesh Kumar	Health Inspector

AIC assessment was done by the team from CTD in October 2022. The team had suggested infrastructure improvement inclusive of civil works for improving AIC compliance and installation of upper room GUV systems. The OC has been told by the FIND authorities that based on the assessment reports, the site-wise requirements of installation of GUV and minor civil works are cumulated. The technical specifications and tender document for GUV installation and BOQ for civil works have been approved by CTD and The Global fund. Tender has been published in Apr-May'24. Current status still is that Technical Evaluations of the bids for phase 1 sites is going on.

The team did a detailed inspection of the entire hospital premises to ascertain the current status vis-à-vis the challenges /recommendations of the AIC report. The findings are as follows:

Systemic and Section specific challenges reported / Follow up actions suggested during the AIC assessment in October 2022	Observations
The HIV-TB Ward has inadequate distance of 2-3 ft between beds. The curtains on the windows are obstructing the airflow. No restriction of attendants and visitors. 50% patients in wards are found without mask.	The ward is not HIV-TB ward, it is Female DSTB ward. Considering the load of inpatient, maintaining the 6ft distance between the beds still remains as a challenge. The curtains on the windows are removed to enhance the airflow. All the attendants were instructed to enter the wards only if required. They are instructed to use mask while entering the wards. "No Mask No

	Entry" messages are displayed. Patient visiting hours are specified.
The staff in the registration counter are receiving infected air from the registration area.	The sitting arrangements of the staff within the registration counters are modified in such a way that the infected air from patients is not reaching the staff. Staff is also using the mask during the peak hours of registration.
Individual spittoons/appropriate containers are not having 5% phenol. Just water is filled in the containers and patients are disposing sputum in it.	The spittoons with lids carried by patients are provided with 5% phenol in it.
The centre has no full-fledged system of Bi-annual/Annual screening of staff for TB. No documentation is available for the same. Administration also should maintain the records or documentation of essential vaccination status of different staff cadres at institution level.	The institute has planned to start the HCW surveillance in phased manner. Registers have to be maintained accordingly.
Staff nurses are not completely aware of recent programmatic updates related to IPC, AIC & BMW. All NDRTB staff require re orientation on updated guidelines and practices of BMW, PPE, IPC & AIC measures. Both State & Site level trainings can be planned for capacity building of staff.	19th & 20th June 2024 Regional TOT has been organized by CTD, WHO & FIND. All the program updates and updated guidelines were oriented in different sessions. The team which attended the trainings will have to take the responsibility to conduct field level trainings and orient other staff in the institution.
There is no IEC regarding cough etiquette, infection control measures, Safe Sputum disposal & Airborne infection control measures in all the areas visited. Creation of Signages for cough etiquette, Infection control measures, Safe Sputum disposal & Airborne infection control measures in local language and its display at prominent places required.	The IEC regarding BMWM, Wearing of Mask, Hand hygiene are in place. There are hoardings displayed within the campus regarding the Cough etiquette. FIND in coordination with CTD & WHO are at the verge of developing the prototypes of IEC regarding the AIC & Safe sputum disposal.
All the places visited (except wards), BMW bins are found open without lids. There are no proper	BMW bins are covered with lids and appropriate colour coded bags are

signages to indicate the proper colour coded segregation	visible within the wards, OPD & lab. Signages are also in place.
There is no monitoring of the disinfectants and their dilutions by the staff nurse. No 3-bucket sanitation system. Broom is used in the wards before wet mopping.	ICN is oriented during the regional training regarding the monitoring of the disinfectant dilution for floor cleaning and surface cleaning. The same is followed now.
Being a heritage building, the OPDs have extremely old toilets without exhausts. Access to the toilets is difficult for the doctors.	As it is the same structure the issue persists. No feasible space available to shift the OPD services.
One of the Radiology X ray machines was placed under staircase with the sliding door facing the entrance of building. Door is opened frequently and access to staircase is unrestricted.	Due to the space constraints still the X-ray machine is in same place. But the opening of sliding door is avoided. Even the movement at the staircase is restricted.
There is no spill kit in the TB DMC & NAAT labs. The cartridges are loaded at DMC lab and carried to CBNAAT lab which is situated in first floor of other building. There is no designated sputum collection point near the lab. There is no proper running water for procedures and the washrooms within the lab do not have exhaust and proper toilet fittings.	Spill kit is in place. Still the loading of samples at DMC and carrying to NAAT is existing. Designated sputum collection area is approved and going through the tender process to install the same. The plumbing issue within the lab is addressed by the management.
A designated Sputum collection area to be developed at DMC for safe sputum collection. Other civil works like developing a common patient waiting area at the DRTB, DSTB OPDs, replacement of non-functional exhaust and ceiling fans observed during visit. UVGI installation as suggested in the report.	Designated sputum collection area & committed mechanical ventilation support like exhausts and ceiling fans are approved and going through the procurement process to install the same.
The HICC should identify and allocate adequate resources and depute an IPC team for day-to-day monitoring of safe BMW practices, IPC and AIC related activities like, Supply of appropriate and adequate disinfectants, monitoring of disinfectant dilutions, adequate N-95 to DRTB staff, addressing the plumbing related activities and washroom renovation for the DRTB ward patients & DSTB/DRTB OPD for creating safe and secure environment to both patients and staff	After the 19th & 20th June regional training, HICC is strengthened further in following and documenting the safe BMW practices, IPC and AIC related activities.

The CBNAAT machine to be shifted to DMC lab with necessary renovation work for better turnaround time and reducing the risks related to sample transportation.	Still pending.
Coordination for providing Necessary permissions for executing civil works as stated above.	Being done

Recommendations:

In the discussions with the nodal officer of the hospital, the following recommendations were made:

- It was recommended that the IPC activities should be carried out in the whole hospital – general wards as well
- Since Share is being funded by CDC to work in 4-5 states- there is possibility for duplication. It was agreed that AIC is an integral part of IPC and therefore it was recommended that assessments are carried out together with FIND in all designated centers
- The AIC assessments are being carried out in the designated TB facilities but the co-located ART centers are being left out. This is a missed opportunity. With all preps already undertaken, the assessment team only needs to cover these ARTCs as another point of assessment. NACO may kindly reconsider AIC assessments at all co-located ART centers.

2. Nodal DR-TB centre, Government Chest & TB Hospital, Hanumakonda (Warangal), Telangana:

The team held discussions with the following officers:

S.No.	Name	Designation
1.	Dr. M. Sravan Kumar	Superintendent
2.	Dr. B. S. Rao	CMO – Hanumakonda
3.	Dr. K. Himabindu	DTO – Hanumakonda
4.	Dr. C. Sumalatha	Epidemiologist
5.	Dr. S. Bhanu Kiran	MO- DR TB Coordinator
6.	Dr. Vishnu	WHO Consultant
7.	Dr. Divya	ICO- Assistant Professor
8.	P. Kiran Kumar	DRTB Coordinator
9.	Rama Krishna	DIS DAPCU

The team did a detailed inspection of the entire hospital premises to ascertain the current status vis-à-vis the challenges /recommendations of the AIC report. The findings are as follows:

Systemic and Section specific challenges reported / Follow up actions suggested during the AIC assessment in October 2022	Observations
NDRTB centre has no policy of Bi-annual/Annual screening of staff for TB and other diseases of importance.	The institution proposes to undertake the same shortly.

The institute has no dedicated Hospital Infection Control Committee. All NDRTB staff require re orientation on updated guidelines and practices of BMW, PPE, IPC & AIC measures. Both State & Site level trainings can be planned for capacity building of staff.	Institute has framed a functional HICC now and the staff are trained in IPC & AIC guidelines
There are no signages seen for Cough etiquette, Infection control measures, Safe Sputum disposal & Airborne infection control measures at any of the areas visited by team	Signages regarding using of mask, Hand hygiene and BMWM are in place. IEC prototypes for AIC, Sputum disposal and IPC are at the verge of being finalized by FIND in coordination with CTD & WHO.
Being infectious wards, still 60% of patients and their attenders were not using the mask appropriately. Patient's attenders and visitors are found lying on the patient beds.	There are visiting hours specified to restrict the entry of the visitors in to wards. Even the attender is educated to use the mask properly when assisting and entering in to the wards.
The patients in the TB and DRTB wards are draining their sputum containers in the washrooms without disinfecting the sputum. These containers are washed with tap water and reused again.	5% phenol is provided in the spittoons carried by the patients. Then the disinfected sputum is discarded safely.
The areas like DRTB wards, DMC, OPD, Female TB ward & RICU have no BMW colour coded bins. The staff knowledge on colour coded Segregation of Bio-medical waste is not appropriate.	Site specific BMW colour coded bins along with barcoded BMW bags are in place.
The sanitation and general cleanliness are outsourced to an agency. There is no proper monitoring of staff on the type of disinfectants used and required dilutions.	ICN/Staff nurse are assigned to monitor the proper dilutions done by the outsourcing supervisor before handing over to the sanitary staff.
Even though the staff responded about vaccination (Hep-B, Covid & TT) status, the documentation for the same is not maintained in the facility.	HICC has initiated record maintenance for vaccination of HCW. Henceforth status of HCW vaccination is to be tracked during the Annual HCW surveillance.
The buildings of the NDRTB campus have wall/ceiling dampness with fungus and cracks due to absorbed moisture.	Civil works are yet to be taken up.

The Male DSTB & Male Non-TB patients are placed in the big common ward separated by nursing station in between. This increases the risk of infection to non-TB and the staff. There are two rooms behind the nursing station in the same ward where, one room is used as bronchoscopy room and the other room has a 5-cell pointer blood investigation machine. Lab technician of DMC come here to process all the blood investigations. 3 ceiling fans of these ward are not functioning.	The common ward issue still exists as there are budgetary constraints to make a partition between both wards. Institution has requested FIND to take up the work where FIND in turn requested institution to create the path for the TB end of the ward for patients safe and separate access. The state program officer has been requested to identify budget through the Directorate of Medical Education and implement this urgently. Additional mechanical ventilation is under the process of rolling the tender for the bidding.
The washrooms of Male DSTB & Male Non-TB ward are also not having any partition between them. These washrooms have 4 medium size exhausts where none of them are working due to which the foul smell is entering into the wards.	As agreed, the institution is yet to take up the work of the partition in the washroom.
The hand washing sink of the Male DRTB ward which is present in attached toilet is broken. There is no door for this Toilet and the exhaust fan in the toilet is not functioning. Which allows the foul smell to enter the ward creating discomfort to the patients. There are individual bathrooms within the toilet which have continuous water leakage making the area untidy.	A new door is placed along with repair of the sink in the Male DRTB ward. The plumbing work is addressed.
Staff in the DRTB wards do not have adequate supply of N-95 masks. They are using surgical masks in DRTB wards.	Now they have adequate supply of N95 mask for the staff.
The toilet of Female DRTB ward is present outside the ward which has broken door and no water supply. The toilet is not used for long time as it is soil and dusty.	The Female DRTB washroom is renovated and repaired.
The female TB ward has one non-functional ceiling fan and one non-functioning exhaust in the washroom.	Yet to be repaired.
The Registration area has no proper designated waiting area causing discomfort for patients during the summer and rainy seasons	A 20*30 Patient waiting area is proposed and got approved. The civil work tender is released and ready for bidding.

In the DMC lab, the sputum containers & applicators are not disinfected. They are the thrown in a bucket with no disinfectant and are carried away in the morning by the waste management agency. Spill Kit is not available in the lab.	Now the specific BMW guidelines for discarding the sputum containers and applicators are in place. Spill kit is in place.
No designated sputum collection area for patients. They are asked to collect sputum in completely open space in front of DMC. During rainy & winter seasons patients face problems with muddy and slippery ground.	The sputum collection area is proposed and got approved. The civil work tender is released and ready for bidding.
Coordination for providing Necessary permissions for executing civil works as stated above.	Being done

Recommendations:

- Assessments should be shared with the DME for their knowledge, awareness and action.
- The updated AIC Assessment checklist list with the updated responses needs to be shared with the hospital MS.
- It was recommended that the microbiologist at the KMC be a part of the HICC.
- The facility does not have a NAAT machine which makes TAT on test results challenging, often leading to unnecessary IPD stays for patients awaiting results. The program may consider on priority basis, provision of NAAT to the hospital.
- Patients to be provided PPE, especially masks. Health literacy material can be also provided if available.
- Since the AIC guidelines are not yet ready, it was recommended that they be made available as soon as released by WHO. Also, a recommendation was to consider developing a Community of Practice among all States and centers trained by FIND, into a list serve where good practices and experiences can be regularly exchanged. Swasthya e-Gurukul may be explored as a possible anchoring point.

B. PPE Kits supply update

1,48,030 N 95 masks, 3,52,660 Nitrile Gloves and 25,000 Head Covers have been procured by FIND and supplied to Telangana.

C. 10-Colored Gene Xpert machine

They have been placed at Khammam, Wanaparthy, Nagar Kurnool. They are being used for drug sensitivity tests for Rifampicin. They can be used for measuring the drug sensitivity to other drugs only after receiving guidelines from central TB division which in turn needs clearance from NTAG.

Glimpses

Non Government PR: William J Clinton Foundation (WJCF)

Under C19 RM grant, the organization has reported that they have procured for the country 50 hand held X-ray packages. Each package includes an X-ray device, detector, laptop, CAD-AI software with PACS, management information system and various accessories. Of the 50 units, WJCF is directly operationalizing 33, while 17 have been handed over to the state authorities for their operation through the state NTEP (NHM).

One such unit has been delivered on 13 March 2024 to Jogulamba Gadwal. The same has been installed on 8 April 2024. The team could not visit the site due to paucity of time. Inputs were taken from the PR/ unit virtually to ascertain the activities are being carried out properly.

It is to be noted that the unit does not have implementation support or associated manpower budgeted through the C19 RM grant. However, WJCF has ensured completion of necessary AERB regulatory compliances, including installation, training and quality assurance. To operate this device at the facility level, it is the responsibility of the state to obtain an operational license from AERB. It is good to note that the state has obtained the license, both the radiographer and TLD badge are available and trained. They can initiate operations. However, they do not have lead aprons. WJCF is still to supply the same.

Overarching recommendations to the state health authorities:

- State should take joint ownership of the civil works program along with FIND. Necessary funds are minor repairs are to be released by Directorate of Medical Education department.
- There is a need to improve the reporting system regarding AIC.
- Regular monitoring by JD (NTEP) and FIND required for timely implementation
- The state should plan for annual maintenance contracts of the equipment supplied by GFATM

Disease Component- HIV

The Oversight Committee visited all the three HIV NGPRs implementing the C19RM and KP grant in Telangana.

Their C19RM and KP Grant (where applicable) objectives and SRs are mentioned below:

1. Plan India- KP Grant

Objective: Advocate for Community Involvement to Community Empowerment

Duration: April 23- September 2024

Sub-Recipients (SR):

a. SR:FPAI- SSR: Hyderabad Branch FPAI
b. SR: NCPI +- SSR: Network of Telangana People Living with HIV/AIDS (NTP+)
c. SR: Network of Transgender Persons (NTP)- SSR: 1) Transgender Hijra Welfare Society – Hyderabad 2) Trans equality Society (Suraram)

2. India HIV AIDS Alliance:

Objective: To Accelerate National HIV Response in reaching 95-95-95 Targets through Community-Led, Right Based Prevention to Care Approach**.**

Overview of the C19RM Grant: Grant focused on complementing and strengthening the care and support program

Duration: April 2021- March 2024

Sub Recipients (SR):

a. HIV of Positive People Efficiency Society (HOPES) – Visited
b. Network of Telangana People Living with HIV/AIDS (NTP+)
c. ASHA POSITIVE PEOPLE ASSOCIATION (APPA+)
d. Network of Telangana People Living with HIV/AIDS (NTP+2)
e. Karuna Mythri Positive People Service Society (KMP+)
f. Modern Awareness Society – TG- Visited

3. SAATHII: C19 RM Grants Social Protection (SP) for Key Population and CBO Strengthening and Legal Literacy

Objective: Increase access to and uptake of social protection and HIV services for Key and vulnerable populations in 15 states across India (Target Beneficiaries: People in Sex Work (F, TG, M), Transwomen, MSM)

Duration: January 23-December 2024

Sub Recipients (SR):

a. SANGRAM (Sampada Grameen Mahila Sanstha), Bangalore
b. SMS (Swathi Mahila Sangha), Bangalore
c. HST (Humsafar Trust), Mumbai
   50 Sub - Sub - Recipients (SSRs), 150 CBOs, 4000 Community Facilitators (CF)

Non Government PR: PLAN India

1. Family Planning Association of India (FPAI), Hyderabad:

Observations:

- C19 RM's focus on advocacy and community system strengthening is the most unique aspect of this grant. While most projects focus on achievement of HIV outcomes related to the 3 95s, this C19 RM has been a gamechanger, in bringing focus on CBO network strengthening and capacity building- which are critical to sustainability
- Out of the 72 (of a target of 84) CBOs onboarded by Plan India, 50% were informal CBOs- indicating the reach of the project to CBOs that were erstwhile unreached.
- All SRs under the PR have been trained in Mental health in collaboration with NIMHANS. This is an unprecedented focus on mental health and on building capacity of service providers and healthcare workers to identify mental health issues and to provide support and referrals
- The PR has been able to establish several partnerships and has managed to leverage technical and financial support from other stakeholders, such as:
    - Inner wheel chapter of Secunderabad
    - MITR (USAID)
    - EPIC (USAID)
- The project has been building financial resilience through social entrepreneurship and skill development (short term training of health aids/ bed side helpers, PHFI MoU), and has also supported development of financial literacy of transgender persons
- The clinic focuses on the needs of CLHIV- Monthly workshops are held where children can come together for peer and support group interaction, while parents can avail a free health check-up
- The clinic has conducted camp outreach in various places for cervical cancer screening

Recommendations:

- SRs trained in Mental Health can be utilized for cascade training of SSRs and other staff, to further strengthen capacities in provision of mental health support, counseling and referrals.
- All KP referred for health needs should be provided with integrated screening support (it was noted that <50% had been screened for HIV). While targets are not applicable, this integrated screening referral is a must, regardless of targets, since India is still at <80 on the 1st 95. In the same vein it was noted that pregnant women visiting the clinic should be screened for TB and other diseases.
- There was a laudable differentiated approach for all priority populations, that the SR is following. It was recommended that the tailored services metrics for these priority populations should be documented. This will help quantify outputs and outcomes.
- A formal mechanism for accompanied referral may be established, similar to TB, wherein an effective accompanies referral can lead to availing and documentation of services.

- It may be noted that Gender Based Violence (GBV) and Mental Health, though related, are not the same. Therefore, approaches to diagnosing and treating both need to be differentiated.
- Since it was noted that the imminent conclusion of the project will hamper achievements of objectives, especially related to organizational development, and the PR was in favor of submitting a proposal for extension to the GF, the OSC recommended that the proposal should state the exact expected achievement with the continuation of the grant – and quantify expected impact of the KP grant if provided an extension.

2. Network of Telangana People Living with HIV/AIDS (NTP+):

Observations:

- The SR was doing excellent work in development of Second and Third-Line Leadership- carder of 25+ active youth for building second-line leadership among positive youth
- Positive Youth delivered 35+ sessions in TSACS Red Ribbon Activity- and there was increasing awareness and acceptance of their key role in advancing knowledge around HIV and stigma reduction. The SR has also engaged with political leaders on HIV across the State and country, thereby raising awareness on the need for India to meet the 10-10-10 targets.

- The SR has shown good HIV-TB collaboration. Support Group Meetings and community meetings have been supported to educate community members about TB and providing referrals (Proposed TB screening at 10 DLNs- ongoing)
- The SR conducted three successful pep-smear screening camps with support from FPAI and referred 90 WLHIV for testing- this showed good inter SR collaboration
- **Resource Mobilization activities:**
    - Raised resources for 500 CLHIV for 12 months estimated cost of Rs. 60 Lakhs
    - Getting a fully equipped building from Jute Box Limited for the PLHIV community social enterprise initiatives

Recommendations:

- All KP associated with NTP+ should be screened for HIV as well as other diseases. Currently this was not being prioritized – despite extensive outreach and engagement
- Under the integrated health services, the SR should consider pathways to routinize/ institutionalize the services currently being provided through camp approach. This will enhance the health & wellness of the key populations
- Referral of young people for counselling on modern contraceptives including discordant couples, was recommended- given the ease of reference to FPAI.

Non Government PR: India HIV AIDS Alliance (IHAA)

1. HIV of Positive People Efficiency Society (HOPES) - Care and Support Centre:

The team met with following personnel:

S.No.	Name	Designation
1.	Dr. Priynaka Bhat	Program Officer, Alliance India
2.	Mr. K. Arun Kumar	Head – Program, LEPRA
3.	M. Sueshshankar	Project Director
4.	Mr. Manoj Kumar	State Program Manager
5.	Mr. Bala Krishanan	M&E Manager – SAATHII
6.	Ms. Bhavani	Project Coordinator
7.	M. Janaki	Health Promotor
8.	K. Latha	Health Promotor
9.	Ms. Lado Kumari	Health Promotor
10.	Bhagya Laxmi	Health Promotor
11.	Shobha	Health Promotor
12.	Raja Shekar	Health Promotor
13.	Dhanamma	Health Promotor
14.	Madhavi	Health Promotor
15.	T. Durga	Health Promotor
16.	Rajeshwari	Health Promotor
17.	Subramanyam	Health Promotor
18.	Meghana Kumari	Health Promotor

Observations:

- The C19 RM funds- recruited 6 more ORWs- positively impacted quality of outreach and services to PLHIV. Some examples were noted as below:
    - Project area expanded beyond Hyderabad to Medchal and Rangareddy
    - ORW-Client ratio decreased from 1:300 to 1:150
    - There was a drastic decrease in “indefinite outcomes”- LFU drives and data cleaning drives made possible- substantive trace back of LFU (21% during 2019 currently at 9.8%)
    - Family testing improved from 8% in 2021 to 37% in 2024. Due to these early linkages to ARV are driving down mortality and better clinical outcomes for patients
    - More than 95% of eligible PLHIV (on ARV >6 months) at the CSC have been supported to submit PLHIV pension applications. And of them, 50% have already started to avail this monthly benefit.

- The C19 RM support continued beyond project with GC7 PR SAATHI absorbing all additional staff within field functionary plan- indicating successful mainstreaming and sustainability
- The CSC serves as a drug dispensation center which runs 24/7 for the convenience community members. They have a 100% drug pick up rate which is a great model for decentralized drug dispensation.
- ORWs are highly informed and motivated- providing financial, medical and family-based needs assessment through which need-based services and social protection schemes are being made available to members
- NCPI+ has leveraged core support from leadership building activities, towards creating second line youth leaders (NCPI+ Youth Lead Positive Speakers Bureau)
- Network building support from EpIC (USAID) has been critical in capacity building efforts

Recommendations:

- With a change of hands at the SR level, it is highly recommended that the new SR continues to closely collaborate with the outgoing SR (NCPI+) to ensure the continuation of the youth second line leadership building activities.
- It is recommended that linkages with other SRs be explored in order to fully leverage and utilize the core areas of support, towards benefitting the PLHIV and KP communities (e.g. referrals for WLHIV for Cx screening, strengthening mental health and psychosocial support, livelihood trainings and opportunities for KP- with FPAI).
- The CSC model of serving as drug dispensation center which runs 24/7 for the convenience community members, may be considered for replication.
- The network-building support TA may be cascaded to the SSRs to ensure
- For future programming, the program may take into consideration the power of a collective community-level HIV response (PLHIV and KP communities) towards the goal of community systems strengthening.

2. Modern Awareness Society (MAS); Care and Support Centre for Transgender Populations

Observations:

- The CSC is providing dual support to the TG community through linkage of negative TG to SSK and other services, as well as supporting TG PLHIV across a broad range of services even beyond clinical needs.
- The C19 RM has led to an appreciable increase in knowledge levels on LFU tracking, MIS, LFU prevention, etc. due to capacity building of ORWs. It has also expanded access for social entitlements (644/1196 availing services).
- Effective Crisis management systems and procedures in place, that have been activated to benefit members.
- All ORWs have been absorbed within GC7 Samagra indicating the criticality of the C19 RM support.
- Timings to conduct outreach go well beyond duty hours, due to large distances being covered.
- Exclusive Transgender Clinic was established for Transgender persons in MGM hospital, Warangal- Advocacy support was provided by the SSR.

Recommendations:

- DAPCU may continue to streamline and facilitate the cross-checking of details for registrations of TG community –where mismatch between birth name Adhaar name and registration name (due to disclosure and confidentiality reasons) causes documentation and M&E issues between SACS and CSC.
- The core composite TI in the district has only 60 TG registrations whereas MAS has over a 1000 due to its extensive networks. MAS is interested in being a TI- this may be considered since there is no dedicated TG-TI currently.
- Consider provision of travel support for greater distances covered due to migration of TGs which took place during COVID. Such clients continue to reside out of the district and regular outreach to them is problematic, given long distances.
- The TG CSC may now be considered as a CSC that is capable of outreach to not just TG PLHIV but also general PLHIV- this will be a good mainstreaming exposure for the outreach staff which is now well trained under the C19 RM grant, on the various aspects of the CSC program.

Non Government PR: SAATHII

1. Swathi Mahila Sangha (SMS)

Observations (Social Protection):

- The OC saw some deep and intensive collaboration with the DACPU- the integrated collaborative activities between district program staff and service providers such as TI NGOs, and joint review meetings every month, has encouraged sensitization and orientation to the specific needs of FSW.
- There was a clear change noted by beneficiaries as well as SRs in the program since the implementation of the C19-RM. It was noted that earlier only HIV activities (testing, prevention, linkage and ARV) were funded with a focus on HIV KPIs, but the C19 RM grant is the "first of its kind" which has helped in addressing socio-economic barriers, and supporting social protection, legal and financial objectives, addressing social determinants of health- which are critical to the success of the HIV program.
- A good practice of common Community Facilitator and Community Champion was observed. 104 of the SR's community facilitators are trained community champions.

Recommendations (Social Protection):

- Efforts may be stepped up to close the social protection targets
- Ensure continued delineation between roles as TI and CBO under KP Grant (separate staff and salaries, since they are recipients of both.)

Observations (CBO Development and Legal Literacy):

- Resource mobilization in cash- through CSR efforts has been carried out The PR shared how capacity development by the C19 RM grant has enabled them to leverage program funds to raise 20 times the resources invested (may kindly be verified - the OSC did not observe this in person).
- The grant has enabled an intensified effort on social and micro enterprise (blouse embroidery through sewing machine support, whole sale grocery, pickle making, school uniform tenders, etc. Several dozen examples were shared which indicated the importance of this support to enable organizational sustenance for these small CBOs)
- Baseline assessments have been completed for 116 CBOs- categorized as New, Medium and Well-established. Support from Sattva, using EpIC tools has enabled the PR to carry out systematic assessments, with plans for follow up and tracking progress.
- The OSC observed a clear understanding of the mandate to promote legal literacy. We observed a 75%-140% achievement in all legal literacy KPIs
- Violence cases were actively addressed by SSRs (81%)

Recommendations (CBO Development and Legal Literacy):

- The Organizational Development (OD) baseline assessments having just been completed, the differentiated CBO-specific action plans are yet to be initiated. Accomplishing this in 6 months is challenging. Recommend an extension to enable this cycle of OD activities to be completed

- Consider a revolving fund to encourage wider participation in social and micro enterprise activities. Seek support from EpIC and Sattva to scale this under NACO's and SACS's leadership and vision
- Report of baseline assessments must be shared with the CBOs. It was observed upon interaction with the CBOs that they were yet to receive their assessment reports formally. The action planning workshop was reportedly scheduled for later in the month with a consultant.
- It was observed that CO Leaders' training on legal literacy had not yet been started. It needs to be completed by the stated deadline.

Overarching Recommendations:

- An institutional coordination mechanism is needed at State level to streamline & coordinate across all partners as currently there is no system of reporting or review of NGO-PR/SR by State.
- Excellent impact observed from the C19RM & KP grant. However, delayed start has impacted timelines. All SRs have requested more time for achieving the objectives of the C19 RM and KP grants
- The expected impact from the extension should be clearly quantified by PRs in their extension request. Sustainability of these efforts should be discussed in the extension proposal, so as to consolidate the gains from the C19 RM grant.
- With change of guard under GC 7, new SRs should closely collaborate with outgoing SRs to ensure continuation of good practices
- A documentation of good practices in a compendium (State and National) should be considered for dissemination.
- More cross-learning among SRs to fully leverage and utilize core areas of support.
- Cascade Mental Health capacities to all SRs where feasible

Disease Component- Malaria

Non Government PR- Transport Corporation India Foundation (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

Transport Corporation India Foundation (TCIF) is the NGPR who has taken up the C19RM funded activities in the Telangana state like elsewhere in the country. The project is about Community Education on COVID-19 and malaria by adopting information, education and communication (IEC) strategy to mitigate COVID impact in 1253 high malaria endemic sub-centres across 12 states in India. The approved budget by GF was USD 6,51,882. The disbursed amount was USD 3,39,200. The contract awarded by TCIF was for USD 2,50,524. Grant utilization is USD 2,40,291.

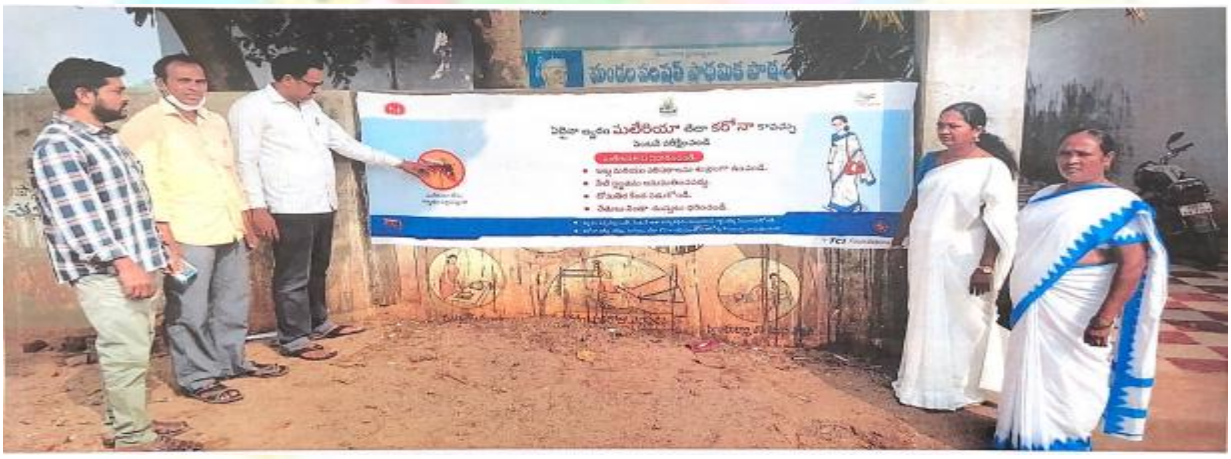
Bhadradri Kothagudem is the selected district in Telangana state. The activities are as follows:

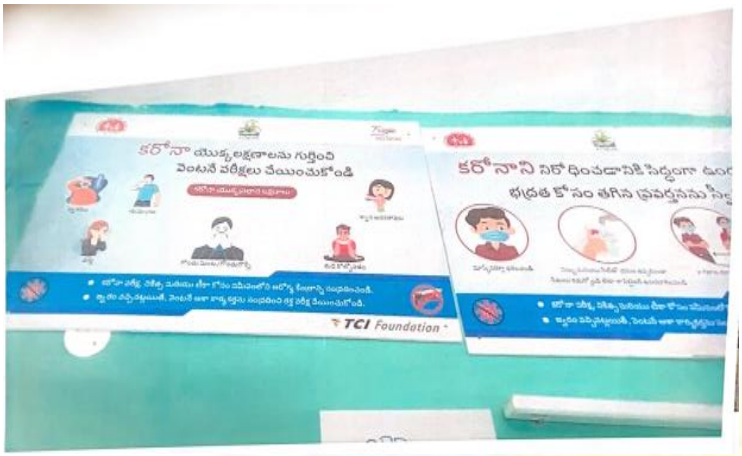
- Digital Wall Paintings -15
- IEC Integrated names plates of ASHAs -15
- IEC sunboards in sub-centres -54

The team could not visit the district. However, discussions were held with the state program office to ascertain that the activities were actually done and are found useful.

It was noted that the TCIF has completed 100 % of targeted activities within the stipulated time. The IEC activities have also covered Covid 19.

Some glimpses of activities covered by TCIF under the C19RM Grant:




TCI Foundation


TCI Foundation
TCI Foundation

Debrief Meeting with PD SACS and State officials- 12/07/2024

Attendees from State Program Divisions:

S.No.	Name	Designation
1.	K. Hymavathi, I.A.S.	Project Director, TGSACS
2.	Dr. P. Prasad	Addl. Project Director, TGSACS
3.	Dr. Rajesham	State TB Officer
4.	Dr. John Babu	Addl. Director (Leprosy)
5.	Dr. Ch. Chandra Reddy	Joint Director (BSD), TGSACS
6.	Dr. K. Karuna Sri	Joint Director (CST), TGSACS
7.	SVS. Narasimham	Joint Director (Finance), TGSACS
8.	K. Prasad	Joint Director (TI), TGSACS
9.	V. Ravi Kumar	Dy. Director (IEC), TGSACS
10.	T. Durga Srinivas	M&E Officer, TGSACS
11.	Venkatesh	Deputy Director (NCVBDC)

The meeting was held under the chairpersonship of Project Director, SACS. Representatives from Non Govt PRs were also present in the meeting.

Attendees from Non Govt PRs:

S.No.	Name	Designation/Organization
1.	Dr Bharath Samatham	Senior Regional Technical Specialist, FIND
2.	Simran Sheikh Bharucha	Technical Lead, C19RM Grants, PLAN India

3.	Dr Priyanka Bhat	Program Officer, IHAA
4.	Manish Soosai	Project Director, C19RM Grants SAATHII

The Oversight Committee shared their detailed observations and recommendations regarding the C19RM Grants in the state of Telangana. It was followed by brief presentations by the Non Govt PRs working for C19RM Grants describing their Grant, achievements, challenges and way ahead.

Discussions and Recommendations:

1. **Enhanced coordination with SACS regarding C19 RM and GC 7Grant Activities:** It was recommended that there should be a designated point person from each NGPR in the state to 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. **Reporting to SACS and State Programme:** It was recommended that the NGPRs to submit a monthly/quarterly progress report to SACS and State officials.
3. **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.

Project Director, Telangana SACS expressed her satisfaction after the debrief presentations and feedback by the Oversight Committee and the Non Govt PRs regarding the progress of C19RM grants in the state.

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