

DELHI

The Global Fund

India Country Coordinating Mechanism

FIELD VISIT TO DELHI

Oversight Committee Report

Date: 22nd to 26th November 2024

LEGEND	
	State/UT Boundary
	District Boundary
	State Capital
	District Headquarter
	Airport
	National Highway
	Railway
	Metro Line
	River/Lakes

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Executive Summary

Background

The Global Fund has a sustained partnership with India since 2002, with US \$2.8 billion grant disbursed so far for HIV, TB and Malaria disease programmes through the respective programme divisions in the Ministry of Health and Family Welfare and Non Government Principal Recipients (NGPRs).

Additionally, for Covid 19 Response Mechanism (C19RM), ~USD 134 million grants have been allocated from 2020 onwards.

Global Fund grant is a supplement to the Domestic Budgetary support under the respective budgets of HIV, TB and Malaria programmes and well aligned to the National Strategic Plans for these three disease control programmes and their goals and targets. Grant proposals are approved by India Country Coordinating mechanism, that is a multi stakeholder arrangement chaired by the Secretary Health and Family Welfare.

As a donor, India has pledged 93.5 million so far towards Global Fund Replenishment since 2006 as a testament to its Global commitment for Health. India in the 7th replenishment cycle has pledged an amount of USD 25 million, an addition of 3 million USD more than the last replenishment cycle of USD 22 million in the 6th replenishment cycle.

Global Fund grants are released to the country in grant cycles of three years. The present grant cycle is from 1st April 2024 to 31st March 2027. For the current grant period, the Global Fund has signed a grant amount of USD 504 million (USD {280+4}m for TB, USD 155m for HIV and USD 65m for Malaria programmes).

Out of a total allocation of USD 504 million for 2024-27, 80.4% of the total fund envelope of the grant cycle for India is provisioned for the Government Principal Recipients (PRs) namely NACO, CTD and NCVBDC. The Global Fund component forms 10.90 % of the budget for CTD, 8-9% of the budget of NACO and ~6 % of budget for NCVBDC.

HIV and TB Grants of CTD and NACO are on a Payment for Results (PFR) model, where fund are disbursed on the basis of performance against the specified Disbursement Linked Indicators (DLIs).

The PR wise allocations are given below:

1. TB:

Principal Recipient	Budget Allocated (USD m)
Central TB Division	245
Hindustan Latex Family Planning Promotion Trust (HLFPPT)	10

Solidarity and action against the HIV infection in India (SAATHII)	9
Karnataka Health Promotion Trust (KHPT)	20
Total TB Grant	284 (86% with Govt PR)

2. HIV:

Principal Recipient	Budget Allocated (USD m)
NACO	100.29
India HIV AIDS Alliance (IHAA)	17.334
Solidarity and action against the HIV infection in India (SAATHII)	15.73
Hindustan Latex Family Planning Promotion Trust (HLFPPT)	15.16
Plan India	6.48
Total HIV Grant	155 (65% with Govt PR)

3. Malaria:

Principal Recipient	Budget Allocated (USD m)
National Centre for Vector Borne Diseases Control (NCVBDC)	60.24
Transport Corporation of India Foundation (TCIF)	4.76
Total Malaria Grant	65 (93% with Govt PR)

Objective

Effective oversight of all Global Fund financed programs and related processes in India, in accordance with Global Fund requirements for grant oversight through PR Desk Reviews and Physical Oversight Committee Visits.

Grant Period of Principal Recipients

April 2024 to March 2027

Team Composition

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

1. Ms. Nandini Kapoor Dhingra, Oversight Committee Member
2. Dr. Amar Shah, Oversight Committee Member
3. Professor Ramila Bisht, Oversight Committee Member
4. Mr. Pratik Raval, Oversight Committee Member
5. Dr. Benu Bhatia, NACO
6. Dr. Ajay Kamble, Central TB Division
7. Ms. Sumitha Chalil, Central TB Division
8. Ms. Gitanjali Mohanty, India CCM Secretariat
9. Ms. Sadaf Ahmad, India CCM Secretariat

Districts visited

West and South Delhi

Type of facilities visited

TB: DDU Chest Clinic, Tihar Jail and KHPT Office.

HIV: Care and Support Centre, Sampoorana Suraksha Kendra, One Stop Centre, Tihar Jail and Kshamta Kendra

Stakeholders met: Focal Points from Government and Non-Government Principal Recipients, Sub Recipients, Sub Sub Recipients of PRs, STO, APD SACS, DTO DDU Chest Clinic, WHO Consultants, and Project Beneficiaries.

Details of facilities visited

The following facilities were covered during the field visits which were conducted between 22nd to 26th November 2024 in Delhi.

S.N.	Date	Name of Site	Non-Government PR
1	22/11/24 Friday 10:30 a.m.	Briefing meeting with MD DSHM, APD SACS, and STO	
2	22/11/24 Friday 2 p.m.	KHPT Office	KHPT
3	25/11/24 Monday 9:30 a.m.	CSC SR YRG Care SSR Love Life Society	HLFPPT
4	25/11/25 Monday 11:30 a.m.	DDU Chest Clinic and Sampoorna Surakhsha Kendra at Deen Dayal Upadhyaya Hospital	CTD (DRTB + TPT) NACO (SSK + ART) KHPT- (TB Champion Engagement)
5	26/11/25 Tuesday 9:30 a.m.	OSC (BP)	PLAN
6	26/11/24 Tuesday 11 a.m.	Tilak Nagar Jail/ Tihar Jail	HLFPPT
7	26/11/24 Tuesday 3 p.m.	Kshamta Kendra SR SPYM	SAATHII

Briefing Meeting with MD DSHM-22/11/2024

The following officers and team members were present at this meeting:

S.No.	Name	Designation
1	Shri. Danish Ashraf	MD DSHM
2	Dr. Parveen Kumar	APD Delhi SACS
3	Dr. Nilesh Saini	STO Delhi
4	Ms. Nandini Kapoor Dhingra	Oversight Committee Member
5	Dr. Amar Shah	Oversight Committee Member
6	Professor Ramila Bisht	Oversight Committee Member
7	Mr. Pratik Raval	Oversight Committee Member
8	Dr. Ajay Kamble	TO, Central TB Division
9	Ms. Sumitha Chalill	Consultant, Central TB Division
10	Dr. Benu Bhatia	Grants Manager, NPMU, NACO
11	Dr. Neeti Babbar	APO STC Delhi
12	Mr. Praveen Singh	CPM, DSACS
13	Mr. Ranjit Jha	CPM, DSACS
14	Ms. Gitanjali Mohanty	Coordinator, India CCM Secretariat
15	Ms. Sadaf Ahmad	Programme Officer, India CCM Secretariat

A Briefing Meeting was held with MD DSHM, senior State Government Health Officials on 22 November 2024. The Oversight Committee briefed the authorities about The Global Fund, the CCM and the role of the Oversight Committee.

Discussion and Observations:

The following were the points noted after the discussions:

- An overview of the GFATM support was provided and MD NHM appreciated the support coming from GFATM and their partners.
- MD NHM stressed the need for better and stronger coordination at the state level. He noted that the NGOs can play a very critical role, and their effort can support achievement of the targets for TB elimination in Delhi. He emphasised that Delhi as a capital requires a separate attention and desired for Delhi specific strategic plan considering the unique demographic characteristics.
- He requested for more human resources on the field and for the NGOs supporting the TB program in Delhi to provide a dedicated team on the ground for all districts.
- APD Delhi SACS discussed the current HIV situation in Delhi and the challenges being faced by Delhi, and noted that in Delhi it is a PWID driven epidemic. Getting them to the facilities and follow up is often difficult due to the timing of the facility.

Recommendations and Action points

- It was proposed that partners with CTD and the State department will organise periodic meetings with the NGOs working in Delhi for a stronger coordination

- MD NHM observed that all health facilities should be operational at a time that is convenient for the community and committed to follow up on the same with the SACS leadership.
- MD NHM proposed that debrief be arranged with Health Secretary on completion of the oversight visit.
- All NGPR leadership to meet the MD-NHM (in coordination with STC, SACS-Delhi) to appraise the project deliverable and activities.



Disease Component- HIV

1. Care and Support Centre-Love Life society- 25/11/2024

PR	SR	SSR
HLFPPT	YRG Care	Love Life Society

Discussion and Observations

- The project was running on extension mode in July & August 2024. New SR-SSR contract is signed from 1st September, 2024 to 31st March 2025.
- 02 ART centers are covered by CSC LLS- Deen Dayal Upadhyay Hospital and Tihar Prison ARTCs. The CSC is linked to DISHA - West Delhi. DDU ART- CSC coordination meetings are scheduled in the last week of every month. The last meeting was conducted on 29th October 2024 and recorded in ARTC-CSC coordination meeting register.
- Staff from the previous phase continued under Alliance India from Apr- June 2024. HLPPT continued the staff during July & August 2024. New contracts were given from 1st September 2024 after selection of the CSC. However out of total 19, 09 CLH are continuing, and 07 new staff were recruited, 03 CLH positions are vacant.



- The CBO has been running the CSC since 2013 under Alliance as the PR which has now been selected by HLPPT (PR) and YRG Care (SR).

- During the site visit it was informed that 6300 PLHIV active on ART, 72 positive pregnant women and 66 children.

- Of the total number of PLHIV on ART, 1800 are registered with CSC

- The LFU data is shared by the hospital every month and the recent data was 1500 LFU. The CSC staff noted that the main reason for LFU is migration and people moving back to their villages or to another city.

- An issue raised by the CLH was that their remuneration had been reduced from INR12000 to INR 9000.
- It was noted that the CLH faced issues during home visits related to confidentiality. People are not comfortable with CLH visits at their homes or taking photos of ART card.
- DSACS noted that performance indicators- particularly process indicators- need structure and monitoring in coordination with the ART centre, which is a challenge while following up on the missed or LFU. The issue was discussed later with the ART Medical Officer as well.
- Data reported by the CSC for the month of October 2024:

S. No.	Indicator	Target	Achievement	%
1	ICTC-ARTC Linkage Loss	0	0	0%
2	Newly initiated on ART	62	49	79%
3	Newly PLHIV Registered at CSC	62	15	25%
4	On ART MIS	115	48	42%
5	On ART LFU (Since Apr 2022)	45	8	18%
6	PLHIV Overdue for Viral load testing	0	0	0%
7	PLHIV with Unsuppressed Viral Load	10	10	100%
8	All PLHIV on 3rd line ART	0	0	0%
9	PLHIV with CD4 count less than 200 cells/mm3	15	15	100%
10	Newly diagnosed PPWs/known HIV positive PPWs	0	0	0%
11	PPW due for Viral Load at 32-36 weeks of pregnancy	5	3	60%
12	Family members/ sexual partners/Biological Children eligible for HIV testing	0	0	0%
13	Discordant Couple under active care for HIV Testing	0	0	0%
14	HIV Exposed Infants (HEI) due for EID 6 weeks, 6 months, 12 months & 18 months	0	0	0%
15	PLHIV with TB Coinfected	10	7	0%
16	PLHIV on ART with comorbidities other than TB (unstable on ART/Uncontrolled Comorbidities)	0	0	0%

- The PR reported that line lists of many indicators were not received as the guidance on revised priority areas was provided to the PR on 30th September 2024. Poor performance is observed with regard to the indicators where line lists were received.
- It was observed that registration at the CSC was not demand driven (CSC staff had to motivate people to register at the CSC). The CSC adds value in terms of referral, navigation, and social protection, which needs to be introduced at the ART centres at the time of ART initiation.

- It appeared that the information being provided by the ART counsellor to those initiating ART is similar to the support provided at the CSC (nutrition/social protection). (How best can it be a complimentary role between both CSC and ART. New CSC guidelines to be implemented on the ground.) The coordination between the ART counsellor and the CSC staff will strengthen patient care.

Recommendations

- Coordination mechanisms between CSCs and ART centres should support the treatment program in all aspects including LFU. The CSC staff can work closely with the ART centre and DISHA, and support the counselling and follow up with the priority case list timely provided by the ART centre and ICTC/ DISHA.
- The CLHs should be taking the patient details after due consent and working in close collaboration with the ART centre/ ICTC/ DISHA/SACS to ensure confidentiality
- As the CLHs use their phone for follow up, reimbursement for communication may be considered.
- CLHs may refer identified TB symptomatic to nearest TB Diagnostic facility, handover falcon tubes for the presumptive TB patient to collect early morning sputum sample and take it to the TB Diagnostic facility.



2. Sampoorna Suraksha Kendra in Deen Dayal Upadhyaya Hospital-22/11/2024

PR	SR	SSR
NACO	NA	NA

Discussion and Observations

- This SSK was established during the second phase of SSK has been functional since October 2022.
- The ICTC SSK, DSRC at DDU has a staff of 2 counsellors, 2 LT and 3 ORWs. For the SSK the TI NGO contracted 3 staff who are based at the facility.
- The ICTC tests 100 samples a day of which 90% are from the hospital admissions. They get 200 walk in clients per month. A very small number being referred by the TIs in the areas or the SSK staff.
- It was observed that there was no separate counselling chamber at the ICTC thereby no privacy for those visiting the ICTC.
- The facility shared that due to short human resources they are not able to reach out to the index cases. A better coordination with the CSC/TI in the area could support a stronger follow up.

Recommendations

- A dedicated counselling space is recommended for the ICTC.
- For follow up and index testing the SSK and TI peer educators/ ORWs and CSC-CLH need to work in coordination. Stronger coordination between the facilities is recommended for comprehensive services.
- The contracting of the SSK staff through a TI NGO is not a sustainable option and also impacts coordination between facilities.



3. ART centre in Deen Dayal Upadhyaya Hospital-22/11/2024

Discussion and Observations

- The ART centre operates from 9 - 4 pm, with 9726 PLHIV registered in HIV Care at the end of Oct 2024 and 4383 PLHIV alive and on ART , with an average of 125 footfall everyday (as mentioned by MO ART).
- The ART centre noted that the CSC staff need to be more sensitive while reaching out to those initiating ART in terms of collecting personal details of PLHIV.
- The ART centre shares the list of LFUs regularly with the CSC and holds coordination meetings and sees their role as critical to bring back LFU cases.
- In terms of ART drugs, no shortage or stock out was found but issue of storage of drugs was noted.

Recommendations

- As indicated by MD NHM the timings of the ART centre can be revisited to make the service more accessible and suit the needs of the community
- ART Centre may consider establishing a coordination mechanism with the CSC staff and use their support at the ART centre for treatment literacy, nutrition guidance, social protection etc.

4. One Stop Center (OSC)- 26/11/2024

PR	SR	SSR
PLAN India	NA	NA

Major activities under One Stop Centres

1. Community outreach for awareness and CBS
2. Health Camps
3. Referral for confirmatory test and treatment
4. Awareness about and linkages to Social Welfare Schemes
5. Networking with NACP facilities and other health related
6. Psychosocial counselling
7. Commodity distribution

OC Visit members: Ms. Nandini Kapoor, Mr. Amar Shah, Ms. Ramila Bisht, Mr. Pratik Raval, Ms. Gitanjali, Ms. Sadaf, Ms. Benu

Members of the OSC and Plan India present: Representatives from PLAN India, OSC Manager, Counselor, Out Reach Workers, Logistic Assistant

Observations/ Discussion

- OSC was established in January 2023.
- The OSC is located near the IGI Airport and provides integrated health & non-health services to the bridge population (mainly taxi drivers - Uber, Ola and construction workers).
- Staff in place- three of the five since Jan 2024 and ANM cum Counsellor was new (since Nov 2024)
- Coverage data, ie. The numbers of beneficiaries reached were provided, but data on the target mapped population was not provided. It was thus difficult to determine the percent coverage, and hence performance could not be assessed.
- Total registrations since the OSC has begun functioning is 1817 (i.e. on an average only 86 registrations per month). The beneficiaries registered from Apr- Sept 2024 is 559, of which 211 have been screened for HIV (against a target of 622). 280 have received the prevention package of services (against a target of 933). The OSC mentioned that out of the number of people screened for HIV, only 2 were found reactive.

- Details of services provided by OSC:

S. No.	Indicator	Result
1	STI screening	363
2	TB screening	558
3	Prevention & Risk reduction	467
4	Condom distributed	181
5	Blood pressure measured	464
6	Blood sugar measured	119
7	Demand Generation Activities	26

- Program achievement from April to September 2024 gives a target for HIV Screening and Prevention Package received, but it is unclear how these targets are derived. with no access to the total numbers, particularly challenging for the floating population.
- It was noted that there was no outreach with the clients/beneficiaries.
- The IEC material used for HIV is limited. No TB IEC material found.

Recommendations

- To strengthen outreach Uber/Ola offices need to be contacted and the program introduced. OSC must coordinate with the companies to get a list of all the drivers who service the airports, so that the percentage of clients being reached are confirmed.
- A strategy may be developed to reach Uber/Ola auto drivers, as well as women taxi drivers.
- Ensure that all the clients receive integrated services (esp TB screening) and non- health services
- OSC needs a social protection scheme camp with their outdoor activity like health camp for more engagement and impact. Such activities already exist in their package but it was not demonstrated during the field visit.
- Assessment of the need and value addition of this One Stop Centre should be done, as the HIV screened reactive from this centre for the past 6 months is <1%.



5. Tihar Central Jail No. 3-26/11/2024

PR	SR	SSR
HLFPPT	NA	NA

HR Status

State Programme Manager		State M&E Coordinator		Prison Co-ordinator	
Sanctioned	Filled	Sanctioned	Filled	Sanctioned	Filled
1	In Place	1	In Place	5	In Place

HIV Care Cascades- April to October 2024

Name of District	Name of Prison	HIV Screening	New HIV Positive Found	% New HIV Positive	Linked to ART	% ART Linkage	Remark
West Delhi	Tihar – CJ 01	1761	3	0.2%	3	100%	
West Delhi	Tihar – CJ 02	241	1	0.4%	1	100%	
West Delhi	Tihar – CJ 03	1218	0	0.0%	0		
West Delhi	Tihar – CJ 04	2764	28	1.0%	27	96%	Bailed out – 1
West Delhi	Tihar – CJ 05	974	18	1.8%	18	100%	
West Delhi	Tihar – CJ 06	1056	6	0.6%	5	83%	Bailed out – 1
West Delhi	Tihar – CJ 07	350	0	0.0%	0		
West Delhi	Tihar – CJ 08 & 09	1676	0	0.0%	0		
North West Delhi	Rohini - CJ10	2040	17	0.8%	15	88%	Bailed out – 2
North East Delhi	Mandoli - CJ11	734	13	1.8%	13	100%	
North East Delhi	Mandoli - CJ12	975	14	1.4%	14	100%	
North East Delhi	Mandoli - CJ13	816	21	2.6%	19	90%	bailed out - 2
North East Delhi	Mandoli - CJ14	168	1	0.6%	1	100%	
North East Delhi	Mandoli - CJ15	53	0	0.0%	0		
North East Delhi	Mandoli - CJ16	155	0	0.0%	0		
Total		14981	122	0.8%	116	95%	

Discussion and Observations

Delhi's one of the major Jail's with >18000 prison inmates.
Functional ART centre since 2018

Target (Apr- Oct 2024)	25,193
HIV Screening	14,981 (60% of the target)
HIV positive	122 (1%)
Linked to ART	116 (95%)
PLHIV Alive and on ART (cumulative by Oct 2024)	433
HIV positive inmates who are virally suppressed (Apr- Oct 2024)	40
HIV positive inmates released (Apr- Oct 2024)	67
Total released inmates linked with ART centers (Apr- Oct 2024)	20 (30%)

Inmate tested for Syphilis	12,073 (48% of the target)
Inmate found Syphilis positive	228
Inmates initiated for Syphilis treatment	9

- In total as on November 2024, 122 PLHIV ; 34 TB case; 5 HIV-TB.

HIV Services

- The medical department was very engaged however had a heavy workload.
- The ICTC (DSACS) and the ART centre (Run by Jail hospital) was staffed by the Prison authorities who were very well versed with the program and had been there for several years.

- The major challenge discussed by the medical officers and other staff was the Post release linkage with CSC staff when they leave prison, as the medical department is not informed of release and it's not possible for them to follow up post their release.
- The OST centre at the prison was functional however there was a shortage of human resources. OST drugs were provided by DSACS and there was no shortage.
- It appeared that the OST centre was following their own guidelines and not NACO's. A need for training was noted as the staff has not received any training in the recent years. HLPPT noted that training is proposed in future.
- It was noted that a majority of those on ART are from the PWID community and they are at the prison for short time periods only, then there is a PWID population which is in circulation and comes to the prison every few months for petty crimes etc. This impacts continuity of treatment.

Recommendations

- Legal permission and coordination efforts between jail authorities and state health officials required to resolve non-traceability issues to ensure treatment, follow-up and extend social benefit support to these patients post-release from Jail.
 - The post release linkages need to be strengthened by ensuring linkage with ART centre and CSC as their contact details are available with the prison authorities.
 - Refresher Training of the ICTC, OST and ART staff should be undertaken by the PR.
 - Training of all doctors in jail hospitals and dispensaries on programmatic updates TB and HIV services should be undertaken.
-



6. Kshamta Kendra-26/11/2024

PR	SR	SSR
SAATHII	SPYM	NA

OC Visit members: Ms. Nandini Kapoor, Ms. Ramila Bisht, Mr. Pratik Raval, Dr. Benu, Ms. Gitanjali, Ms. Sadaf

Members of the KK and SPYM Delhi present.

Observations/ Discussion

- SAATHII had renewed its contract with SPYM KK and the contract between Delhi SACS and SPYM KK was signed for three years (April 24 to March 27). The staff had been appointed and trained.
- Training material and modules have been developed and translated into Hindi for ORWs and Peer Educators. To enhance accessibility, audio-visual material, case studies, and games have also been included as part of the training materials.



- The KK MIS system was well developed, and all relevant data were being captured and shared.

- Induction and refresher training have begun. The trainings were conducted in a decentralized manner to facilitate the attendance of NGO/CBO staff working in TI and LWS projects. Out of the total target of 1370, 1043 trainings have been completed since GC6. Four batches of

training were conducted between October and November 2024.

- Attempts were made to assess knowledge through pre- and post-tests. Data is available on the knowledge increment made through the training .
- The Organization requested an enhancement of the budget on some fronts, which they felt would boost their work. For example, increasing the honorarium of the Master Trainers and raising the travel cost for participants was proposed. Additionally, it was suggested that budget may be allocated for exposure visits for community champions.
- The organization had reflected on the challenges and presence of a mitigation plan. Additionally, they were able to discuss the way forward for them in the remaining grant period.

Recommendations

- While pre- and post-tests were being performed, SPYM KK must find ways to assess the retention of the course content and its practice.
- Training assessment of the TI's must be done in the field to gauge how the training has impacted their work and performance.
- While a detailed training material had been created and shared with the trainees, it was felt that SPYM KK must try to create material that can be shared on WhatsApp, etc., so that the TIs could have easier access.
- Kshamta Kendra staff need training on communication and TI staff who undergo training in Kshamta Kendra should be trained on how to communicate on the field.

Disease Component- TB

1. Karnataka Health Promotion Trust Office- 22/11/2025

PR	SR	SSR
KHPT	World Health Partners (TB Champion Engagement)	NA

Key activities of KHPT as per Grant Agreement:

1. TB Champion engagement
2. Technical Assistance- DBT & Finance
3. Technical Assistance - PMTB MBA

Discussion and Observations

- KHPT is a new PR under GC7 focussing on community engagement, technical assistance, and capacity building. The activities have rolled out recently following the project initiation in April 2024.
- Community engagement being a key objective, TB champions have been taken to support the outreach work, following a 1 day training.
- PR mentioned that very low incentive is provided to the TB champions (Rs. 300/month). With the overall budget restrictions, there is a challenge to recruit more TB champions and to retain them term could be a problem.
- The TB champions could play an important role in strengthening the program on the ground, however with the load of patients in the Delhi facilities the TB champion-patient ratio was not a very feasible approach-a differentiated approach between states may be considered



- The TB Champions were well oriented with the program and very motivated, some practical difficulties they face are like basic costs for the meetings, identity cards when they visit schools or other facilities, etc for awareness. The issues have been noted by the NGPRs and are being addressed in coordination with the Delhi health department.

- KHPT is providing support to Delhi state through their consultants for DBT and PMTB MBA initiatives. It was observed that the support is more oriented towards resolving supply side issues.
- Appointed staff from both KHPT and World Health Partners are well-versed with the program and assigned activities.

Recommendations

- It was stressed that there needs to be strong coordination between the NGPR, their field staff and the Department of Health, to facilitate ground level activities as well leverage support for the government program
- There should be a differentiated strategy on engagement of TB Champions for the States as the caseload in Delhi is very high compared to other states. Revision in the requirement of number of TB Champions proportionate to population. The current TB champions may also be used for adding more champions to the program.
- TB Champions received an incentive of Rs. 300 per month for conducting activities. However, it was felt that the incentive was very low. On a parallel, Delhi State has decided to provide an incentive of Rs. 250 per activity to their TB Champions during the 100 days Campaign. KHPT may remodel their activity and take up a similar approach to maintain parity and boost the morale of the TB Champions.
- Rather than monetary incentives, PR and State officials should jointly work out the strategy to recognize/reward their efforts at appropriate forum and periodicity. Also, PR & State officials should work together to support TB champions to undertake community activities and utilize financial provisions already available under the programme (eg: IEC materials and refreshment support for community awareness events, ACF activities etc).
- The TB Champions should work in close collaboration with the State TB Department and be seen as advocates for the program supporting prevention and treatment
- The DBT and PMTB MBA consultants, while working on supply side issues, should also work out modalities to provide feedback on the community demands on regular basis.



2. HLFPPPT- Engagement of Corporate Chain of Hospitals and Private Labs-25/11/2024

PR	SR	SSR
HLFPPT	NA	NA

Major activities under Lab strengthening:

1. To Increase Public Health Action by improving quality of TB case notification
2. Improve TB care in private setting by providing high quality NTEP certified TB diagnostics

The objective of the discussion was to understand engagement of corporate laboratories under Project SSHAKTI (Strategizing and Strengthening HIV/AIDS & TB Initiative) by PR, Hindustan Latex Family Planning Promotion Trust (HLFPPT)

Discussion and Observations

- Under the leadership of CTD, HLFPPPT has organized a national consultation of corporate Labs representatives on 8th October 2024 with national wide network of >700 Labs, >10,000 collection centres. For Delhi, these includes, Dr Lal diagnostics, Dr Dang's Lab, Pathkind, Metropolis, House of Diagnostics (H.O.D) and Healthians (Online Platform)
- A total of 38 representatives from leading corporate diagnostic chains participated in the event, including:
 1. Dr. Lal Path Labs
 2. Metropolis
 3. Healthians Lab
 4. House of Diagnostics
 5. Dr. Dangs Lab
 6. Pathcare Lab
 7. Tata 1MG Lab
 8. Vijaya Diagnostic
 9. Modern Diagnostic
 10. Hind Labs
- Virtual orientation sensitization and trainings have been initiated at the field level focusing on support in increasing Public Health Action by improving quality of TB case notification; Improve TB care in private setting by helping these labs for NTEP certification for LPA and LCDST. The team showed the complete training schedule for next three months.
- The team is working with CTD to provide, Nikshay login IDs for entry and generation of patient Ni-Kshay ID at the collection centre.
- Activity is on track. The PR is proactively reaching to CTD and Delhi state officials for coordination with these private labs.

Recommendations

This activity has huge potential to improve the quality TB notification from private sector. It is important to monitor and document the processes followed and results. This will be a good case study for other countries to learn and implement.

3. Deen Dayal Upadhyaya Chest Clinic-25/11/2024

PR	SR	SSR
CTD	NA	NA

Key activities of CTD as per Grant Agreement:

1. Improving treatment outcomes for DR-TB patients by ensuring second-line anti-TB drugs across the country.
2. Bringing screening and diagnostic services closer to the communities through the continued scale-up of chest x-ray and rapid molecular diagnostic equipment.
3. Intensifying efforts for scale-up of DR-TB diagnosis/DST and treatment and improved outcomes.
4. Strengthening the national TB surveillance mechanisms through district level sentinel and annual surveys to feed into the TB surveillance systems for precise estimation of disease burden at state and district levels and monitor epidemiological impact of the interventions.

Delhi NTEP Structure

11 Revenue Districts divided in to 25 Chest Clinics.

Governing structure of 25 Chest Clinics :-

Number of Chest Clinics	Governing Body
12	MCD
10	Delhi Govt
1	Govt of India (Autonomous)
1	New Delhi Municipal Corporation
1	NGO

- Chronic vacancy at district and state level positions. Of the sanctioned 745 positions, 224 are vacant at various levels.
- Complex administrative structure. Currently, some DTOs are under MCD and some under Delhi Government. Coordination issues from the same. The financial part has been sorted.
- Huge private sector: informal providers to corporate networks!. Needs Delhi specific strategy and additional funding.
- Migration- Delhi needs to over work/over spend from other states.
- Issues and needs of homeless population remain a major hurdle
- Offering upfront molecular diagnosis for TB diagnosis, LPA, culture etc faces resource challenges.
- TB Prevention services are available through Peripheral Health Facilities and ruling out of Active TB is done through clinical observation only.
- No TB Champions engaged from KHPT at the hospital. New TB champions are yet to be engaged.



Recommendations

- Essential HR and current vacant positions at State and District level should be filled on priority.

- Currently, some DTOs are under MCD and some under Delhi Government. All DTOs can be brought under one authority to resolve all kinds of administrative, coordination and financial issues.

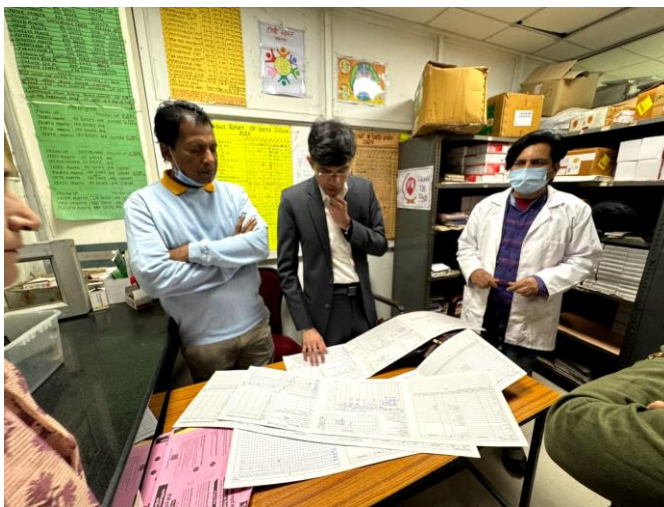


- Mapping and re-strategizing to be done based on focused areas. 100 days campaign can be utilized for the same. With current limited HR support the state is stretched. Thus, mapping of Partners/NGOs to be done and their support can be taken.

- State requires the need for offering upfront molecular diagnosis for presumptive TB patients, but due to paucity of NAAT Machines, the State is unable to implement the same. In this regard, NGOs/Partners may explore the option of supporting

& providing NAAT Machines. Diagnostic services can be outsourced to private laboratories using PPSA models.

- There were disruption of services w.r.t. LPA & liquid culture DST Testing due to non-functional AHU (Air Handling Unit) at IRL AIIMS. Arrangements have been made to divert the patient samples of all four Chest Clinics linked with IRL AIIMS to IRL NDTBC & NRL NITRD, till the AHU is made functional and the services at IRL AIIMS are resumed. Shortage



of HR is major challenge. Partner agencies may support in this regard.

- TB Prevention services are available through Peripheral Health Facilities as per the Guidelines. Ruling out of Active TB for all Eligible HouseHold Contacts of TB is being done based on 4S Symptoms Screening, X-Ray is being offered as per eligibility.

4. Tihar Jail Number 3- 26/11/2024

PR	SR	SSR
HLFPPT	NA	NA

Observations

- Project has started conversation with Jail authorities on modalities of regular screening of prison inmates for TB using symptoms and X-ray. An order in this regard is already received by the hospital.
- Good support from the state NTEP. Dedicated laboratory technician placed for TB testing. Significant yield on TB positivity due to availability of TruNAAT at facility
- Legal restrictions on usage of electronics and internet, affecting data entry in the Nikshay.
- The training/sensitization of the hospital staff on various updated guidelines on TB and HIV Program was not carried out in the last two years.
- TB patients are admitted to isolation cells during intensive treatment phase
- TB and HIV patient's home address missing- leading to major drop in the continuity of the treatment and follow-up (post-release).