

INDIA COUNTRY COORDINATING MECHANISM

OVERSIGHT COMMITTEE VISIT TO SURAT, GUJARAT REPORT

29th April- 1st May 2019

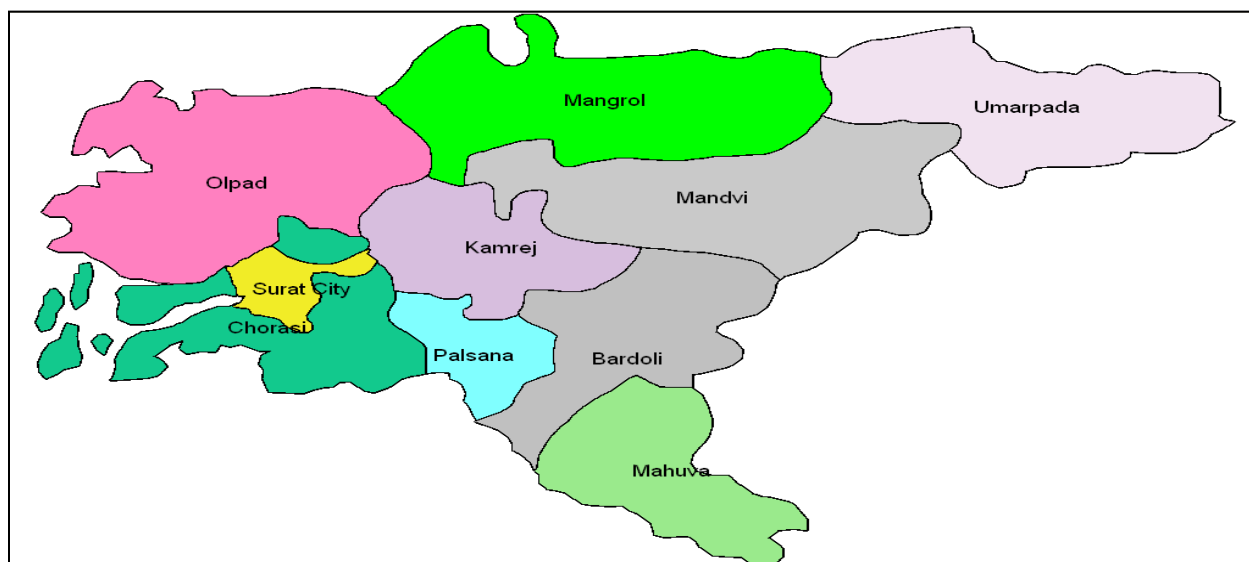


Table of Contents

Sl. No	Contents	Pg. No.
1.	Background	3
2.	Objectives of the visit	3
3.	PRs/ SRS under GFATM in Surat, Gujarat	3
4.	Activities undertaken by Oversight team in Surat	3
5.	SR-level meeting	4
6.	Visit to New Civil Hospital	12
7.	Visit to SMIMER hospital	16
8.	Visit to Olpad CHC	17
9.	Visit to PHC Sandhiyer	19
10.	Visit to Udhna Hospital	20
11.	Visit to Surat CSC	20
12.	Visit to private facilities under JEET project	21
13.	Debrief meeting of oversight team with District Magistrate	22

Oversight Committee Visit to Surat, Gujarat (29th April-1st May, 2019)

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 Surat, Gujarat from 29th April-1st May, 2019.

Objectives of the visit:

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

Composition of team for the visit:

1. Dr. Inder Prakash, Advisor (PH), Chair, Oversight Committee
2. Ms. Sanghamitra Iyengar, Trustee, Samraksha, Oversight Committee Member
3. Mr. S A Khan, General Manager (Procurement), CMSS, Oversight Committee Member
4. Ms. T. Mercy Annapoorani, Director, Blossom Trust, Oversight Committee Member
5. Mr. Md. Hashmat Rabbani, GSKVM, Oversight Committee Member
6. Dr. Sudhir Chawla, JD CST, GSACS
7. Dr. Amit Karad, National Consultant, WHO, RNTCP

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

PRs/ SRs under GFATM in Surat

The Global Fund grant is supporting five Principle Recipients –NACO, India HIV Alliance, SAATHII, CTD and WJCF for HIV and TB programmes in Surat for the period January, 2018- March, 2021. The PRs are implementing projects through their SRs and SSRs in Surat as may be seen in the following table-

PR	SR
NACO	Gujarat State AIDS Control Society
India HIV/AIDS Alliance	GSNP+
SAATHII	GSNP+
CTD	Gujarat RNTCP
WJCF	World Health Partners

Activities undertaken by Oversight team during visit:

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

Day 1:

- a) Meeting with Sub Recipients to understand project implementation activities undertaken by them

- b) Visit to New Civil Hospital- ART Centre, CBNAAT lab, Nodal DR TB centre and C & DST lab by two teams of Oversight Committee (OC)

Day 2:

HIV Team of OC:

- a) Visit to CHC Olpad: ICTC/PPTCT Centre and Lab
- b) Visit to New Civil Hospital: ART Centre, ICTC Centre, PPTCT Centre
- c) Visit to Vihaan CSC
- d) Visit to Udhna Hospital

TB Team of OC:

- a) Visit to CHC Olpad
- b) Visit to PHC Sandhiyer
- c) Visit to Surat Municipal institute of Medical Education and Research (SMIMER)
- d) Visit to private hospitals engaged with JEET project

Day 3:

- a) Meeting with District Collector, Surat

Day 1: Sub Recipient-level meeting (29th April 2019)



Oversight Committee held a meeting with Sub Recipients implementing Global Fund grant in Surat, Gujarat at New Civil Hospital Committee room to understand activities undertaken, targets achieved, fund disbursement, expenditure status and challenges encountered in program implementation. List of participants may be seen at Annexure1. Representatives from Surat DAPCU, Alliance India and NSP+, SAATHII and GSNP+, State/district RNTCP, WJCF and WHP made brief presentation. Following are the highlights of the projects presented by SRs:

A. Surat DAPCU:

In Gujarat estimated adult HIV prevalence is 0.19%. Around 91,766 PLHIV are living in Gujarat, i.e. 4% of the Country's PLHIV population. It was highlighted that the prevalence of HIV in Surat is 0.57% in General Population and 0.05% in ANC (yr. 2018-19).

The district is providing HIV prevention, testing and treatment services through the following facilities:

Facilities under Surat DAPCU	
Name of the Facilities	No. of Facilities
Integrated Counseling Testing Centre (ICTC)	181
ART centers	3 – New Civil Hospital, SMIMER Hospital, Reliance ART
Link ART centers	3
Designated STI/ RTI Clinics	28
Targeted Intervention (TI)	24
Blood Banks	11

a. Preventive facilities:

24 TIs are functional in Surat district. Among the High risk population, highest prevalence of HIV is seen amongst TGs. There are 28 STI clinics functional at present in the district. In the year 2018-19, 39,873 patients attended clinics and 24,434 episodes were treated at designated STI clinics. Of the total attending STI clinics, 26,170 patients reached ICTC centre of which 48 were found to be HIV positive.

b. Diagnostic and Treatment facilities:

In the year 2018-19, 2,04,165 **General clients** were tested and 1158 were found positive (**0.57%**).

Target of HIV Tested	No. of HIV Tested	No. of HIV Positive	No. of Pre-ART Registration	No. of CD4 Tested	Started on ART
179348	204165 (113.84%)	1158 (0.57%)	1125 (97.15 %)	1125	1062 (94.40%)

Of 1158 positive persons, 1062 were started on ART. The gap of 96 was due to the following reasons:-
33 PRE- ART Gap – 14 Deaths; 1 Did not agree; 2 were truckers and migrated; 3 were referred to SMIMER hospital but did not reach; 2 were detected positive through NAT test but confirmatory tests were negative; 11 were in follow up.

63 ART Gap - 11 Deaths; 14 were in Process; 1 Did not agree; 1 opted out; 2 were in follow up ad 34 were Pre- ART defaulters.

1,28,585 **pregnant women** were also tested for HIV during 2018-19, out of which 58 (**0.05%**) women were found positive.

Target	No. of ANC HIV Tested	No. of ANC Positive	No. of ANC +ve Linked to ART	No. of ANC Positive Delivery	No. of Live Birth	Infant tested for EID at least once (out of Live-birth)	Infant positive DNA-PCR	No. Of positive infant linked to ART	Baby eligible for 18th Month	Baby tested for 18th Month
123804	128585 (103.86 %)	58 (0.05%)	58	94	94	76*	1	1	122	91 (74.59%)

Of 94 live births reported, 76 infants were tested for EID (18 Gap = 5 Death, 10 not eligible, 3 Migrant)

CD4 testing: 3 CD4 machines are available in the district- one at each ART centre. While the kits for New Civil Hospital and SMIMER centers are supplied by GSACS, Reliance ART centre procures the kits privately. 24,212 CD4 tests were performed during year 2018-19.

1648 **viral load tests** were performed in 2018-19 of which 1296 PLHIV (**78.6%**) were found with suppressed viral load.

With respect to **treatment facilities** in Surat, 15,623 PLHIV know their status of which 11,366 (**73%**) are on ART. During 2018-19, 1216 PLHIVs were detected in Surat district.

TB-HIV Co-Infection: For the month of March 2019, the total number of PLHIV who attended the three ART centers were 7544, of this, 369 were found to have presumptive TB, and they were tested for the same. 32 PLHIV were diagnosed with TB. For the year 2018-19, a total of 458 co-infected patients were enrolled, of which treatment of 450 was initiated.

c. **Logistics and Storage:** DAPCU receives ART drugs and ICTC testing kits directly from GSACS through PLAN INDIA Supply Chain project at their door step. Blood Bags, IEC material and STI/RTI commodities are being collected by district/facility from GSACS office. Condoms are supplied by GSACS through parcel services.

ART drug stocks are maintained in IMS and ICTC kits stock is maintained in SIMS software and through stock registers. Consumption and stock status is reported weekly. No stock out of drugs or kits was reported by DAPCU.

d. **HR:** The Human resource at DAPCU, ART, ICTC and PPTCT centers is complete with a few vacancies present currently. District Assistant- Programme post at DAPCU Surat; one position of M.O at ART Civil Hospital and one position of staff nurse at ART SMIMER Hospital are vacant.

DAPCU reported that few ICTC centers in the district have acute shortages of counselors and lab technicians. Almost 50% of the posts in the state are reported to have not been filled. In fact in Mahuva and Mangrol, vacancies are reported since 2016 and 2014 respectively.

- e. **Funds and Expenditure for the year 2018-19:** DAPCU has been able to spend 85%; ART New Civil Hospital was able to spend 98.9% and SMIMER Hospital was able to spend 99.7% of their grants for the financial year.
- f. **Challenges:** Various challenges were reported by the DAPCU team-
- 1) Activities like monitoring of field activities, induction, refresher trainings, payment of annual raise etc. are hampered due to low funds.
 - 2) Frequent turnover of staff, especially Medical Officers leads to decreased performance of ART centers.
 - 3) Frequent breakdown of old CD4 machines
 - 4) Frequent migration of PLHIV contributes to the linkage loss at ART centers.

B. Network of Surat People Living with HIV/ AIDS (NSP+)

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 Gujarat, GSNP+ has been designated as an SR and NSP+ is the SSR working in Surat region.

GSNP+ has been working as sub recipient to Vihaan programme since 2013. 33 districts of Gujarat are being covered through 25 CSCs currently. There are 15 Global Fund supported CSCs, one TG CSC and few NHM supported CSCs in Gujarat. Surat has a GF supported CSC. TG CSC also covers TG population of Surat apart from other districts. The model of Differentiated Care and usage of eMpower tablets is implemented at the centers.

SR has performed activities like Orientation of SSRs, Online sessions for SSRs, SSR Coordination cum review meeting, State Oversight committee meeting, Empower tablet training, Advocacy meetings on a regular basis and provides nutritional and educational support to PLHIVs through resource mobilization.

Innovative strategies like marriage portal exclusively for PLHIV, Projects Khel Khel main and Project Udaan thorough CSR model, skill development activities at Jananidham care home and development of videos of regional leaders on importance of ART have been adopted by GSNP+.

NSP+ (Network of Surat people living with HIV/ AIDS) has been implementing Vihaan programme activities since 2013. This CSC is the highest load CSC in Gujarat and linked to all ART centers in Surat catering to approx 11,360 clients. The human resource at NSP+ consists of One (1) project director; One (1) Project Coordinator; One (1) Peer Counselor; One (1) Part time accountant and Twelve (12) ORWs.

Indicator	% achievement – Surat CSC		
	Jan'18-Jun'18	Jun'18- Dec'18	Jan'19- Mar '19
Proportion of PLHIV on ART received differentiated care and support services	13%	25%	59%
Percentage of PLHIV in care screened for TB	52%	63%	48%
Number of family members tested for HIV and received their results	15%	60%	47%
Percentage of PLHIV who are LFU and missed to ART center tracked with definite outcome	14%	34%	41%

A total of 87% of the budget has been utilized by Surat CSC.

Challenges as indicated by the Surat CSC team –

1. Limited travelling budget for outreach activities considering the large geographical area.
2. High migration of population in Surat
3. High turnover of staff as salary is low

C. GSNP+

SAATHII is the Principal Recipient under the Global Fund grant to implement Svetana project which provides technical assistance towards accelerating scale up of PPTCT coverage in both public and private health sector.

The objectives of the project are:

1. Increase HIV testing among pregnant women from 85% to 95%
2. Increase HIV testing among spouses of positive pregnant women from 74% to 90%
3. Increase the proportion of HIV positive pregnant women on ART from 97% to 100%
4. Increase the proportion of HIV exposed infants who completed their first EID within 2 months of birth from 51% to 95%

In Gujarat, SATHII project is being implemented by GSNP+ in 16 districts and 2 UTs and the rest is covered under SAATHII Gujarat state unit.

The Project team of GSNP+ consists of One (1) Program Director, One (1) Program Manager; One (1) M & E Officer, One (1) Assistant Finance Officer ; Five (5) Project Officers and Fifteen (15) Field officers.

In this grant, with regards to public health facilities, all 72 Health centres in Surat (57 PHCs, 14 CHCs and 1 DHC) are reporting in SIMS. 285 Private health facilities were mapped by GSNP+ in Surat of which 262 were converted to Svetana project sites. During Jan'18- March'19, 134 positive pregnant women were identified, of which 131 spouses were tested for HIV, thereby achieving a target of 98% and 133 are currently receiving ART. During the said reporting period, there were 108 live births. Of the 111 HIV exposed babies who were eligible for EID within 2 months, 81 were tested for EID (73%). 29 HIV exposed babies that were eligible for EID within 18 months, 20 were tested and none were found to be positive.

With respect to the budgeted activities like State oversight committee meetings, district level sensitization and training, district level coordination meetings, demand generation activities at community level, the organisation could not complete most activities during the first nine months of the grant. However, during the next 6 months, most targets on the same were completed. Similarly, during the first nine months of the grant, only 67.78 % expenditure was reported whereas in the next 6 months, 85.36% expenditure was reported.

Challenges as indicated by the team -

1. Inadequate trained staff to conduct EID test within 2 months.
2. Saturation of private facilities in major cities like Surat requires repeated efforts.
3. Multiple reporting requirements to the government hinder private sector reporting.
4. The field coordinators and project officers often report of heavy workload.

D. District RNTCP programme:

RNTCP programme implementation status of Surat Rural and Surat Municipal Corporation was presented by their respective District TB Officers (DTO). Key programmatic achievements under RNTCP programme are as follows:

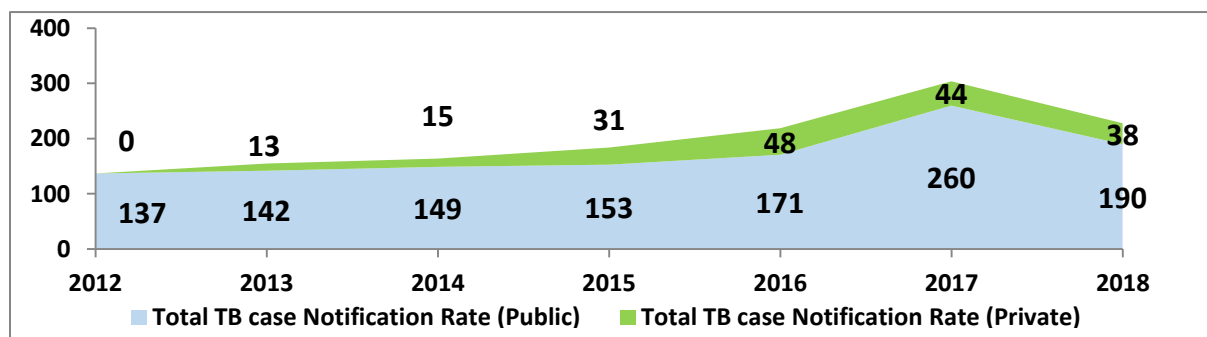
Surat Rural- RNTCP programme highlights:

1. Surat Rural caters to around 18 Lakh population with 9 TUs, 83 PHIs, 77 DMCs (all collocated with ICTC), 527 DOTS centres/providers and 1 Nodal DR TB centre. All the sanctioned health staff positions under RNTCP programme are filled at the district.
2. Achieved TB notification of 4139 cases during Jan-Dec 2018, of which 96.8 % were put on treatment.

Table: TB case notification and treatment performance of Surat Rural for period 2018

Year	Number of TB cases notified			Number of cases put on treatment
	Public sector	Private Sector	Total	
Jan-Dec, 2018	3435	704	4139	4007

Though the TB notification rate has increased over the years, a decline was recorded in 2018 compared to year 2017 as depicted in the graph below:



3. Under Universal DST initiative: 74% (3109) notified TB cases were tested for Rifampicin resistance during year 2018 which is more than the country average of 60% UDST achievement. It varied from 83% (2899) for public sector notified cases to 29% (210) for pvt. Sector cases.
4. Active case finding (ACF): 71% of the targeted population (8.52 lakhs) was screened during 2018, with 1018 presumptive TB cases tested for sputum smear and resulted in 4.7 % case detection.
5. Under Nikshay Poshan Yojana (NPY), since April, 2018 around 66% of the total 4944 eligible TB patients received DBT benefit (at least one installment). The coverage gap for tribal patients is quite high (127 out of 514 eligible TB patients were provided monetary support under the programme) in Surat Rural. District requires more active efforts for linking and supporting remaining beneficiaries to the scheme.
6. There is remarkable increase in DR-TB case detection due to Universal-DST. In 2018, 3935 presumptive DR-TB patients were tested for drug sensitivity. However, 73 out of 81 diagnosed DR-TB patients were put on treatment (gap of 10%).
7. In 2018, HIV screening of 97% of the TB notified patients was conducted.

8. Surat rural has two CBNAAT machines (one in District TB centre, New Civil Hospital and other in sub-district hospital Mandvi) with good utilization rate. Total tests conducted in 2018 by both machines were 5682 with average monthly test performance rate of CBNAAT DTC Surat Rural and of CBNAAT Mandvi as 306 and 167 respectively..
9. Fund utilization has been more than 90% in the district. In 2018-19, budget utilization was 114 % (around 2.1 crore was utilized against budget of 1.8 crore). Programme highlighted timely fund disbursement as the reason for good financial performance. Funds that are received from centre are disbursed to state health society within 3-4 weeks which results in timely distribution and absorption at district level.

Surat Municipal Corporation- RNTCP programme highlights:

1. With a population of around 50 lakhs to serve with, Surat Municipal Corporation provides RNTCP services through 18 TUs, 63 PHIs, 55 DMCs (of which 53 are collocated with ICTC), 1 district DR TB centre and 2271 DOTs centres/providers. All the facilities have trained health staff in place.
2. In 2018, total 12507 TB patients were notified of which 87% were put on treatment. Of the total notifications, 35% (4444) cases were notified by private sector, which has increased from year 2017 notification by 32%.

Table: TB case notification and treatment data-SMC for period 2018

Year	Number of TB cases notified			Number of cases put on treatment
	Public sector	Private Sector	Total	
Jan-Dec, 2018	8063	4444	12507	10888

3. Under Universal DST: 82% (6696) of the diagnosed TB patients from public sector know Rifampicin resistance status against 30% (1250) of the notified TB cases from private sector. Overall, 64% notified cases know their Rif. Resistance status.
4. In 2018, around 6224 presumptive DR TB suspects were tested (55% more tests compared to year 2017). Of these, total 374 MDR TB patients were diagnosed and 371 were put on treatment.
5. All the notified TB cases were screened for HIV in public sector, however private sector reported for only 2% of their notified TB patients as screened for HIV.
6. Nikshay Poshan Yojana: 10605 out of 16604 i.e 64 % eligible TB patients have received DBT benefit since roll out of NPY initiative in 2018. One of the key issues surfaced for low coverage was high rate of migration in Surat urban settings. This requires coordinated efforts to bring improvement.
7. Active case finding (ACF): Around 50 % of the targeted population (2494846) could be screened for active search of cases. Around 5507 presumptive TB cases were tested for sputum smear and chest X-ray with diagnosis of 57 TB cases (1% case detection).
8. SMC has 4 CBNAAT machines which performed total 12183 tests in 2018, with detection of Rif. Resistance in 2% cases and identification of 3652 (29%) Rif. Sensitive cases. On an average 253 tests per month are performed by each SMC Hirabag, SMC Parvatgam, SMC Udhana and SMC SMIMER CBNAATs.
9. During 2018-19, SMC reported 112% budget utilization under RNTCP programme.

E. Joint Effort for Elimination of TB (JEET) Project :

- In Gujarat state, JEET project is being implemented by William J Clinton Foundation which is a non – government principal recipient under the current Global Fund grant (2018-2021).
- The project aims for Intensive engagement with the private providers to achieve universal access to quality diagnosis and treatment for TB through Patient provider support agency (PPSA) model. Resource intensive PPSA model is being implemented in 4 cities- Ahmedabad Corporation, Ahmedabad Rural, Sural Coproration and Surat Rural and PPSA lite model in 30 RNTCP districts of Gujarat through World Health Partner (WHP), a sub recipient for the state.
- Key managerial and field staffs are in place and have been trained.
- On field implementation started from Q3 of 2018, with following programmatic achievements till March, 2019 in Surat district:
 - Mapped 1121 facilities, established 49 hubs and 291 spokes (private facilities engaged for notification/referral)
 - 3031 total cases notified from private sector against target of 1934.
 - Total samples transported for testing were 1226 with case Positivity of 36%
 - 544 patients have been put on programme FDCs.
- Challenges related to low remuneration of field staff resulting in frequent turn over, disinterest of spoke doctors to refer patients to avail services from hub and increasing burden of supply chain management of FDCs were raised by project representative.

F. Saksham Pravaah Project:

- TISS (Tata Institute of Social Sciences) is implementing the Saksham Pravaah project (DRTB Counselor Support) in Gujarat state with Global Fund support as SR under CTD for the current grant cycle Jan, 2018-March, 2021.
- Project aims to strengthen TB prevention, treatment and care programme through psycho-social counselling services and to improve treatment adherence among MDR and XDR.
- In Gujarat, under Saksham project total 39 counsellors are posted to cover all districts (at least 1 counsellor per district). Surat district has 2 counsellors one each for Municipal Corporation and rural part.
- Achievements under Saksham project in Surat District for period Jan-Dec 2018 are as follows:

S. No	Key indicators under Saksham project	MDR	XDR
1	Total no. of DR TB patient diagnosed	475	17
2	Total no. of patients initiated on treatment by RNTCP	425	18
3	Total no. of patients registered by Saksham	368	18
4	Total no. of DR TB patients' whose caregivers are registered with Saksham	356	17
5	Total no. of patients lost to follow up(LFU)	29	-
6	Total no. of LFU patients retrieved on treatment through counselling (out of 5)	2	-
7	Total no. of treatment interruption instances reported	80	-
8	Total no. times treatment interrupters retrieved (out of 7)	37	-
9	Total no. of patients freshly linked to social protection scheme	125	2

- 70% of the budget has been utilized under the project.

Challenges:

- Increasing patient load while the counsellors are fixed in number. To address the issue project is trying to modify home visit frequency on the basis of priority patients.
- TA constraints esp. for a single counsellor covering two geographically vast districts was highlighted.

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 programmes in Surat district. The committee divided itself to form two teams for HIV and TB oversight activities.

A. Visit to New Civil Hospital (29th and 30th April 2019)

New Civil Hospital/Government Medical College is a 1200 bedded hospital under Surat rural district and has provisions for high level diagnostic and treatment services for HIV (ICTC centre, PPTCT centre, ART + centre) and TB (Surat rural- District TB Centre, Nodal Drug Resistance TB Centre, CBNAAT lab, Culture & DST lab and district drug store under RNTCP programme). Team visited all the facilities and observed the following related to each facility:

ICTC Centre: The ICTC Centre at New Civil Hospital is located adjacent to the ART center. Two counselors, one working since 20 years and other since 11 years were present at the centre.

In the month of March 2019, 1745 clients visited the ICT, received pre test counseling and were tested for HIV. 1742 clients were given their test results and post test counseling was conducted. 63 clients were found to be HIV positive and 61 registered themselves at the ART centre. 30 spouses were also tested for HIV and 21 were found to be positive. 10% of those who received pre test counseling were referred to RNCTCP unit as they were suspected to have TB. At this ICTC, very few cases are monthly referred from FICTC, PPP-ICTC or TIs, and there are mostly walk-ins or referred from in-patient department.

PPTCT Centre: The PPTCT centre at New Civil Hospital is located near the Gynae department and on the same floor as the ART centre. Two female counselors and one lab technician work at the centre. Only sample collection is conducted at this centre and samples are sent to ART/ ICTC lab for testing.

In the year 2018-19, 10,153 pregnant females were counseled and tested. 21 were found to be HIV positive and were referred to the ART center. 9 spouses were also found to be positive. 41 positive women had deliveries in the hospital and one infant was found positive on DBS and on testing at 18th month.

Generally, group counseling is conducted for pregnant females. In case of any positive pregnant woman, private counseling session is provided.

ART + Centre: The Centre at New Civil Hospital, Surat was awarded as the best ART Centre in high loaded category in 2018 at state level. It is also the State level training center of PARTEC Cyflow Counter

(CD4) Machine. The centre has 1 senior M.O and 2 sanctioned posts of M.O, however one is vacant. Positions of 4 counselors, 2 lab technicians, 2 data managers, 4 staff nurse, 1 pharmacist and 1 care coordinator are all filled. The attrition rate of M.Os was highlighted owing to the low salaries at ART centre. The Oversight team found high motivation amongst the human resource appointed at the centre, however recommended that some measures may be adopted to boost motivation periodically.

In the year 2018-19, 521 new patients were registered at centre of which ART was initiated in 485 individuals. Of the gap of 36, 10 died; 12 are under process; 3 opted out; 3 were transferred and 8 started ART in the month of April 2019. 22 ANC were enrolled and initiated on ART. EID registration and initiation was done for 2 cases in the year 2018-19. The average of CD4 reading of patients who got tested from 1st March to 15th March 2019 was observed as 341.8 ranging from 55 to 700. This denotes that on an average the patients arrive at this centre at a later stage of development of disease.

It was highlighted that the Viral Load machine has been installed at the hospital since August 2018, however it has not yet been made functional as manpower to operate the same and kits have not been provided by the State. Currently, the samples for viral load testing are collected by Metropolis, a diagnostic chain, once a week. The CD4 machine is operational at the centre since 2008. Frequent breakdowns of the machine were reported to the committee which creates a lag time of around 4-5 days, and there is a need for a new machine. 40-50 samples are tested per day through CD4 machine. Stock of kits of CD4 machine was checked and they were found to be in order as reported. The lab technicians are trained every month and also undergo periodic refresher tests. In year 2018-19, 10, 812 CD4 tests were performed at the centre.

Stocks of drugs and consumables are maintained through IMS and through some physical registers. The stock tallies are reported weekly to DAPCU. The team visited the drug store at ART centre. The general condition, including cleanliness of the store and process of storage of drugs and consumables at the store was adequate. The committee found that a first line anti TB drug that should be stored at less than 25°C was stored at room temperature. The store does not have an AC installed to maintain temperature of the drug, and Surat weather in summers touches 45°C. Such conditions may decrease the efficacy of the drug. Physical stock of few drugs (Nevirapine and ZLN) was also checked from the stock reported in IMS. Minor discrepancies were found in stocks of both drugs and the pharmacist was recommended to cross check the stocks of all available drugs and make necessary changes in the registers.

Staff at the centre is regularly trained. Short duration training for counselors and staff nurse and cascade training for MOs and data managers were conducted in 2018.

The counselors reported that they counsel 150-200 patients per day. In spite of the heavy workload, the team found the counselors to be motivated towards their work.

Interviews with patients

Patient1: Male, 45 years, married, wife negative, working with a private company, on ART for the past 10 years. Diagnosed in the private sector and referred to the New Civil Hospital for confirmation and ART initiation. He reported and the records also confirm 98% adherence. He avails treatment and diagnostic services at the centre and goes to his private physician for counseling and advice. He reported no side effects. TB presumptive treatment was started a month ago.

He was happy with the ART centre services overall. He reported to have received a reminder call when he missed his appointment. He generally receives drugs for 3 months, but sometimes he is asked to come once a month. He loses half a day of work for the same. He would like to collect medicines once in 6 months or from a place where there is no long queue.

Patient 2: 14 year old male, transmission recorded as through blood transfusion during a surgery. Both parents reported negative. Father provided good feedback of the counselor.

Patient 3: 35 year old female sex worker from Maharashtra, currently residing in Surat, works at an NGO. Diagnosed in 2002. Started ART in 2011. CD4 is currently 892. She reports satisfaction with counseling services as well as her interaction with the doctor. She was started on TB medication 3-4 months ago. Her request is to be able to access the Rs 500 subsidy under the TB programme, which she reports that the CSC counselor was not able to help her to access.

Key recommendations of the Oversight Committee team related to HIV facilities:-

- 1) The Viral Load machine has been installed, however services have not been initiated. It should be activated at the earliest.
- 2) As it was informed that CD4 machine has frequent breakdowns, it requires replacement.
- 3) It was reported that old computers at the centre are not compatible with the existing work load of centre. The committee recommended that these need to be replaced.
- 4) There was high turnover of M.O at the centre due to low salaries.
- 5) High vacancies of counselors and lab technicians were reported at ICTCs.
- 6) It was observed that the number of patients per counselor at the centre is high, however they are still trying to cope. Multiple options of DSD sites should be operational to reduce the load of ART to substantial level.
- 7) Certain HR retention measures should be adopted.
- 8) Minor discrepancies were seen in maintaining stock of drugs and the same was informed.
- 9) As Surat has high in and out migration, measures to link source and destination of migrant population should be adopted using IT systems
- 10) There is need for better coordination with GSNP+ (Svetana) for sensitization of Pvt. Health care providers on new test and treat guidelines and HIV Act.

Nodal Drug Resistance TB Centre:



New Civil Hospital has a 10 bedded centre which started as DRTB centre in 2011 and was upgraded to Nodal DRTB centre in April 2017 to cater to 8 districts of south zone of Gujarat (Surat Municipal

Corporation, Surat Rural, Tapi, Navsari, Valsad, Dang, Daman and Silvassa). Key performance indicators of the nodal DRTB centre are as follows:

i. MDR and XDR patients registered at Nodal DRTB centre during 2018-19 :

Year	MDR patients registered at Nodal DRTB centre			XDR patients registered at Nodal DRTB centre		
	<i>Total south zone patients</i>	<i>SMC</i>	<i>Surat Rural</i>	<i>Total south zone patients</i>	<i>SMC</i>	<i>Surat Rural</i>
Jan-Dec, 2018	480	274*	65	25	18	2
1Q 2019	133	76*	18	6	6	0

**Highest no. of patients among all districts of south zone*

- ii. Patients are being put on newer anti-TB drugs through the DR TB committee. Total of 196 patients have been put on Bedaquiline along with an optimized background regimen since 2017 (with treatment completion in 102 cases) and 4 patients on Delamanid containing regimen during 2019.
- iii. Treatment success achieved among MDR patients (total 1429) for cohort period 4 Q 2011 to 3Q2016 is 44% and among XDR patients (total 115) for cohort period 1Q 2012 to 3Q 2016 is 32%.
- iv. Adverse drug reactions are well reported and deliberated and are proactively managed to improve treatment adherence of the patients. Total 103 adverse drug events in 2017 and 80 adverse drug events in 2018 were reported by the centre.
- v. Good practices like maintenance of separate ventilator, ECG machine and nebulizer etc for ward patients and ECG recording for all patients on high dose moxifloxacin and newer drug containing regimens were observed at the centre.
- vi. Patient Interaction: Team interacted with two of the patients admitted at the ward. One patient was admitted for ADR management and the other patient was newly initiated on Delamanid. Patients gave satisfactory response for the TB treatment services including counseling by RNTCP and Saksham counselors. Both patients are availing Nikshay Poshan Yojana benefit for nutrition support.

Culture and DST laboratory: Microbiologist at the C & DST lab informed that laboratory was established and maintained with support of FIND till 2017. Subsequently, CTD has supported the laboratory activities during year 2018-19 and will be supported further through state funding. Currently laboratory is under process of accreditation and is performing proficiency tests. It is expected to start follow up liquid culture activities from June 2019. All the required infrastructure (MGIT) and staff (LT etc) for C & DST lab are in place.

CBNAAT lab Surat Rural: At New Civil hospital, CBNAAT services started in August 2012. Hospital has e is a 4 module CBNAAT machine. Team made following observations related to the lab:

- Lab had adequate infrastructure arrangements for CBNAAT functioning with SOP posters on the walls.
- CBNAAT is operated by trained Laboratory technician (provided from state health department).
- On an average 300-350 tests are performed every month. CBNAAT performance for year 2018 and 2019 is as follows:

Year	Total test performed	MTB detected with Rif sensitive	MTB detected with Rif resistance
Jan –Dec 2018	3675	1349	105
1 Q 2019	1201	334	20

- Sufficient stock of cartridges was available (at the time of visit 1350 cartridges were available).

District Drug store: Team reviewed the condition of drug store at District TB centre, Surat Rural. All the 1st line and 2nd line drugs were available in the store with minimum of 3 months of required stock (Inc. in hand and pipeline drugs). It was informed that state has contracted two logistics companies- Ambika roadways and Shah mahendra kumar & company for supplying drugs from State drug store to all 36 district drug stores under RNTCP programme to ensure timely supply of drugs. Store was in good condition and all the medicines were stored well.

B. Visit to SMIMER Hospital under Surat Municipal Corporation (30th April 2019)

SMIMER is a 750 bedded tertiary health care hospital established by Surat Municipal Corporation and operates as non-profit organization. Oversight team visited CBNAAT lab, District DRTB Centre and ART centre at the SMIMER.

TB facilities at SMIMER hospital: TB diagnosis and treatment services (CBNAAT, Medication, DR TB centre) are supported by state RNTCP and provided free of cost to all patient attending the institution. Besides Hospital's health staff, TB programme at the hospital is supported by Medical Officer (TB), Lab. Technician and TB-HIV Coordinator one each through NHM budget under RNTCP. M.O (TB) is responsible for attending each patient of TB upon diagnosis and putting them on appropriate treatment/ referral to UHC/PHI. For DR TB patients, he coordinates with DR TB centre committee to initiate their treatment.

CBNAAT Lab: Hospital has two CBNAAT machines, of which only one is function. Request for maintenance of second CBNAAT has already been sent to CTD through state. From 2017 onwards, CBNAAT lab functioning is supported by CTD, previously FIND used to support the lab. Team checked records and interacted with LT at the lab and had following observations:

- Average no. of tests performed by CBNAAT per month is ~300. Performance of CBNAAT for year 2018 and 2019 is :

Year	Total test performed	MTB detected with Rif sensitive	MTB detected with Rif resistance
Jan-Dec 2018	3943	468	46
1 Q 2019	898	152	23

- Stock of 380 cartridges was present at the laboratory, sufficient for a month's time.

- Team identified data mismatch in the cases/test performed recorded in CBNAAT lab register and report prepared for quarter 1 of 2019. It was found that LT provided same lab. Number to different specimens of same patient which was resulting in wrong calculation of the total samples tested. Team highlighted the need for supervision and training of LT on data recording to avoid data compilation errors.

District DR TB Centre: Team visited the district DR TB centre located in the hospital. It was a 5 bedded ward supported by RNTCP programme. At the time of visit, 4 patients were admitted in the ward. Upon interaction with one of the patients, team found that he was a HIV-TB co-infected patient who was on TB treatment for last 11 months and was receiving ARV treatment from SMIMER ART centre. However, patient was not linked for NPY benefit in spite of being eligible. Team found lack of support efforts from TB-HIV coordinator who is specially tasked to support such patients. Besides, team felt that to address concerns of HIV- TB co-infected patients ART and Care and support centre staff (under Vihaan) should also coordinate better with RTNCP programme.

One of the concerns raised by the RNCTP programme staff and doctors at the SMIMER hospital was the insufficiency of staff to manage high patient load and requested to provide one additional M.O officer and one counselor for DR-TB patients from state RNTCP to improve treatment adherence.

ART centre at SMIMER hospital: The centre has 1 senior M.O and 2 M.O. Positions of 4 counselors, 1 lab technician, 2 data managers, 1 pharmacist and 1 care coordinator are filled. Of the available positions of 3 staff nurse, 1 is vacant.

As on March 2019, 6720 PLHIV know their status of which 4471 (**71%**) are on ART. Of 531 tested for viral load, it was suppressed in 438 PLHIV (**82.48%**). In year 2018-19, 34 ANC were enrolled and initiated on ART and EID registration and initiation was done for 4 cases.

The samples for viral load testing are collected by Metropolis, a diagnostic chain, once a week. The CD4 machine is operational at the centre since 2014.

Observation and Recommendation of oversight Committee:

- 1) One CBNAAT machine is out of order and requires maintenance.
- 2) Record maintenance at CBNNAT lab requires improvement through supervision and training support to LT.
- 3) Need to establish better coordination amongst staff of ART, Care and support centre and RNTCP programme to tackle issues of HIV-TB co-infected patients and to link them with various patient support schemes.
- 4) Challenges of requirement of new computers and infrastructure and high migration of patients were reported at ART centre SMIMER hospital.
- 5) To manage high patient load at hospital under RNTCP programme, there is requirement of additional M.O officer and counselors esp. for DR-TB patients.

C. Visit to CHC Olpad (30th April 2019)

CHC Olpad is a 30 bedded hospital and has a monthly OPD of 3500. It is run by 4 M.O and 30 paramedic staff. There are 7 PHCs and 37 Sub Centers associated with the CHC.

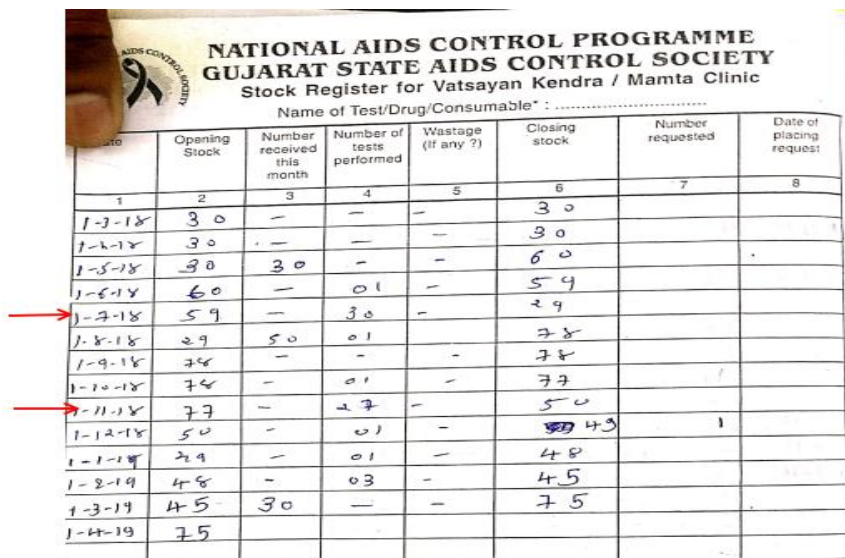
HIV services at CHC Olpad: CHC has one ICTC / PPTCT centre. Only one male counselor is appointed who counsels both general population and pregnant women for HIV and STI programmes. The number of

patients arriving at the centre is generally low (around 10-12/day) barring Mondays which is designated day for Mamta Clinic (women arrive for ANC). Mostly, agricultural and industrial laborers are prospective clients. He mentioned that no TI is present in the area and hence low access of services from HRGs was seen. The counselor has been trained multiple times since his joining in 2008. He enters all required details in PALS and maintains registers regularly. The counselor was not able to show an entry in PALS software to the team as the server was down for maintenance.

In March 2019, 268 patients attended the ICTC/ PPTCT, and none was found positive. In year 2018-19, 2857 tests were conducted of which 4 were found to be positive. The HIV positive patients are then referred to the ART centers in Surat City. All symptomatic were sent for TB testing. ORW from Vihaan and Field Officer from Svetana project visit the centre and collaborate with the counselor. Coordination meetings are also attended every month by representatives from Vihaan and Svetana projects.

At the lab, all facilities for HIV testing were available. The available kits were checked and found to be in order as reported. It was found that 75 2nd test kits were available at the centre. The committee felt that considering the low positivity of the center, there is probably no need to keep a high stock of the same. Close monitoring also revealed that FEFO was not being maintained for kits. A box with expiry in 2020 was opened before a box with Dec 2019 expiry. The committee agreed that though the ones with expiry of year 2019 will be consumed, it is safer to follow FEFO (First expired first out) guidelines.

An unusual reporting was observed in the shared report of the 2nd test kit stocks where only for the month of July and November 2018, 30 and 27 tests were performed respectively, however for other months, only 1-3 tests/month were performed. The counselor conveyed that during the said months, all PHCs close to Olpad were on strike and the FICTCs were not functional, thus many cases were referred to CHC Olpad.



Date	Opening Stock	Number received this month	Number of tests performed	Wastage (If any ?)	Closing stock	Number requested	Date of placing request
1	2	3	4	5	6	7	8
1-7-18	30	-	-	-	30		
1-8-18	30	-	-	-	30		
1-9-18	30	30	-	-	60		
1-10-18	60	-	01	-	59		
1-11-18	59	-	30	-	29		
1-12-18	29	50	01	-	78		
1-1-19	78	-	-	-	78		
1-2-19	78	-	01	-	77		
1-3-19	77	-	27	-	50		
1-4-19	50	-	01	-	49	1	
1-5-19	49	-	01	-	48		
1-6-19	48	-	03	-	45		
1-7-19	45	30	-	-	75		
1-8-19	75						

TB services at CHC Olpad: It serves as Tuberculosis unit (TU) under Surat rural district with 9 DMCs reporting under it. On an average 70-90 presumptive TB cases/month are tested for disease confirmation.

- As per RNTCP notification report 2018-19, around 859 sputum samples were tested at CHC Olpad with detection of 35 AFB positive cases. Total 44 patients were put on treatment (including 9 EPTB) either at CHC Olpad (8 patients) or other PHIs (29 patients) during the year.
- Team reviewed the laboratory services available at CHC for TB diagnosis, verified lab registers and randomly checked sputum slides for quality. TB diagnosis is primarily undertaken through

sputum microcopy testing (ZN stain) and chest X-ray machine. Each presumptive TB case is routinely tested for sputum microscopy, random blood sugar and HIV test. While all Presumptive DRTB cases and key/vulnerable groups/EPTB are referred for CBNAAT testing at New Civil Hospital.

- Patient interaction: Team interacted with one patient of Drug Sensitive TB (DSTB) seeking treatment at the CHC Olpad to get feedback on the quality of treatment services provided by the facility. Patient informed that he was diagnosed in Feb, 2019 for TB and is on treatment since then. He was counseled properly on treatment duration, side effects, nutrition and prevention aspect of the illness. He takes medicine (99 DOTS medicine box) in presence of DOTs provider (pharmacist) at the facility. Patient also confirmed receiving benefit of Rs. 500 per month for nutritional support under Nikshay poshan yojana.
- Team interacted with DRTB supervisor under RNTCP and DRTB counselor provided under Saksham project to manage the district. DRTB counselor under RNTCP programme mainly supports U-DST, ensures extended DST (LPA, LC & DST) of required cases by sending samples to state C& DST lab, initial home counseling of patients, treatment support to DR-TB patients in the district. DRTB counselor from Saksham project complements the work of RNTCP DRTB counselor by providing frequent home visit and psycho-social counseling support to DR TB patients. Besides, Saksham counselor helps in timely reporting the ADR, tracing LFU and linking the patients to social welfare schemes.

Observations of Oversight committee:

- 1) Sufficient stock of TB drugs /Lab. supplies was present in the pharmacy/store at CHC.
- 2) All the key health staff (Doctors, LT, Pharmacist, STS, STLS) was trained and was performing well.
- 3) Patients recorded in physical registers (laboratory and treatment registers etc) and reported in Nikshay portal were matched. No backlog was found.

D. Visit to PHC Sandhiyer

Team visited PHC Sandhiyer, one of the designated microscopic centres (DMC) which reports to TU Olpad. PHC caters to the population of about 54022 with an average OPD patient load of 990 patient per month. MOIC at PHC Sandhiyer briefed that it has all the key staff (M.O, Ayush doctor, Pharmacist, LT etc) in place except four staff nurse positions which are lying vacant.

- Under RNTCP programme during period 2018-2019, PHC reported 58 TB cases were notified (48 sputum positive and 10 EPTB cases). Currently, total 26 patients are on treatment under the programme (including 2 MDR cases) at PHC or its sub centres.
- Sputum smear microscope (ZN stain) is used to diagnose TB among Presumptive TB cases. Alongside TB test, presumptive cases are offered RBS and HIV tests as well.

Recommendations of the Oversight Committee team- Lab records were checked by the team at the PHC Sandhiyer. Some issues were identified in the recoding of treatment outcome of the patients in TB notification register. Team suggested improving record maintenance at the facility through adequate supervision and training of LT and pharmacist.

E. Visit to Udhna Hospital (30th April 2019)

Satribadi Christian Hospital is a private 50 bedded multi specialty hospital. It has been enrolled under the PPP Model B- which is a data sharing model. The facility has signed a formal MoU and has been provided testing kits and NACO approved register for reporting. The hospital has agreed to detect and refer HIV positive pregnant women and share the data.

On an average its gets 20-24 ANC every month, and conducts 20-25 deliveries every month. The hospital has never conducted a positive pregnant woman delivery till now. Since Jan 2018-March 2019, 367 HIV tests of ANC were performed, and no SRT case was found. Regular reporting is done through NACO format, and the same was checked by the Oversight Committee team. A SIMS User ID password has been created for reporting to NACO.

Patient interviews:

1. 41 yr. old female. HIV +ve since 3 years. Took ARV drugs from private sector for 2years, shifted to govt. sector for ART since 4 months. Currently on 2nd line drugs. Spouse negative (2nd marriage). Has kept her status hidden from the family. Underwent Ante natal checkup 6 months ago in SMIMER hospital. She came across GSNP+ during her ANC and is being followed closely by the team. She has been associated by the Vihaan team for social schemes as well.
2. 38 yr. old Female. Was pregnant in 2017and was tested HIV positive in a private hospital. Referred to SMIMER Hospital for further ANC and ART. Delivery conducted in a private hospital. Spouse tested alongside and found HIV+ve. Undergoing 1st line treatment. GSNP+ got in touch with her when her child was due for the 18th month EID as GSNP+ has been operating in Surat, Gujarat under Svetana programme since January 2018. She does not feel the need to be enrolled for social schemes currently.

Observations and recommendations of the Oversight Committee team-

- 1) Regular visits by field officers to high load centres are required.
- 2) On discussion with the doctors at the Private healthcare center, it was felt that there is need for sensitization of Pvt. Healthcare providers on HIV Act.
The doctor discussed with the team regarding a HIV positive patient who was seeking treatment from him. The doctor faced difficulty on whether he is obligated to reveal the identity of the patient to their spouse. The team recommended that Vihaan team can be involved in such cases considering GSNP+ is running both Vihaan and Svetana projects. The private health care providers can also be sensitized regarding the Vihaan programme during their regular visits.

F. Visit to Surat CSC (NSP+) (30th April 2019)

The team visited the Surat CSC which is run by NSP+ and is a Global Fund funded center under the Vihaan programme. The team met around 12 beneficiaries and all staff of the programme. All positions are filled at the centre.

Surat CSC has a high case load serving 11,360 active care clients as per their February 2019 report. The CSC is linked with three major ART centers, New Civil Hospital, Smimer Hospital, Surat and Reliance HIV and TB Centre Hazira.

The beneficiaries reported satisfaction with the CSC services, being particularly happy with some of their innovative activities such as the marriage bureau and children's meetings. Many reported being followed up on LFU and convinced by the testimonial counseling of outreach workers. Some, however,

were not fully satisfied with the social entitlement support. They said that they had not received any financial support under the Nikshay Poshan Yojana.

Outreach workers had a good conceptual understanding of the programme and were well motivated. They shared their experiences of counseling and dealing with difficult situations, such as convincing a patient to enroll them to ART center, reaching out to the unreached, making efforts to ease the issues faced by patients and bringing back LFUs. Record keeping was good. Outreach workers were able to demonstrate their data entry on the tablet.

GSNP+, the SR has been able to mobilize other funds for supplementary programmes which enhance the effectiveness of this CSC. Fund flow is reported to have been satisfactory with salaries paid on time. However, frequent turnover of staff was reported due to the low salary structure. Non availability of budget for capacity building of new staff and refresher training was also cited as a problem. Inadequate travel allowance was brought up as a major challenge. The CSC is trying to find other ways such as trying to get free travel on local buses.

The project director of the CSC requested that the State Coordination Committee of Sankalan, include GSNP+ for better access to social entitlements for PLHIV as well as direct reporting and resolution of issues.

As per the list of registered clients provided by CSC from January 2018 – January 2019, 919 clients were registered of which 108 were seeking treatment from New Civil Hospital and 811 from SMIMER Hospital, which clearly shows that their presence in SMIMER is high due to close proximity of the CSC, whereas New Civil Hospital has much lesser registrations. Of the total 919 registrations, 608 were males, 310 females and 1 was TG. 906 clients were from Surat district, 12 from other districts in Gujarat and 1 was from Maharashtra. Of the total 668 were on ART, 222 on Pre –ART and ‘no status’ has been reported for 29 clients. It has also been observed that of the total, contact details of 34 clients was not recorded and of these 11 were on Pre- ART. It may pose difficulty in tracing such clients if they choose to drop out.

Observations and recommendations of Oversight Committee team -

- 1) The team recommended that social scheme linkages should be strengthened. This was brought out from certain patient interviews at ART centre visited by the team.
- 2) TI and network linkages also must be strengthened.

G. Visit to private hospitals (Hub and Spoke facilities) under JEET project (30th April, 2019):

To observe private sector engagement activities under JEET project being implemented by WJCF (non govt. PR) and its SR partner, oversight team visited two of the private health facilities in Surat Municipal Corporation (SMC) - Bansari Hospital, Amroli (HUB facility) and Niramay Surgical Hospital, Amroli (Spoke facility) engaged with the JEET project and notifying patients to public sector.

- I. Bansari Hospital: This facility was engaged with JEET project in October, 2018 and is supporting the JEET project as Hub centre for notification of TB patients, sputum sample collection/transportation and FDC distribution to patients of peripheral private health facilities (Spokes). The facility has notified 78 cases at Nikshay portal so far. Team met the head of the hospital, Dr. Mehul Bhavsar who appreciated the project for providing notification support to private facilities, free testing and

treatment support (from public health facilities) to their patients through dedicated human resource like hub agent, treatment coordinator etc.



- II. Niramay Surgical Hospital – is one of the spoke facilities reporting on TB patient notification with support from hub structure situated at Bansari hospital. The facility got engaged with JEET project in November 2018. Dr. Muktesh Patel provided positive feedback on the initiative. He apprised that for him main motivation to associate with the project is additional counseling and adherence support his patients get during TB treatment. He informed that six of his patients are registered for Nikshay Poshan Yojana for DBT with support from JEET project.
- III. Parinbano TB Hospital: It is a hub facility engaged under JEET project, which reports highest numbers of diagnosed TB cases in Surat district and 6th highest at country level among private facilities as per Nikshay records. On 1st May, 2019, Oversight team along with DDG (TB), Dr. K. S Sachdeva visited this facility to interact with its staff and to learn about their experience of working with JEET project. The facility notifies around 75-125 TB cases per months and seeks CBNAAT test benefit for its patients with support of hub agent. Team observed that though hospital doctors were quite supportive to activities of JEET project but had reservations in allowing monitoring their patients for treatment adherence by treatment coordinator under JEET program.

Observations and recommendations of Oversight Committee team:

- 1. Linkages with private sector need to be strengthened with support of JEET project for improving private sector notification and subsequent public health action. TB drug sale under private sector may be assessed to understand notification gap.
- 2. Team recommended and encouraged doctors at Parinbano TB hospital to support JEET team and allow them to follow up their patients for treatment adherence.

Debrief meeting of Oversight team with District Magistrate, Surat (1st May 2019)

Oversight Team met and shared brief observations from the visit with District Collector, Surat, Dr. Dhaval Patel and District Development Officer, Sh. Hitesh Koya on 1st May 2019 in presence of state and district officials (including programme consultants).

District magistrate assured to take note of the findings of Oversight team and recommended concerned state and district officials to resolve issues/challenges in the field highlighted by the team with special emphasis to the following:

- Improving TB notification from private sector; exploring TB drug sale in private sector to assess the notification gap
- Initializing operation of installed viral load machines and addressing infrastructure issues at ART centres.
- Improving storage condition for sensitive TB drugs in the district

He assured to routinely review HIV and TB program progress in his district and ensuring involvement of civil society organizations supporting the programme implementation.

Annexure1

S.No.	Name	Designation/ Organisation
1	Dr. Inder Prakash	Chair-Oversight Committee, ICCM
2	Dr. Pranav G.Patel	Director STDC
3	Dr. Hasmukh	CDHO
4	Mr. Girish	SAO-RNTCP
5	Dr. Hiren Thanki	WHO Consultant
6	Dr. Hardik Solanki	WHO Consultant
7	Mr. Vivekanand Pandey	PD-WHP
8	Dr. Nisarg Desai	State Head-CHAI
9	Mr. Maulik Gandhi	OPS Manager-CHAI
10	Mr. Alpesh Pansheriya	STO-CHAI
11	Dr. K.N.Sheladia	DTO-SMC
12	Mr.Kanshul Ashok Mehta	PO-TISS
13	Mr. Shivanshu Verma	OL-WHP
14	Mr. Mahesh Gamit	OL-WHP
15	Dr. Sudhir Chawla	Jt.Director-CST
16	Ms. T.Mercy Annapoorni	Oversight Committee Member-ICCM
17	Ms. Sanghamitra Iyengar	Oversight Committee Member-ICCM
18	Md. Hashmat Rabbani	Oversight Committee Member-ICCM
19	Dr. J.K.Kosambiya	Prof. & HOD-PSM
20	Mr. Yashavant R.Valni	Dist.DAPCU
21	Mr. Umesh Rathod	Coordinator-SMC
22	Dr. Amit Kard	Consultant-CTD
23	Mr. S.A.Khan	GM (Proc)-CMSS
24	Dr. Sandhya Gupta	Coordinator-ICCM
25	Dr. Benu Bhatia	Programme Officer-ICCM
26	Ms. DaxaPatel	PD-Vihaan
27	Mr. Rajesh Kulavadisa	PM-Vihaan
28	Dr. Sandhya Krishna	PO-Alliance India
29	Dr. Sheethali Rai	RC-Tiss, Mumbai
30	Mr. Dharmishta A Nanavati	PM –Gujarat Saksham Pravaah, TISS
31	Ms. Arpita	Programme Manager-Svetana
32	Mr. Krishan Kumar	State Director-GSNP+
33	Mr. Jitendra Mehta	PM-SAATHII, State Unit
34	Dr. Surendra Yadav	RTM-SAATHII
35	Dr. Dhaval Rathod	DTO-Surat
36	Mr. Dhaval P Trivedi	DPPMC-SMC
37	Mr. Roshan Patel	DPS-SMC
38	Mr. Pradip K.Patel	DPPMC-Surat
39	Mr. Hitendra Patel	GSNP+
40	Mr. Robin Gamit	GSNP+,Svetana Project
41	Mr. Dharamender Patel	PO-GSNP+
42	Mr. Sohil Gamit	PO-Vihaan,GSNP+
43	Mr. Hemant C Patel	SMC-DPS
44	Mr. Jignesh S Bhavser	AK-SMC