INDIA COUNTRY COORDINATING MECHANISM

OVERSIGHT COMMITTEE VISIT TO MUMBAI, MAHARASHTRA

REPORT

21st-23rd August 2017

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Oversight Committee Visit to Mumbai, Maharashtra (21-23 August, 2017)

Background

An Oversight Committee of India Country Coordinating Mechanism (I-CCM) functions to oversee implementation of the Global Fund grant in India. As part of oversight activities, a team was constituted to undertake field visit to Mumbai from 21st -23rdAugust 2017.

Objectives of the visit:

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

Composition of team for the visit:

1. Dr. Inder Prakash, DDG- Public health /Chair, Oversight Committee
2. Dr. Yatin Dholakia, Alternate India CCM Member
3. Dr. Rajatashuvra Adhikary, UNAIDS Representative
4. Mr. Utpal Das, NACO representative

The team was accompanied by India CCM Secretariat staff – Dr. Sandhya Gupta (CCM Coordinator).

PRs/ SRs under GFATM in Mumbai, Maharashtra

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

PR	SR
NACO	Maharashtra SACS (including Mumbai DACS)
India HIV/AIDS Alliance	NMP + network for Vihaan programme
SAATHII	SAATHII Maharashtra unit
CTD	TISS
UNION	PSI and Catholic health association of India (CHAI)

Activities undertaken by Oversight team during visit:

The Oversight team undertook following meetings and activities during its three days visit in Mumbai.

Day 1:

a) Meeting with Sub Recipients to understand project implementation activities undertaken by them
b) Visit to Sewri Hospital and Nair Hospital to observe TB and HIV related services respectively

Day 2:

a) Visit to PPP-PPTCT SAATHI Center, Disha Hospital, Vikhroli and Vihaan Care and support Centre in Central Mumbai to oversee HIV grant implementation
b) Visit to District Tuberculosis Centre -Govandi, Centenary hospital and TISS to oversee TB grant implementation
c) Meeting with Principal Secretary (Health)

Day 3:

a) Visit to Sion hospital- ICTC and ART centre to observe HIV programme related activities
b) Visit to J. J Hopsital-C & DST laboratory and Transit Camp to oversee activities under Axshya Project

DAY 1 activities:

Sub Recipient-level meeting (21st August, 2017)

Oversight Committee held a meeting with Sub Recipients implementing Global Fund grant in Mumbai, Maharashtra on 21st August, 2017 at Mumbai DACS Committee room to understand activities undertaken, targets achieved, fund disbursement, expenditure status and challenges encountered in program implementation. List of participants is Annexed at A-1. Representatives from Maharashtra SACS including Mumbai-DACS, NMP + network, SAATHII Maharashtra unit, TISS, PSI and CHAI made brief presentation with following highlights of their projects:

A. Maharashtra SACS (M-SACS):

Joint Director CST, M-SACS made a brief presentation on state programme activities, achievements and challenges. He highlighted that Maharashtra State is 12th High prevalence state with prevalence of 0.32 % against national average of 0.29 % and 1st for PLHIV burden in India. HRG prevalence has gone down since 2004 till 2015 as per HSS and IBBS reports (esp. ANC HIV prevalence declined from 0.96 % to 0.29 %), however STD prevalence has shown increasing trend (12.2% in 2004 to 16.7 % in 2015). State is providing HIV prevention, testing and treatment services through 621-ICTC centres, 3273- FICTCs (have saturated all 1811 PHCs of states), 73-ART centres, 177-Link ART centre, 51-CSCs, 30-DAPCU and 145-TI NGOs.

Achievements:

I. As per year 2016 and 2017 records, MSACS has achieved more than 100% of its testing targets with respect to general clients and prevention of parent to child transmission (ANC testing). Amongst general clients positivity hovered around 0.9 % and amongst PPTCT clients it remained

around 0.05% during this period, with more than 90 % of the positive cases were linked for treatment.

II. HIV-TB coordination activities are undertaken optimally. During 2016-17, around 10 % of the ICTC clients were referred to RNTCP for TB diagnosis. On an average 96% of the TB registered cases knew their HIV status during 2016-2017.

III. ART services uptake has increased consistently since 2008 with registration of 3,82,904 patients for Pre-ART till 2017, of whom 2,76,040 patients put on ART and 1,90,550 are alive and on treatment. In year 2016-17, around 23,040 patients were registered in HIV care, of whom 17,512 were initiated on ART treatment and around 13,966 are alive on ART. Patients on ART treatment are routinely referred for TB testing. Around 10% of the HIV patients referred for TB testing show positivity.

IV. With respect to High Risk Groups till June 2017, 45 Targeted Interventions for FSW, 10 for MSM, 5 for TG, 44 for Migrants and 11 for Truckers are active.

Challenges:

I. At Maharashtra SACS- 60 % positions are vacant, 13 % at DAPCU, 13 % at ICTCs and 24% at ART centres (with around 40% vacant M.O positions). Need for revision of financial norms in the financial Guidelines for salaries, travelling, motor bikes maintenance, trainings etc to smoothen the processes.

II. M-SACS received budget of around 32 crore against 53 crore PIP demand in year 2015-16 and received 29 crore against 57 crore PIP in year 2016-17. Insufficient fund has caused massive deficit especially for HR and training components. Hence many sanctioned positions cannot be filled. Inadequate budgetary provision for FY 2017-18 was expressed.

III. Robust reporting mechanism to be developed which links various data in the program and avoid duplication of work through existing parallel data capturing systems.

IV. Out of 73 ART centres, 34 do not have CD4 machines and of these 34 many machines frequently breakdown as they are old. There is requirement of new CD4 machines in the program.

V. Need for providing separate budget head for supply chain management, improving infrastructure of the facilities and strengthening of Link ART centers (L.A.C).

VI. Expressed need to have provision of flexi-pool funds to facilities in NACO Annual Action Plan.

VII. At times experience delay in receiving drugs from NACO. Currently Nevirapine and pediatric syrup are left with limited stock (less than 3 months).

B. Mumbai District AIDS Control Society (M-DACS):

Ms. Vijaya Mane Joint Director BSD, M-DACS presented highlights of programme activities undertaken by District AIDS Control Society, Mumbai. She informed that Mumbai has 274 ICTC centres (including stand alone, FICTC, mobile, PPP PPTCT SAATHII), 16 ART centres (13 public and 3 PPP) and 26 DSRCs.

Achievements:

I. HIV prevalence amongst general clients (13.1% in 2001 to 1.9% in 2016) and pregnant females (1.8% in 2003 to 0.1 % in 2016) has considerably decreased.

II. In year 2016-17, as per PPTCT records 1,26,435 ANC were tested, of whom 419 were detected positive and 414 were started on ART treatment. These pregnancies resulted in 299 live births of whom 244 babies were tested at 1st EID visit (6week) and 4 were found reactive.

III. Around 6880 clients diagnosed positive at ICTC during year 2016-17 of whom 4835 were registered for HIV care at ART centres. Of the 3883 PLHIV eligible for ART, 3257 (84 %) were initiated on ART and 2480 (76%) are alive on ART.

IV. Programme reported around 20,296 treatment defaulters (pre-ART and on ART missed and lost to follow up etc) during 2016-17, of which 3631 could be successfully linked to the programme with support of Care and support Centres (under Vihaan programme of Global Fund).

V. New interventions undertaken by M-DACS:
- Geo-prioritisation of high transmission areas for focused private sector involvement
- Involvement of NUHM facilities for HIV counselling and screening services
- Ensuring reporting of HIV & VDRL of ANC women from private practitioners through EHO circular
- Launch of 'Maitra' (IVRS) for ensuring treatment adherence and prevention of LFU at 3 ART centres
- Use of adherence monitoring tool by counsellors for patients on ART at all ARTCs.
- CD4 Sample transportation from peripheral hospital ART centres to Microbiology Dept. of 4 ART centres where CD4 labs are available.

Challenges:

I. Budget constraints: M-DACS received Rs. 304 lacs against propose budget of Rs. 447 lacs for FY 2016-17 which is not sufficient for filling up of critical posts, procurement of OI drugs, viral load consumables, laboratory accreditation and training, SACS warehouse maintenance, disposal of expired drug etc. District is relying on NHM for OI drugs, however is not getting requisite supply.

II. Hiring and retention of quality Human Resource especially (MO, Counsellor) is a challenge due to low salary (compared to NHM/TB program) and inadequate training opportunities.

III. Linkage loss is an issue especially from ICTC to ART and from one district to other district primarily due to separate line list being used in ICTC and ART centres leading to duplication and parallel reporting and secondly due to lack of processes to ensure inter district data sharing. There is gap in CSC registration and address verification which has reduced yield of LFU tracking. MDACS expressed the need to have a user friendly software with linkage across ICTC and ART centres.

IV. Stock of Nevirapine and Abacavir 3TC (paed)- available for less than 1.2 months.

C. Maharashtra RNTCP programme:

Deputy Director (TB & Leprosy), Dr. Sharad Patil shared brief profile of Maharashtra RNTCP programme. He informed that State RNTCP programme is working to meet objectives of 90% TB notification rate, 90% new patient treatment success rate and 85% retreatment rate along with successfully treating Drug Resistant cases. State RNTCP profile includes: 2 State training and demonstration centers, 3 State Drug Stores, 478 Tuberculosis units, 1456 DMCs, 34,427 DOT centres, 10

C& DST labs, 72 CBNAAT labs and 26 DR TB centres (including 9 district DR TB centres). Most of the state human resource positions are filled with shortage of 5 senior TB HIV PMDT Coordinators, 41 STSs, 17 STLSs and 29 DMC TLs.

Achievements:

1. Annual total TB case notification rate has been at par (In year 2015- 145 per lakh per year; in 2016- 156 per lakh per year) with national average (125 per lakh per year) during recent few years. Of this private sector notification has been around 40-50 per lakh per year. To increase TB notification from private sector the State is in process of preparation of TB Notification Act to be implemented in Maharashtra. Draft of act with corrections suggested by Department of law and judiciary has been submitted to Public Health Department, Govt of Maharashtra on 12th June 2017 for necessary action.

2. State has achieved new case treatment success rate of 87% (both in 2015 and 2016), 59% retreatment case rate in year 2015 and 60 % in year 2016.
3. There has been increase in the number of MDR TB suspects as per trend of last few years (in 2014: 36766 MDR TB suspects were tested, in 2015 number went up to 45736).Currently, MDR TB diagnosis is done in previous TB cases but state expect increase in number of MDR TB cases with universal C & DST. Treatment outcome of MDR TB patients who were put on treatment has been staying around 39 % (as per year 2013 records).
4. Proportion of registered TB patients with known HIV status has been around 92% during 2014-2017 and more than 90 % patients are receiving HIV treatment.
5. Almost every district is saturated with at least one CBNAAT machine (72 total), with average utilization rate of 122 per machine per month (in year 2016) and 175 per machine per month (upto June, 2017). State highlighted that shortage of cartridges is one of the important reasons of less than optimal utilization of CBNAAT.
6. Maharashtra is one of the five states which has started daily regimen for drug sensitive TB. State has put more than 50 thousand TB patients diagnosed after 5th Feb on daily regimen.
7. LED microscopes (180) have been introduced in Maharashtra in 2016 which are sophisticated and more sensitive diagnostic tool.
8. Newer initiatives:

   a) Screening of Children admitted in NRCs (Nutrition Rehabilitation Centres) for TB is being done from July, 2016 in all 38 NRCs. So far till June 2017, around 3589 children were screened for TB and of which 78 were diagnosed of TB and put on treatment under RNTCP.

   b) Active Case Finding Campaign: To increase TB case finding in vulnerable population (in high priority districts), Active Case Finding (ACF) Campaign has been scheduled in 3 phases from Jan-Dec, 2017. Two phases has been completed by July, 2017 and 3rd phase is due for Dec, 2017. So far, 75% of the target population (52 lakh) has been screened for symptoms with 18551 number of patients examined for sputum and 906 cases were diagnosed with TB.

   C) 99 DOTS is another new intervention under RNTCP at all ART Centres in Maharashtra. In this intervention, daily FDC blister packs are designed with hidden number behind tablets. Each time

when patients take pill, he/she gives missed call to toll free number along with hidden number which ensure accurate monitoring at low cost.

D) Universal Access to TB Care project in Mumbai & Nagpur. This project aims to reduce out of pocket expenditure to TB patients treated in private sector by ensuring access to quality assured free anti-TB drugs to all the TB patients irrespective of source of care (public sector or private sector).

Challenges:

1. Shortage of cartridges-State highlighted that around 5500 cartridges were available in stock against monthly requirement of 19000 (Shortage since 2 months). The issue has been escalated to CTD by the state.
2. Shortage of 2nd line drugs- State is struggling with shortage of Cap Clofazimine (zero stock against monthly requirement of 4413), Tab Clarithromycin 500 and Linezolid. Districts have been authorized to procure drugs but many districts are facing difficulty in finding vendor.
3. Policy of IPT is not being able to be implemented because of shortage of INH & Pyridoxine. Tab INH supplied at around 15% of need (current stock 5392) and Tab pyridoxine is not supplied. Districts are finding difficulty in procuring Tab pyridoxine.
4. 1st installment of funds of 2017-2018 is requested from Government of India which is awaited. State NHM has given loan of Rs 20 crore to ensure uninterrupted supply of funds.

D. Mumbai RNTCP programme:

City TB Officer, Dr. Daksha made a brief presentation on scenario of TB programme in Mumbai. Mumbai has total population of 13 million of which 52.5% resides in slums. She highlighted that Mumbai bears a disproportionate burden of TB & DR TB in India. Mumbai has 2% of the total TB cases and 11.5% of total MDR-TB cases registered in country. Mumbai accounts for 21% of the total drug sensitive TB cases & 67% of drug resistance TB cases of Maharashtra. For TB control activities, Mumbai has one state drug store, 57 Tuberculosis units, 134 DMCs, 282 PHIs and 4 medical colleges/hospitals. Each district is saturated with District TB Officer (24 in total). There are 13 Medical Officers- TB control, 24 DR-TB supervisor, 57 senior TB supervisor and 48 senior TB laboratory supervisor in place.

Achievements:

1. Mumbai has attained high suspect examination rate of 961 per lac population per year and TB Case Notification rate of324 per lac population (during year 2016). Treatment success rate among new cases was 79% and in previously treated cases was 55%. MDR-TB Case Notification per lac population in 2016 was 35/lac with treatment success of drug resistance TB cases of 34-36%.
2. Mumbai is one of the 6 sites in India that started Bedaquline conditional access programme (at KEM DR TB centre: more than 120 patients initiated on bedaquline) and is planning to extend it to entire state.
3. Mumbai is supported for DR TB Counselling by Saksham project being implemented by TISS (27 counsellors through CTD (under GFATM) and 17 counsellors through Share India (CDC funding).Additional need for at least 54 counselors was highlighted to provide quality counseling support to all DRTB patients.

4. In 2016, around 80% of registered TB cases were tested for HIV (with 6% positivity) and 96% of HIV Infected TB patients were put on CPT & 91% on ART.
5. Mumbai has 22 CBNAAT lab and total 39303 tests were performed in year 2016.However there is an additional requirement of 8-10 more CBNAAT machines to fulfill increased private sector demand.
6. As part of National Strategic Plan (2017-2025) under TB elimination strategies, Mumbai is gearing up for active case finding, roll out of daily regimen, private sector engagement, ICT tool for adherence and monitoring, drug resistance TB (scaling up CBNAAT machines, Universal DST), reaching unreached (decentralising DR-TB services, provision of nutritional supplementation and social support for DR and DS -TB patients), TB-comorbidities and multi-sectoral coordination. In order to achieve this Mumbai indicated increase in demand for diagnostics (DMC, CBNAAT, LPA, solid/liquid culture) and treatment services (DOTS centres, DR-TB centres etc.

Challenges:

1. Frequent stock outs of CBNAAT Cartridges. Mumbai has an annual requirement of about 1.2 Lakh CBNAAT cartridges considering the expansion of universal DST services to other key populations and private sector engagement.
2. Second line Culture-DST & Second line LPA capacity expansion is required.
3. Uninterrupted drug supply especially for Second Line Anti TB Drugs was expressed.
4. Retention of RNTCP contractual human resource (STS, SDPS, and Counsellors) is difficult due to their low remunerations in proportion to work load. Programme expressed need of increased funding (4 times higher than current funding of $ 10 million provided by centre and state governments).
5. There is need of Technical Support Unit for Mumbai (DR TB Technical officer, Lab. Specialist for support to 19 CBNAAT and Culture & DST lab, Training Specialist, M&E Officer, Procurement Officer, IEC Officer/ASCM Consultant).
6. High migration is one of the key challenges making adherence tracking difficult.

E. Svetna Project:

- SAATHI state unit is implementing project Svetana (under GFATM) in 30 districts of Maharashtra including Mumbai and Prayas is implementing in rest 6 district to improve coverage of PPTCT (Prevention of parent to child transmission of infection) services through enhanced access in private health sector and working towards elimination of pediatric HIV and keeping mothers alive and healthy.
- Under project Svetana for the period October, 2015-March, 2017 around 4,553 private health facilities were mapped and 70% (2097) of them were enrolled by SAATHII State unit.
- Conducted 15 district level sensitization (DLS) meetings during October 2015 and March 2017 and sensitized 923 FOGSI members.
- Project has fully achieved targets related to pregnant women who know their HIV status. During period Oct,2015-March, 2017 project linked 90% of positive pregnant women to ART treatment, 60% of eligible newborns born to positive mothers (within 2 months of months) received HIV test and achieved 98% targets related to initiating HIV exposed infants on ARV prophylaxis at birth.

- High number of facilities to be covered in big cities like Mumbai (high work load on staff) and apprehension among some private facilities in associating with project due to confidentially issues are some of the challenges.

F. NMP+ Project:

India HIV Alliance is the Principal Recipient under the Global Fund grant to implement Vihaan project to improve the survival and quality of life of PLHIV by fulfilling their Care, support and treatment needs. In Maharashtra,Vihaan project is being implemented by Network of Maharashtra by People Living with HIV/AIDS (NMP+) as SR since 2013. NMP + runs 56 Care and support centres (CSC) in Maharashtra (of which 6 CSCs are in Mumbai).

Achievements:

S. No	Core Indicator	Maharashtra achievement % (Number) for period June,2013-June 2017	Mumbai achievement % (Number) for period June,2013-June 2017
1	No. of PLHIVs registered in ART Centre and are registered in the CSC	82 % (154709)	83% (33918)
2	No of PLHIV whose at least one family member or sexual partner referred for HIV testing and received test result	41 % (24554)	31% (3084)
3	Proportion of PLHIV lost to follow up (LFU) brought back to treatment	12 % (5336)	6% (1005)
4	Number of registered PLHIVs screened for TB symptoms (4S) by CSC through ICF	76 % (117090)	66% (22238)
5	No. of PLHIV registered in the CSC linked to Govt. social welfare scheme	52 % (95443)	17% (6286)

- NMP + has been engaged in resource mobilization activities to provide nutrition, education, skill building and livelihood support to PLHIV since April, 2016.

Challenges:

- Remuneration of staff at CSC is quite less which is increasing turnover of staff esp. in metro cities (Mumbai /Thane). It is difficult to engage outreach workers with low salary (Rs. 5000/ month and Rs. 1000 for travel), which is affecting LFU tracking.
- Imbalance between ARTC (87) and CSC (56) is affecting the overall performance of Vihaan project in the state.CSCs are struggling with LFU tracking due to high migration and less number of CSC in comparison to work load.
- In absence of integrated system of data collection from ICTC and ART centres, CSCs staff has to gather data separately from ICTC and ART centres which increase their workload further. There is need for integrated system of data collection at SACS.

- High caseload at ARTC is affecting quality of counselling and is rendering insufficient time to newly initiate and LFU clients. CSC's can be engaged in dispensing medication for stable clients.

G. Saksham Pravaah Project:

TISS (Tata Institute of Social Sciences) is implementing the Saksham Pravaah project (DRTB Counsellor Support) in Maharashtra with Global Fund support as SR under CTD since October, 2015. Project aims to strengthen TB prevention, treatment and care programme through psycho-social counselling services and to improve treatment adherence among MDR and XDR patients through counselling and by linking them with required social protection services. Under the Project, 99 counsellors for Drug- resistance cases are posted in Maharashtra (82 with GFATM funding and 17 with CDC funding) to support RNTCP programme. Of these Mumbai is supported by 27 (GFATM funded counsellors) and 17 (CDC funded counsellors).

Achievements:

- Saksham Counsellors have registered 2656 MDR TB and 157 XDR patients in Mumbai from October 2015 –March 2017.
- Saksham registered 195 and 211 MDR patients from Oct-Dec, 2015 and January –February, 2016 respectively in Mumbai. In total, Saksham Counsellors have registered 2656 MDR TB and 157 XDR patients in Mumbai from October 2015 –March 2017.Out of these patients 80% are still continuing on their treatment till date.
- Family care giver counselling, linkage to social protection scheme and LFU patient retrieval through counselling have also been provided under the programme. In Mumbai, 23 LFUs were brought back to the treatment during Oct, 2015- Dec, 2016.
- Saksham Pravaah project in its current phase has provided android tablets to the Counsellors and has developed an Android Based MIS Application called – 'SAT-App' (Saksham against TB Application) to record real time data from the last mile.

Challenges:

- Counsellors attrition is a challenge especially due to home visits and less travel related remuneration (Rs. 133 per visit). In Mumbai counsellor patient ratio is 1:100 compared to general ratio of 1:8 in other states. This in turn is affecting home visit related targets.
- Varying Capacities of Counsellors, Programme Officers and limited avenues for capacity building.
- To reduce the gap between DR TB treatment initiation and Saksham Counselling Services (Pre diagnosis Counselling is required).
- Increasing patient load & duration of treatment and to accordingly providing counselling services.
- Programmatic delays due to delay in receiving grant money during initial period of grant which slowed overall target achievement.

H. Axshya Project:

Union is implementing Axshya project- TB control programme in Maharashtra (Mumbai) through Population Services International (PSI) and Catholic Health Association of India (CHAI) to reach

marginalized and vulnerable communities and facilitating the identification and treatment of TB symptomatic.

In Mumbai during Oct, 2015- March, 2017 Project has reached out to over 2,65,000 people from vulnerable communities, with facilitated identification and testing of 1066 TB symptomatic (including 1006 sputum collection and transportation) resulting in over 121 patients being diagnosed with TB and initiated on DOTS.

Achievements of PSI in Mumbai:

i. PSI is implementing Axshya project in 2 TB Units- Sion and Transit camp of F-North ward.
ii. Through Axshya Samvad (Active case finding), PSI has reached 39544 households (against 42091) during period Oct, 15-June, 2017 and was able to make 980 referrals to DMC of which 85 sputum positive cases were found and 70 of them were put on DOTS treatment.
iii. Undertook 237 Sputum Collection and Transportation of presumptive TB patients who are unable to reach diagnostic in last one year (April, 2016- June, 2017), of which 18 were found sputum positive and 16 of them were put on DOTS.
iv. Through engagement of informal and Ayush practitioners, facilitated sputum collection and transportation of 152 suspects and referral of 38 suspects to DMC during April, 2016-June, 2017. Of these suspects, 38 were diagnosed TB positive and 28 were put on DOTS.
v. PSI also provides counselling support through its counsellors in its project area (F-North ward) to improve treatment adherence among MDR TB patients (1480 DR-TB patient counselled during Apr, 2016-June, 2017). Besides, support related to counselling of family care giver, home visits and linkages to social welfare schemes is also provided.

Achievements of CHAI in Mumbai:

i. CHAI is implementing Axshya project in 3 TB Units – Tembipada, Kannamward and Savithribai Phule Maternity Hospital of S-ward.
ii. Through Axshya Samvad (Active case finding), CHAI covered39206 households against target of 21000 for period Oct, 15-June, 2017.
iii. Undertook 639 Sputum Collection and Transportation of presumptive TB patients who are unable to reach diagnostics during Oct,2015-June, 2017.
iv. Identified 25 Axshya villages, conducted 81 community meetings and 12 mid media sessions to sensitize vulnerable communities on TB and gathering community participation in TB referral during Oct, 2015- June, 2017.

Challenges:

- Community volunteer attrition is quite high. Recruitment of volunteers and maintaining the motivation of volunteers is a challenge because of low incentives and availability of other livelihood opportunities.
- Turnover of implementing NGOs due to reduction in community level activities.

Site Visit by Oversight Team on 21st August, 2017:

Subsequent the meeting with Sub- Recipients, Oversight Team members split into two teams to review activities related to HIV and Tuberculosis programme in Mumbai. Dr. Inder Prakash, Dr. Rajatashuvra

and Mr. Utpal Das visited project sites of aforesaid Sub Recipients (M-SACS/M-DACS, SAATHII, NMP+) implementing HIV programmes and Dr. Yatin Dholakia and Dr. Sandhya Gupta visited facilities implementing TB programme (Maharashtra RNTCP, TISS, PSI) in Mumbai.

Visit to GTB Sewri Hospital (21st August, 2017)

- Oversight Team members- Dr. Yatin Dholakia and Dr. Sandhya Gupta along with WHO State RNTCP consultant Dr. Amit Karad, Dr. Jyoti Salve, Dr. Vijay Naringekar – MS GTBH, Dr. Kinny – DTO DRTB, and Dr. Manisha - CMO – DRTB Hospital visited GTB Sewri hospital on 21st August after meeting with SR representatives. Team observed laboratory facilities for TB testing (LPA lab, CBNAAT lab, C & DST Lab) and MDR- TB units at GTB hospital, scrutinized registers (report and stock).
- LPA (Line Probe Assay) testing Lab: Team was informed that LPA lab at hospital has recently been operationalized for last 5-6 months. It was set up under NRHM and was build up using MCGM resources. LPA kits and reagents are provided by CTD through FIND. GTB hospital is accredited for Drug susceptibility testing for 1st line drugs and for 2nd line accreditation is awaited. LPA testing (around 200 samples per month) is undertaken by trained Lab Technicians of the hospital recruited under MCGM.
- CBNAAT Lab: This rapid molecular diagnostic facility is available since Nov, 2012 at GTB hospital. On an average 350 tests are performed monthly. Presently, the lab is housed at ICTC centre of the hospital due to water leakage problem within the original lab space. It was informed that hospital management is aware of the matter and repair work will soon be initiated. RNTCP supported Lab Technician is posted at the lab since past three months. Team was informed that State Drug Store is located at the hospital where 2nd line drugs are stored. 1st line drugs and cartridges are stocked at City TB office from where stock is routinely ordered as per requirement. At the time of visit 178 cartridges were available in the stock and fresh stock was requested from City TB office.
- C& DST Lab: It was informed to the team that the lab caters to two districts- Parel and Prabha devi of Mumbai where only follow up C & DST (MGIT culture) for DT TB cases who are on treatment is done. While Drug Susceptibility testing is done at Hinduja and J J hospitals. The following data was shared by the hospital related to MGIT, CBNAAT, LPA and Liquid Culture testing for period 2016-2017:

Period	CBNAAT		LPA		MGIT Culture (Follow up)		Liquid DST	
	Total	Resistant	Total	Resistant (HR/R/H)	Total	Culture +	Total	Resistant (H, MDR/XDR, other resistant)
Jan-June, 2016	1887	213	935	299	N.A	N.A	N.A	N.A
July-Dec, 2016	2074	184	835	337	1344	264	N.A	N.A
Jan-June,	2216	176	1092	381	2555	463	29	23

2017								

- **MDR- TB units**: GTB Sewri hospital has three MDR TB wards with total capacity of 200 beds. MDR TB patients from KEM hospital, Nair hospital, Sion Hospital and other parts of Mumbai/outside Mumbai are referred to GTB Sewri MDR TB wards for treatment. Doctors from these hospitals visit their patients at GTB hospital on fixed dates.
- At Counseling Section: There were 2 counselors from RNTCP, 1 from TISS (through GFATM) and 4 from MSF. Around 8 to 10 clients are counseled by each counselor during a day. The counselors do not do home visits. Team interacted with two of the counsellors posted through RNTCP at MDR-TB unit. Counsellors informed that they recently joined few months back but did not receive counseling training under the programme. Team reviewed counselling formats and records and found that counselors do not maintain any case record that can be transferred to the peripheral health units for follow up at the field level or for reassessing patients' mental health and other psychosocial issues when they come for follow up at the DRTB centre. Team highlighted this gap before CMO-DR TB hospital and Dr. Vijay Naringekar and suggested to incorporate recording of psycho-social history of MDR TB patients by all counsellors since it is a crucial component for treatment adherence.
- DR TB ward: had good AIC and nutritious diet was being served. Staff wore surgical masks, only one had N95.

Visit to ART center at Nair Hospital, Mumbai – 21st August 2017

Oversight team members Dr. Inder Prakash, Dr. Rajatashuvra and Mr. Utpal Das visited the ART center at Nair hospital on 21st August and interacted with the entire team (14 staff including two Medial officers, four Counselors, two Staff Nurses, two Data Managers, two Volunteers, one Pharmacist and one Community Care Counselor) of the ART center about functioning of center, challenges faced and other key issues identified by them.

During discussion with ART team the following were recorded:

1. The ART center at Nair hospital is one of the largest ART centers in Mumbai as well as Maharashtra in terms of its patients load. It has a total of 5338 HIV/AIDS cases under active care. On an average, about 200 PLHIVs are visiting the center every day. The center gets around 40 new HIV/AIDS patients every month.
2. The center only deals with the HIV/AIDS cases that are on the first line treatment. For the second and third line treatment, it refers patients to the JJ (Jamshedjee Jeejeebhoy) hospital.
3. The staff are motivated but raised concern over low salary, particularly for non-medical staff, was mentioned as one of the major challenges. It was expressed that approximately 20% posts of doctors and other staff are vacant and could not be filled due to non-availability of funds. It was suggested that a differential package of salary and transportation allowance needs to be worked out for Metro cities like Mumbai where cost of living is significantly higher.
4. The CD 4 machine at the ICTC center of Nair hospital was found to be out of order for nearly one week. It was suggested by the ART team that the old CD 4 machine needs to be replaced

at the earliest as it breaks down very frequently. It was also mentioned by the staff about shortage of cartridge/kits at times.

5. Heavy workload of Pharmacist was also mentioned as another challenge facing the center.
6. There were shortage of drug (Nevirpine).
7. The centre also carries out 70-80 GeneXpert tests.
8. The staff of the ART expressed that there is a high work load and on an average 150-200 patients visit the facility every day. At any given point of time, there are 5000 active cases on ART and about 7000 cases ever registered.

DAY 2 Activities:

Visit to District TB Centre M-East ward, Shatabadi Hospital and Tata Institute of Social Sciences (22nd August, 2017)

At District TB Centre, M-East ward:

- Oversight Team visited District TB Centre catering to M-East ward of Mumbai which is associated with Shatabadi Hospital or Centenary Hospital, Govandi. It covers 2 TB units, 4 DMCs, 9 PHIs and 67 DOTS providers (Public/Private/NGO).
- Team met District TB Officer (DTO), Dr. Narender who informed that this ward is amongst the highest Drug Resistant TB load wards. As per the statistics shared by the DTO in last quarter (Apr-June, 2017) around 2314 chest symptomatic patients were tested for sputum microscopy, of which 590 were diagnosed sputum smear positive and around 131 of them were put on DOTS within district and 383 were referred for treatment outside district. MDR/XDR TB registration and treatment status as per the data shared by DTO is as follows:

DR-TB OPD, Shatabadi Hospital (Status of MDR/XDR from Sep, 2013-August,2017)										
District	**Total registered cases MDR/XDR**	**Cat IV (MDR) cases treatment status**				**Cat V (XDR) cases treatment status**				**Total TB/HIV co-infected and on ART**
		Started on Cat IV	Still on Treatment	Treatment completed	Defaulter	Started on Cat IV	Still on Treatment	Treatment completed	Defaulter	
Centanary	887	773	431	21	74	99	43	1	14	24
Chembur	727	626	319	4	107	80	41	2	11	13
Govandi	1176	1015	618	27	81	147	76	2	16	20
Total	2790	2414	1368	52	262	326	160	5	41	57

- DTO informed that district is supported by 5 DR-TB counsellor (through Saksham Pravah project run by TISS using Global Fund grant) and 3 DR-TB counselors from MSF who provide

counseling services to DR-TB patients and their family caregivers on issues of treatment initiation, adherence, dealing with stigma, gender, family support, side effects of medicines, hygiene, sanitation and nutrition.

- DTO shared that he regularly assesses the impact of DR-TB counseling by tracking treatment interruptions and cases brought back on treatment. He explained as the project is only a year old, impact on treatment outcomes could not be assessed so far.
- Saksham Project team (Senior Programme Manager, Programme Officer (Mumbai) and Regional Programme Coordinator) was present at DTC, Govandi and briefed team about the DRTB counselling activities being undertaken by their counselor. On account of high patient load (1 counselor for 45 patients), prioritized counseling is done by counselors depending on the type of DR TB, stage of treatment and presence of co-morbidities. Counselors use android based MIS application 'SAT App' to capture patient detail and follow up record as real time data. Case histories of patients also include PHQ9 form for assessment of their mental health. It was found that counselors routinely share quantitative information related to patients counseled and followed up. However comprehensive summary dashboard for all patient generated by program officer is not shared with the local public health authorities although the same has been claimed to be approved by CTD.
- Team met other staff- STS, STLS, TBHV and DT-TB Counsellors at the District TB Office and enquired about their activities. DTO informed that Senior MO DRTB position at DTC is vacant and expressed the requirement of a pharmacist to maintain drug store.
- Visit to Drug store at DTC, ME ward: The store was infested with termites (white ants),No pharmacist was available to manage drug stocks. Buffer stock is usually not available as all stock transferred to PHIs. Shortages of 2nd line drugs (CLF and LNZ) do occur, but at time of visit stock were available.
- DTO has taken initiative for nutritional support to DRTB cases through individual donors. Around 600 XDR and Poor MDR TB patients are availing this facility.

At Centnary (Shatabadi) Hospital, Govandi:

- Team visited **CBNAAT laboratory** at Shatabadi hospital. It has 2 CBNAAT machines – one from RNTCP program (with 8-4 functional cartridges capacity) and another from MSF (with a capacity of 16 – 4 functional cartridges) which are operational since March, 2013 and July, 2016 respectively. All cartridges are supplied by MSF to District TB Centre, M-East ward from where based on requirement stock is made available to the hospital. On an average 30-50 tests are performed daily. Drug resistance patients are referred further for C& DST to Hinduja hospital.

ART center, Shatabadi Hospital

- Team visited ART centre at Shatabadi Hospital which is functional since year 2011, with 4186 registered HIV cases and 3265 cases on ART treatment so far. In accordance to new TB-HIV co-infections guidelines, HIV positive cases co-infected with TB are provided TB medicine (under 99 DOTS) at ART. However, DR-TB patients are referred to RNTCP programme. ART centre was located in a small room with limited space for counseling and rendering poor infection control.

At TISS (Saksham Project office):

- Team interaction with Dr. Shalini Bharat, Project Director of Saksham Project at TISS and debriefed her regarding its observations on the field. Team reiterated the importance of sharing program data (detailed summary dashboard) with DTO so that proper assessment of effect of counseling on treatment and adherence can be made.

Visit to PPP-PPTCT SAATHI center at Disha Hospital, Kannamwar Nagar, Vikhroli East, Mumbai – 22 August 2017

Oversight team visited PPP-PPTCT SAATHI center at Disha hospital on 22nd August 2017. This center was initiated as PPP-PPTCT site from 01 August 2015 under Project Svetana. Project Svetana is a PPP initiative to scale-up Prevention of Parent to Child Transmission of HIV (PPTCT) services in private health sector. The facility is a B type site.

Oversight team met the Dr. Sachin Ajmera, proprietor, Disha hospital and discussed on the functioning of center and ongoing collaboration with SAATHI. The team also verified information provided by the counselor from the registers and available records. The following are some of the key findings of the visit:

1. The hospital OPD is open for five days a week. On an average, about 12-15 pregnant women are counseled and tested per month for HIV.
2. As per the records, a total of 370 pregnant women were counseled and tested till date i.e. by 22 August 2017 of which two (2) HIV positive cases were identified and linked to the ART center.
3. The first HIV case was confirmed at Ambedkar hospital ICTC, Vikhroli, and the second case was confirmed at SVD Savarkar ICTC, Mulund, and both the cases were initiated on ART. Both cases completed eight months and they both had negative babies – one baby was tested at Sion hospital and another baby was tested at ICTC of Mahatma Phule hospital, Vikhroli.
4. It was mentioned by the SAATHI staff that convincing for partner testing is a challenge.

Visit to Care and Support Centre under Vihaan project – 22 August 2017

Oversight team visited a Care and Support Centre at Byculla, Mumbai under Vihaan project being run by Social Activities Integration (SAI). SAI is a SSR under the Network of Maharashtra by People Living with HIV/AIDS (NMP+). This specific CSC was reported to be linked with Nair Hospital.

The team met the Mr. Vinay Vastav, Project Director, SAI, staff members (Project Coordinator, Peer Coordinator, Counselor, MIS staff, Peer Counselor, eight Outreach workers and

beneficiaries at CSC. The overall goal of the Vihaan project is to improve the survival and quality of life of the PLHIVs. The main activities carried out by the CSC-SAI, includes tracing and bringing back LFU cases, promoting positive prevention, motivating PLHIVs for family testing, TB screening, improved treatment adherence and education for PLHIV. The CSC also carries out activities such as address verifications and linking them with social support schemes. The CSC has registered 6048 PLHIVs and currently 5286 are in active care. It was mentioned that the CSC has been able to conduct around 30% of partner testing. Some of the issues highlighted by the CSC team during the meeting are:

1. The staff expressed that salary and travel allowance is low.
2. It was mentioned by the staff that the turnover rate of outreach workers is very high because of low salary and travel allowance. Because of low travel allowance it becomes difficult for making follow-up visits to all the clients.
3. There have been few incidences of delay in the salary of the CSC staff.
4. The nearby Nair hospital offer only 1st line treatment.
5. Over 500 PLHIVs were connected to various social welfare schemes.
6. Adherence becomes a problem as sometimes ART medicine is only given for 2-3 days. This results long delay or loss of productive time at ART centers in collecting monthly medicines.
7. The CSC staff suggested that the possibility if the ARV medicines can be delivered from CSC to all the stable patients.
8. Some of the patients are not collecting the drugs on time because it affects their daily work and wages. It was suggested by the staff that if the drugs are made available to the CSC, it will be easier for them to distribute among the patients.

Debrief meeting of oversight team with Principal Secretary (Health), Maharashtra (22nd August, 2017)

Oversight Team met and shared brief observations from the visit with Principal Secretary (Health), Maharashtra, Dr. Pradeep Vyas. The meeting was also attended by state officials from Maharashtra-Executive Health Officer, MGCM, State TB Officer, Project Director (Maharashtra SACS), City TB Officer-Mumbai and programme consultants.

Dr. Inder Prakash, DDG (PH)/ Chair, Oversight Committee shared following observations of the team:

1. Oversight team met representatives of Sub Recipients (Maharashtra SACS including Mumbai-DACS, NMP + network under India HIV Alliance, SAATHII Maharashtra unit, TISS under CTD, State RNTCP, PSI and CHAI under Union) implementing TB and HIV projects in Mumbai, Maharashtra with Global Fund support on 21st August, 2017 at Mumbai District AIDS Control Society Office to understand their programme activities.
2. Oversight team members split into two teams to visit HIV and TB related health facilities. One of the teams overseeing HIV related facilities visited ART center Nair Hospital, Care &

support Center (CSC), Byculla and PPP-PPTCT SAATHI center at Disha Hospital, Vikhroli East and highlighted following findings:

i. At ART center, Nair Hospital -Medical Officers and Counsellors are difficult to hire and sustain due to less remuneration. Team raised shortage of human resources as general issue for Maharashtra SACS and State RNTCP programme which is hampering the programme implementation.

ii. CD4 machine is out of order for past 7-8 days. Hospital staff has reported to Maharashtra SACS about the issue. PD, Maharashtra SACS raised the concern of most of the CD4 machines in state being old and whenever complaint is made, it gets routed through NACO to local engineer. This lengthy repair process often creates 8-10 days of testing backlog. NACO has been sounded about the issue which has assured to provide more CD4 machines to the state.

iii. CSC, Byculla run by Network of Maharashtra by positive people (NMP+) is actively supporting ART centers for Counselling, Early linkages of the positive people to treatment and tracing LFUs. CSC staff highlighted that the for Out Reach workers (ORW) in Mumbai where patient load is quite high tracking LFUs and linking them back to the programme is often challenging with their poor salary and travel remuneration (Rs. 7000 per month with Rs. 1000 for travel). Oversight team suggested to capitalize on the ORW for providing ART drugs to stable patients to save travel cost and time of patient which is one of the deterrent to continuation of treatment by such patients. In view of the same, team requested state to advocate for increase in wage of outreach workers.

iv. Team recommended to engage more private hospitals on the lines of Svetna project for supporting PPTCT component of the national programme.

v. Team informed about shortage of Nevirapine at Mubmai –DACS for which state has already requested NACO to supply the stock.

3. Oversight team members also visited Sewri TB hospital, District TB Office-Govandi, Centenary Hospital and TISS to oversee TB related facilities and services in Mumbai. Dr. Yatin Dholakia shared the following observations related to these sites:

i. At GTB, Sewri Hospital- CBNAAT lab has been temporary shifted to ICTC center of the hospital due to ongoing maintenance of CBNAAT room.

ii. At DRTB units, team met two new counsellor (under RNTCP) who have not received training yet. Team found that counsellors were not capturing psycho-social history of MDR TB patients being counselled for treatment initiation at the hospital. Team suggested to mandate recording of psycho-social history of patients by all counsellors since it comprises crucial component of MDR- TB treatment for ensuring adequate counselling and follow up of patients for their treatment continuation and adherence.

iii. At DTO Govandi, team met DR-TB counsellors (under Saksham project) and observed data capturing through their mobile based app. District TB Officer-Govandi, Dr. Narendra is proactively tracking counselling of DR-TB patients and its impact on treatment dropout rate among registered MDR TB patients. This analysis can be further strengthened by detailed data sharing by Programme Officer of Saksham project.

iv. Team noted higher patient load on TISS counsellor in Mumbai (around 1 per 100 patients). CTO- Mumbai, Dr. Daksha informed that 27 DR-TB counsellors are being supported by GFATM and 17 by CDC in Mumbai. However 50-55 more counsellors are needed to meet

the programme requirements. RNTCP programme is not able to retain its trained counsellors due to lower salaries offered to them under programme (Rs. 12,000 per month) compared to GFATM counsellors (Rs. 22000 per month). Moreover, in state PIP for the year 2017-18, more counsellor positions were requested but were not approved by the centre. Team emphasized on the need to have more trained counsellor for Mumbai region in view of its excessive MDR TB burden.

v. Team also suggested to engage peer counsellors for counselling of MDR-TB patients who can share their own experiences and motivate patients to continue treatment. Operational research may be conducted on such interventions to test their effectiveness. Principal Secretary (Health) agreed that resources can be generated within the state for such effective interventions.

Actions recommended by Principal Secretary (Health) based on visit findings:

1. State RNTCP programme requires increased funding from central government on lines of NACO funding to bring effective outcomes under the programme. PS (Health) advised that state shall request government of India to allocate dedicated funds for RNTCP programme like NACO. He suggested that oversight team shall also escalate the same at the level of India CCM/ MoHFW.

2. Maharashtra SACS shall write to NACO proposing salary raise of Rs. 5000/ month for Out Reach workers under CSC.

DAY 3 Activities:

Visit to ICTC at Lokmanya Tilak Municipal General Hospital and Medical College, Sion Mumbai (23 August 2017)

Oversight team visited the ICTC at the Microbiology Department of Lokmanya Tilak Medical College. It is a stand-alone ICTC center which has 11 staff including ICTC Supervisor, Technical Officer, Technician, and Counselors. The centre carries out over 100 tests every day. Of them around 60-70 tests are conducted for pregnant women whereas 5-10 are walk in clients.

Team met all the staff including three Professors of the Microbiology Department, four Lab Technicians, three Counselors and one Technical Officer. The main activities carried out by the ICTC include pre-test counseling, testing, post-test counselling, disclosure of the result, linkages with ART center etc.

The main issues highlighted by the ICTC team include some technical issues with AIDS Scan testing kits, linkages with ART centers etc. It was mentioned that they are supposed to link any HIV patient to the nearest ART center (nearest to his/her home) whereas patients generally prefer to go to a distant ART center for maintaining the anonymity. The ICTC team also raised the other two common issues e.g. salary of non-medical staff, condition of CD4 and viral load testing machine.

Meeting with NMP+ and SAATHI – 23 August 2017

Oversight team met key representative of NMP+ and SAATHI to understand their perspectives and major challenges they are facing to implement the program. President and General Secretary of NMP+ shared their thoughts, ideas and inputs. One of the most important issues highlighted by them was heavy workload of the ORWs who are getting very minimum salary. It was highlighted that Mumbai has 15 ART centers but only 6 CSCs and therefore each CSC is covering more than two ARTs. They also highlighted the fact that CSCs are mainly bogged down with tracing of LFUs and are not getting enough time to do full justice to other key activities. Similarly, key staff of SAATHI highlighted heavy workload of Programme Officers who are currently taking care of 3-4 districts. They also talked mismatch in the salary level between the HIV/AIDS program and NRHM. Importance of effective IEC materials for treatment literacy was highlighted. Need for community system strengthening came up as an important priority too.

Visit to J J Hospital (23rd August, 2017)

- Oversight Team members- Dr. Yatin Dholakia and Dr. Sandhya Gupta along with WHO State RNTCP consultant Dr. Amit Karad and Dr. Jyoti Salve visited J.J Hospital to learn about TB related laboratory services.
- Team met Dr. Amita Joshi, Professor Microbiology at J.J hospital who briefed the team about range of laboratory services (microscopic testing, solid & liquid culture, Solid & liquid DST, LPA and CBNAAT) available at the hospital. She informed that hospital has ISO 1589 registered and NABL accredited laboratory. Among the advanced testing facilities, hospital is equipped with two CBNAAT machines (1st machine came in year 2014), LPA (started in year 2011) and 2 MGIT machines for liquid culture (3rd MGIT has been provided by RNTCP through FIND, yet to be operational). J.J hospital is the only site in Mumbai where 2nd line extended DST is conducted. Besides two Bio Safety Laboratories are established at hospital under RNTCP program.

LPA Data (2016-2017) as per hospital records

Period	Total samples	MDR	RIF Resistant	INH Resistant
2016	1766	682 (38.6%)*	47 (2.6%)*	127 (7.2%)*
2017 (upto June)	909	628 (69%)*	24 (2.6 %)*	34 (3.7%)*

* Positivity

CBNAAT Data 2016-2017 as per hospital records

Period	Total samples	MTB detected	RIF Resistant
2016	5879	1452	357 (6.07%)*
2017 (upto June)	3330	756	216 (6.48%)*

* Positivity

Liquid DST Data 2016-2017 as per hospital records

Period	Total samples	Sensitive	XDR	Mono/Poly

				resistant
2016	2183	623	264 (12.1%)*	1296 (59.4%)*
2017 (upto June)	1343	513	81 (6.03%)*	749 (55.8%)*

* Positivity

- Dr. Amita informed that hospital has sufficient stock of cartridges for CBNAAT and is timely made available to the hospital from City TB office (In balance stock 236 cartridges on 23rd August, 2017).

Visit to Transit Camp (FN ward), Sion (23rdAugust, 2017)

- Team visited Transit Camp (FN ward), Sion to oversee activities under Axshya project, implemented by PSI (SR under Union) using Global Fund grant. Team interacted with staff of District TB Centre (DTC)- Transit Camp, SRs for Axshya project- PSI and CHAI. District TB Officer (DTO), Dr. Mokshada at Transit Camp Health Post informed that District TB Centre covers a population of around 750,000 (for Tuberculosis units- Sion Hospital and Transit Camp Health Post). In last quarter (Apr-June, 2017), total registered TB patients (new and retreatment) at district level were-313 (Transit Camp health post-221 and Sion hospital-92). Around 300 DR TB cases are also linked to DTC.
- PSI is implementing Axshya project in FN ward of Sion and Transit Camp TUs. Mr. Sandeep, Program Manager, PSI explained core activities under the project: Axshya Samvad (active case finding among vulnerable population through household visits), sputum collection and transportation, engaging rural / informal health care providers and AYUSH providers in TB care and counselling of MDR TB patients. Four Community Volunteers are engaged with FN ward to undertake active case finding activities. Mr. Sandeep informed that project has undertaken 33,294 household visits and 270 sputum collection and transportation (for period Apr, 2016-June, 2017). Under AYUSH doctor engagement intervention 50 providers have been trained who have referred 190 cases so far to the program.
- Under the GFATM project PSI does counseling and follow up of DR TB cases in the area through its two trained counselors. The cases are detected at Sion hospital through CBNAAT lab and are referred to GTB Hospital, Sewri (under LTMC / Sion Hospital for treatment initiation. As per the data shared by PSI, during Apr, 2016-June, 2017, 1480 TB patients have been counselled by PSI counselors. Counselors explained that they capture psycho-social history of patients as well. However, they do not share clinical history record with counselors at the Sewri hospital. Follow up counseling is done through home visits.
- PSI team informed that it supports DR TB patients for nutritional support through Alert India in FN ward. Besides it links suspected sputum negative cases referred by DMCs for free X-Ray services (at Private labs).
- CHAI is another SR under Union which implements Axshya Project in S & T wards to cover around 7 lacs population. It undertakes almost all the activities in S & T wards under Axshya project except engagement of AYUSH practitioners and DR-TB counselling.
- Team interacted with one of the MDR TB patient (at Rawli camp) who was counselled by PSI counselor and is currently on treatment with improvement in his health status. He shared that counselling and nutritional support under the program has motivated him to adhere to treatment.

Conclusion

Oversight Team oversaw project implementation in Mumbai under the Global Fund grant for HIV and Tuberculosis. Majority of the programmes are successfully being implemented with adequate achievement of their targets. In general, team made following observations related to each site visited/SR reviewed:

1. **Maharashtra SACS (including Mumbai DACS):**

- Inadequate budgetary provision for FY 2017-18 against the requisite demand in state PIP was expressed. This has caused massive deficit especially for HR and training components.
- Need for providing separate budget head for supply chain management, improving infrastructure of the facilities and strengthening of Link ART centers (L.A.C).
- Shortage of staff at SACS (around 13 % at ICTCs and 24% at ART centres including M.O and Counsellors positions) mainly due to low salary structure. Need for revision of financial norms in the financial Guidelines for salaries and travel allowances.
- Out of 73 ART centres, 34 do not have CD4 machines and of these 34 many machines frequently breakdown as they are old. There is requirement of new CD4 machines in the program. Project Director, Maharashtra SACS raised concern of most of the CD4 machines in state being old and whenever complaint is made, it gets routed through NACO to local engineer. This lengthy repair process often creates 8-10 days of testing backlog. NACO has been sounded about the issue by the state which has assured to provide more CD4 machines to the state.
- Nevirapine and pediatric syrup (Abacavir 3TC) shortage (left with limited stock less than 3 months)
- MDACS expressed the need to have a user friendly software with linkage across ICTC and ART centres (to link data from various data sources, to avoid duplication of work and to streamline and strengthen the existing systems)

2. **Maharashtra RNTCP programme (including Mumbai)**

- Shortage of cartridges- state highlighted around 5500 cartridges were available in stock against monthly requirement of 19000 (Shortage since 2 months).

- Stock outs of CBNAAT Cartridges and second line Line Anti TB Drugs is a frequent issue. Policy of IPT is not being able to be implemented because of shortage of INH & Pyridoxine. District level procurement of 2nd line drugs and Tab. Pyridoxine is difficult due to vendor issue.

- 1st installment of funds of 2017-2018 is requested from Government of India which is awaited.

- Retention of RNTCP contractual human resource (STS, SDPS, and Counsellors) is difficult due to their low remunerations in proportion to work load. Principal Secretary suggested to increase in funding of RNTCP programme to overcome all the gaps and advised State RNTCP to request government of India to allocate dedicated funds for RNTCP programme like NACO.

- Increased demand for trained counsellor for Mumbai region in view of its excessive MDR TB burden was expressed. RNTCP programme is not able to retain its trained counsellors due to lower salaries. Moreover, TISS counsellors (27 supported by GFATM and 17 by CDC) under Saksham project are insufficient to bear high patient load.

- A uniform protocol for counseling, forms and documentation and data sharing should be in place to ensure proper monitoring and evaluation.

3. **At GTB, Sewri Hospital:**

- At DRTB units, counsellors were not capturing psycho-social history of MDR TB patients being counselled for treatment initiation at the hospital. Team suggested to mandate recording of psycho-social history of MDR TB patients by all counsellors for ensuring adequate counselling and follow up of patients for their treatment continuation and adherence.

4. **At District TB Office, Govandi**,:

- Team observed that routine sharing of data captured by DR-TB counsellors/ summary analysis done by program officer under Saksham project through their mobile based app with District officials (DTO) may strengthen the assessment of effect of counseling on treatment and adherence (impact of counselling on dropout rate etc).
- Staff expressed requirement of a pharmacist to maintain drug store.

5. **At ART center, Nair Hospital:**

- Staff shortage is a challenge. Around 20% posts of doctors, counsellors and other staff are vacant primarily due to less remuneration. Team found shortage of human resources as general issue for Maharashtra SACS and State RNTCP programme which is hampering the programme implementation. There is requirement to revise salary and related allowance at competitive rates at par with NHM programme. High cost of living of metro cities is required to be considered.

- CD4 machine was out of order for nearly one week.

- Shortage of drugs Nevirpine (NP).

6. **Care and Support Centre (CSC), Byculla** run by Network of Maharashtra of Positive People with HIV/AIDS (NMP+):

- Turnover rate of outreach workers is very high because of low salary and travel allowance esp. in metro cities like Mumbai where patient load is quite high and tracking LFUs and linking them back to the programme is a big challenge. Oversight team recommended to increase the salaries of outreach workers. Principal Secretary (Health) advised Maharashtra SACS to write to NACO proposing salary raise of Rs. 5000/ month for Out Reach workers under CSC.

- Heavy workload of CSCs as 6 CSCs are linked to 15 ART centres in Mumbai. SAATHII state unit also expressed the issue of high work load compared to existing strength of program officers.

7. Team recommended engaging peer counsellors for counselling of MDR-TB patients to their own experiences and nutritional support may be some innovative strategies to motivate patients to continue treatment. Operational research may be conducted on such interventions to test their effectiveness.