

Record of Discussion of the De-Brief Meeting of the Oversight Committee Visits (India CCM) to review the Global Fund Grant for TB/HIV Programme in the State of Delhi, Haryana & Chandigarh during 4th ~8th Oct'2021 held on 1st Nov'2021

- Agenda:**
- a. Presentation & Finalization of the Report of the OC Visits held in Delhi, Haryana & Chandigarh during 4th~8th Oct'2021
 - b. Debrief session by Oversight Committee to Programme Divisions
 - c. Key overarching issues and State specific issues & recommendation of Oversight Committee
 - d. Presentation & discussion on TB, HIV and Malaria Programme findings & recommendations to the Programme Divisions.

Time: 11:00 PM to 3.15 PM

Venue: The Claridges Hotel

Participants: Ms. Arti Ahuja (Special Secretary (H)/Member Secretary (ICCM), Mr. Alok Saxena -AS&DG(NACO) Ms. Nidhi Kesarwani-Director(NACO), Dr. Shobini Rajan-DDG/Focal Point (ICCM), Ms. Nandini Kapoor (Chair – Oversight Committee-ICCM), Dr. Raghavan Gopa Kumar(Co-Chair Oversight Committee-ICCM), Mr. Sudeshwar Kr. Singh (Oversight Committee Member-ICCM), Prof. Ramila Bisht (Oversight Committee Member-ICCM), Dr. Pradeep Kr. Srivastava (Oversight Committee Member-ICCM), T. Mercy Annapoori(Oversight Committee Member-ICCM), S. Vijay Kr. (Oversight Committee Member-ICCM), Dr. Naresh Goel (Oversight Committee Member-ICCM), Dr. Sudarshan Mandal DDG(TB), Dr. Alok Mathur (Addl. DDG-TB), Dr. Sandhya Gupta (CTD rep.), Ms. Rohini Shinde (CTD rep.), Dr. Bhawani-DD(NACO), Dr. Benu Bhatia (NACO rep.), Dr. Vinod Choudhary (NVBDCP rep.), Ms. Gitanjali Mohanty-Coordinator(ICCM), Ms. Veena Kumra(Programme Officer (ICCM), Ms. Veena Chauhan-Admin. Assistant(ICCM)

Background: Oversight Committee was founded by ICCM to review the Principal Recipient's performance and Grant Implementations by conducting regular/quarterly visits of the sites but due to Covid the visits could not be conducted during 2020-21. Now during the month of Oct'21 visits were conducted in Delhi, Haryana and Chandigarh. To de-brief the key findings and the observations of the visits conducted by the Oversight Committee and to incorporate the inputs as part of the final report of these visits, which will be submitted to the ICCM in the upcoming meeting of the ICCM.

Dr. Shobini Rajan-DDG/Focal Point (ICCM) and Ms. Gitanjali (Coordinator-ICCM) extended welcome to Ms. Arti Ahuja (Special Secretary (H)/Member Secretary (ICCM), Oversight Committee members and the other participants

Ms. Nandini Kapoor (Chair – Oversight Committee-ICCM) addressed and shared the Presentation to the participants. Ms. Nandini mentioned that most of the projects have started in April'21 and much progress cannot be seen since only 2 quarters have been completed. Some members had already conducted visits. The ICCM Secretariat and the Oversight Committee members had 2 meetings to prepare for the visits. Some state specific issues might be seen. There were no Malaria sites during these visits. She emphasized that the visit

team need to de-brief the beneficiaries so that the recommendations/action points can be implemented at their level. The visits conducted to review the Grant implementation for HIV and TB. For HIV it was NACO and HLPPT which is an SSR, SAATHI and ALLIANCE India (PRs). For TB Programme it was CTD, FIND and REACH, WJCF (PRs). The sites visited in Delhi were LNJP, TB Clinic, ICTC and ITPT, St. Stephen Hospital (WJCF Site), Love Life Society- Care & Support Centre under ALLIANCE India. The SAATHI ITPT Centre. The team had meetings with FIND and REACH and HLPPT. The visit was conducted to the CMSS Drug Store both in Delhi and Chandigarh. De-brief meeting was held with Delhi SACS and Chandigarh team also had de-brief meeting with the Haryana/Chandigarh SACS.

Observations:

1. The ART Centres have a heavy patient load on them nearly 200 patients per day and there is an absence of the Medical Officer, the ART Centre is working closely with the Care and Support Centre and adhering the social protection and the treatment literacy. This partnership could be further strengthened, because the Care and Support Centre is run by People Living with HIV (PLHIV). Social protection schemes are there like Delhi Govt is providing 2000 rupees/per month to PLHIV to people having regular treatment. But many people are not aware of the schemes, Probably due to lack of staff and time it is not reaching to the people. Govt. can implement the schemes but only Care and Support Centre can actually get it implemented at the ground level. Fast track of the patients like ANC mothers, old age people and children is missing. Fast tracking of the patients can be strengthened to reduce the load of ART Centre. The community support for linkage to ART can be strengthened. The health care staff is not getting the minimum wages. The coordination between the ART and CSC again needs to be stronger. At the Private hospital SAATHI the data management is not satisfactory.
2. Dr. Gopa Kr. Mentioned that some coordination issues were there at the facilities due to Covid. STOs and other staff were not much aware of the Global Fund Grant. Out of around 25 TBCs half of them are under Delhi Govt. and coordination issues are there between MCD and state Govts., like DTOs not getting salaries on time, training of the TB Officers. The CBNAAT Cartridges issue - since March'20 there is scarcity of the CBNAAT Cartridges but no action has been taken so far. Price issue is also there – price is different for the state govt. and the Centre govt. Alternatively TrueNat is being used in place of that and the technicians needs to be trained accordingly.
3. Delay in Fund transfer to the health workers due to delay in providing the Utilization Certificates by the states/districts.
4. Some kind of motivational benefits to the staff needs to be introduced to encourage their efforts.
5. Behavior issues of the frontline workers with the patients needs to be improved.
6. TB Champions are getting very low incentives and trans-genders should also be chosen as TB Champions.

7. Mr. Sudeshwar and other members highlighted the issues faced at Haryana and Chandigarh Lab technicians are available only for 2 days in a week.

8. Sputum are not identified clearly. Coordination with IRLs is not proper. The diagnosis results are delayed due to these issues. The private facilities are not aware of the facilities provided by the Programmes.

9. Ms. Nidhi Keshwari retreated that training modules should be strengthened and taken up. Linkages and coordination issues needs to be taken care by the Programme Divisions. Social protection schemes needs to be strengthened along with the eligible beneficiaries and the NGOs.

10. Dr. Alok Mathur (CTD) mentioned that they had meeting with the state representatives recently on the operational plans as well as state specific plans as part of the regular visits. The states are struggling for the procurement of the Cartridges. Therefore they have fixed the price of the Cartridges so that this issue can be sorted out at the earliest. Regarding remuneration of the TB Champions, the decision has to be taken up by the NHM to increase the same. Programmes need to enhance the preventive examination in all the states to decrease the work load at the facilities. To increase the involvement of the private sector the funds have been distributed to PPSAs in all the states. Coordination issues will be taken up by the Programme Divisions.

11. Mr. Alok Saxena mentioned that a focused template with the expectations should be there for the team to be visited. It is proposed that there should be a sub group of the ICCM for the visits regarding implementations and comply the recommendations.

12. Ms. Arti Ahuja stated that funds flow within the parameters and the priorities can be set by the Programmes. But there should be an oversight mechanism whether the Global Fund Grant is being utilized properly or not. Systematic issues needs rectification like HR cost etc. TB champions are a distinct category, thus the involvement should be there. Work conversion should be there. Discussions with the beneficiaries is very important for the structured inputs.

Dr. Shobini stated that all the recommendations will be incorporated in the final report of the visits to be submitted to the ICCM.

Recommendations/Action Points

S. No.	Action Points	Responsibility
1.	Purpose of the Grant should commensurate with the results and the investments	Programme Divisions
2.	TB Champions should be strengthened and involved more	Programme Division
3.	Work conversion should be there	Programme Division
4.	Discussion with the beneficiaries is very important	Programme Division

	and useful for the structured inputs.	
5.	Fast Tracking of the patients can be strengthened to reduce the load of ART Centre	Delhi SACS
6.	The community support for linkage to ART can be strengthened	Delhi SACS
7.	TB Champions are getting very low incentives. Salary issues of the frontline workers also needs to be taken up. Decisions have to be taken regarding minimum wages act	Programme Divisions
8.	The coordination between the ART and CSC again needs to be stronger.	Delhi SACS
9.	Data Management at private hospitals SAATHI needs to be strengthened	SAATHI
10.	Impact of Global Fund money needs to be recognized	Programme Divisions
11.	Motivational benefits to the staff can be introduced to encourage their efforts.	Programme Divisions
12.	ART Centres needs to be monitored closely due to heavy load at some of the centres	Programme Division/ SACS
13.	Physical training of the ART staff should be organized immediately	Programme Division/ SACS
14.	Near-expiry drugs lying at the CMSS Drug stores should be taken care	Programme Division

Issues/Challenges

S. No.	Issues/Challenges
1.	STO/DTOs and the other staff are not much

	aware of the Global Fund Grant
2.	Many TBCs are under Delhi Govt. and there are coordination issues around MCD and state Govts like DTOs do not have salaries on time, training of the TB Officer, space issues etc.
3.	The CBNAAT Cartridges issue - since March'20 there is scarcity of the CBNAAT Cartridges. Price issue is also there – price is different for the state govt. and the Central govt. Alternatively TrueNat is being used in place of that and the technicians needs to be trained accordingly
4.	Delay in Fund transfer to the health workers due to delay in providing the Utilization Certificates by the states/districts
5.	Behavior issues of the frontline workers with the patients
6.	Storage and proper ventilation issues at the CMSS Stores.
7.	Lab technicians are available only for 2 days in a week. Sputum are not identified clearly. Coordination with IRLs is not proper. The diagnosis results are delayed due to these issues.
8.	The private facilities are not aware of the facilities provided by the Programmes
9.	Coordination issue between the DTOs and the facilities
10.	Near-expiry drugs at the CMSS Drug stores

The meeting ended with a vote of thanks!