Executive Summary

Background:

The Oversight team formulated in 2020 consist of 15 members, to provide oversight to the ongoing GFATM grants. A representative group of 8 members undertook a field visit in Delhi, Haryana and Chandigrah from 4th Oct to 8th October 2021. The team was divided in two with the CCM secretariat and program division joining each of the teams. Preparatory meetings were held prior to the visit including inviting updated information from the Principal Recipients. Briefing meetings were also facilitated by the CCM Focal Point

Dr Shobini Rajan, DDG, NACO to provide the Team an update on the process and the agenda.

Observations:

The visit covered the HIV and TB program as there were no Malaria sites in the sites visited and it was proposed to include Malaria in the next OC visit.

Public facility for HIV and TB were visited in bother locations as well as non-government sites under the grant. The observations from both the sites were similar and the key observations are as follows:

Under the HIV program, there has been good expansion of the Art centres and the centres visited had good infrastructure. Importantly there has been no disruption of ART services during the COVID period with the initiation of the differentiated service delivery model including multi-month dispensing. Virtual SACEP were being organized to ensure medical advice is provided in a timely manner. Though there has been very good expansion of services the human resources is still a challenge and Medical Officer vacancies were noted which impact service delivery.

The care and support play a critical role in supporting those on treatment through linkages with social protection schemes, treatment literacy however their location in some cases being far from the ART centres hampers consistent engagement and support to those enrolling for ART. Also the remuneration of the field staff of the CSCs is low compared to minimum wages and the intensive field work expected of them.

The ICTC/PPTCT/STI centres were fully staffed however are placed at a distance from the ART centres, receive 80% hospital admissions for tests who are difficult to track post the counselling and testing. There appeared to be a linkage loss between counselling/testing and treatment. Due to the number of staff the workload seemed low which could be assessed to optimally use the existing staff.

Private sector engagement for PPTCT could be further strengthened as a gap in knowledge about program guidelines and data management was noted by the team.

As in cities like Delhi and Chandigarh there are multiple governance structures, better coordination at the local level and use of infrastructure and human resources to greatly benefit the program.

Among TB program implementers information about Global Fund on the field was missing- orientation needed by PRs and SRs for stronger implementation and impact to align with national goals.

The issue of shortage of staff was found across sites and where there were Medical Officers, they were transferred often, leading to a loss of trained staff. Incentives should be provided for well performing staff.

Shortage of CBNAAT cartridges was observed across and testing in CBNAAT Lab. Price for cartridges across all Indian states should be notified by CTD to facilitate local procurement.

Training needs to be strengthened especially on TRUNAT machines. Procurement and utilization of additional TRUNAT machines should incorporate HR cost of lab technicians

The engagement of TB champions is a good initiative however their honorarium is not sufficient including low conveyance allowance. Their status was also unclear whether they are cadre/volunteers. To ensure sustainability of this initiative, the nomenclature should be revisited and their role in the program.

Recommendations:

- Convergence for TB and HIV critical to ensure services are efficient and effective and resources are optimally utilized
- Successful interventions of non- governmental PRs and SRs need to be assessed for sustainability and transition to Programme
- Review of the CSC model for stronger impact and sustainability and strengthening community participation in service delivery
- Access to social protection scheme to be streamlines and facilitated by CSCs and ART centres
- To understand the experiences of the beneficiaries across all projects, should be included in future OC visits
- Using the State infrastructure (Govt District Hospitals, Dispensaries, Mohalla Clinics) for programme effectiveness - strategy paper to be developed for advocacy and implementation
- Oversight mechanism for GFATM implementation should be strengthened for ongoing reviews and course corrections
- Standard template for oversight visits to be prepare to facilitate the interactions and document findings
- Technical support required from the CCM secretariat for the oversight team for facilitation, documentation and report finalization

OVERSIGHT VISIT REPORT-DELHI

4th October to 8th October 2021

Oversight Committee Team - Dr Gopa Kumar, Ms Nandini Kapoor Dhingra, Prof. Ramila Bisht, Pratik Raval, Mr S. Vijaya Kumar, Ms.Veena Kumra

DAY ONE - 4TH October 2021

SITE - LNJP HOSPITAL

PEOPLE MET: Dr. Anuradha (Nodal Officer), Mr. Vijay Singh (Project Director), Mr. Rajesh Kumar (Project Coordinator), Ms. Mona (Project Director, NCPI, Mr. Pradeep (M&D Officer, NCPI)

The facilities visited during the visit: ART center, ICTC center, PPTCT.

Observations:

- The ART centre at the LNJP which started in 2004 and was designated as a COE 2010. 50-60 ART centres are linked to the COE and the centre has a good training facility as well. The infrastructure of the ART centre was very good with a good waiting area, rooms with signage for counselling, Care Coordinator, Doctor, Pharmacy.
- On staffing, the Medical Officer position was vacant, existing staff was 4 counsellors, 2 data managers, 1 staff nurse, and 1 Lab technician. The issue of the salary for the MO was highlighted which is an impediment in getting the MO in place.
- In the past SACEP (Expansion) meetings were organized physically but with COVID they have been held virtually through the peripheral units. This has been found to be more efficient as there is no waiting period and saves the patient travel to the ART centre. Also there are no pending cases which in the past could be 1-3 weeks of waiting. The downside of the ESACEP (virtual) SACEP is that the information is not coming directly from the patient and that can sometimes be challenging.
- The ART centre has around 3500 registered PLHIV and 120-150 footfall every day. In the last 18 months, multi-month dispensing has been provided, drugs have been dropped at the doorstep as well however that has not always been easy due to confidentiality issues. With the rollout of TLD, a visit to the ART centre is required for adverse event monitoring.
- The Delhi government is providing DBT (INR 2000 per month) to PLHIV for which the individual is required to submit full personal information and bank details. That remains a challenge as the bank records are not always updated and those who do not have Delhi address proof cannot access the scheme. The Care coordinator spends a lot of time supporting the community to fill in the forms and having them updated. In conversation with one woman who was coming to the centre for 2 years, a widow with three children, did not know about the scheme. It seems the care coordinator is overloaded and cannot reach out to all the people coming for ART.

- ***The CSC can play a critical role here and support community access to the critical social protection scheme.***
- The PPTCT centre was on a separate floor of the same building with 2 counsellors, 1 LT& 1 STI counsellor sitting together at the centre as the HIV test is being conductedat the ANC along with other tests, the role of pre and posttest counselling was not clear. There was limited IEC material, and the audio equipment was not in working order. We were also informed by the STI counsellor that they have been without drugsand test kits for a long time. We were informed by the STI counsellor that the Doctorsare not sensitized and there are very few patients reaching the STI clinic.
- The ICTC was in another building from the hospital has a staff of 3 counsellors, 2 lab technicians. The ICTC undertake 100-150 tests per day and 80% of them are hospitaladmissions. The linkage to ART was highlighted as an issue as there is no mechanism to track the person once detected HIV positive, as they are often from other states and visiting for treatment. There was no supply chain issue for kits at the ICTC.

Issues/Challenges

- Absence of the MO at the ART centre
- Long waiting period leading to LFU
- Care coordinator has high workload and not able to cater to all the patients
- MMD could be increased for more patients
- CSC support at the ART centre critical
- Pharmacist of ARTC is not taking patient signature in drug dispensing register.

Recommendations

- Social protection could be further strengthened as the CSC has a dedicated presenceat the ART centre
- Treatment literacy at the ART centre can reduce LFU
- Decongestion of the ART centre and less waiting time will reduce LFU
- Patients fast track mechanisms advised by NACO also help reduce LFU.
- IEC materials of fast-track mechanisms should be displayed in ART Centres for information of all, especially literate patients.
- ANC mother, Aged patients, Patients having cough and bronchitis & children should bein prior consultation in ART Centre.
- As per the guidelines by NACO for single window system financial benefit scheme ofDelhi state form is not submitted through DAPCU.

<u>LNJP Hopsital – Chest Clinic</u>

People met -

1. Dr. Ashwini Khanna
2. Dr. Vishal Khanna
3. Dr. Aman Gupta (WHO consultant)
4. STO, Delhi
5. DTO

Observations:

Issues and Challenges

- Due to covid effect, there are migration and reverse migration and this has an effect on the work load.
- Infrastructural constraints like space and equipment
- Shortage of CBNET/cartridges (Cartridges are not available for a long period due to which machines are not operated).
- CBNET and TRUNET machines have similar time for testing, capacity of CBNET is many folds. While 16 tests could be carried out at the same time, CBNET us more versatile and can take care of various other test without much human intervention, TRUNET needs a qualified and experienced technician to attend to its feeding and output requirements, with the result the output is quite low. Cost factor wise, CBNET cost around Rs. 60 lakhs while TRUNET costs around Rs. 2 lakhs as was informed
- State level has been given freedom to procure CBNET cartridges/test kits, however government has budgeted earlier and procured for Rs. 800/-per kit while in the market it costs Rs. 1,600/=. While the State has negotiated the rate to Rs. 1,200 still the question remains that it is beyond the original budget and what steps are required to be taken to ensure that the GF permits such a purchase.
- Government has ordered 45 lakh cartridges and it might take a few months.
- 25 chest clinics in 11 revenue districts of Delhi have got TRUNET machines.
- TRUNET machines are required for use in peripheral areas, as they do not require AC and can be run with back up. It does not require stringent settings.
- There have been issues with power structure as the programmes are managed by multi-level heads, each probably is answerable to different power heads, thus efforts are required to ensure congenial and neutral decisions to be made and adhered to.
- MDs of different chest clinics coming under MCD/ RNTCP are being transferred due to shortage in other clinical facilities, with the result, the trained TB doctors are not allowed to continue for longer periods of say atleast 3 to 5 years to ensure consistency in treatment, supervision and monitoring, besides enabling environment.
- Senior MCD officials are required to be given requisite advocacy into programmatic requirements.
- Similarly, vacant positions need to be filled fast.

Key Recommendations:

- Strengthen infrastructure
- Retain staff and do not transfer for a period of three to five years.

- Initiate higher level coordination/talks between senior officials of MCD and RNTCP/CTD
- Funds diversion should be stopped. Issue of audit of SHM and consequent delay in submission of audited SOEs result in delay in receipt of funds by TB.
- Regular review by senior officials of MCD
- The Chair of GF (Union Health Secretary) in India should write a letter to the Municipal Commissioners of Delhi mentioning streamlining the TB program in Delhi to end TB by 2025 as committed by Hon Prime Minister
- The STO and all 25 DTOs should know what all funds coming from Global Fund and for which activity (may be a one-day workshop, which can be organized by any of the PRs/SRs)
- The TB hospitals/ Clinics run by MCD should fill all vacancies and trained MOs should not be transferred at least for 3 -5 years
- The CTD should notify the universal price for cartridges across all Indian states and it should be universally priced
- CTD should disburse funds on time and UCs/SOEs etc should not be a choke point for fund disbursement
- Incentives should be provided for best performing staff

St Stephens Hospital

People met

1. Dr. Amar Kant Gupta from WJCF (PR)
2. Mr. Vikas Jain- State Lead- Delhi – TB Alert India (SR)
3. Dr. Aman (WHO consultant)
4. Dr. Sharif Akhtar (St. Stephen Hospital)
5. Project Team in St. Stephen Hospital - Amar
6. One beneficiary

Observations:

- Discussion with Dr. Sharif indicated that JEET Project had successfully worked with St Stephen team for last three years, and that it had led to a huge improvement in diagnosis and treatment and most importantly in patient satisfaction. Amar and his other team members were readily available 24x7, also Mr Rajiv from WJCF. Amar followed the patients diligently and had led to excellent results in treatment completion due to his stringent follow-up. The counselling provided were also upto the mark. Even during COVID, they tried to maintain this effectively. The patient interview reinforced this.
- Sugar and HIV testing was also done with all patients and Amar and team were always available to take care of the logistics. Coordination with the doctors was also good and almost all heads of the department/ registrars were in touch with them regarding TB patients and compliant with the Project.

- Diagnostic improvement brought into the treatment by the JEET programme was lauded as the biggest contribution. Success rate, Treatment completion and satisfied patients was the outcome of this effort.

Recommendations:

- Training should be provided immediately on TRUNET machines. It is most important.
- Coordination with labs where there is load in culture test mut be explored.
- Also, on LTBI(Latest TB Infection) is yet to start. Recruitments are already on. From next quarter, it is estimated that the implementation on LTBI will commence.

Issues/Challenges:

- The only point of cocern mentioned was the delays in diagnostic that had occurred in last one month. This was attributed to the transition/ shift taking place from CBNAAT to Trunat- due to training issues, shortages of cartridges, increase in load in public facilities etc. The turnaround time had increased and this was a concern for treatment.
- Even delays in liquid culture were reported. Dr Aman suggested exploring taking samples to other labs may be resorted to

DAY TWO – 5th OCTOBER 2021

SITE - Love Life Society

People Met: Mr. Vijay Singh (Project Director), Mr. Rajesh Kumar (Project Coordinator),Ms. Sushma (Health Promoters), Ms. Suneeta (Health Promoter), Mr. Deepanshu (Accountant)

Observations:

- The ORW gave us a detailed understanding of her work and challenges she faced including the issue of confidentiality while making home visits. Discussion with her highlighted the necessity of co-locating CSC in ART Centres – this would have multiple benefits- including better time management for all staff in both facility; may

result in less waiting time for beneficiaries in the ART; improve quality of services and interaction with beneficiaries/PLWHA; more satisfaction and less drop outs/ LFU

- Repeatedly it came out the Counselling needs more strengthening (time and quality) to prevent LFU- again indicating towards the advantages of co-locating. So processes and mechanisms for intersectionality between CSC and ART need to be developed
- The drug distribution done by the ORWs during COVID time highlighted the Community Drug Dispensing systems could work. There is a need to develop multiple / differentiated systems/ models of Drug Dispensing- dispensing drugs for 3 months; CSC giving the Drugs; Home delivery- all these together will improve programme performance
- Need to have an in-depth study (research) on understanding analytically why LFU happened? Under what circumstances- understanding the factors in- depth.
- Discussion on nature of entitlements, federal nature of health, Delhi's multiple governance structures and its impact/barriers on the programme delivery were also discussed
- Need to explore using the entire Delhi Health Infrastructure (Govt District Hospitals, Dispensaries, Mohalla Clinics) for programme was also discussed- SR and PR were asked to develop a strategy paper and an advocacy plan for it.

Issues/Challenges:

- Low budgetary allocations make getting decent office space a challenge in Delhi. Office located on the Third Floor, would be certainly difficult for target groups/ PLWHA to access it- climbing three floors may be difficult. Space also very small to hold any activities
- The PD (part time position) didn't seem very informed of details
- THE SR and PR- very good- had a good understanding of the issues and complexity GAP in our Visit- not been able to meet any beneficiary/ PLWHA

Budgetary:

- Last two months have not received any payments; no salaries given; rent payment not done, funds being disbursed by PR/SR initially for a quarter and thereafter on a monthly basis
- 80 percent of the budget goes into salaries/HR- leaves very little for project activities
- Minimum Wages - an issue - has been brought to the attention of the PR. In addition, resultant PF, gratuity, ESI issues not covered.

Recommendations:

- A study on the reason for LFUs to be undertaken by the PR/SR/SSR and fundamental issues addressed
- Advocacy with Delhi government for providing space for ART dispensing and CSC in existing health facilities
- Advocate for co-location of CSC with ART or mechanisms for stronger coordination and support

SITE – SAATHI – PRIVATE HOSPITAL

People Met:

SAATHII: Ms. Priyamboda Mohanty (State Direcotor), Mr. Bhaskar Thakur, Dr. Mourvi, Ms. Tabassum Khan, Ms. Jyoti Kashyap, Mr. Yogesh

Panchsheel Hospital: Dr. Poonam Goyal; Mr. Gajpal

NAME OF THE SITE / PROGRAM HIV: Panchsheel Hospital Pvt. Ltd., Yamuna Vihar, Shahdara, Delhi

Observations:

- This is Phase-II, an extension to the existing programme running from October 2015. This particular phase is implemented from April 2021 to March 2024.
- Geographically the programme covers all the 11 districts of Delhi.
- The strategies have evolved over a decade and more, involving private sector engagement providing maternity health services.
- Mapping exercises have been done and various officials, stake holders were met.
- Three different models are designed to enable private hospitals to participate after providing requisite advocacy, guidance and technical support/counseling.
- This Panchsheel Hospital is based on “Data Sharing Model” by which all relevant data is shared by the private hospital with SAATHII which is uploaded in the government software. No consumables are provided nor any MOU has been signed. It is based on advocacy and clear understanding existing between SAATHII and the participant.

Financial:

- No financial records are seen at the venue as there is no MOU or any financial impact.
- SAATHII staff are paid out of the grant budget.

Recommendations:

- It is advised that the SAATHII field staff need to exercise adequate care in ensuring that the registers contain no overwriting/cutting/erasure. If need for such an action arises, then the correct figure should be mentioned by totally cutting the figure and initially by the supervising staff.
- This can be ensured by cross-totaling the figures (which we demonstrated on the spot)

Issues/Challenges:

- SAATHII is managing many facilities all around Delhi and mostly they manage through online and telephonic connection.

- A new register is being maintained in place of old record as per the latest format of entering data. This is being uploaded on a monthly basis to the NACO website.
- Before uploading the Programme Office verifies the data online and enables the Hospital to upload the data. Once the data is uploaded (even if it is wrong) modification cannot be made by the original user. It has to be done by a separate identified person of the PR.
- However, it is observed that there was a cutting in figures (about 8 to 9 months before the current date), which has gone unnoticed.
- It was explained that the software does not provide totals of different columns, with the result, cross verification of data cannot be carried out.

DAY THREE – 6th OCTOBER 2021

SITE – FIND / REACH

PEOPLE MET: Dr. Smriti Kumar (Director - Strategic Partnership), Dr. Aakshi Kalra, 4 TBChampions**,** WHO: Dr. Praveen

Observations:

- **Project:** Amplifying Community Action for TB Elimination
  Project is implemented in Delhi, U.P., Uttarakhand, Bihar, West Bengal, Haryana, Punjab, Madhya Pradesh, Rajasthan. Gujarat.
- **Implementation** is aimed at strengthening TB survivors at state and district levels through TB champions, mentorship, community led support hubs established, create and strengthen TB networks, forums and partnerships. Currently enlistment of TB champions is underway as it is the beginning of the programme.

- **Technical assistance** is provided in 15 states and Union Territories. This includes formation of National Level working groups, capacity building and strengthening TB Survivors and champions besides mainstream community engagement.

- Project is at the nascent stage. Agreements with SRs and SSRs completed and recruitment of project staff is underway. Simultaneously TB Survivors and Champions are being identified.

Issues/Challenges:

- Salaries are too low and do not meet the minimum wage criteria. They are taken as contractual consultants. Very minimal amount is budgeted for conveyance while their area of coverage is wide.

Recommendations:

- TB survivors and Champions must be selected from the Third gender as well.

- Important for the programme to have clarity if these are volunteers or cadres of the programme- this must be clear in all verbal and written communication so as to not form misplaced expectations among the Survivors and Champions.
- Sustainability Plans- how do we envisage sustained engagement in TB programme?

MEETING WITH HLFPPT

People Met - Dr. Sangeeta Pandey (Team Lead),Ms. Manngaih Kim (Sr. Programme anager), Ms. Jyotsna Pal (M&E Officer)

- HLPPT presented the objectives of the Community System Strengthening component as SR under NACO and discussed the activities proposed under the project.
- The project has four main objectives and is implemented in collaboration with others partners who are PRs/SRs under GFATM. The primary role for HLFPPT is to coordinate the CSS activities by other organizations and ensure that a standardized approach is being adopted.
- Community champions will be trained under the project by the implementing organisations 1200 by Alliance, 500 by HST and 300 by PLAN. The Community Advisory Board formed for MPSE will be playing a key role in supporting the activities.
- A secretariat for the same has been established at NACO who works closely with the CSS consultant placed at NACO by UNAIDS.

Issues/Challenges:

- the number of community champions for a country of India's size appeared small for any impact
- How will you ensure adequate representation?
- Questions about where these 2000 will be posted? Prioritization plan?

Recommendations:

- How can the existing community structures be used to ensure good coverage and outreach Strong linkages with the existing networks andcommunity champions and CABs critical for good coordination.

Meeting with Delhi State AIDS Control Society

DSACS: Dr. Praveen and Mr. Praveen) Peer Incharge-ICTC) Based on the visits to the facilities and the CSC the following recommendations were made to DASCS

Recommendations:

- Linkage loss from the ICTC to the ART centre, the CSC could play a more active role
- Physical outreach of the CSC is low, colocation of the CSC at the ART would support adherence and social protection coverage
- The CSC outreach staff need to work closely and support with the care coordinator who is over loaded
- The need for more IEC material at the ART centre
- Fast track mechanism for ART should be in place for children
- While hospitals do not have stock of medicines, DSACS has limited storage, CMSS is having so much of stock (infect covering the full storage capacity), logistics is an issue which needs to be given full attention by DSACS.
- Can the financial assistance scheme be biometric for ease of access
- Remuneration of contract staff is not at par with minimum wages, needs to be addressed
- Drug Distribution at pharmacy is not being undertaking signature of patients which should be put in place
- Testing at the ICTC is 80% provider initiated and only 15 to 20% is client initiated, stronger focus on testing at community level is required
- Remuneration of technicians / counsellors is low compared to staff appointed by partners

DAY FOUR – 8th OCTOBER 2021

NAME OF THE SITE / PROGRAM HIV/TB/MALARIA: **Central Medical Services Society** (CMSS) is part of the Ministry of Health. Its warehouse is situated in Kirti Nagar, New Delhi (Stores of all disease components)

TEAM COMPOSITION: S. Vijaya kumar

People Met:

CMSS stores: Ms. Neha (Pharmacist); Mr. Prashant & Mr. Rohit (Asst. Pharmacist); Mr. Amit Manager (Logistics & SCM); Mr. Nitesh (Data Entry Operator);

PLAN/NACO: Mr. Akhilesh Singh (Regional SCM); Ms. Anubhuti (Project Coordinator-SCM); Mr. Gautam Das (SCM Consultant-NACO);

WHO – Dr. Praveen Yadav

Programmatic Observations:

- CMSS stores stocks drugs and other health related procurement of HIV/ARV drugs, Multiple Regimen TB drugs, and Hepatitis and Vector Borne diseases, besides relating to Child Health Development, Family Welfare Programs.

- Forecasting is done for one year and it is generally done a year ahead. Concerned departments provide annual forecasting requirements based on consumption pattern, likely changes in the number of patients (additions and deletions). Based on the store's capacity, dispatch pattern, the CMSS makes its estimates which will be informed to SCM/PLAN.
- Goods received are stored according to relevant department
- Before dispatch to hospitals / DSACS etc., pre dispatch inspection is carried out
- On a six-monthly basis and quarterly basis, stock levels are monitored. Goods likely to expire within 6 months are moved out first.
- Where the stocks movement is less, after consultation with other states and based on the proximity to expiry period of stocks in other states, CMSS moves its stocks to other locations so that at no location, stocks face expiration.
- As per PLAN who provide logistics support, their support ends till the stock reaches SACS. Thus, no availability of stock at the ART facilities is the responsibility of SACS.

Financial: We did not observe financial issues as the Ministry is directly dealing with all payments. Even where subcontractors have to be engaged, it follows the laid down rules of obtaining quotations and getting approvals.

Issues/Challenges:

- Ever since COVID struck, movement of drugs is affected resulting in higher levels of stocks. Only a few days before some movements of stocks were witnessed.
- Hospital stores have space for maintaining stocks, but stocks are first received by DSACS and from DSACS stocks move to facilities. DSACS stores is too small to accommodate more stocks; it is also located in the third floor, resulting in time consumption in both unloading and loading exercises, besides labour/cost considerations.
- Currently there is no stock of Malaria related drugs/stores. CMSS is procuring for other states and not for Delhi.
- Goods are stored on the ground. The Pellets were ordered recently and it has started arriving. The entire area is humid and in some places we could see moist ground (water droplets).
- Three fans only circulate humid air. Only one exhaust fan appears to be working. Storage is such that the switches are blocked for operation.
- Goods are stored on the wall side without any gap and right upto ceiling and there is no gap between columns of cardboard boxes.
- Stocks expiring within three months are just two items with very few stocks.
- E-Aushadi is software used by CMSS for maintaining stocks and also for forecasting.
- Plans are afoot for shifting the warehouse due to many issues like dampness of walls, etc.

Recommendations:

- Assessment of stocks should be done more frequently with a view to take care of current high stock situation.
- Advocacy discussions to be held with DSACS and other departments for quicker movement of stocks to facility levels, so that the stocks in warehouses could be minimised.
- In the alternative, efforts should be taken up to stop order related production or defer orders for future.
- The space is too humid and therefore, proper exhaust facilities should be installed and used. Pellets should be immediately used. Gaps between walls and between stacks should be ensured. There are WHO guidelines on storage of medical items.

OVERSIGHT VISIT REPORT HARYANA & CHANDIGARH

(4th to 8th October 2021)

Oversight Committee Team – Dr.Naresh Goel, Dr. Sangeeta Kaul, Mr. Sudheshwar Singh, Mr. Archit Sinha, Ms. Gitanjali Mohanty, Ms.Veena Chauhan

DAY ONE - 4TH October 2021

SITE - DISTRICT HOSPITAL PANIPATH

PEOPLE MET – Dr. Ashish (DTO and HIV/AIDS in charge)

The facilities visited during the visit: ART center, ICTC center, DMC & CBNAAT.

Observations:

- The ART Center is a newly LAC+ upgraded HR lite model ART center. The center currently has patient load of 593 number of Active PLHIV in care and 585 PLHIV on ART. The infrastructure of the ART center was good with a large waiting area, rooms with signage for counselling, Doctor and Pharmacy.
- The facility when was LAC+ center, was catering more than 800 + PLHIV on ART.
- ICTC has daily testing of 70-80 clients, the counsellor reported about the issue of multiple PID number allotment to the same client in case of +ve pregnant women and issue in referral of key population clients for testing under SOCH system.
- The hospital has provided separate space to all the facility of the NACP i.e ICTC, DSRC and ART which makes all facilities well collocated with each other
- The NACP position of the lab technician ART center is vacant and the task is being carried out by lab technician deputed from ESI.
- The supply of OST at the center is disrupted, the center faced stock out of the OST medicines and during the visit, 15 days' stock was only available.
- The MIS/LFU patients tracking is done by only one ORW allotted to the district. The ORW is a satellite arrangement by the only care support center located in Rohtak district of Haryana.
- The ART center has only one computer for data entry and drug dispensation causing delay in the daily functioning of the center.
- The ART center reported shortage of the IPT drugs and was unaware of the next supply of the same.
- The DSRC clinic was stock out with STI and RTI color coded kits.

Issues / Challenges:

- The salary of the ART medical officer has not been released from past six months
- IT infrastructure planned under GFATM is not been at place yet.
- Allotment of only one ORW for complete district for MIS/LFU/priority PLHIV

Recommendations:

- The ARTC facility should be optimally utilized by transferring IN patients from the Rohtak ART center.

- The Viral load testing facility at the AT center is through outsourcing agency metropolis; the facility should send its sample to the public sector lab established in PGI, Chandigarh ART center.
- To saturate the new ART facility and considering the daily load of testing in ICTC, community based screening should be conducted.
- The Targeted intervention present in the district especially migrant Tis should conduct CBS activity as the district has high rate of migrants and industries.
- The provision made under the Annual Action plan for providing computer to the facilities should be explored; the functionality of the facilities can be improvised by providing IT infrastructure.
- The ART staff needs to be trained on the SOCH modules as well as the Medical officer should be trained on the new ART technical guidelines

Civil Hospital Panipat - DMC & CBNAAT Site

Observations:

- The DMC & CBNAAT/TrueNAAT site has been functioning and maintain the hygiene, Lab consumable are there in sufficient amount. Lab register maintain by students of para-medical Collage, Sputum examination is done only two days in a week by LT. Due to Shortage of Cartridges CBNAAT examination stop since last six months.

Issues/Challenges:

- The sample of sputum examination is done by only two days,due to this quality of sputum, result may be hampered and load of examination is too much. There is no LT of NTEP at the DMC.
- The outcome of UDST and first-line LPA for diagnosed PWTB is very slow, leading to a delay in the identification of DR-TB patients.
- DTC Panipat has not received culture test report of PWTB from **IRL Karnal** since last two months.
- The lab register is being maintained by the students of Para-Medical Collage thus missing most of the information related to Presumptive TB Case or Diagnosis PWTB
- The center reported reduced efficacy of the result generated by the TRU NAT machine as the positivity rate is observed to be reduced in samples run in machine.

Recommendations:

- Testing of sputum should be done on daily basis and for this a separate LT should be appointed.
- Adequate quantity of CBNAAT cartridge must be kept in CBNAAT site.
- Coordination between IRL site and DTC Panipat should be improved

Hyderabadi Hospital Panipath

People met

- Dr. Bharti Dhawan

Observations:

- The facility is well established, trust run hospital in the district and caters high number of ANC cases and pregnant deliveries of the city and nearing villages of the panipath city.
- The doctors were aware about the Type of agreement they have with the NACP programme and shared the information about the pregnant women found positive during HIV test as well as total number of test conducted during the ANC.
- The hospital Staff confirmed about the staff of SAATHI visiting their facility and providing the information related to EMTCT programme of the NACP
- It was accepted by the doctors that any pregnant women found +ve was referred to the public facility and recommended to deliver into pvt. Sector

Recommendations:

- Pvt. Sector doctors to be sensitized about the HIV/AIDS programme development under the NACP through trainings, CMEs, conference. The information on the latest technical developments under the NACP should also be shared by the SAATHI staff while engaging with the private sector service provider in field.

DAY TWO - 5TH October 2021

SITE - ARTC Govt Medical College Hospital Sector 32 Chandigarh

The facilities visited during the visit: ART center, ICTC center, CBNAAT site, CSC Chandigarh

Observations:

- The ART center has been functioning as a Full-fledged ART center since 2019. Currently only one Medical Officer is working at the center, which is having a total case load of 696 PLHIV on ART.
- More than 89% of PLHIV have been transitioned to TLD regimen, with only 5 PLHIV on 2nd line ART. Additionally 95% of PLHIV are adherent to ART. While 47 PLHIV are LFU, the Vihaan CSC team has not been successful in bringing back the LFUs to the ART services.
- The CD4 count testing is done at PGI Chandigarh, and Viral Load testing is done through Metropolis referrals.

- The ART center is underutilized as the patients registered are very less as of now and the patients which could be transferred from the PGI Chandigarh ART centers are still waited.

Issues/Challenges:

- There is no Pharmacist at the ART center. The staff nurse is dispensing ARV drugs to the PLHIV. However, in case of HIV TB co-infected cases, ATT drugs are not dispensed at the ART center.
- The number of CD4 tests done on a weekly basis, is also limited to 10-15 cases only.
- The Viral load testing by Metropolis, will be ending soon, with contract getting over soon.
- No Pediatric HIV cases are registered at the ART center.
- No signage boards that provide the direction to reaching the ART center.
- Absence of IEC materials regarding ARV adherence counseling/ARV common side effects
- Mortality of PLHIV admitted in Indoor wards is high, due to late diagnosis of HIV in clients

Recommendations:

- The HIV testing drive needs to be prioritized, to ensure early detection of HIV cases and rapid initiation on ART.
- Community based screening camps to be planned for improving the First 95 results, and early linkage to ART.
- The Staff Nurse/Pharmacist should be allowed to dispense ATT in case of HIV TB coinfected cases.
- The ART center should plan a smooth transition of PLHIV from PGI Chandigarh to the GMCH ART center and help in decongesting the PGI ART center.
- Signage boards should be placed at strategic locations in the GMCH complex, that provide information about the exact location of the ART center, along with having the relevant IEC materials at the ART center.
- The coordination with Vihaan CSC team needs to be strengthened to help in better and efficient follow up of Missed and LFU cases, and re-initiation on treatment.
- Better referral mechanism to be in place between the ICTC and ART linkage system, to prevent loss of clients, after being confirmed HIV positive.
- Emphasis should be given on Index testing at the ART centers, to identify adult and children living with HIV, at an early and asymptomatic stage.

SITE: ICTC Centre Govt Medical College Hospital Sector 32 Chandigarh:

Observations:

- The ICTC is functioning well, with a monthly case load of over 840 clients coming to the center for HIV testing.

- The ICTC counsellor was very articulate about her key role at the center. The HIV positivity at the ICTC was 1.7% in general clients. The KP clients were referred from the TI NGOs to the ICTC but positivity was low in that group
- The counselor was maintaining a record of the HIV positive clients who were referredto ART center, in the same hospital. However, the referral linkages from the ICTC tothe ART center need to be strengthened.
- The center as doing data entry in SOCH system

Recommendations:

- Better referral mechanisms to be in place from ICTC to the ART center, with well-coordinated systems of tracking the newly diagnosed PLHIV at the ICTC for rapid ART initiation.
- Clear signage's to be kept in place that will direct the newly diagnosed PLHIV to the ART center in the same hospital building.
- Community based screening camps to be organized in various settings (NGO, Industries, Factories etc) to identify PLHIV at an early, asymptomatic phase.
- Better referral mechanisms to be in place to track KP PLHIV from TI to the ART center.

Issues/Challenges:

- Most of the PLHIV, out of identified cases at the ICTC, are referred from indoor admissions in the Medicine/Pulmonary Medicine ward, and are diagnosed late, i.e. after developing serious Opportunistic Infections, hence have a higher mortality.

SITE: CBNAAT, Govt Medical College Hospital Sector 32 Chandigarh

Observations:

- The CBNAAT site has been functioning in very well manner. Lab needed 4200 CBNAAT cartridges but supplied only 300 in previous two quarters

Issues/Challenges:

- The CBNAAT lab is facing shortage of cartridges and due to this very less sputum testing is being done.
- Adequate quantity of CBNAAT cartridges should be made available at CBNAAT site on immediate basis.

Site: CSC Vihaan, Chandigarh

Observations:

- The CSC is fully staffed and has over 5800 PLHIV registered at the CSC. The CSC is covering Mohali, Chandigarh, Panchkula, Ambala and Yamuna Nagar.
- The CSC is placed in the campus of the Chandigarh SACS office.

Issues/Challenges:

- The tracking of the LFU cases from the ART centers is very limited, due to very a smaller number of outreach workers/ health promoters. The tracking of LFU cases and bringing the PLHIV back to ART centers is less than10%. The current CSC is located quite far from the GMCH ART center Chandigarh and other ART centers in other districts.

Recommendations:

- The CSC model needs to be modified to be efficient, cost effective and results oriented.
- The CSC should be co-located with the ART center for better coordination and tracking of LFU cases.
- The concept of having the CSC with more outreach staff, based at the ART center, rather than having a separate team sitting at the CSC site (which invariably is far from the ART center)
- The functioning of the CSCs should be closely monitored by the DAPCU /Cluster Manager (DISHA Strategy), for better accountability.

Debriefing with PD Chandigarh SACS:

- The team had the opportunity to meet the new PD Chandigarh SACS, who was taking the charge of the position on the same day of the team visit.
- The PD was upraised about the vacancy in the ART centers and requirement of the recruitment for the vacant position of pharmacist.
- Chandigarh SACS will have to make necessary linkage plan for VL testing of GMCH 32 patients with PGI Chandigarh ART center.
- Chandigarh SACS to on board agency at earliest for CSC establishment provisioned under Annual Action plan.
- The ART centers were reporting high mortality rate among the PLHIV registering at ART centers, for which the reason was found to be patients getting detected late with more complexities. SACS was suggested to take up community based screening and Index testing activities more robustly in the UT.
- The issue of CBNAAT cartridges availability was upraised, the matters would be required to be taken up with state TB cell for making it available
- The issue of less existing patient being transferred to GMCH 32 ART center and referral of new patient from ICTC to PGI ART is leading to over burdening of one ART where in underutilization of GMCH 32 ART center. SACS to re work on ICTC to ART linkage plan.

DAY THREE – 6th October 2021

Site - ARTC Panchkula, Haryana

The facilities visited during the visit: ART center, ICTC center, DMC site, Haryana SACS, CMSS warehouse.

PEOPLE MET – Dr. Ritu Kaur and team

Observations:

- The ART Center in Panchkula has been recently established and is located in the polyclinic. The MO ART and Staff nurse are still in the process of recruitment. The ARV drugs have reached this new ART center that is currently serving only 3 PLHIV on ART.
- However, this ART center can be closely monitored and supported by SACS, to successfully transition PLHIV from PGI ART center.
- The center has established system to link the PLHIV with the pension scheme, which will be an enabler for enrolling new PLHIV at the ART center.
- The staff was trained on SOCH system and was aware about the data entry procedure.

Issues/Challenges:

- The facility is very remotely present; reaching to the facility would be a challenge for the patients.

Recommendations:

- Awareness needs to be created for the nearby ICTC Counselors for referring newly diagnosed PLHIV to the Panchkula ART center.
- Index testing should be promoted at the ART center.
- Community based HIV screening camps to be conducted at this Govt. Polyclinic for early diagnosis of asymptomatic PLHIV and initiated on treatment.
- Physical and online training on comprehensive HIV care services and reporting (SOCH) should be planned for the new ART center staff.

DMC site: Polly Clinic, Panchkula Haryana

Observations:

The DMC site has been functioning and maintain the hygiene, Lab consumable are there in sufficient amount.

Issues/Challenges:

- The outcome of UDST and first-line LPA for diagnosed PWTB is very slow, leading to a delay in the identification of DR-TB patients.
- Polly clinic has not received culture test report of PWTB from **IRL Karnal** since last two months.

Recommendations:

- Adequate quantity of CBNAAT cartridges should be made available at CBNAAT site on immediate basis.

Debriefing at Haryana SACS

- PD Haryana SACS was upraised about the concern of low stock of buprinorfin at the OST site, PD SACS suggested for the central supply of the drug to be restored as due to low cost of the drug. The suppliers refuse to supply even after bidding process is completed. In past some time three such tenders could not be completed.
- The state is facing shortage of whole blood finger prick kits due to which community based screening is being hindered in the state.
- Haryana SACS is processing the file for early recruitment of the staff at the NACP facilities. SACS will make provision for roll over recruitment so that in future potions are not left vacant for long time due to approval delays.
- NACO will provide information about the Dual kit usage into the program me.
- SAATHI will upraise the PD SACS about the result of remapping exercise for private provider currently being carried out in the state of Haryana and which is expected to finish by the end of October.
- SACS requested for the physical training of the medical officers of the ART center and other staff of SACS for the SOCH modules.
- The current space for the store purposes with Haryana SACS is less, the sacs requires 5000 to 4000 sq. ft. space.

Central Medical Services Society (CMSS) Warehouse

PEOPLE MET – Mr. Arun Kumar, Pharmacist and team

Observations:

- The facility has been transferred in newly hired building. The space provided is big, spacious, clean and optimal for storage for these essential drugs of HIV/AIDS.
- The facility was utilized for storing drugs of other programs also other than HIV.
- The facility practiced the process of first In first out (FIFO). The staff was doing entry into the CMSS software. The staff ensured timely dispatch of drugs to SACS, once the lot is active and ready for the same.
- The team witnessed presence of expired commodities in the warehouse. The guideline for timely disposal of the expired commodities will help in optimal utilization of space in warehouse.

DAY FOUR – 7th October 2021

The facility visited during the visit: Cygnus Hospital, Kurukshetra, Haryana.

People Met – Dr. Vandana and team

Observation:

- The Obstetrician, Dr. Vandana was the main doctor, with whom the team interacted. The doctors had very high load of patients.
- She had been reached for the first time, by the SAATHI staff, just a few days prior to the planned OC visit.
- A small PMTCT booklet was lying on her consultation table. While no HIV positive pregnant patient was registered in this private clinic, all the antenatal cases underwent a HIV test, in the outsourced, adjacent laboratory of the clinic.
- The Lab technician was maintaining data of the HIV tests conducted and reporting in the Pulse system.

Issues/Challenges:

- The SAATHI project team had old list of the private facilities mapped in the district of Kurukshetra, the remapping is ongoing and is expected to end in October
- Such private facilities face high rate of change in the staff/ doctors.
- The team had very recently sensitized Dr.Vandana about the PMTCT technical components.
- There seemed to be less presence of SAATHI staff at the district level and the staff was not very sure in their responses to the queries/questions from the OC team members.

Recommendations:

- The Private sector PMTCT work at the district level, needs to be strengthened and better planned/organized.
- Each district of SAATHI's, SVETANA implementation project, should have a brief write-up about the situation assessment of the district.
- The interaction with private providers in the Model C, and results of the Model C implementation, should be clearly articulated.


RNTCP
Designated Microscopy Centre
स्वच्छता बढ़ाओ
रोग हटाओ
Don'ts
Do's
स्वच्छ सुंदर चिकित्सालय
Prophylaxis against needle
sticks injuries


ANY WHERE, ANY TIME, REAL TIME PCR
ANY WHERE, ANY TIME, REAL TIME PCR


EXIT

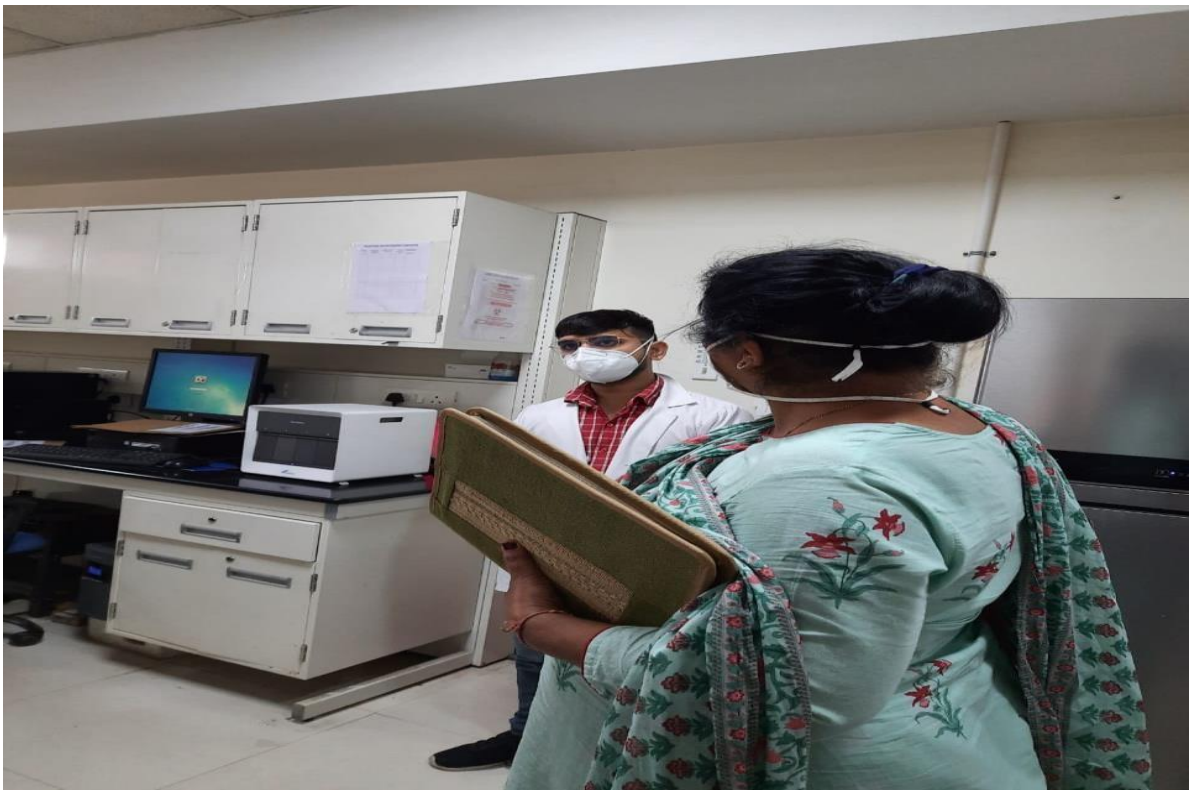

WEIGHING
MACHINE


CENTRAL MEDICAL
Ministry of Health and Family Welfare
(Govt. of India)
केन्द्रीय चिकित्सा सेवा सोसाइटी
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
(भारत सरकार)
Godown No-B014/3433, Godown Area, 35 Feet Road,
Vill. Bhabat Zirakpur, SAS Nagar, Punjab-140603


Cygnus Super Speciality Hospital
Cygnus SuperSpeciality Hospital
NH-1 हरियाणा का सर्वप्रथम
NABH प्रमाणित हॉस्पिटल
सिगनस सुपरस्पेशिलिटी हॉस्पिटल, कुरुक्षेत्र
आयुष्मान भारत के पैनल पर
स्वास्थ्य आपका, साथ हमारा
आयुष्मान के मरिजो के लिए ओ.पी.डी.
फ्री
पैनल में होने वाले ईलाज
Mr. Sushil Chauhan
M. 8396961246, 8396961239
O P.D


Bisleri
Bisleri


CHANDIGARH STATE AIDS CONTROL SOCIETY
चण्डीगढ़ स्टेट एड्स कन्ट्रोल सोसाइटी




PATIENT WAITING AREA
COUNSELLOR ROOM


A.R.T. CENTRE
CIVIL HOSPITAL, PANIPAT
ए. आर. टी. केन्द्र
सिविल हस्पताल, पानीपत
A.R.T
CENT
ए. आर
सैन्ट

Overall Recommendations

- Convergence for TB and HIV critical to ensure services are efficient and effective
- Successful interventions of non- governmental PRs and SRs need to be assessed for sustainability and transition to Programme
- Review of the CSC model for stronger impact and sustainability
- Need to understand the experiences of the beneficiaries across all projects, should be included in future OC visits
- Using the State infrastructure (Govt District Hospitals, Dispensaries, Mohalla Clinics) for programme effectiveness - strategy paper to be developed for advocacy and implementation