

**INDIA COUNTRY COORDINATING MECHANISM**

**OVERSIGHT COMMITTEE VISIT TO CHENNAI, TAMIL NADU**

**REPORT**

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20<sup>th</sup>-22<sup>nd</sup> December 2017

## Table of Contents

<b>Sl. No</b>	<b>Contents</b>	<b>Pg. No.</b>
1.	Background	3
2.	Objectives of the visit	3
3.	PRs/ SRS under GFATM in Tamil Nadu	3
4.	Activities undertaken by Oversight team in Tamil Nadu	4
5.	SR-level meeting	4
6.	Visit to Billroth Hospital and St. Joseph Nursing Home	13
7.	Visit to TNP+	14
8.	Visit to Government Hospital of Thoracic Medicine	14
9.	Visit to LEEDS Trust under REACH	16
10.	Visit to State TB Drug Store	16
11.	Debrief meeting of oversight team with Principal Secretary (Health), Tamil Nadu	17

## Oversight Committee Visit to Chennai, Tamil Nadu (20-22 December, 2017)

### Background

An Oversight Committee of India Country Coordinating Mechanism (I-CCM) functions to oversee implementation of the Global Fund grant in India. As part of oversight activities, a team was constituted to undertake field visit to Chennai from 20<sup>th</sup> -22<sup>nd</sup> December 2017.

### Objectives of the visit:

- a) To oversee HIV grant and its implementation in Chennai by Principal Recipients/ Sub Recipients under the Global Fund.
- b) To oversee TB grant and its implementation in Chennai by Principal Recipients/ Sub Recipients under the Global Fund.

### Composition of team for the visit:

1. Dr. Nicole Seguy, Communicable Diseases Team Leader, WHO, Alternate member , India CCM and Oversight Committee Member
2. Sh. Swami Shantatmananda, Chairman , Ramakrishna Mission, India CCM and Oversight Committee Member
3. Dr. Asha Hegde, National Consultant, NACO
4. Dr. Lalit Mehandru, National Consultant DRTB, WHO RNTCP
5. Mr. Veeraiah S Hiremath, National Consultant PDC, WHO RNTCP

The team was accompanied by India CCM Secretariat staff – Dr. Benu Bhatia (Programme Officer, India CCM).

### PRs/ SRs under GFATM in Chennai, Tamil Nadu

The Global Fund grant is supporting five Principle Recipients –NACO, India HIV Alliance, SAATHII, CTD and UNION for HIV and TB programmes in Chennai, Tamil Nadu for the period October, 2015-December, 2017 which are implementing projects through their SRs and SSRs.

PR	SR
NACO	Tamil Nadu SACS (TANSACS)
India HIV/AIDS Alliance	TNP + network for Vihaan programme
SAATHII	SAATHII Tamil Nadu state unit
CTD	Tamil Nadu RNTCP
UNION	REACH and Catholic health association of India (CHAI)

### **Activities undertaken by Oversight team during visit:**

The Oversight team undertook following meetings and activities during its three days visit in Chennai:-

#### **Day 1:**

- a) Meeting with Sub Recipients to understand project implementation activities undertaken by them
- b) Visit to Billroth Hospital and St. Joseph Hospital to oversee activities at PPP-PPTCT Center under SAATHII programme
- c) Visit to TNP+ Vihaan Care and support Centre to gain information related to activities conducted by the SR

#### **Day 2:**

- a) Visit to Government Hospital of Thoracic Medicine, Tambaram to oversee HIV and TB services in the hospital
- b) Meeting with Principal Secretary (Health)
- c) Visit to an SSR of REACH to oversee the activities conducted for TB care

#### **Day 3:**

- a) Visit to State TB Drug store

### **Sub Recipient-level meeting (20<sup>th</sup> December, 2017)**

Oversight Committee held a meeting with Sub Recipients implementing Global Fund grant in Chennai, Tamil Nadu on 20<sup>th</sup> December, 2017 at TANSACS Committee room to understand activities undertaken, targets achieved, fund disbursement, expenditure status and challenges encountered in program implementation. List of participants is Annexed at A-1. Representatives from Tamil Nadu SACS, TNP + network, SAATHII Tamil Nadu state unit, Tamil Nadu RNTCP and REACH made brief presentation. As the objective of the team was to see activities of HIV and TB care in Chennai and CHAI is not working in the city, the organization was not called for the meeting. Following are the highlights of the projects presented by SRs:

#### **A. Tamil Nadu SACS (TANSACS):**

Deputy Director CST, TANSACS, Dr. Bubby S. Kumar made a brief presentation on state programme activities, achievements and challenges. She highlighted that the prevalence of HIV in Tamil Nadu has declined from 0.83 (2003) to 0.27 (2014-15) and fares better than national average of 0.28. Currently 1,11,043 HIV patients are registered and alive on ART. State is providing HIV prevention, testing and treatment services through the following facilities:

Facilities under TANSACS	
Name of the Facilities	No. of Facilities
Integrated Counseling Testing Centre (ICTC)	780
Facility Integrated ICTC	1367
Mobile ICTC	16
Public Pvt. Partnership (PPP)	211
ART centres	55
ART Plus centres	7
Link ART centers	174
Link Worker Scheme	15
Designated STI/ RTI Clinics	157
Targeted Intervention (TI)	72
Blood Banks	89
State Reference Lab.	12
National Ref. Lab.	3
Legal AID Clinic	16
Warehouse	16

#### Achievements:

##### 1. TANSACS Performance:

Division	2016 - 17	2017 – 18 (till Oct)
HIV Testing for General Clients	30,81,765	17,48,984
AN Mother HIV testing	9,62,103 (94%)	5,40,665 (97% )
Syphilis testing for ANC	4,77,720	95,400
Voluntary Blood donation camps	3,852 (100%)	2386
Total Blood Units Collected	8,82,641 (105%)	2,30,631
HIV testing for High risk groups	83%	79 %

- Orphan Vulnerable Children (OVC) Trust (TNTCAA) for HIV/AIDS infected and affected children was provided by Tamilnadu State Government with Rs. 10 crores corpus fund. Financial Support was provided to the tune of Rs. 5.01 Crore, until 2016-17, from the interest generated.
- Monthly pension of Rs. 1000 through Honorable Chief Minister's Uzhavar Pathukappu Thittam (Farmer's protection scheme) is provided to PLHIV.
- Free Bus pass for People Living with HIV/AIDS (PLHIV) is provided to avail ART treatment. [35,149 Beneficiaries, 32.68 Lakh Financial Support by State Govt.]
- People Living with HIV/AIDS (PLHIV), Transgender, MSM are representatives in TANSACS Executive Committee.

6. Free Legal Aid Clinics are functioning in 16 districts for providing legal and non legal assistance to People Living with HIV/AIDS / High Risk Group (HRG).
7. A Supply Chain Management software is being used at facilities to record real time data and from which reports can be generated on a daily basis. The software costs 10 lacs and AMC of 1.5 lacs. A demo was also given to the oversight team and was very well appreciated and found it cost effective.
8. Other new initiatives include Iyyam Thavir (Mobile Application to help users get details about prevention of HIV, STI and other Sexually Transmitted Infection); Block Level Intensified Comprehensive HIV Intervention; Technology to Achieve Zero Stigma & Discrimination(TANII)-a initiative to ensure prevention of stigma and discrimination against TGs; and a website ([www.tngovbloodbank.in](http://www.tngovbloodbank.in)) – a Donor Registration Drive

#### Challenges:

- I. There is paucity of good infrastructure to utilize the new software at major facilities.

#### **B. Maharashtra RNTCP programme:**

Additional Director of Medical and Rural Health Services (TM) & State TB Officer, Tamil Nadu, Dr. Dr. K Senthil Raj shared brief profile of Tamil Nadu RNTCP programme. Following are the details of infrastructure under RNTCP in Tamil Nadu:

<b>Infrastructure</b>	
<b>Functional STDC</b>	1
<b>State level Drug stores</b>	2
<b>Second Line Drug Store</b>	1
<b>DMCs</b>	831
<b>IRL</b>	3 (Chennai, Madurai, Puducherry)
<b>C&amp;DST</b>	3 (Trichy, NIRT, CMC Vellore)
<b>CBNAAT</b>	32. Out of these 10 have been received in the previous quarter.
<b>LPA</b>	4 (Chennai, Madurai, IRL, Puducherry)
<b>DRTBC</b>	7
<b>BPMUs</b>	385
<b>Established TB Units</b>	461
• <b>Sanctioned in FY 2013-14</b>	229
• <b>Sanctioned in FY 2014-15</b>	113
• <b>Sanctioned in FY 2015-16</b>	119
• <b>Total required as per block decentralization</b>	420

• <b>Proportion of Co-located ICTC/DMCs</b>	788/831 (94.8%)
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Below table shows the details of Human resource under RNTCP in Tamil Nadu -

S. No	HR	Sanctioned	In Place	Vacancy	In Place %	Vacancy %
1	State level Posts	42	15	27	36%	64%
2	District level Posts	1731	1231	500	71%	29%
<b>Total Posts</b>		1773	1246	527	54%	46%

27 positions at state level and 500 positions at district level are lying vacant since 1 year. The process for recruitment is ongoing.

#### **Achievements:**

1. State-level suspect examination rate/lakh has increased from 256 in 2016 to 339 in 2017. Total case notification rate from private providers is 60 and from RNTCP it is 143 on an average.
2. 81,213 TB patients were registered in the year 2016-17, of which 79,530 patients were tested for HIV. The proportion of TB patients with known HIV status is 98%.
3. Conversion rate of new sputum positive cases in 2016-17 was 75% and that of re treatment cases was 90%.
4. There has been increase in the number of MDR TB suspects as per trend of last few years (in 2015: 43902 MDR TB suspects, in 2016 number went up to 75778 and 79888 in only three quarters of year 2017). 76% of the diagnosed patients for MDR TB were put on treatment during the year 2016-17.
5. No. of suspected XDR cases in Tamil Nadu in 2016-17 were 1515. 100% of the diagnosed patients for XDR TB were put on treatment during the year 2016-17. Time period between diagnosis and treatment is 2 months. Bedaquiline has been rolled out for all XDR patients.
6. New initiatives:
  - 99 DOTS is a new intervention under RNTCP in Tamil Nadu. In this intervention, daily FDC blister packs are designed with hidden number behind tablets. Each time when patients take pill, he/she gives missed call to toll free number along with hidden number which ensure accurate monitoring at low cost.
  - Supply chain management tool used for RNTCP is E- Aushadhi.
  - Android app for notification from private practitioners is being developed.

The Budget proposed for year 2017-18 is Rs. 7308.21 lakhs, of which total Rs. 5861.70 lakhs has been received. Rs. 2427.21 lakhs has been expended till November 2017. Maximum underutilization was observed in budget for civil works, honorarium and IEC activities. It was told that the fund of IEC will be mostly utilized during the activities organized around World TB Day. It was also noted by the Oversight Committee that the state had not provided its 40% share till date. On day 2 of the visit of the committee, it was told that the approvals regarding the state share for RNTCP activities has been granted.

### Challenges:

1. CMC Vellore in Tamil Nadu is a main centre of TB notification from private providers. However it also hosts many patients from far of states (eg. North East India and West Bengal) ie. migratory population which are often missed.
2. Travel of patients between home and nodal centres for XDR treatment is a challenge.

### C. Svetna Project:

- SAATHI state unit is implementing project Svetana (under GFATM) to improve coverage of PPTCT (Prevention of parent to child transmission of infection) services through enhanced access in private health sector and working towards elimination of pediatric HIV and keeping mothers alive and healthy.
- In Tamil Nadu, ANC Coverage Vs Estimated Pregnancy in year 2016-17 is 82%. There is also increasing trend in reported deliveries from 31% in 2013-14 to 43% in 2016-17. It is estimated that without intervention 476 babies are likely to be infected with HIV annually.
- Under project Svetana for the period current funding cycle around 3,595 private ANC sites were mapped of which 3,492 (97%) of the mapped facilities enrolled in to the program (279 PPP and 3213 Referral Sites). 2659 Gen Hospitals; 21 Medical Colleges, 120 Labs, 810 Clinics, 53 Multispecialty facilities were enrolled by SAATHI State unit.
- The activities conducted by SAATHI state unit during the grant period: 144 OSS Programs were conducted for PPP sites through which 2534 HCPs were sensitized. Routine Data Quality Audit is conducted at PPP sites. Medical Mentoring Visits were conducted to 59 PPP sites and 9 ESM meetings where Site staffs from 241 PPP sites participated. DAPCU Monthly Review Meetings are also held. Sensitization Meetings were also held with FOGSI, OGSi, IMA, IAP, Lab Associations etc. during Oct'15 to Sep'17, 15 sensitization meetings were done where 636 healthcare facilities participated in these programs. Support letters were received from District Collectors and/or District Health Authorities in 14 districts of Tamil Nadu.
- Project has achieved target of 92% in ANC testing in Tamil Nadu under the PPP model.
- At Referral sites, HIV Pulse registration and reporting is conducted. Through HIV Pulse it is ensured that correct and consistent reports are received from Private hospitals. SMS reminder is sent to all the RS sites once in every fortnight. Bulk Reminder SMS are sent to all the RS sites on 1<sup>st</sup> of every month and repeated once every week.
- During the grant period, **246 ANC** positives were served in private healthcare sector

<b>No. of ANC identified HIV positive</b>	246
<b>No. of +ve ANC tested for CD4</b>	172
<b>No. of MTP/ IUD</b>	37
<b>No. of ANC continued pregnancy</b>	209
<b>Total Clients on ART</b>	224 (91%)
<b>Total no. of delivery</b>	164
<b>No. of still birth</b>	2
<b>No. of live birth</b>	163 (1 twin)



<b>No. of infant administered ARV prophylaxis</b>	162 (1 Died)
<b>Exclusive Breast feed</b>	110

- 111 (50%) of the 224 ANC positive mothers receiving ART were newly initiated on ART with support from DAPCU and also many mothers who were ART LFUs were re linked to ART with the help of VIHAAN
- 88% of HIV positive pregnant women received ART during the grant period and 67% of the eligible infants received a virological test for HIV within 2 months during the grant period.

#### Challenges:

- Multiple visits are required to enrol a private hospital to PPP/ RS model which is often difficult only 8 programme officers have to map more than 3000 institutions.
- No Government order that mandates HIV reporting by private practitioners.
- The organisation found reluctance of private hospitals in signing MoU for PPP, due to additional work burden and hesitancy with regard to legal implications
- PPP sites perceive the program kits as sub-standard when compared to other kits available in the market (4th Gen kits)
- Counselling is limited to consent and sharing of information on the importance of HIV testing for the pregnant women
- HIV Pulse – Only 40-50% of the enrolled sites are reporting – HIV Pulse reporting is not considered as their priority
- Private sector is vast and yet to reach labs and maternity clinics. Bigger/Corporate hospitals are not willing/ take lot of time to be part of the program.
- Non-availability of individual pregnant women based unique identifier in private and public health sector is a barrier to know the prior HIV testing status of pregnant women

#### **D. TNP+:**

India HIV Alliance is the Principal Recipient under the Global Fund grant to implement Vihaan project to improve the survival and quality of life of PLHIV by fulfilling their Care, support and treatment needs. In Tamil Nadu, Tamil Nadu Network of Positive People (TNP+) implements the Vihaan Project as SR since 2013. TNP + runs 40 Care and support centres (CSC) in Tamil Nadu. CSCs are generally located within 2.5 kms of ART centres.

#### **Achievements:**

<b>S.No.</b>	<b>Indicators</b>	<b>Target</b>	<b>Achievement</b>	<b>%</b>	<b>Expected % as per guidelines</b>
<b>1</b>	No of PLHIVs registered in ART Centres, also registered in the CSCs (On & Pre ART Cumulative).	117185	106826	91.2%	<b>70%</b>
<b>2</b>	No of PLHIVs whose at least one family member or sexual partner referred for	13068	7209	55%	<b>90%</b>

HIV testing and received test result					
<b>3</b>	Proportion of PLHIVs lost to follow up (LFU) brought back to treatment (current )	25165	4469	18%	<b>90%</b>
<b>4</b>	Number of registered PLHIV screened for TB symptoms (4S) by CSC staff through ICF	106826	105514	98%	<b>75%</b>

- The reason for low achievement on indicator 2 was questioned by the Oversight Committee. It was informed that there are various issues concerning testing of family members of PLHIV. Family members often forget to carry a referral slip; there is fear of disclosing identity to family members or the family members inform that they are spouse is living in native place. It was informed that if the partner is tested negative, a follow up testing is conducted in 6 months. The Oversight Committee suggested that the line list and family member list may be updated in coordination with TANSACS by TNP+.
- TB Activities at CSC are - Follow-up of PLHIV with TB for treatment adherence and retention; Support Group Meeting on TB related issues at CSC and field; Capturing TB history of family members of clients; Referral of symptomatic family members for TB testing; TB referral services for HIV positive Key Population members registered in CSC and Early Linkage to ART and TB treatment services
- Regularly the following meetings are organized by the SR - State Oversight Committee (SOC) Meeting (Quarterly once); SSR Coordination and Planning Meeting (Half-yearly once); State Advocacy Programme (Quarterly once); Community Advisory Board (CAB) Meeting (Quarterly once); eMpower Tab application workshop for outreach workers; LFU Data Cleaning Drive; Skill Building Training for Infected and Affected Youth; World AIDS Day Observation (Yearly once); World TB day observation (Yearly Once) and Monthly TB coordination meeting with State and District level
- Till September 2017, 99% expenditure was reported for the SR.
- CSCs also perform additional activities like provision of Iron tonic to Clients suffering from Iron deficiency, PPTCT Care, Screening for Cervical Cancer and Local Resource Mobilization.

#### **Challenges:**

- TNP+ mentioned that the target for indicator 3- i.e. tracking of LFUs is very high and is being negotiated with the PR. They have only achieved 18% of the target.
- The Oversight Committee also felt that the remuneration of staff at CSC is quite less. It is difficult to engage outreach workers with low salary (Rs. 6000/ month).
- It was informed that in the year of 2015 and again in 2016 Tamilnadu had faced floods during the month of December which hampered CSCs services in Chennai and adjoining districts.
- No budget has been provided for maintenance of laptops and desktops and low budget was provisioned for SR office costs.
- There is considerable number of staff turnover at the SSR level. Absence of provision for Training / refresher training is a handicap for building the capacity of the SSR Team. SSR Staff salary is not comparatively less to the salary of staff in other projects in the State
- Delayed fund release cause difficulty in effective SSR partnership management

- Few SSRs not cooperating and working against the interest and spirit of the Vihaan CSC Program
- Reduced visits in the TFM has caused opportunity to have face to face interaction with the SSRs , which is most needed for rapport building for effective program management

#### **E. Axshya Project:**

The Union is implementing Axshya project- TB control programme in Tamil Nadu through REACH and Catholic Health Association of India (CHAI) to enhance access to quality TB care for vulnerable and marginalised populations through innovative and sustainable interventions, community participation and engagement of all healthcare providers and to expand reach, visibility and effectiveness of RNTCP especially for marginalised & vulnerable populations.

CHAI does not implement its activities in Chennai and hence they were not invited for presentation to the Oversight Committee team. REACH organization presented its project on Day1.

Activities undertaken by REACH in Tamil Nadu:

- *Community Meetings*- Key populations like village health committee, SHG and youth groups and vulnerable and marginalized villages are addressed and street theatre, wall paintings and mass communication campaigns are conducted. Since 2013, 8500 such meetings have taken place.
- *Axshya SAMVAD* (Axshya Sensitization and Awareness in Marginalised and Vulnerable Areas of the district). Active case finding strategy is undertaken and saturation of identified population with TB information is conducted by visiting house to house. The organization also facilitates presumptive patients towards TB services. Since 2013, 8,90,000 houses were visited by volunteers of which 950 positive TB patients have been identified.
- *World TB day activities*
- *Training of Community Volunteers & NGOs*
- *Sensitisation of Private Providers/Labs /Hospitals* – Private sector is engaged by sensitizing on STCI guidelines to private practitioners, hospitals and labs. REACH helps in facilitating TB case notification to Govt. Free X Ray vouchers have been provided to patients as a Treatment adherence package.
- *Axshya KIOKS*- 16 kiosks were installed which help in promoting Flexi DOTs centers for patient convenience.
- *Patient Charter Sensitisation* – Since 2013, 230 patient charter meetings have been conducted where 8000 patients were sensitized.
- *Prison Intervention*
- *Engaging Rural Health Care Providers* - Engaging alternate medical practitioners in TB control and Facilitating presumptive patients for diagnosis to Govt. Hospitals. Since 2013, 1386 practitioners have been engaged through the program.
- *TB forums* have been created which aim to act as bridge between community, TB patient, health system and civil society along with advocacy activities to influence policy change
- *Sensitise TI/DLN/CSC*

- *Urban Project Axshya*- Private Provider Component where the organization conducts sensitization on recent trends in TB case management based on STCI Guidelines ; provides support to patients and facilitate public health responsibility.

### Achievements of REACH

*Rural Interventions* – For the new grant starting from January 2018, REACH will be working in 5 districts only.

S. No	Indicators	Achievements for Oct 15-Sept 17
1	Total No. of districts covered	14
2	No. of Community Meetings conducted	1000
3	No. of Households covered through Axshya SAMVAD	5,35,000
4	No. of RHCPs trained	1300
5	No. of presumptive persons identified and referred for diagnosis	22000
6	No. of presumptive persons directly reached DMC for sputum examination	6900
7	No. of TB patients diagnosed	500
8	Total No. of TB patients sensitized on their rights and responsibilities through patient charter meeting	3800

The Committee questioned that out of 22,000 presumptive patients identified and referred, only 6900 reached centres for examination. Representative from REACH replied that there were issues in sputum collection and transportation due to which a difference can be seen.

### *ART-CBNAAT Linkage*

No. of Districts having ART centres	14
No. of ART centres supported by Axshya (linked with CV)	6 (Chennai, Villupuram, Trichy, Thanjavur, Cuddalore, Pudukottai)
No. of samples transported	3289
No. diagnosed as TB	251 (8%)

### *Urban Intervention*

S. No	Indicators	Achievements
1	Total No. of districts covered	6
2	No. of Qualified Private Practitioners Trained (on STCI & Project Axshya)	760
3	No. of Qualified Private Practitioners engaged	374
4	No. of Private Hospitals Trained (on STCI & Project Axshya)	40
5	No. of Private Hospitals engaged	36
6	No. of Private Laboratories Trained	66
7	No. of Private Laboratories Engaged	48

7	Total TB notifications facilitated	2850
8	No. of Axshya Kiosk Established	16
9	No. of TB patients treated under Axshya Kiosk	1057

### Site Visit by Oversight Team

Subsequent the meeting with Sub- Recipients, Oversight Team members planned its visits to review activities related to HIV and Tuberculosis programme in Tamil Nadu.

### Visit to Billroth Hospital and St. Joseph Nursing Home (20<sup>th</sup> December, 2018)

Billroth Hospital is a Referral site and St. Joseph Nursing Home is PPP Model under the SAATHII state project.

- Billroth Hospital uses its own kits for testing and reports to SAATHII via HIV Pulse monthly.

Month	ANC Test ed	ANC HIV +ve	Syphil is teste d	Syphil is +ve	Genera l Client tested	Genera l Client +ve
8/17	80	0	80	0	700	0
9/17	10	0	27	0	810	2
10/17	10	0	348	0	722	0
11/17	12	0	67	0	674	1

- The Oversight Committee asked the SAATHII representative to cross check the figures in HIV Pulse App if they have been reported accurately or not, however it could not be checked on spot due to low connectivity.
- The attendant at Billroth Hospital informed that if an HIV+ve client is identified and report is reactive, the patient is connected to the consultant and linked with ICTC.
- St. Joseph Nursing Home receives HIV testing kits, and no shortage was reported. This site conducts deliveries for HIV+ patients also. Proper ICTC formats are maintained and reports are uploaded on SIMS database as well. In case of stockouts, own kits are used.



**Oversight Committee reviewing the reporting mechanism followed at St. Joseph Billroth Hospital**

### Visit to NCP+ (20th December, 2018)

- The staff at NCP+ introduced themselves and apprised the Oversight Committee regarding the activities performed by them.
- Tablets have been provided to the staff for reporting their daily activities in a software developed by the PR, for which a one day training was conducted by the SR. The Oversight Committee found the usage of tablet to be efficacious, however a lot of data cleaning was required. The list shows the number of patients, staff has not been able to cater to since 6 months.
- The staff enables positive patients to link with various schemes, for example, Widow pension scheme, help them in getting loans and mitigate property issues.
- The staff also complained that at the nearby ART centre there are many vacant positions – 1 lady counselor, 1 lady doctor, 1 data manager and 1 staff nurse. CD4 machine is also not available at KMC hospital.

### Visit to Government Hospital of Thoracic Medicine (GHTM) (21st December, 2018)

- A brief introductory meeting was conducted with Dr. R. Sridhar, M.S, GHTM of the Oversight Committee meeting. GHTM, falls in the Chengalpet district and is considered as a centre for excellence and the Oversight Committee chose this site for the visit to observe good practices which may be advocated in other parts of the state. Recently the centre also conducted training for ART for representatives from Bangladesh.
- M.S, GHTM informed that the daily ART OPD of the hospital is 300-500 patients. There is clear segregation of MDR Tb wards and General TB wards and there is constant work towards HIV-TB Collaboration. A centre has also been created for Bedaquiline for MDR and XDR TB patients. Tamil Nadu has total of 6 DRTB sites.
- For Viral load testing, GHTM sends samples to National Institute of Tuberculosis, for which the turnaround time is generally 3 weeks.
- The Hospital has 2 CBNAAT machines; however with increasing load, even two machines are not sufficient. The M.S., GHTM mentioned that the hospital had requested for 16 cartridge module machines. It was informed by the representative of CTD that new machines are being procured in the new grant.
- M.S (GHTM) also informed that there is need of 1 CD4 machine as it is more than 15 years old and 1 viral load machine so that there is least dependence on another facility.
- On inquiring by representative from NACO, M.S (GHTM) informed that gynecologist is not available in this hospital, so the information concerning HIV testing for those who come for MTP may be missed. It was informed though that majority of patients who come for HIV testing are men and spouses / partners are called in case of positives.
- In case of MDR Tb patients, family members are tested, however yield has not been found to be very high.
- The hospital did not report of any shortage of medicines or cartridges.
- In terms of Human resource, positions of 5 lab technicians from State Government and 2 lab technicians from TANSACS are lying vacant, This creates a lot of load on the currently employed workers.

- Desh CSC under the Vihaan Project is linked to ART at the GHTM. Weekly coordination meetings are conducted with the CSC
- Shortage of Nevirapine was observed, however it is being compensated by providing the patients with appropriate dosage from pediatric medicines.
- At the ICTC centre , an average of 70-80 patients visit daily. There is provision of a counseling centre and a counselor was in place at the time of visit.
- At the pharmacy, IMS is used for maintenance of stock. On a random check by the Oversight Committee, no expiry of medicines was recorded, The staff also gave a brief demo of reporting of indent of medicines via IMS.



**Snapshot of Medicines available at the Pharmacy at GHTM**

- Gene Xpert machines were also seen by the committee. Proper conditions for storage of the machine and samples are maintained. The staff also gave a demo of testing of samples through CBNAAT machine to the Oversight Committee team.

Patient ID	Sample ID	Module Name	User	Result	Assay	Status	Error Status	Start Date
G280124-17	A1	-None-	-None-	NO RESULT	Xpert MTB-R	Running	OK	12/21/17 1
G280123-17	A4	-None-	-None-	NO RESULT	Xpert MTB-R	Running	OK	12/21/17 1
G280122-17	A3	-None-	-None-	NO RESULT	Xpert MTB-R	Running	OK	12/21/17 1
G280121-17	A2	-None-	-None-	NO RESULT	Xpert MTB-R	Running	OK	12/21/17 1
G280120-17	A1	-None-	-None-	MTB DETECTED MEDIUM RIF Resistance NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 2
G280119-17	A4	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 2
G280118-17	A3	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 2
G280117-17	A2	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 2
G280116-17	A1	-None-	-None-	MTB DETECTED MEDIUM RIF Resistance NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 1
G280115-17	A4	-None-	-None-	MTB DETECTED MEDIUM RIF Resistance NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 1
G280114-17	A3	-None-	-None-	MTB DETECTED LOW RIF Resistance NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 1
G280113-17	A2	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 1
G280112-17	A1	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 1
G280111-17	A4	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 1
G280110-17	A3	-None-	-None-	MTB DETECTED MEDIUM RIF Resistance NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 1
G280109-17	A2	-None-	-None-	MTB DETECTED MEDIUM RIF Resistance NOT DETECTED	Xpert MTB-R	Done	OK	12/20/17 1
G280108-17	A1	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/19/17 1
G28040-17	A4	-None-	-None-	MTB DETECTED HIGH RIF Resistance NOT DETECTED	Xpert MTB-R	Done	OK	12/19/17 1
G28040-17	A3	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/19/17 1
G28040-17	A2	-None-	-None-	MTB DETECTED MEDIUM RIF Resistance DETECTED	Xpert MTB-R	Done	OK	12/19/17 1
G28035-17	A1	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/19/17 1
G28035-17	A4	-None-	-None-	MTB NOT DETECTED	Xpert MTB-R	Done	OK	12/19/17 1

**Snapshot of reporting of CBNAAT results**

- It was informed that the CD4 machine available at the site which is more than 15 years old undergoes frequent breakdown due to which there is delay in conducting tests often.
- A female patient aged 29 suffering from MDR Tb was also interviewed by the Oversight Committee team. The patient took Cat-I and Cat-II, however was not adherent with medications. She started taking Cat-II again religiously, but she was diagnosed with MDR TB when she developed long lasting fever. She was admitted to the hospital soon after. She admitted that she is not paying for stay at the hospital and is being given nutritious diet.



### Visit to LEEDS Trust under REACH (21st December, 2018)

- The Oversight Committee visited LEEDS Trust which is an implementing agency under REACH SR. The NGO is fairly new NGO established in April 2017 in slum area of Kalakuttai of Chennai.
- The Committee met staff of the NGO, few of which are volunteers and few are directly employed for Axshya Samvad project. The staff introduced themselves and described the activities that are performed by them.
- A staff mentioned that she only collects and transfers sputum to the nearest centres where CBNAAT machine is available i.e at Taramani centre. Close to 150 samples per month are transported. Another staff mentioned that they counsel the family and ask family members for any symptoms of chronic cough. In case where the patient is difficult and cannot be counseled easily, the spouse of the patient is counseled for testing. The staff also refers patients from ART centre to TB diagnosis centres. The staff covers a population of 7500 families.
- In the area, the staff was able to identify 6 patients affected by TB so far. One MDR patient and one XDR patient has been identified from the area.
- The NGO is also supplying nutrition to the TB patients which is not supported by REACH, but has tied up with Rotary clubs for this purpose.
- REACH has signed individual agreements with volunteers and the NGO, and conduct quarterly training of the staff.
- The staff is paid Rs. 10 per household visited in Axshya Samvad. For sputum collection and transportation, Rs. 100 is paid.

### Visit to State TB Drug Store (22nd December, 2018)



- The TB Drug Store was a well maintained drug store with three rooms maintained at different temperatures as required for storage of medicines.
- Weight Band stickers were being used to mark each box.
- 3 months buffer stock is maintained at the Drug store
- The store maintains that no surplus amount of 2<sup>nd</sup> line drugs is transported to site/ patient level.



### **Debrief meeting of oversight team with Principal Secretary (Health), Tamil Nadu (21<sup>st</sup> December 2018)**

Oversight Team met and shared brief observations from the visit with Principal Secretary (Health), Tamil Nadu, Mr. J Radhakrishnan. He has been Secretary, Health Tamil Nadu since 2012. The meeting was also attended by state officials from TANSACS and State TB Programme.

Dr. Nicole Seguy and Swami Shantatmananda, Oversight Committee members shared the following observations of the team:

1. Vacancy of Lab technicians at GHTM was highlighted. The Secretary asked TANSACS representative to take note of the issues and mentioned that more such field level visits must be conducted to understand the issues at ground level.
2. Additional funding is required by TANSACS for maintenance of IT systems and equipments.
3. Non availability of CD4 at KMC was highlighted by the committee.
4. Under the State TB Programme, the Oversight Committee highlighted that the state contribution commitment of 40% was not approved till now. The Committee was then informed it was approved on the same day and disbursement will be conducted at the earliest.
5. The committee also highlighted regarding the savings of State TB Programme where either due to pending approvals or due to vacant HR positions, the budget was not utilized.
6. The committee suggested that the state should strongly advocate for presence of viral load machines at GHTM so that there is minimal outsourcing.
7. Low remuneration of outreach staff despite having to travel long distances was highlighted.
8. The Committee applauded the work SAATHII is doing to saturate the private sector. However they suggested that additional efforts may be taken to engage with FOGSI.

The Secretary Health, Tamil Nadu thanked the committee for bringing forth the issues under the Global Fund grant for Tamil Nadu state and agreed to the suggestions made by the committee. He mentioned that in pretext of mainstreaming, the activities conducted to combat diseases should not be curtailed. An Exit strategy by the Global Fund must be adopted keeping in consideration that there is no ill-effect on the good practices done by various government and non government organizations.