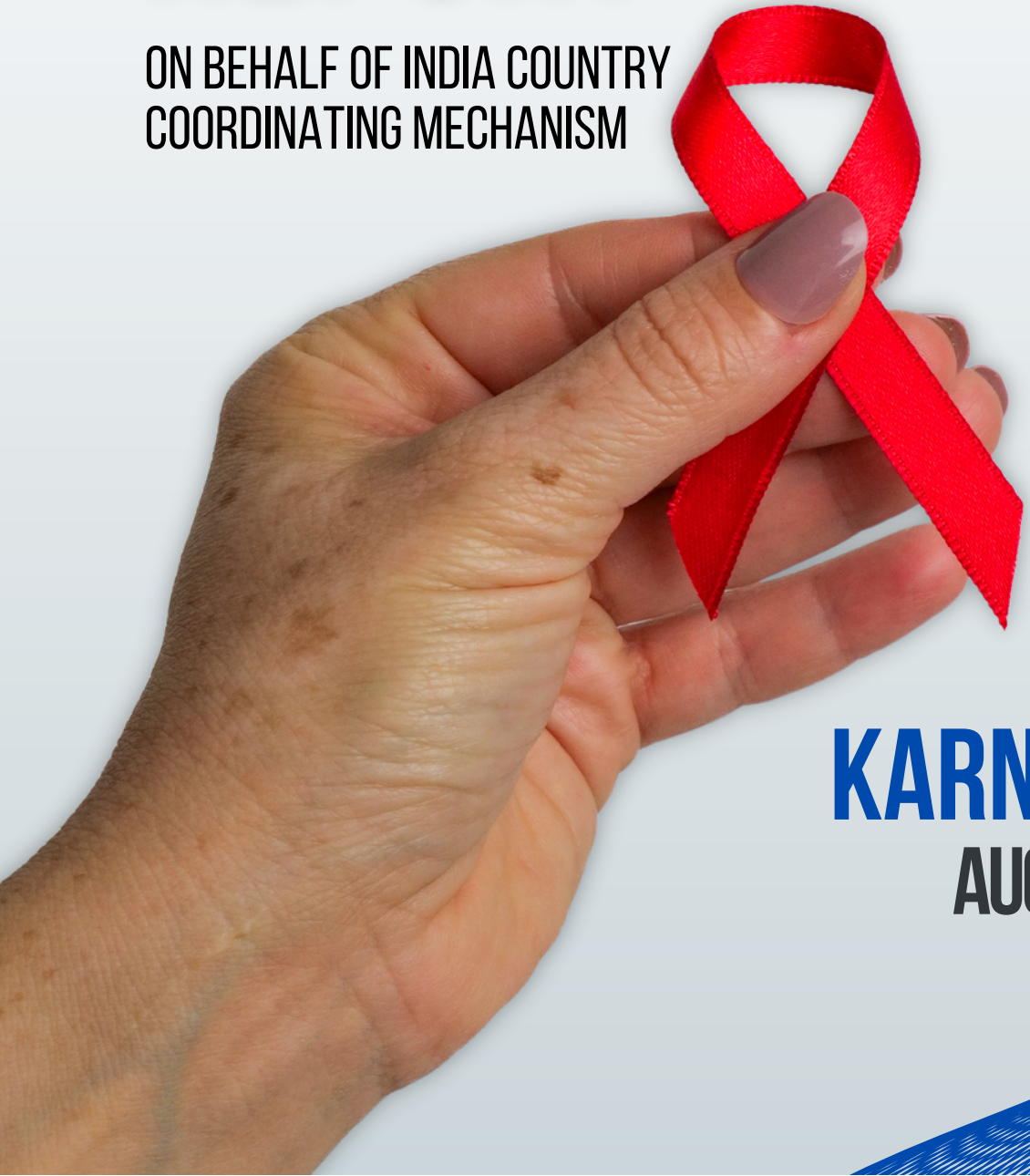
THE GLOBAL FUND

OVERSIGHT COMMITTEE REPORT

ON BEHALF OF INDIA COUNTRY COORDINATING MECHANISM



KARNATAKA

AUGUST 2023

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BACKGROUND

An Oversight Committee of India Country Coordinating Mechanism (ICCM) functions to oversee implementation of the Global Fund grant in India. As part of oversight committee, the team visited Nagaland (10th to 14th July 2023) and Karnataka (7th to 11 August 2023).

Karnataka Team:

- Ms. Nandini Kapoor Dhingra
- Dr. Naresh Goel
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- Dr. Sangeeta Kaul
- Ms. Deepika Joshi
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- Mr. Pratik Rawal
- Mr. Sudeshwar Kumar Singh

OBJECTIVES OF VISIT

- To review the program implementation of the current Global Fund grant of HIV/AIDS and TB in the state of Karnataka.
- To identify challenges faced by the Principal Recipient and Sub-Recipients.
- To provide recommendations for improving the quality of project implementation

BRIEFING WITH KSAPS & PRs

The briefing of KSAPS and non-government PRs was chaired by the Project Director, Sri. Nagaraja N. M. (IAS) and attended by the oversight committee members, KSAPS officials, representatives from Alliance India, FIND India, PLAN India, SAATHII, TISS and SRs.

SACS and the PR representatives shared brief presentations on progress, achievements, and challenges, followed by comments/feedback shared by the oversight committee members. Some key recommendations are mentioned below:
The eligibility criteria for inclusion of private providers could be revisited to ensure that coverage is comprehensive. Denominators on NHM side should be considered, rather than only focusing on project level targets. While that is important, keeping an eye on total registrations by facility, will help identify gaps in linkage and coverage, as well as unmet needs for contraception. Early detections should be a major focus since late diagnosis significantly reduces the efficacy of ARV in reducing transmission, and this is reflecting in the high EID positivity at 18 months. The quality of obstetrics care needs to be focused on- since there were high numbers of reported still births. Tracking migrant LFU is a concern.

FIELD VISTIS

ART CENTER

ART Center Victoria Hospital, Bengaluru

Observations:

The ART center had a high caseload of 5,261 PLHIV alive on ART. The ever-registered PLHIV at this center is 11,688. This center has one Medical Officer and the posts of Senior Medical Officer and one Medical Officer lying vacant. The post of two counsellors and pharmacist was vacant. The MO, who was recently out of medical school had not received any formal training on ART and Advanced HIV Disease Management. The Lost to Follow Up (LFU) cases was high at 1200. ARVs were being dispensed for 1 month contrary to 3-month dosage in the past due to a limited supply of ART. This ART center had patients coming from adjacent districts also to ensure confidentiality. Out of the newly initiated ART clients, over 10% had a CD4 count of less than 200. 91% of the PLHIV on ART, were virally suppressed. It was very encouraging to note that viral load testing is done for all eligible PLHIV.

The oversight team met with people living with HIV and their families who were at the ART centre to collect their medication. The main demand from those collecting their ARVs was 3 months of drugs as they are stable and adhere to treatment. They also brought up the issue of travel allowance for all on ART as at the moment it is extended to only women and children,

The CSC is not located in the vicinity, though the CSC staff visits the ART centre periodically. The link between the CSC and those initiating treatment is critical to be able to provide all the services the CSC provides and ensure adherence. The SOCH platform is not working efficiently leading to staff of the center spending after-work hours to upload the data.

JNMC ART Center – Private Medical College, Belgaum

Observations:

- The ARTC is well staffed and capable of accepting more patients. Already, a sizable population 269/346 on Tx, have been transferred in from BIMS (stable patients). Despite having the capacity to take on more, referrals from BIMS are not as high as can be.
- Multi-month dispensation is not being followed due to a government order which was shared with the team
- Model C for PPP is not being implemented for private ART patients in Medicine Department.
- It was found that 4S screening was not being properly documented here
- There are frequent staff changes at the ART center – data entry operator, pharmacist, who need strong hands-on training and mentorship, especially if we want to expand their scope.
- IEC in waiting area was missing. Treatment literacy job aids are needed

Recommendations:

- Increase communication with BIMS to shift more patients to JNMC ART center
- Ensure that information on PLHIV accessing ART in paid Medicine OPD, is accounted for in the MPR
- Implement 4S screening at ARTC
- Ensure training of data entry operator, pharmacist and other new staff
- Display IEC in prominent places such as waiting area
- VL sample collection days to be increased to daily collection, to the extent possible

BIMS ART Center, Belgaum

Operational since 2006- with over 24,000 ever registered, currently 5,130 alive on ART- High VLS, TPT coverage, rapid ART initiation (majority within 3 days).

Observations:

- Very motivated and dedicated staff
- Good coordination with DAPCU, good TB-HIV coordination.
- VL collection only 2 days a week- can be easily stepped up to 3 days, even daily, since JNMC has capacity.
- IT hardware issues with outdated hardware and significant overload on staff for data entry into multiple systems (SOCH, SIMS, PALS, etc).
- NCD referrals occurring however no follow-up or documentation of Tx uptake/outcome
- Treatment literacy needed on myths around DTG and diabetes- needs to be addressed in outreach and communication.
- IT hardware is severely dated and overstretched and multiple data entry points which are duplicating data reporting efforts
- 1st and 4th test kits not available, affecting testing overall in the district.

Recommendations:

- Data cleaning exercise should be conducted at the ART center to reflect accurate number of PLHIV registered, alive on ART and lost to follow up.
- More emphasis on ARV adherence counselling by the ART Counsellors, treatment literacy needed on myths around DTG and diabetes- needs to be addressed in outreach and communication.
- To strengthen the link between the ART centre and the CSC, CSC staff should be at the ART centre supporting the counsellors and care coordinators, for those initiating

treatment provide psychosocial support, treatment literacy, social protection linkages and nutrition guidance.

- Monthly ART-CSC Coordination meetings should be held regularly, with proper documentation and follow up action plan to improve ARV adherence and reduce LFU (better coordination and exchange of relevant information between the Care Coordinator and the Outreach worker of the Vihaan Care and Support Center needed.)
- The Care Coordinator of the ART Center should verify the mobile numbers and address of all the PLHIVs coming to the center for ensuring strong follow up.
- IT hardware is severely dated and overstretched. Staff filling data in SOCH, HMIS, SIMS and PALS
- Index testing not being implemented- can explore training of staff on ITS to step up case detection . Training for the medical officers and refresher training of the ART center counsellors to be prioritized.

ICTC

ICTC Victoria Hospital

Observations:

The ICTC is a busy facility with over 900 clients being tested every month, with over 60% being provided initiated testing for pre-operative procedures in the hospital. It was good to observe the ICTC -ART linkage at 100%. On an average more than 15 new PLHIV are diagnosed at this center. The counsellor is maintaining the records of all the newly diagnosed HIV positive cases. Over 20% of the newly diagnosed cases are less than 35 years of age. Data entry in the SOCH platform was noted as a challenge.

Recommendations:

- Recruitment of the second Counsellor to ensure smooth and fast track counselling and testing services at the ICTC.
- Relocation of the PPTCT or DSRC Counsellor at this ICTC, can be explored.
- Dedicated and experienced staff, however in need of refresher trainings. Confusion with regard to whether mandatory training was done
- Field coordinator from Svetna supporting home-based visits and EID follow up
- E-MTCT, double prick for pregnant mother, which can be managed better- by revising the patient flow. Not so in ICTC
- Consider combining PPTCT and ICTC to rationalize the utilization of HR

ICTC and Link ART Center, General Hospital Anekal

Observations:

The ICTC is a busy facility with over 800 clients being tested every month, with almost 90% being provided initiated testing for pre-operative procedures in the hospital. 5 new PLHIV were

diagnosed in the month of July, 2023. This ICTC conducts HIV testing for general clients and ANC cases. The counsellor is maintaining the records of all the newly diagnosed HIV positive cases. The SOCH system is very slow for data entry on a daily basis.

It was good to see that this facility is also functional as a Link ART Center for the ART Center in Bowring Hospital. This LAC dispenses ARVs to 110 PLHIV. However there has been a decrease in PLHIV who are getting the ARVs (from 237 to 110), due to the change in ARV regimen -TLD. Minor Opportunistic Infections are being managed by the Medical Office of this hospital and patients with severe OIs are referred to Bowring Hospital. Repeat CD4 count and Viral Load testing is done at Bowring Hospital. The two counsellors of this ICTC-LAC manage the LAC functions well.

Recommendation:

- PLHIV who have completed six months of TLD regimen and are living in the vicinity of the LAC, should be transferred to this LAC.

PPTCT CENTER

PPTCT center, Vani Vilas Hospital

Observations:

Daily around 20 antenatal care (ANC) women are being registered at the facility for an HIV test. The center is co-located with the Obstetrics& Gynaecology outpatient department. There has been a reduction in newly diagnosed HIV positive pregnant women, with 9 HIV positive pregnant women diagnosed in the year 2022-23. The PR/SR team is following up on these 9 women and the infant for EID testing and 18 months age confirmation of HIV. It was encouraging to observe that the revised Mother& Child tracking card-TAI card has included a column for HIV testing and reporting. This can be a good model of integration of PPTCT with the ongoing NHM program, with the registered pregnant women in the Obstetrics OPD receiving a single prick test for routine ANC investigations including the HIV test.

Recommendations:

- Explore the option of implementing the Integration model of HIV testing with routine ANC investigations at this hospital.
- All the HIV positive pregnant women to be referred and linked with the ART center in adjacent Victoria hospital.
- Meticulously entering the HIV tests results in the TAI card.
- The PR/SR to be accountable for regular antenatal follow up and ARV adherence counselling for the HIV positive pregnant women.

PPTCT Center, JNMC

Observations:

- Dedicated and experienced staff. However, in need of refresher training. Confusion with regard to whether needed training was done. Counsellor said she was trained virtually as COVID began but has not received any training since.

- Double prick at PPTCT, although at ICTC, better coordination with the general lab
- Field Coordinator from Svetna supporting with home-based visits and EID follow up

Recommendations:

- Could consider combining PPTCT and ICTC given less footfall
- Discussion with MO to recommend single prick for ANC. If the patient flow is altered, then the routine tests as well as PPTCT can be combined, with separate aliquots as needed
- There needs to be a rationalization of field coordinators, program manager and other staff, to ensure an optimal client to field staff ratio.

Private Sector FICTC- Bengaluru and Belagavi

Recommendations:

- Not currently doing syphilis testing, which was recommended for inclusion
- Provider expressed willingness to cooperate since linkages to govt PPTCT and ART are strong – ensuring safe delivery and less costs for mother (their delivery charges are significantly higher and there were indications of inadvertent discrimination (separate bed for Positive ANC, fumigation, etc.)- recommend stronger training for addressing this
- Need for rationalization of field HR resources to cover large areas yet small numbers

FICTC-PPP

St. Theresa Hospital, Bangalore

Observations:

This hospital has been a FICTC-PPP site since October 2015 and is a Model B site. This hospital has two Obstetricians working here and managing antenatal and postnatal cases. The average monthly HIV testing load is 40 cases, out of which 10 are antenatal cases. The human resource (Lab technician) attrition and frequent change is a major challenge, hence maintaining HIV testing data is an issue. Currently, the SVYM staff is helping the hospital maintain the data and upload it to the SOCH platform. In the last 1-year only one HIV-positive pregnant was identified in the hospital.

Recommendations:

- KSAPS should conduct a detailed review of the 400 enlisted FICTC (Private) and prioritize the hospitals that are reporting regularly in SOCH (without support from SVYM staff).
- The Obstetricians in these FICTC PPP sites should be encouraged and trained to conduct deliveries of HIV-positive pregnant women and follow the PPTCT standard operating guidelines.

NIMHANS Viral Load Lab

Observations:

This facility caters to 10 ART centers for Viral Load testing. On average 70 samples are tested on a daily basis. While most of the Viral Load test reports show 95% viral suppression, the ART Center, Kolar samples, have the maximum number of cases of high viral load count, followed by Ram Nagar ART center.
The EID tests are also conducted in this facility. However, due to a shortage of EID test kits, there is a backlog and EID tests are delayed.

There is a challenge in the SOCH report data entry, the system is very slow.

Recommendations:

- KSAPS team should visit the ART center Kolar and review the functioning of the ART center and have a critical look at the support of the CSC attached to this ART center.
- In the second round visit the ART center in Ramnagar for a similar exercise.
- Efforts should be made to have adequate EID test kits at NIMHANS for timely conducting of EID tests and reporting the results.

PRISON

Central Jail, Bangalore

Observations:

The Prison intervention in this Central Jail is being implemented by SAATHI as the Principal Recipient, and SVYM as the Sub-Recipient partner. Currently, there are 5351 prison inmates, out of which 250 are female prison inmates. 50 prison inmates are HIV positive, with 48 on ART. Over 53% of the prison inmates are less than 25 years of age. The ARV drugs are collected from the ART Center Victoria Hospital for all the HIV-positive clients. This Central Jail has a functional Hospital with the Chief Medical Officer leading a team of over 12 paramedical staff. KSAPS has established a Stand Alone ICTC in this prison which is responsible for testing all the new prison inmates and once detected HIV positive, linked with ART Center. SVYM staff has supported the training of the paramedical staff and the selected police staff in the basics of HIV, and ART adherence counselling. Awareness programs can be strengthened using FM radio.

In Belgaum, a very well-run program within the prison. Commitment to the health of inmates at the highest levels of leadership. Peer volunteers taking initiative in counselling inmates, spreading awareness etc

Recommendations:

- SVYM team should continue a series of training for the prison regular staff both paramedical and non-medical (police personnel).
- The number of Peer Prison Volunteers should be increased and provided training on HIV prevention and ARV adherence.
- Awareness programs using the FM radio could be strengthened by the PR
- Close engagement with the CSC is critical to follow up on post-release follow up

Central Prison, Belagavi

Observations:

- Very well-run program within the prison. Commitment to health of inmates at the highest levels of leadership.
- Peer volunteers taking initiative in counselling inmates, spreading awareness etc
- Participation of CS in District Oversight Committee
- Good examples of social enterprise
- 13 PLHIV go to BIMS for ART each month.
- Prison Peer Mobilizer is very motivated and proactive.
- Peer Volunteers are trained and well aware of the basics of transmission prevention

Recommendations:

- Recommended that the ARVs be brought to the premises since there are 2 medical officers on site, 1 staff nurse and 1 pharmacist- the prison can be considered for an LAC
- Could consider getting STI kits from SACS for syndromic management of STIs. Strangely 0 cases of STIs, despite non availability of condoms anywhere on the premises.
- No availability of condoms (the doctor agreed offline that these would be helpful)
- Can also consider the following:
- Linking PLHIV on release to the Vihaan-supported CSC and district positive networks, which can ensure post release linkage and continuity of Tx
- Linking of key populations to TIs
- Overall screening figures show abnormally low positivity. This should be looked into
- Can consider refresher trainings on basics of transmission and reducing batch size for training of inmates. Currently, the batch size is 100
- Recommended that linkages with the HWCs in the district

could be explored for wellness programs like yoga

- Certificates for peer volunteers should be considered – as a motivational tool
- Psychiatrist visits from BIMS have stopped – these should be restarted as mental health issues are prevalent among inmates

CARE AND SUPPORT CENTER (CSC)

KNP+

Observations:

The Care and Support Centre under Vihaan is being run by KNP+ as SSR, NMP+ as SR and HIV/AIDS Alliance as the PR. KNP+ CSC covers 14238 on ART. There are 17 plus 11 Health Promotors (HP/ORWs) with a client load of approx. 900 per health promoter. KNP+ has successfully linked PLHIV with social protection schemes, housing and supported education for young adults. The main focus of the health promoters is tracking LFU and due to the large area they cover, the time and money spent on following LFU cases is a lot. One of the HPs also noted that she used her remuneration for travel as the travel allowance is not enough for her to commute for LFU tracking. Patients are being made to pay for routine tests in the PPP model while in many states it is free; this should be explored. Training of medical officers in advance HIV disease management (for ART Centre) is required; PR and SR support for the SSR needs to be strengthened, as training, mentoring, and hand-holding support. Stronger coordination is needed between the HP and the Community Care Coordinator.

Samara Society

Observations:

They have 3 targeted interventions under Vihaan – Transgender, MSM, and sex workers in Bangalore rural. Out of the 2470 registered Transgenders, 498 were tested +ve for HIV and are reached by 3 Health Promoters spread across 4 districts. 1 HP is covering both Bagalkote and Beejapur districts with the help of a Peer Champion. From a total of 48 LFUs, 26 have been traced back. Samara has also supported access to housing for 20 TG with a minimal payment of Rs. 80000/- under a state govt

scheme. Chances of duplication might happen as some TGs don't register themselves as a TG and thus might be treated as general population at different CSCs.

The Samara Society is doing well in providing nutrition, education support, housing schemes, other support for TG people and providing them a safe space and a community to get associated with.

Spandana Network of Positive People, Belagavi

Observations:

- A seasoned CSC with several decades of experience. Health Promoters are working hard to bring back LFU. BIMS MOs agreed that 50-60% of LFU were brought back. Knowledge of LFU prevention exited among staff and they were making efforts to reduce LFUs.
- However, the staff was overstretched as they're covering multiple districts – also covering adjoining states for follow-up in case of migration.
- Knowledge of the HIV AIDS Act 2017 was relatively low.
- CRF has extensive data capture on TB exposure, symptoms and Tx outcomes including details of HHC - it was not clear how this information is being used.
- Extensive data on risk profiling is being done with no clear indication of its usage.
- The CSC staff expressed great difficulties in ensuring VLC due to the biweekly VL sample collection.

Recommendations:

- Recommend better coordination mechanisms with other CSCs in adjoining states, to reduce the burden on health promoters. Review ratio of HP vs. patient load needs to be reviewed and a more efficient strategy should be developed by PR.

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C19 AND KP GRANT

Swathi Mahila Sangama (SMS)

Observations:

SMS is implementing the C19 and the KP grant as an SR under Saathi with 50 SSRs. Under the C19 SMS is strengthening 150 SW CBOs and training around 1600 community facilitators who would support linkages with social protection schemes, opening bank accounts and facilitating I cards, who are incentivized per service they facilitate.
SMS presented their management structure which was strong, and systems were in place to implement the grant. SMS is a community-led organisation with most project staff from the community, which is of great benefit to a project such as this.
There are targeted interventions as well in the same geographies. All the community members who reached out might have 2 UIDs for the schemes they have access to.
SMS is also implementing the KP grant under which they are building the institutional capacity of 62 CBOs and supporting them to access socio-legal services and ensure their rights are protected.
The team felt there may be a potential for duplication in terms of the community being reached out to under C19, KP grant and TIs.
The timeline for both grants is up to Dec 2023, which is an issue as the grants were approved only in the second quarter of 2023.
PR-SAATHI, SRs, and SSRs coordination appears to be working well
Implementation of C19 was initiated recently, timeline is short until the end of the project.

Recommendations:

- PR (SAATHII) should conduct joint meetings of all SRs under the C19/KP grant to discuss learning, challenges, and best practices and promote cross-learning.
- SR implementing TIs, C19 and KP grant run a risk of overlap

- between interventions, and the use of resources can be rationalized and coordination can be strengthened
- Separate UIDs generated for the community, the linkage between the UIDs to monitor services provided to be reviewed, and the beneficiary-wise service list needs to be strengthened (i.e. need to track the number of services per beneficiary, rather than the number of services only)
- Need for stronger IEC and the use of technology to mobilize registered populations towards awareness around schemes (e.g. Awareness around free bus travel for female patients to be promoted).
- Consider integrating initiatives under C19 into existing NACP structures, i.e. satellite TIs, etc.
- As CBO strengthening is the focus of the two grants, potential duplication needs to be addressed, and the
- Training and mentoring support from the PR could be strengthened for efficiency and address some of the potential overlaps between projects.

ONE STOP CENTRE

Bridge Populations, Belagavi

Observations:

- Although operational from Sept 2022, the staff has been proactive and is doing their best to map populations in need of services and resources that can be provided.
- Discussions and reports revealed that the focus of the OSC staff has been only on truckers, and migrants have not been targeted.
- Language is a challenge since they target inter-state truckers who do not speak the local language.
- A camp-based approach is primarily being taken, and there has been no footfall in the center. The DIC is unutilised and the test kit stockout has affected testing in July.
- Majority of the out-of-state referrals cannot be followed up on, due to a lack of resources.

Recommendations:

- With a better understanding of seasonal migration, a concerted effort is needed to map the needs of the target population and existing gaps.
- Community mobilization is needed to create awareness of services being provided- to address zero footfalls
- It is recommended that staff be trained on Source and Destination Migration interventions. Experienced TIs can be roped in to support this
- Technical areas such as PEP and PrEP, although mentioned on the services menu, were not adequately understood by staff. Refresher training is needed.
- Follow-up of referrals is extremely challenging as this is a mobile population - out-of-state linkages need to be strengthened. Consider an online repository of service providers for out-referrals, to handle out-of-state referrals for this mobile bridge population.

- Orientation for Truckers Association and Migrant Aggregators should be done at the earliest
- Data Systems:
    - CRF too expansive and long - consider shortening
    - Beneficiary-wise data is not being tracked. Basic M&E training is needed, and formats need to be revised accordingly
    - Need for a down-flow of CRF and line list data, in the form of dashboards for OSC staff to better understand the populations they reach and coverage gaps in profile of target populations
    - PR noted that tabs and an internal MIS are under process after which these issues will be streamlined

TB

Victoria Hospital: District Microscopy Center (DMC)

Observations:

All referred presumptive pulmonary TB cases and extrapulmonary cases undergo CBNAAT tests. Over 50 samples are collected daily, with a 10% positivity rate. There is no shortage of cartridges and the laboratory is functioning well. There is a good referral and coordination system in place with the ART center and ICTC.

State TB Demonstration Center, NIMHANS

Observations:

Karnataka has a good Training center at NIMHANS for conducting training on various TB-related topics to a range of Health Care providers. The State TB Officer was busy on the day of the site visit and could not have a discussion with him.

Recommendations:

BIMS (DMC and CBNAAT site)

- It was recommended that sputum collection kiosks be considered in the outside green area for
- Refresher training on BMW is needed for LT, as the correct practice of management of biowaste was not observed
- CBNAAT machines are not functional for the last 6 months.
- Linozolid and Pyrizanamide out of stock for last 2 months – loose drugs of DRTB (Needs to be purchased in ample amounts and the purchasing system needs to be strengthened based on annual based consumption)

Jail, CSC, One Stop Centre, ART, ICTC

- TBIC was much less

- No referral tracking mechanism between development partners in HIV and TB dept - Develop an integrated approach between NTEP and HIV dept as well as working development partners; integration between PPPICTC and TB (TB partner for contact tracing)
- Very less TB symptomatic cases were examined during the screening of HIV awareness camp and other activities

OVERALL RECOMMENDATIONS - HIV/AIDS

- SOCH platform functioning was an issue at all facilities, to be addressed by the program
- MMD is a desperate demand from the community
- Treatment literacy in a structured manner to be rolled out at all ARTs and CSCs
- ORW/HP from CSC to visit/sit at the ART centres to ensure linkages and follow up
- E-MTCT, single prick under ANC to be streamlined, sharing human resources (LT) between ANC and e-MTCT
- Innovation for future CSCs to strengthen the role of treatment literacy at the time of treatment initiation
- CSCs need to be accessible to patients for availing services better – location in proximity/ ORW being available at ART centre
- C19 and KP grants to be reviewed at short intervals by the OC and the ICCM as it is a short timeframe for implementation and possible overlap between projects
- The evaluation recommended of the ongoing initiatives before scaleup – Care and support centres, One Stop Centres, SSK

KEY RECOMMENDATIONS FOR PRS

ALLIANCE INDIA

Care and Support (KNP+ and Samara)

- The rationale of HP vs. patient load needs to be reviewed and a more efficient strategy should be developed.
- The community members on ART and with good adherence could be involved in LFU as champions of treatment.
- To reduce LFU, treatment literacy needs to be systematically undertaken at the ART centre by ART staff and the CSC.
- The PR needs to undertake training of SR, SSRs and HP. A training plan need to be developed and made available.
- To make the CSC a sustainable model for transition to the government, an evaluation of the current model should be undertaken and changes made as required.
- Strengthen the PMC- PPP model to further decongest ARTC and improve service delivery

SAATHII

EMTCT (Vani Vilas)

- Explore the option of implementing the Integration model of HIV testing with routine ANC investigations at this hospital. (E.g: Including HIV test results in TAI card.)
- All HIV-positive pregnant women are to be referred and linked with the ART centre in the adjacent Victoria hospital.
- Accountability for regular antenatal follow-up and ARV adherence counselling for the HIV positive pregnant women.

- Consider combining PPTCT and ICTC to rationalize the utilization of HR

Training

- Emphasis should be given on physical training for health care providers, rather than online trainings, as the outcome of the online trainings conducted has not been very encouraging.

Prison

- Conduct a series of trainings for both paramedical and non-medical (police personnel) staff in prison. Right-size the batch sizes.
- Increase no. of Peer Prison Volunteers and train them on HIV prevention and ARV adherence.
- Consider the provision of condoms at the prison clinics
- Consider prison for LAC, to reduce travel burden on PLHIV inmates
- Create network connections with inmates who are released from prisons, to ensure that they receive support beyond prisons (CSC, district network linkages)

C19 & KP Grant - Swathi Mahila Sangama (SMS)

- Conduct joint meetings of all SRs under these grants to discuss learnings, challenges, and best practices to promote cross learning.
- Need to track number of services per beneficiary rather than number of services only.
- Training and mentoring support to strengthen efficiency and address overlaps between projects.
- CBOs supported under the C19 and KP grant to be listed and shared amongst implementers to ensure there is no duplication.
- CBO capacity-building needs a deeper and a clearer vision- also, RFPs have just been floated, and hence the deadlines for

this activity will definitely be delayed. Consider simplifying the process, or seeking extension.

PLAN INDIA

One Stop Centre

- The true spirit of OSC has not yet been realized- need a more focussed approach on demand mobilization, increasing footfalls at the centres, mapping the needs of the target population and existing gaps
- For BP OSC, staff should be trained on Source and Destination Migration interventions with support from experienced TIs
- Whereas the entire gamut of services is mentioned in the service package, there needs to be refresher training for staff on technical areas such as PEP and PrEP.
- Due to the mobile nature of target populations, it is essential to devise an interstate referral inventory and documentation mechanism, to ensure follow-up to service access.
- Data collection at OSCs is vast, while the information does not flow back in an actionable form. Data collection burden should be reduced, through digitization of forms, and reduction in paper-based data formats, both aggregate and individual.

TB brief

The Global Fund Implementing partner FIND as PR and KHPT as the SR, provide support to the Tuberculosis Unit (TU) of this General Hospital. In the month of July 2023, out of the 228 TB suspects, 17 cases were detected having TB, out of which 11 had Pulmonary Tuberculosis and 6 had Extra Pulmonary TB The KHPT team works closely with NTEP staff in contact tracing and screening of all the TB patients diagnosed in the hospital. KHPT supported one Latent TB Coordinator is working closely with the TU staff, especially the Pharmacist to ensure provision of TPT to all the contacts of the TB

patient. TPT is provided after proper screening of all the household members. Some of the TB cured patients are selected as TB champions, who help in bringing TB suspects from the villages/communities to the hospital for testing for TB and treatment.

FIND INDIA

- Sputum collection kiosks be considered in the outside green area
- Refresher training on BMW is needed for LT
- Integration approach needs to be developed between NTEP and HIV department to track referral mechanism

DEBRIEF MEETING WITH PROJECT DIRECTOR, KSAPS

- The oversight team once again met with **Mr. Sri. Nagaraja N. M. (IAS), Project Director, KSAPS** and shared their brief observations and recommendations for KSAPS, PRs and SRs about the programs running and services being provided to the people. It was also attended by SAATHII, Alliance India, Plan India, and FIND India along with the KSAPS team.

- The debrief started with **Dr. Anoop Puri** thanking the PD for all the efforts put in for hosting the committee for a 4-day extensive visit to Bangalore and Belagavi and the constant support provided by the entire KSAPS team.

- The chair of the Oversight Committee, **Ms Nandini Kapoor Dhingra** presented the overall observations and recommendations for both **Bangalore and Belagavi**, coupled with some additional points by other members of the committee.

- After the debrief the oversight team took a tour of the KSAPS office and also interacted **Ombudsman** placed under the HIV Act for the state of Karnataka, to take stock of the cases registered till now.

ANNEXURE

Here is the list of key people we met during the Karnataka Visit:

- Mr Sri. Nagaraja N. M. (IAS), Project Director, KSAPS
- Officials and programs team of KSAPS
- Central Prison Medical Officer - Bangalore & Belagavi
- Representatives from SAATHII
- Representatives from Alliance India
- Representatives from PLAN India
- Representatives from FIND India