Oversight Committee Field Visit Report
(11-14, October & 17-21, October 2022)

States visited: Mizoram & Uttar Pradesh

Oversight Team members:

1. Ms. Nandini Kapoor
2. Dr. Naresh Goel
3. Mr Pratik Rawal
4. Prof. Ramila Bisht
5. Dr. Sangeeta Kaul
6. Mr. Moses
7. Dr. Vinod Chaudury
8. Mr. Devis
9. Mr. Srajan (Consultant)

Objective of the Oversight Committee visit

- To review the program implementation of the current Global Grants of HIV/AIDS, TB and Malaria.
- To identify challenges faced by the Principal Recipient and Sub-Recipients.
- To provide recommendations for improving the quality of project implementation

Key Observations - HIV/AIDS

- Both states are lagging in achieving the UNAIDS First 95 target, being currently at 64% (Mizoram) and 65% (Uttar Pradesh).
- The states performed well in terms of the second 95 target- PLHIV on Treatment (85% -Mizoram and 84% - Uttar Pradesh).
- Despite the limited access to viral load testing, the states performed well in terms of the third 95 target (91% -Mizoram and 85%- Uttar Pradesh).
- The HIV epidemic in Mizoram has become a generalised one with an adult HIV prevalence of 2.7%, especially new infections among the young population is increasing.
- Though the prevalence of HIV is low at 0.1%, it translated to a very high number considering the population of over 200 million in UP, which requires focussed interventions, especially in specific geographies where the positivity is higher.
- There is a resurgence of sexually transmitted infections among the young populations that need to be addressed.
- While ARV initiation has been impressive in both states. Uttar Pradesh reported a stock out of ARVs.
- As care and support centres are a critical link between the community and services, their role needs to be reviewed, and a stronger focus on linkage to services (ICTC to ART) and social protection schemes need to be ensured.
- Due to the COVID pandemic, training for healthcare providers was virtual, but the impact these on-line training has been minimal.
- Limited availability and access to viral load testing have been a major hurdle at the state level.

- Almost 50% of the newly initiated PLHIV have a CD4 count less than 350, signifying late diagnosis.
- Human resource constraint was observed in a significant number of the health facilities visited by the team, especially Lab technicians and Counsellors.
- The SOCH system continues to have glitches at the health facility levels, with the State teams unable to review the real time data that is shared with NACO.
- Overcrowding of facilities, and limited staff especially in Lucknow (ICTC and ART footfall is about 200 every day) was an area of concern.

Key Recommendations:

1. ***HIV Prevention and Testing***

- Social marketing of medium-sized condoms to be enhanced (*Nirodh condom is not preferred by clients.*
- Strengthen the engagement of churches in the HIV response including prevention efforts in Mizoram.
- IEC initiatives for promoting early identification of STIs and community-based HIV testing are to be prioritized.
- Sampoorna Suraksha Kendra's must be made fully functional and periodically monitored to assess the feasibility.
- Coordination between ICTC and ART center to be improved with stronger community engagement.
- Index testing at ICTC to be enhanced.

2. ***HIV treatment and Care***

- Ensure ART adherence among the newly initiated PLHIV for first six months of treatment, followed by Viral Load test.
- IEC around Undetectable =Untransmissible (U=U) message needs to be promoted.
- Strengthen linkage between ICTC and ART center. The ART Center counsellor needs to keep a track of all the newly diagnosed HIV-positive cases at the ICTC, and counsel for rapid ART initiation. A stronger role is to be defined for the care and support centre to support the cascade.
- The mobile numbers of the newly initiated PLHIV are to be recorded accurately and all new cases to be followed up weekly for the first six months.
- Better coordination with the Health Promoter staff of Vihaan project is required for tracking missed cases and lost to follow-up cases.
- Index testing at the ART center to be enhanced.
- Explore the option of utilizing GeneXpert machines for Viral load testing for all eligible PLHIV.
- The care and support centers should be evaluated for their relevance and cost-effectiveness, including their role in access to social protection schemes.
- Process documentation of the community-based ARV delivery model in Aizawl, would help in scaling up in other parts of the country.

3. ***PMTCT***

- Dried Blood Spot (DBS) testing for pregnant women in the third trimester (32-36 weeks gestation) may be explored to the difficult terrain and travel logistics.

- Index testing for all biological children, and partner/husband of pregnant woman to be prioritised.
- Convergence of services to be taken on priority to improve service uptake, single prick testing and human resource rationalisation.

4. ***SOCH***

- The technical issues related to SOCH should be addressed at the facility and state level
- The state level M&E team should be given access to review the data uploaded at the district level

5. ***Training of Health care providers:***

- All planned training should be physical and hands-on
- SAATHI –Blended training sessions also should be physical
- High quality training is critical for improving HIV service delivery at the facility and community setting.

Oversight Visit Mizoram

11- 15, October 2022

Oversight committee team

Dr.Sangeeta Kaul, Mr. Mosses, Dr.Vinod Choudary, Mr. Devis and Mr.Srajan.

The team covered HIV and Malaria component only, as there was no representation from the TB team. The details of the visits and key observations of the OC team are detailed below,

Day 1: 11th October 2022

Name of the site: State Vector Borne Disease Office, Aizawl

People met: Dr. Hmingthan Mawii , State Program Officer, Mrs.Zonundangi Saini, State Finance Consultant, Dr. K. Vanlalhruaia , State Entomology Consultants, VBDs, Dr.Tintin, State M& E Consultant, VBDs. Miss Deborah Lalpuii , State IEC Consultant, VBDs. Ms. Malsawmthangi Pachuau , State PH Consultant, VBDs.

Key observations

- Despite the continuous efforts in distribution of Long-lasting insecticidal nets (LLIN), the acceptance is poor among and the community and they are dissatisfied with the quality of nets.
- Availability of human resources is one of the major concerns, with most sub-centers having vacant posts. Data collection and reporting are also major concerns. Accredited Social Health Activists (ASHA) are deployed for the distribution of LLIN.
- Targeted IEC/BCC interventions are essential to promote the usage of the LLINs provided to the community.
- Factual data/information must be reported w.r.t the community's perception of the quality of LLINs and their usage.
- Since the MTS are now left with very limited malaria cases in low-endemic districts, it is important to realign their roles and responsibilities. Such tasks may include attending ASHA monthly meeting at PHC/CHC for sensitization and training on malaria, 14 days follow-up of PV cases for treatment completion, and taking up other VBDs like Dengue, Chikungunya since it is co-endemic in most districts.

Figure 1 Meeting with the Principal Secretary, Health & Family Welfare Department, Mizoram

The discussion with the Principal Health Secretary Ms. Esther Lal Ruatkimi, focused on the following,

- Stigma related to HIV and TB is still prevalent and high in the state.
- Focus should be on the integration and collaboration of HIV, TB, and Malaria service delivery.
- Awareness about early detection and treatment of HIV and TB must be given importance
- Educating the community on the correct use of LLIN as a malaria prevention mechanism is important as they are used as a fishing net in certain tribal communities.

MIZORAM State AIDS Control Office (MSACS)

The following key points that were discussed during the meeting with MSACS team.

- The current status of 95-95-95 targets in Mizoram was 64-85-91.
- Increased focus on early identification of the PLHIV in very important.
- Need for mobile ICTC especially for reaching the hard-to-reach populations in difficult hilly terrains.
- There are difficulties to get a repeat viral load test for Positive pregnant women at 32-36 weeks, especially due to transport and travel-related challenges.
- For implementing Community System Strengthening activities, there is no clarity on the budget for tracking the expenses. There is no funding for the orientation of State Technical Resource Group of CSS.
- Physical training of different cadres of staff, e.g., TI, ART, ICTC Laboratory Technicians, and counsellors is urgently required. Hands-on practical training in conducting the lab is essential.
- There is a very limited impact of the blended training conducted by SAATHI. The SOCH system functioning effectively at the facilities. However, SACS officials do not have access to the real-time data which makes them difficult to review the data.

Figure 2 HIV team at the Mizoram State AIDS Control office

ICTC Zoram Medical College

Zoram Medical college, situated in Falkawn is only medical and educational institutes in the state of Mizoram. It is a new establishment that became functional in 2018.

People met: ICTC Counsellor - Ms. Rebecca Lalbiakzami; ICTC Lab Tech - Mr. Zothansiama Chhakchhuak; DSRC Counsellor - Ms. Vanlalawmpuii; ARTC MO - Dr. VL Ruatkimi; ART Counsellor - Lalbiakhlui; ART Lab Tech - Remsangzuali; ART Nurse - K. Lalrinsangi

Figure 3 HIV Team at Zoram Medical College ART center

Key observations

The counsellor at the centre is experienced y experienced Counsellor, who is performing well. Around 350 clients are counselled with around 10 HIV positives in a month.

Key Recommendations

- Better coordination between the ICTC and ARTCs is required to improve the testing, and treatment services including drug dispensation in the state. It will facilitate better management of client load in Zoram Medical college as well.

ARTC, Zoram Medical College

It is a newly established ART center, having around 100 PLHIV on treatment, primarily transferred from the Civil Hospital, Aizawl. The centre manages the ART stock well. Around, 40% of PLHIV are on 3 months MMD.

The occasional challenge is related to the transport of the blood sample due to the difficult terrain and other logistics issues including the availability of driver.

Key Recommendations:

- The ARTC counsellor needs to keep a track of all the newly diagnosed HIV-positive cases at the ICTC, and provide counselling for rapid ART initiation.
- Mobile numbers of the newly treatment initiated PLHIV to be recorded accurately and all new cases are to be followed up on a weekly basis for the first six months.
- Better coordination with the Vihaan project Health Promoter staff is required for tracking of missed cases and Lost-to follow-up cases.

Day 2: 12th October

ICTC, Civil Hospital Aizawl

People met: Dept of Microbiology (SRL) Dr. Lalhmingmawii (HOD), Dr. Lalrempuii (SNO-SRC); Ms. Jacinta – Technical officer. ICTC Counsellor – Laltanpuia; Dr. Shehnaz and Dr. Betty

Figure 4 ICTC Civil Hospital, Aizawl

Key observations.

- The caseload is high with over 1000 clients in a month and around 50 HIV-positive cases detected in a month. The average monthly HIV positivity is about 4.2%. The key associated risk factors are drug use and multiple partners. The newly diagnosed cases are mostly educated but unemployed
- No induction training for the newly recruited Lab technicians of the Laboratory, nor any refresher training for the other laboratory technicians. One day online didactic training was given
- Almost 50% of the newly diagnosed PLHIV had CD4 less than 350. The HIV TB referral at the ICTC is excellent at 100%.

Key Recommendations

- Community-based screening needs to be strengthened to ensure early identification of asymptomatic PLHIV.
- Mobile ICTC intervention can help in improving the access to HIV testing.
- Training is critical especially hands-on training for the newly recruited Laboratory technicians.

ART Center Civil Hospital

People met: ARTC MO - Dr. Christina. DSRC Counsellor - Mary

The ART center has 5,700 PLHIV on treatment of which 215 children on Paediatric ARVs. Around 30% of PLHIV are on 3 months of MMD. The average number of cases newly initiated for treatment was around 30. The turnaround time of the Viral load test reporting was 10 -15 days. The AHANA fieldworkers coordinate well with the ART center in reaching out the positive cases.

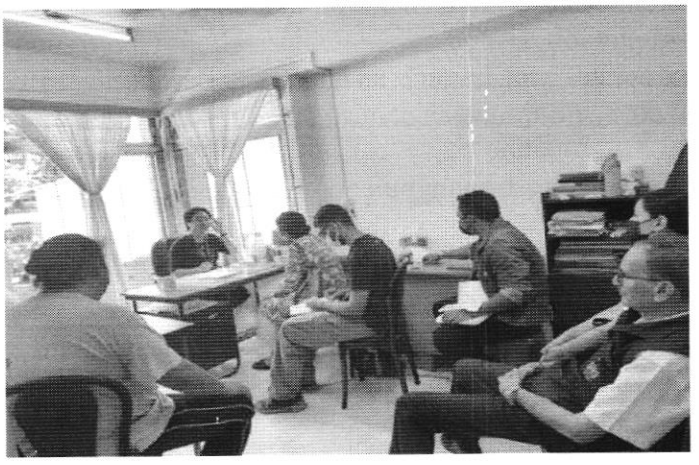
Key observations

- The drug dispensation reports generated by SOCH do not match with the actual dispensation. PEP dispensation cannot be entered into the system. So currently, the Pharmacist enters the PEP data in the private dispensation sheet.

Key Recommendations

- Mobile numbers of the newly initiated PLHIV are to be recorded accurately and all new cases to be followed up on a weekly basis for the first six months.
- Better coordination with the Vihaan project Health promoter staff is required for tracking the missed cases and LFU cases.

Figure 5 The team at the ART center.



PPTCT centre, Civil Hospital Aizawl

People met: PPTCT Counsellor- Lalhmangaihi. PPTCT Lab. Technician – Lalrosangi

Key Observations

- Over 200 antenatal cases are tested for HIV in a monthly with an average of 5 new HIV-positive pregnant women, during the last three months.
- The AHANA outreach workers maintain a comprehensive line list of positive pregnant women and follow up them regularly. The positive cases are delivered in the hospital and linked to the ART center.
  The challenge is getting a repeat viral load test done at 32-36 weeks of pregnancy.

Key Recommendations

- DBS test may be an option for a repeat Viral Load test of HIV-positive pregnant women during the 3rd trimester of pregnancy.

STI Clinic, Civil Hospital Aizawl

Key Observations

- According to the Medical Officer, STI cases are on the rise. The common clinical presentations are as: Genital warts, Urethral discharge, Herpetic Ulcers, Vaginal Discharge, and Syphilis. Over 16 females and 4 males have been detected HIV positive in the last two months. There is adequate stock of STI kits.
- Accessing the NACO Helpline 1097 was difficult as the responses are in Hindi which needs to be in Mizo language.
- Clients are dissatisfied with 'Nirodh' condoms as the condoms are smelling bad and not in suitable size for Mizo men.

Key Recommendations

- Provide awareness to general population about the common symptoms of STI and IEC material focusing on STIs in addition to HIV transmission is required.
- Condom promotion strategies to be strengthened
- The 1097 Helpline should have an option in local Mizo language.

ICTC Synod Hospital

People Met: ICTC Counsellor – Chuangpuii and ICTC Lab. Tech – Melody

It is charitable hospital situated in Durtlang near Aizawl; the oldest health center founded by German missionaries in Mizoram in the 19th century. The daily case load is around 20 clients, with a good proportion of walk-in clients, in the age group of 20-30 years.

Figure 6 Team at Synod Hospital, Durtlang

Key Recommendation

- The index testing approach needs to be strengthened.

ART Center Synod Hospital

It is a newly established PPP ART center. 364 PLHIV have been registered at this center, which includes 14 children. The majority of the PLHIV are transferred in from ART Center Civil Hospital. Two PLHIV are on the second line ARVs and 45 clients are in 3 months MMD.

A matter of concern is that the newly initiated PLHIV have to pay Rs 1,900 for the baseline investigations and the clients are not financially sound.

Key Recommendations:

- Mobile numbers of the newly initiated PLHIV are to be recorded accurately and all new cases are to be followed up on a weekly basis for the first six months.
- Continue coordination with the Vihaan project Health Promoter staff for tracking missed cases and LFU cases

Day 3: 13th October

Central Prison Aizawl.

People Met: MO - Dr. CT Lalruatkima, ICTC Counsellor - C. Zonuni. ICTC Lab Tech – Rebecca Lalmalsawmi

Figure 7 The team at the ICTC of the Central prison, Aizawl.

Key observations

- This prison currently has around 700 inmates, of them 107 of are HIV positive. Out of the 107 PLHIV, diagnosed at the prison ICTC, 100 are on ART. The prison has a Medical Officer in place who provides services 3 days per week.
- There is an SA-ICTC within Central Jail. While ITECH was functional in the state, it had developed a strategy for ART linkage, ART initiation, investigations, etc for prison inmates. They worked in partnership with one TI-NGO (SHALOM) and had a separate staff dedicated to prison intervention. ITECH also had a doctor who was in charge of the ART part and ITECH also did index testing through its case detection unit (CDU).
- As YRG Care is taking over the responsibility, the system that was working well collapsed and with its limited staff, it is feared that the current strategy may not be

sustainable for long. It is also feared that only 5 Mobilizers and 2 Lab technicians may not have the bandwidth to cover all 9 District jails.

- As admission and discharge of prison inmates is a dynamic process, a mechanism to capture all admissions will have to be devised. Also, the state manager who is also looking after other 4 NE states has been placed for this state too. A state manager who is fluent in the local language is needed since he/she needs to a lot of networking with state officials, prison staff and line departments. Mizoram SACS strongly pointed out that they require partners that will give them solutions and add value to the system.
- The current Global Fund-supported prison intervention is being implemented by PLAN/YRG Care since August 2022.
- There has been a slight disruption of ARV-specific activities, with the ending of the PEPFAR-CDC -ITECH project

Key Recommendations

- Since this prison has a Medical Officer, a part-time Medical Consultant, and a Laboratory Technician will improve the conditions greatly, this center can function as a Link ART Center.
- With a high number of PLHIV (107) in the prison, it is a feasible option to have a Link ART Center that will provide ARVs to the clients, without having to be escorted on a monthly basis to the ART Centre Civil Hospital Aizawl.
- The Medical Officer of the Prison should also be trained on ART NACO guidelines, by the Mizoram SACS.

Day 4: 14th October

Vihaan Care and Support Center, Aizawl

People met: PD- Vanlalruati and staff

The centre is being managed by the Positive Women Network of Mizoram since 2013. It caters to three districts of Aizawl, Kolasib and Mamit. Since July 2017, this center is dispensing ARVs. Currently, 350 PLHIV are getting ARVs from this center

Figure 8 CSC Vihaan, Aizawl

Key observations

- There is good coordination between the CSC and the ART center with follow-ups on missed and LFU cases.
- The center also has a staff nurse, supported by the Women's Church Group who provide ration to the community.
- There is a child-friendly corner as well for the CLHIV

Key recommendations

- The data on the Viral Load test results needs to be updated.
- PLHIV with a high Viral Load is to be referred back to the parent ART center. The operationalization of this Community-based ARV dispensation model needs to be well-documented for other states to replicate.

Ahana PPTCT site, Aizawl

The Global Fund supported Ahana project site, is supporting the Mizoram PPTCT program through outreach services in both the public and private hospital settings. The useful role of the Ahana Outreach workers is well-recognized by the Civil Hospital staff and the Mizoram SACS.

Key observations

- In the last six months, 3198 pregnant women were tested for HIV, and 25 were detected positive including the 10 known HIV-positive pregnant women. EID test was done for 32 babies and all were done and all were HIV negative.
- There is a significant delay in the turnaround of the EID results back to the mothers/family

Key Recommendations

- Community-Based screening should be promoted for the spouse/partner of the newly diagnosed pregnant woman.
- The delay in EID reporting by NICD, Kolkata needs to addressed, especially for the repeat viral load test at 32-36 weeks
- Dried Blood Sample testing should be considered, keeping in mind the travel logistic-related challenges for pregnant women in their third trimester of pregnancy.

Malaria Program

Districts Covered: Aizawl East and Aizawl West

Site Visited:

Date: 11th October 2022

- State Vector Borne Disease Office, Aizawl
- Office of CMO East Aizawl District
- Siling SC
- Tinsuk PHC

Date:12th October 2022

- Civil Hospital, Aizawl

Date: 13th October 2022

- Office of CMO West Aizawl District
- Mualungthu SC
- Aibawk PHC

Date: 14th October 2022

- Debrief Meeting with Principal Secretary (Health)
- Debrief Meeting with State Vector Borne Diseases Control Program, DHS, Govt. of Mizoram.

The observations and recommendations have been summarized as discussed and submitted by Mr. Devis Saha, Consultant. NCVBDC.

Figure 9 NVBDC Team

Key observations

Malaria has been rapidly declining in Mizoram with just 8,018 cases and 10 deaths reported in 2021 as compared to 28,593 cases and 21 deaths in 2015. However, the decline needs to be sustained as there is an increasing trend in the recent years. In 2022, Deaths have also been reported from low-endemic districts like Aizawl East, and Aizawl West districts with low

transmission. It indicates that there are issues in outreach and timely referral of cases resulting into delay in treatment and adverse health outcomes.

As Malaria follows a cyclical trend and resurgence is observed every 6-7 years, hence, the next two years are critical for sustaining the downward trend for malaria. The state needs to have focused interventions in both the high-endemic areas and low-endemic areas to tackle respective challenges. Since malaria is in elimination mode, there has to be a comprehensive implementation strategy.

The state should shift from monthly reporting to weekly and daily reporting. In this context, the state should re-examine its strategy and strengthen surveillance with a special focus on real-time case-based reporting. An outbreak response mechanism needs to be prepared in every district.

Efforts and targeted IEC/BCC interventions must be done to promote the usage of the LLINs provided to the community. Factual data/ information must be reported about the perception of community on the quality of LLINs and their usages.

In low-endemic districts, since the MTS are now left with very limited cases of malaria, it is important to realign their roles and responsibilities. Such tasks may include, attending ASHA monthly meetings at PHC/CHC for sensitization and training on malaria, 14 days follow-up of PV cases for treatment completion, and taking up other VBDs like Dengue, Chikungunya since it is co-endemic in most districts.

Key observations

- The state team and district team are aware of the GFATM activities, norms, and guidelines.
- Data management practice is good in the state i.e., the state maintains timeliness, completeness, and correctness of epidemiological, and logistic data recording and reporting. In the visited districts, the maintain village-wise population, epidemiological, and vector control interventions data.
- The state also maintains ethnic group-wise surveillance, morbidity, and mortality data.
- All the death cases are investigated in the state by the designated officers.
- All the malaria cases are investigated by the states in the low-endemic districts.
- The HR at state, district, and block levels are all in position as per the sanctioned post.
- All the activities budgeted in the GFATM grant (IMEP-2project) are proposed by the states in the PIP and subsequently approval is given by GOI for the release of cash grants for further implementation.
- The state team is also aware of the support provided by PR2 (Transport Corporation of India Foundation).
- There is good coordination between the state team with the HR provided by TCI Foundation.
    - There are 9 vacant positions of District Consultant, 2 State Consultant (Under TCIF) and the state requested the team to expedite the recruitment of vacant positions of Sr. Consultant at the state and District VBD Consultant at the district level.
- LLINs have been distributed in all the high endemic areas however, the LLINs usage is less in the community

- The program staff are not receiving their salary on time. It may affect the motivation of staff and their performance and subsequently the program indicators.
- Timely financial approvals for adequate monitoring; supervisory field visits (by state consultants, state program officers, district VBDs consultants, and Districts Malaria Officers) to the field and state/district level review meetings.
- Training needs to be conducted for Medical Officers, Health Workers- Male & Female, and ASHA on Malaria Treatment Guidelines.
- In low endemic districts the awareness and confidence of ASHA, Health workers, and the community about malaria, its prevention, and treatment need to be increased.
- All the fever cases at PHCs/CHCs/DHs need to be tested for malaria preferably by Microscopy.
- RDK needs to be used as per the national guidelines. Also, the usage of Microscopy percentage needs to be improved.
- Routine surveillance, malaria prevention activities (IRS, Bed nets Impregnation, LLINs, IEC/BCC activities, Early Diagnosis, and Complete treatment (EDCT)) need to be improved amongst the vulnerable populations like jhum cultivators, forest & amp; farm dwellers, refugees, etc.
- There is sufficient stock of diagnostics and anti-malarial in all the facilities visited. The stock register is well maintained.

Key recommendations

- There is a need for effective and targeted IEC/BCC activities in the community to promote the use of LLINs. The community has a perception that the quality of recently supplied LLIN is not good. There is a need to change this perception through effective IEC/BCC.
- The feedback of the community on the quality of LLINs needs to be assessed through a survey (by state team- the center can help in planning the survey and in designing of the tool).
- Recruitment of HR positions under TCIF: All the sanctioned positions of districts such as VBD consultants and Sr. State consultants need to be recruited earliest- Action to be taken by NCVBDC/TCIF.
- Training of all cadre of health workers in both high and low endemic districts is required.
- MTS Participation in the monthly ASHA meeting at PHCs/CHCs to impart sensitization and training on malaria must be monitored at the state/district level.
- The program must utilize all available platforms to keep malaria a priority, especially among the grass root level health workers.
- The state needs to prepare a district/PHC/CHC level malaria elimination action plan – the action plan must be a focussed one and inclusive in nature (include all stakeholders who can contribute to malaria and all the vulnerable population that needs to be addressed). Similarly at the state level, targeted evidence-based strategies and an action plan need to be prepared. All the best practices need to be documented.
- IEC/BCC strategy needed to be prepared. Standardized messages for advocacy, sensitization, training, etc. need to be prepared separately for ASHA meetings, block level meetings, district-level meetings, stakeholders' sensitization, and collaborations meetings, etc.

Oversight visit Lucknow
17th October to 19th October

Oversight committee team:

Ms. Nandini Kapoor, Prof. Ramila Bisht, Dr. Benu, Mr. Prateek, and Mr. Srajan.

The team visited the facilities of HIV and TB program in Lucknow. Malaria program was not part of the visit.

Day 1: 17th October 2022

Uttar Pradesh State AIDS Control Society (UPSACS)

The team had meeting with UPSACs and PRs, and SRs of the Global Fund, and representatives from the TB program. The OC team had an introductory meeting of UP PRs/ SRs and presentations were made by all Non-Government PRs/ SRs working in Uttar Pradesh.

Key Points that were discussed are as follows:

1. **UPNP+ (SR of India HIV AIDS Alliance) – Vihaan Project**

   - Working as SR under Vihaan since 2013 and currently covering 75 districts if UP through 27 CSCs, and catering to 98,784 clients through 203 Outreach workers. The CSCs are covering 52 ARTC districts and 23 non-ART districts in the state.
   - The project achieved its targets except, the indicator on LFU tracking (72% achievement in July-Sept'22 quarter). The absolute number of LFU cases have increased from March 2021.
   - Stigma and discrimination have been reported relatively higher than the previous quarters.
   - 6-month consecutive follow up of 2nd Line ART patients was not achieved in Varanasi, Luknow, Etawah districts..
   - Family testing and testing among discordant couples remain low 42% and 12% respectively of those eligible.
   - Only 41% of those eligible were linked to social protection schemes

2. **Humsafar Trust (SR of India HIV AIDS Alliance) – Netreach Project**

   - The referral to HIV services of the population identified at the virtual platform is low at 31%, though the achievement is 78% as per targets set by Global Fund.
   - SOCH does not have a dropdown on referral from "Virtual Intervention", making it difficult for them to validate the data.

3. **UPNP+ (SR of SAATHII) – Subhiksha Project**

- The estimated prison +OCS Inmates in UP is 311,019, covering 75 districts and 105 facilities.
- The health care providers are trained and 338 IHV screening camps have been conducted till June 2022 under the project.
- 37 FICTCs and 73 sputum collection centres have been made functional.
- 104,357 inmates (out of 311019) i.e. 33.5% have been tested for HIV from Oct 21- Jun 22; however the achievement as per targets set by Global Fund is close to 100%.
- Transport of prisoners to ART center was a challenge due to the distance and un-availability of guards.
- Post-release follow up was also a challenge. It was suggested that efforts may be made to ensure that PPVs keep a copy of ID Card (such as Aadhaar card) of inmates for the same.
- It was pointed out that the turnover of MOs at prisons is high, and hence training needs become imminent.

4. **UPNP+ (SR of Plan India) – Project Aahana**

- All 75 districts are included for scale up of VHND level testing and 100% engagement of private health sector for ANC services
- In 2021-22, 56.7 lakh PW were screened for HIV (88% of the estimated PW) and 99% of PPW were linked to ART. 88% of HIV Exposed infants received EID testing within 2 months. 95% of the spouses of PPW have been tested for HIV. 98% of the PW were tested for syphilis.
- 11,866 private centres have been mapped, of which 3,685 are providing ANC services, of which 2089 have been registered in PULSE. Of the total EMTCT load of 2250, private PPW are 28.

The following issues were raised and discussed during the meeting,

- Irregular supply of WBFPT Kits and ARV drugs (Nevirapine).
- Collection of WBFPT Kits from nearest walk-in cooler is a major challenge as there is no fund for transportation of WBFPT Kits.
- Lack of sufficient storage space for Kits at district and block level.
- The family of pregnant women generally do not allow her to travel during the last critical period of pregnancy (8-9 months) for Viral Load testing.
- The EMTCT/PMTCT need of the state needs to be relooked.
- There is need of issuance of directives, sensitization of block officials, Lab technician of FICTC, BCPM, ANM and ASHA on strict implementation and use of MCP card to avoid repeat HIV testing during one pregnancy period

5. **WVI (SSR) / REACH (SR of FIND)**

- Unite to ACT in UP is being implemented in 15 districts - Aspirational Districts and Districts with high notification and low treatment outcome since October 2021.
- 268 TB Champions were trained across 15 districts
- 180 TB Champions were enrolled under Mentorship
- On an average, each TBC reached out to 5 elected representatives with TB messages. TB pledge letter has been signed by them. Till August 2022, 16,877 People with TB

have been reached by TB Champions. The people with TB have also been linked to medical care in case of side effects, screened for mental health challenges; assessed for vulnerabilities etc.

- It was highlighted that this activity was started in a pilot phase, and there is a need to scale it up to achieve greater impact.

6. **CHRI (SR of WJCF)**

- The project on programmatic management of TB preventive treatment under JEET 2.0 is being implemented in 15 districts of UP.
- Percentage of Household contacts screened has increased from 53 % in March 2022 to 73% in Sept 2022.
- Number of people in contact with TB patients who began preventive therapy has increased from 31% in March 2022 to 91% in Sept 2022.
- No of contacts completed treatment, who were on TPT in previous PU is at 94% in Sept 2022.
  - MOs in the district are not yet trained on TPT and raise concerns regarding the project, thereby the adoption of TPT by patients becomes difficult.
  - Nikshay data and JEET are not in alignment.
  - INH 300 is not available in central procurement

Uttar Pradesh is the third-highest PLHIV state in India with 1.61 lakh PLHIV and it had the third highest new HIV infections (6.72 thousand) after Maharashtra and Bihar and 5th most AIDS-related deaths (3.87 thousand) nationally. Most cases come from big urban centers such as KGMU and IMS (BHU).

Irregular supply of DBS kits, which is requested at the NACO level in addition to the storage facility is an issue in some health facilities. There has been a request for a fridge.

The meeting was later joined by the APD Mr. Hiralal, who addressed the importance of coordination between the various departments, PRs and SRs.

Figure 10 Oversight team with the APD, UPSACS

Sharnam Sansthan

Sharanam Sansthan (SSR) is under UPNP+ (SR), a care and support centre under the Vihaan project with HIV Alliance as the Principal Recipient (PR). Shranam Sansthan is an NGO

implementing several development programs including running the CSC since 2015. They cover 43 districts of Uttar Pradesh. They currently have 7,214 registered clients and 5,811 are on active care.

The CSC is located 13 km away from the ART center which may be a deterrent for the communities to visit the CSC. The organization was able to complement the support under the CSC with their other social protection activities including providing food rations to the PLHIV communities during COVID. However more could be done in terms of linking the community with the GOI social protection scheme. In addition, stronger community engagement in the program would improve the outcomes for index testing, adherence, empowerment, and access to social protection measures.

On interaction with the community representatives, it was observed that the distance to be travelled by the community was inconvenient and in some cases was a full day to visit the CSC. The needs of the community especially women were around economic empowerment and skill training to enable them to start small businesses. As treatment is being provided under the National program, their other needs i.e education, social protection, skill training, and economic empowerment need a stronger focus.

The team also interacted with TB champions through organizations such as EACH of FIND. The TB champion is being selected who shared their experiences of how TB champions were contributing to the program and providing support which they had not received therefore were struggling during their TB treatment. One such TB champion who shared details of her job as a TB champion. Which involves making visits to the home of the patient, convincing their family of treatment, educating them about cure and prevention, and reducing stigma related to the disease.

Representatives from Humsafar Trust (SR) for virtual interventions shared progress on the project and they shared the project activities.

Recommendations

- The CSC needs to play a stronger role in linking communities with the social protection schemes as well as supporting the testing to treatment cascade.
- Capacity building of the CSC ORWs and peer educators should be undertaken periodically. Some kind of honorarium should be given to dedicated TB champions
- Formal training of TB champions is required to support their role as champions

Day 2: 18th October

ICTC (KGMU)

People met: M.O. and ICTC counsellor

Key observations

- The ICTC at King George Medical University, Lucknow had 2 chambers, A counsellor has been working for several years and one was newly appointed. Both were male counsellors which may be a deterrent for female clients. The ICTC is well functioning

with a high client load of around 250 people a day, of this >60% are male, with a large majority coming from hospital admissions. The counsellors are very stretched and are not able to give enough time to each client in view of the high footfall.

Figure 11 Team visiting ICTSc

- The senior counsellor was an experienced and motivated though had not received training recently, had learnt on the job and was also supporting the individual.
- The positivity rate is 45/month at ICTC in KGMU. Most cases are referrals from other departments. Spouse testing is very less, only 5-10%. And around 95% of the tested are linked to the ART.
- The ART centre was overflowing with people waiting for their refill. There was no stock out of adult dozes though the stocks were available for 3 months only. The paediatric ARV was being provided by breaking the adult tablets and putting them in plastic packets. This was time consuming for the pharmacist with a scope for an error in counting.
- The 2 MOs, counsellor, Pharmacist and lab technician were all well trained and handling a heavy load of ART patients.

In relation to ART for prison inmates the Medical Officer shared the challenges faced in terms of ARV provision, monitoring and adherence. As those on ART cannot visit the ART centres regularly their ARVs are collected by the prison official who often do not understand the regimen and are not able to follow up on the client.

ART (KGMU)

People met: M.O. and Counsellor

Figure 12 Visit to the ART plus centre

- The ART center was very busy, there was a tiny window of the pharmacy, where people were not even able to even sign.
- The ART reported drug shortages with some 50-day stock left. Paediatric drugs being given to adult dozes, by breaking the tablet. The M.O. also shared about the current stock of the 90-day batch which was given during the covid 19 pandemic. The distribution of this stock is being done manually by the staff.

Another issue brought to the team was about Human resources, with one MO required at the ART. There was a very high load of 250-300 patients every day,

- Role-shifting counsellors and pharmacists, care coordinators have to share the workload
- There was no proper IEC material at the centre.
- PLHIV on ART is 3130 (Sep2022)
- Stock for TLD is 0.87 months
- Zero stock for all paediatric drugs expect LR
- Storage space for drugs is being used for storage of other junk.

Key recommendations

- Recruitment of a female counsellor at ARTC would ease he load on the existing counsellors and improve the quality of counselling
- Devising strategies to manage the high client load at the ICTC and ART centre. .
- Strengthen linkages between the ICTC and ART. A mechanism needs to be developed describing the stronger role for the care and support centres,
- CSC's can play a critical role at the ART centre, sharing nutrition and social protection information, assisting in navigation and supporting documentation required by clients
- SOCH platform needs to be easy to use to save time and improve efficiency of the staff who are already overworked.
- To improve uptake of ARV in prisons, the prison LT could be the designated focal point to collect ARVs.

Meeting with Dr. Suryakant, HOD. Pulmonary medicine, KGMU

The team comprising Prof. Ramila, Mr. Prateek, and Mr. Srajan next visited Dr. Suryakant, HOD of pulmonary medicine had meeting to the discuss the status TB in the state and what possible measures could be taken to improve the condition. Dr. Suryakant shared that over the past 4 years things have changed for good. There are 53 functional medical colleges in UP that are working well in managing TB.

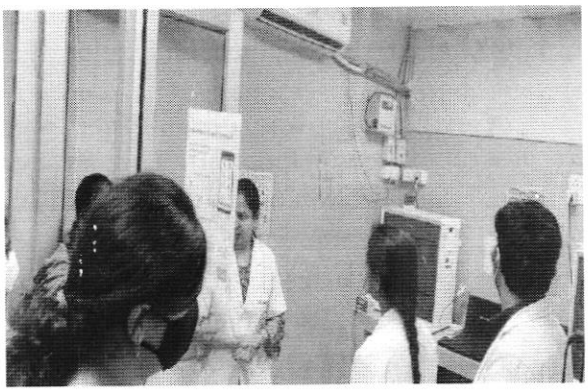
Key challenges

- Lack of Human resources resulting in overburdened staff
- Shortage of cartridges is being experienced by the lab

Microbiology Unit, KGMU

People met: H.O.D Microbiology, Lab Technician.

Figure 13 Team at Microbiology department at KGMU



The team next visited the microbiology department at KGMU. The following are the key information to be discussed.

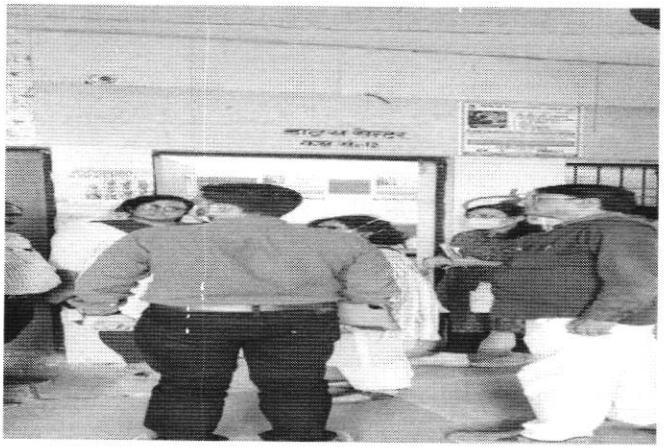
Key observations

- No supply of 1st line and 2nd line of cartridges and chips
- Recruitment of staff with qualifications and proper remuneration of staff
- Family engagement and involvement are missing, and better awareness creation is required- for the larger public good.
- Promote healthy people to take TB drugs is difficult (Replicating Kerala experience in UP seems not to be working)
- NISHCHAY do not work well and does not sync with the internal system
- Access to households for upper-income brackets is not possible for reasons of confidentiality
- Data entry support is missing and reporting burden has increased with no staff to support.

CHC Mahanagar

People met: M.O was absent, ASHA

Figure 14 Team at CHC Mahanagar



Key challenges

- CF Project was rolled out very recently
- Low cooperation of doctors from the private sector, primarily because of low sensitization/orientation towards the program (as identified by JEET)
- Sensitization of MO is required.
- Beneficiaries from higher income group were often not cooperative. Even the doctors were unable to prevail on them
- Suggestion of creating mass awareness about latent TB in the lines of the kind of risk communication that was done for COVID 19
- Locating the patients becomes difficult for the TB champions as details shared by the patients are not always right.
- There was a shortage of INH 300 at the CHC

Vivekananda Nursing Home, Lucknow

Vivekananda Nursing Home, Lucknow is a private one where activities pertaining to EMTCT are undertaken which is part of the mandate of the EMTCT projects. The Sub Recipient for the project is UPNP+.

This nursing home runs on 'Model C' approach since Ahana Phase II, i.e., the hospital conducts the tests and procures HIV test kits by itself. The data pertaining to tests conducted, and positives detected and details of positive pregnant women is shared with the staff of Sub recipient, UPNP+.

A brief meeting with SR staff was undertaken before. Two field level workers were available for meeting, along with Programme officer, and Project Manager, AHANA. The Programme Officer, Mr. Fazil Ahmed is responsible for 5 districts, including Lucknow,. One FLW, Ms. Roshni Tiwari were engaged with this Nursing home. There are 52 private hospitals mapped by the team, which are divided amongst the two FLWs. The other FLW has joined 2 months ago, after the need of additional FLW was approved for Lucknow. Currently, Both FLWs have

to cater to a load of 46 active clients (PPW) in total, whereby the clients are physically met once a month.

At the centre, the team met the Data manager, whom the AHANA team interacts every month. It was informed that the data is being entered in the HIV Pulse app/ software, and mostly no issues are observed with 'HIV Pulse'. The data showed that 30-40 ANCs are tested for HIV every month, and no HIV positive patients, no Syphilis positive patients have been detected from the centre. The centre is run by 3 Gynae doctors.

Oversight visit Varanasi
Dates: 19th October to 21st October

Oversight committee team:

Dr. Naresh Goel, Mr. Sudheshwar Singh, Mr. B.L. Parihar, Mr. Srajan

The visit commenced with a meeting at Banaras Hindu University where all the PRs and SRs were present and presented their work and progress. There are no separate sites for TB and HIV program, hence they are covered together and their observations are also put together

Day 1: 19th October

Meeting at BHU lecture hall

On the first day, the PRs and SRs made their presentations. The JEET team shared their main challenge which is the mobilization of doctors in the private sector convincing them for testing every family member of the TB patient. The role of CHO in TPT and NTP program is very limited.

- There is no proper formal training module for the staff and TB champions
- No such support from the Govt. to JEET in running TB prog., JEET's work is complementary to their work.

Figure 15 OC team with PRs and SRs at the BHU lecture hall.

Varanasi Jail

The visit was guided by the Subeksha team working with Central Jail Varanasi. The M.O Dr. Abhishek was not present during the visit owing to some personal reasons. The prison has a functional ICTC with a well-maintained lab. The total number of PLHIV in prison was 320 and their treatment is taken care at Pandit Deen Dayal hospital. There was a LAC in the prison as well. The Zilla jail medical load is also managed in the Varanasi jail. Everything was very well managed and it reflected very well on the management and supervision of the prison DIG.

All baseline investigations were done in the prison itself which prevented the hassle of transferring the inmates for check-ups.

Figure 16 IEC outside the Jail ICTC and the ICTC lab

Key recommendations

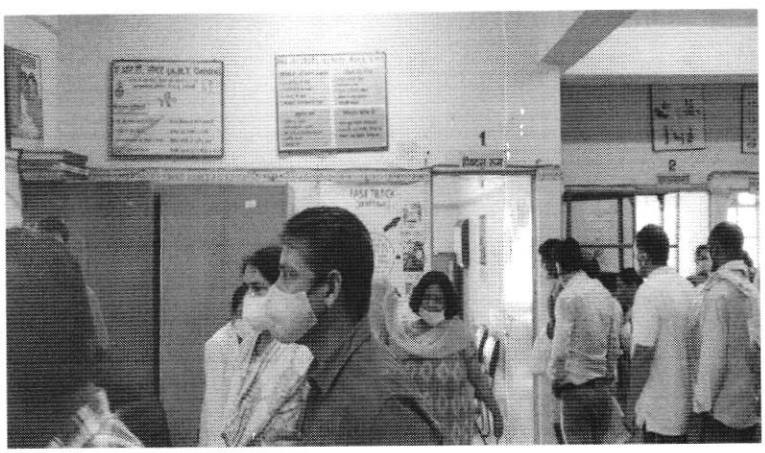
- Monthly visits of a doctor for follow-ups and check-ups will help improve the health conditions at the prison
- IC in District jail is not a possibility because of the daily incoming and outgoing of inmates. Prisons are now being treated as a key population group. As per govt. Provisions for separate implementation of NTBP could be made. If support comes from CMO and TBO. provisions for LAC (link art center) budget, there is no separate provision. There were no separate Budget allocations for stationary, and, TA/DA.
- Improvement in IEC for TB awareness in prison.

Day 2: 20th October

ART Center, IMS (BHU, Varanasi).

People met: Dr. Jaya Chakravarti, Dr. Anuradha Johri, Dr. Archana Singh.

Figure 17 ART center, Sir Sunderlal Hospital, BHU



Key issues/challenges

- Drug shortage affects the multiple dispensations of drugs, and frequent changes in the dispensation of drugs also add to the issue.
- During the Covid-19 pandemic, the drugs came in 90days pellet batches which are now being dispensed in batches of 30 pellets which is done manually by the staff.
- There is also a shortage of EID and DBS kits.
- SOCH portal, the ICTC lags, and it becomes difficult to search patients using the PID search.
- Transfer of patients reflected as LFU on the SOCH portal, this happened because after their transfer from this canter their acceptance must not be successful at their respective ART center, this reflects as LFU on this center portal which is negative for their credibility and work.

During the period of Jan-22 to Sep-22

- Total TB diagnosed: 137, of which 78 are new and old: 59
- CBNAAT (Cartridge based Nucleic Acid Amplification Test) done: 233
- M. TB detected & pan sensitive: 34
- MDR detected: 6
- 3 in male and 3 in female.
- INH (isonicotinic acid hydrazide) started by Sept. 2022: 239
- INH completed up to Sept. 2022: 114
- Total INH initiated up to 18 Oct. 2022: 3213
- Total Alive on ART: 4572
- Cumulate TB patients: 6227

Recommendations

- Rifabutin' and 'Sapron' is to be made available through UPSACS.
- Poor coordination with RMRIMS, Patna.
- The research institute has no clinical facility. Their ART center is also not supportive which puts a load on the BHU ART center. Tracing the patients from Bihar is a major hassle. The current MO complained about the vacant posts of doctors in the ART center which is to be addressed by UPSAC.

OPD Pulmonary Medicine. (BHU)

Figure 18 OPD, Sir Sunderlal Hospital

Sunderlal hospital had poor infrastructure in the OPD. There was poor ventilation, small congested chambers, and a mixing of general OPD patients with TB patients.

MDR-TB (BHU)

People met: Dr. Chanchal Jha, M.O

Figure 19 MDR-TB at Sir Sunderlal Hospital

Key observations

- The doctor's chamber do not have proper ventilation, and the exhaust at the doctor's chamber was not working.
- There is a heavy footfall of patients from other districts, tracking follow-ups become really difficult.
- Wrong details and changes of address shared by the patients add additional problems.
- The NIKSHAY portal should have some mechanism to notify them about the patients.
- There is no oxygen pipeline made available to the MDR-TB
- Only one counsellor at the center and there is no women counsellor.

- Most doctors prescribe tests to private path labs, which have a reputation for providing faulty reports and these reports do not match with the lab reports of the SSH hospital which conflicts with the interest of the patients.
- Sputum test for CBNAD is going to private labs from BHU.
- Manipulation of NIKSHAY reports by private practitioners, reporting only a few cases or backlogs.
- Poor connectivity, no Wifi. This hampers the uploading of data on the portal.
- There was no separate room for patient counselling.
- Next to the doctor's chamber, there was the bed facility which had only one single toilet for both men and women.

PPTCT (BHU)

People met: Dr. Uma Pandey

The PPTCT was well functioning under the leadership of Dr. Pandey and the facility had a high client load. During the observation, the team got an opportunity to interact with a PLHIV, a pregnant mother who had come to the PPTCT for her test. He was living with HIV along with her spouse and they were parents to a health negative girl and expecting a baby of negative status. There was a good rapport between the patients and the doctor.

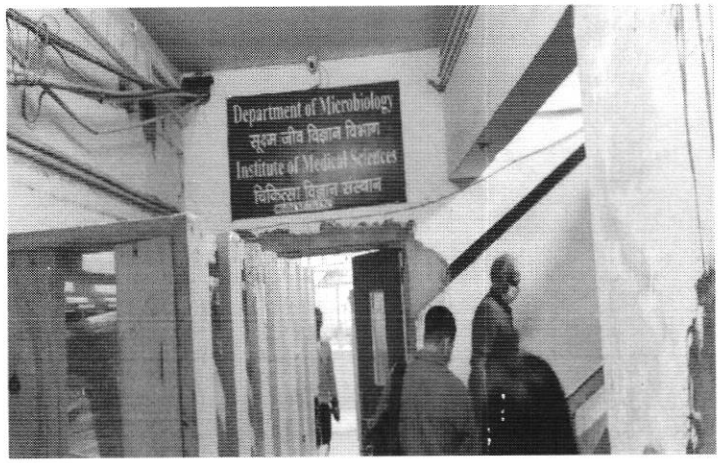
The key problem was delayed results reporting due to the unavailability of reagents at AIIMS Delhi.

Figure 20 PPTCT at Sir Sunderlal, BHU

Dept. of Microbiology (IMS, BHU)

The Department of Microbiology had two functioning CBNAAT machines, but the lab facility's data did not match the extrapulmonary ratio. The team was not satisfied with the maintenance by the staff and found discrepancies in the data.

Figure 21 Dept. of Microbiology, IMS, BHU.



HIV testing facility (IMS, BHU) Viral load testing lab.

A well-maintained lab. with well-functioning machines. This lab caters to the client load of the Varanasi district and also of some nearby districts. The only issue shared by the staff here was that ICTC are linking their testing services to private labs instead of linking to BHU, the Jaunpur and Gazipur

Figure 22 HIV testing Lab, IMS. BHU.

CHC Chauka Ghat, Varanasi

People met: Dr. Piyush Rai, DTO, and the Medical Offcier at the CHC

This center is situated in the Chauka ghat area of the Varanasi district which is a semi-urban area. This CHC caters to the patients of Chauka ghat and nearby blocks. It is a well-maintained facility with 15 beds. The key issue is that the private practitioners are not completely uploading the data on the NIKSHAY portal.

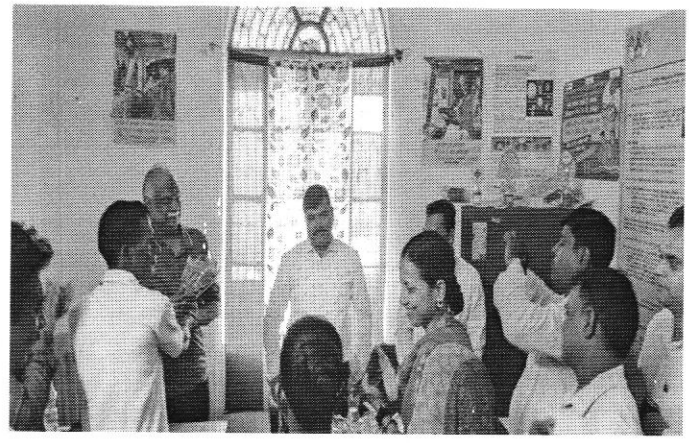
Figure 23 CHC, Chauka Ghat. Varanasi.

Day 3: 21st Oct.

Care and Support Center, Vihaan. (Sankat Mochan, Varanasi)

People met: Naresh ji, Santosh Ji (Health Promoter), Manoj Ji (Head), and Sunil Kumar (Secretary)

Figure 24 OC team at the CSC, Sankat Mochan.



This network was registered in 2006, which is working closely with PLHIV in the Varanasi district and nearby Sonbhadra and Chandoli. Key issues highlighted by the network were,

- Request for mobility support to the HPs which will help them in keeping track of the LFUs.
- Separate Govt. schemes for PLHIV.
- Data/Mobile recharge for Health promoters to reaching out to PLHI.

The team met a PLHIV, a widow in her forties who lost her husband to HIV. She shared her hardships in managing HIV and the support she gets from the CSC. The CSC has helped her with some small employment opportunities (tailoring). She also shared her experience of living with HIV and how she has to take the medication in private so that nobody can recognise her status or else she will be discriminated.

Key recommendations

- Linking PLHIV to available social security schemes such as 'shramik' and BPL
- Promotion of the '1097' HIV helpline.
- Focus on Mental health of PLHIV
- Work on spreading awareness about the stigma associated with HIV.

Overall Recommendations

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