

Minutes of the meeting – TI/LWS review meeting held at Hotel Parkview from 11-13 June 24 .

Points discussed in the meeting along with action taken /proposed are as indicated below:

Discussion point	Action initiated	Action Proposed	Responsible agency
As per the approval of authorities, the Project Director of TIs/LWs was invited to attend the meeting, however, some of the Project Directors did not attend the meeting due to one or another reason.	Communication has been sent to all TI-PDs to attend the review meeting in the future else their grant will be put on hold.	-	NGO
It has been observed that some of the NGOs are selecting /conducting interviews without involving SACS/DISHA/DAPCU. They are just informing SACS/DISHA/DAPCU about the interview.	All NGOs have been directed to mandatorily involve SACS/DISHA/DAPCU in the recruitment of Staff. Secondly, staff will be selected strictly as per the qualifications and TOR shared by NACO. It was also informed that if any TI staff has applied for the post in another TI, NOC from the previous TI NGO and feedback from DISHA/DACPU needs to be taken before finalizing the selection.	-	NGO/DISHA/DAPCU
It has been observed that TIs are reporting stock out of commodities despite stock available at the SACS or district level. Further, at times TIs do not report the information related to inadequate stock availability in writing in advance or just inform telephonically, resulting in stock-out situation.	Stock Management: NGOs must inform SACS/DISHA/DAPCU at least one month in advance so that the commodity stock can be replenished. DISHA/DAPCU will track the commodity status at the TI and district level and relocate commodities within the district, if available in case a stock out situation arises in one of the TI.		NGO DISHA/DAPCU
As reported by DISHA/DAPCU, some of the TIs are not cross-verifying their HIV testing data with ICTCs regularly, which is resulting in data mismanagement as reported by ICTC and TI.	NGOs are required to cross-verify their data with ICTCs on a bi-weekly basis and in the first week of the reporting month. DISHA and DAPCU will cross-verify the data submitted by NGOs randomly every month.		NGO DISHA/DAPCU

<p>Since TIs are working with High-Risk populations, who have different timings of operation hence, some of the TIs have changed their timings.</p>	<p>NGOs must display their operating hours outside their premises and share this information with DISHA/DAPCU/SACS</p> <p>Besides, NGOs must display the timings of the Medical Officer visiting their TI for STI management.</p>		<p>NGO</p>
<p>According to NACO guidelines, it is expected that 50% of the IDUs registered with the TI should be active on OST. However, many TIs have reported a substantial number of IDUs under their care are opting for OOAT (Outpatient Opioid Assisted Treatment), which is not currently captured in the NACO reporting format. This discrepancy has led to lower reported achievements in meeting the OST targets.</p>	<p>NGOs working with IDUs are required to share data on patients undergoing Outpatient Opioid Assisted Treatment (OOAT) with their respective OST centers. This data should include OOAT ID numbers and must be submitted on or before the 5th of every month. The Medical Officers at the OST centers, who have access to the OOAT portal, will verify the list submitted by the NGOs. Based on this verification, NGOs will report their IDUs who are on OST (including those on OST and OOAT) in the MITR under the category "Not in OST monthly report".</p>	<p>Approval may be given to send communication to Medical Officers to verify list of OOAT patients on monthly basis.</p>	<p>SACS Medical Officer OST centers and NGOs with IDU population</p>
<p>It has been observed that some of the medical officers are not following take home policy as approved by NACO.</p>	<p>Guidelines for take-home doses have been share with all centers along with instructions. The same needs to be adhered to.</p>		<p>Medical officer, OST center</p>
<p>It has come to our attention that certain TIs are consistently submitting incorrect MITR reports every month, leading to inaccuracies in reporting to NACO.</p>	<p>Mr. Deepak, DISHA Jalandhar and Mr. Amritpal, DISHA Ferozepur, who have worked with TIs, have been requested to prepare cluster-wise batches for one day training on MITR so that data reporting issues can be addressed.</p>	<p>Approval may be given to organize trainings in collaboration with DISHA faculty, and to release funds to Kashmta Kender for this purpose.</p>	<p>SACS/Kashmta Kender/DISHA</p>
<p>During the review, it has been noted that NGOs that achieved low performance levels have provided various excuses. These reasons have been brought to the attention</p>	<p>All TIs have been instructed to send written communications to SACS, with copies to DISHA/DAPCU, regarding any issues arising in TI</p>		<p>NGO</p>

<p>of SACS/DISHA/DAPCU for the first time.</p>	<p>implementation. In instances where SACS/DAPCU/DISHA does not respond, repeated reminders should be sent via email and through the official WhatsApp group until the issue is resolved.</p>		
<p>All TIs and LWS projects are conducting CBS to meet the HIV testing targets within the designated timelines. These testing kits require refrigerated storage, and refrigerators have been provided by PSACS for this purpose.</p> <p>However, many TIs have reported frequent electricity cuts, which are causing challenges in maintaining the proper temperature and storage conditions for the kits.</p>	<p>It is submitted that, besides HIV testing, PSACS is also going to initiate HCV/HBV testing in TIs in collaboration with NVHCP. Hence, there is a requirement for inverters capable of providing backup power to refrigerators for at least 24 hours in case of extended electricity outages.</p>	<p>Based on the market survey, the price of inverters with double batteries capable of supporting refrigerators during prolonged electricity cuts ranges from Rs. 35,000 to Rs. 45,000. Therefore, approval may be given to TIs to procure inverters under any TI expenditure head with unspent amount available, following the appropriate procurement procedures.</p>	
<p>It has been observed that NGOs with OST centers are directing their patients to the parent OST center for tapering off or adjusting doses, despite their own doctors having received training from PSACS. This practice can be avoided to enhance the quality and efficiency of services provided to IDUs undergoing OST.</p>	<p>Communication has been sent to NGO OST centers and Govt. OST centers regarding the issue.</p>		<p>NGO Medical officer and Govt. Medical Officer</p>
<p>As per the revised guidelines for Bridge populations, only at-risk individuals need to be registered in the intervention based on the findings of the risk assessment data. All bridge population TIs have been trained on these risk assessment criteria. During the meeting, it was noted that while TIs adhere to the registration criteria, there is</p>	<p>Bridge population TI staff is required to print the risk assessment questionnaire and attach the filled questionnaire with registration form.</p>		

currently no documented evidence of this practice.			
All TIs are actively engaged in STI management among HRGs and are providing treatment kits as prescribed by the Medical Officer. These kits are supplied by NACO. However, frequent stockouts of these kits have been reported, leading to non-treatment of HRGs.		It has been noted that TIs often have unspent balances remaining at the end of the financial year, which are refunded back to NACO. To ensure timely treatment of HRGs in cases of stockouts of STI treatment kits, it is proposed that TIs be authorized to procure these kits when necessary. This procurement will be overseen by DISHA/DAPCU, following the proper procurement procedures and verification of stockouts, if reported by the NGO.	NGO DISHA/DAPCU
It has been reported that all Peer Educators underwent training during the financial year 2023-24 (from November 2023 to February 2024). However, recent data collected from TIs in April 2024 has revealed a high turnover rate among Peer Educators, exceeding 60% in some cases.	All Project Directors and Managers have been directed to meticulously select Peer Educators capable of committing to longer periods of service with the NGO. NGOs reporting high turnover among PEs will be authenticated by SACS/DISHA/DAPCU to understand the reasons for frequent turnover.		SACS/DISHA/DAPCU

NGO specific issues are indicated below:

- NGO Dr. D N Kotnis Ludhiana (Core Composite TI) has been instructed to relocate their office closer to their target population.
- NGO Samarth has been sanctioned a new project in Gurdaspur. As their current performance is not up to the mark, they have been instructed to receive guidance from NGO JKSPYM, which has extensive experience in TI implementation.

Similarly, staff from Philadelphia Patiala will visit NGO Nabha Foundation for mentoring and support.

- NGO DYWA Mansa has reported issues with ICTC and ART centers. A joint visit by JD-CST and Prevention teams will be conducted to address these concerns.
- NGO Nabha Foundation has requested a hybrid model for STI management due to their scattered population. They have been informed that the budget for STI management will remain capped at 2.4 lakhs. Therefore, they are encouraged to proceed with the hybrid model as per the requirements of HRGs.
- NGO GYMS, implementing TI at Talwandi Sabo, has reported difficulties in finding an MBBS doctor for STI management. DISHA Bathinda has been tasked with facilitating the recruitment and informing PSACS accordingly.
- All TIs have been instructed that kacha bills should not exceed 10% of the total expenditure under any circumstances. Specifically, for expenses such as medicine and furniture procurement, kacha bills will not be accepted at all.
- NGO Central Club Ludhiana has been implementing IDU interventions for over 5 years. As there are no OOAT/OST facilities in their project area, the NGO has requested for NGO-OST center to provide OST to IDUs. Following approval from PSACS authorities, a feasibility assessment of the site will be conducted to setup the OST center.

NGO wise Performance is indicated below:

- A. Coverage of HRGs:** As per norms, all TIs, except newly established ones, are required to achieve 100% coverage of the population as specified in the grant award letter. During the review, it was found that all TIs met this expectation except for the following four NGOs:

S.no	NGO Name	Typology	% Coverage	Remarks
1	Shape India-Fgarh Sahib	FSW	61	Due to a sudden medical issue, the Project Manager of the TI has been replaced by a former staff member who was eligible for the PM position. He has been instructed to expedite the registration process of HRGs to ensure prompt service delivery.
2	Shan Foundation - Fazilka	IDU	56	A new TI was initiated in the financial year 2023-24. Due to significant staff turnover, the TI's performance has been below average. The Project Director has been instructed to prioritize and oversee the TI's operations more closely. Additionally,

S.no	NGO Name	Typology	% Coverage	Remarks
				he has been advised to seek assistance from the Project Manager of Hoshiarpur, who possesses substantial experience in TI implementation. Disha has been asked to increase their involvement with the TI, conducting visits twice a month until improvements are observed.
3	Shape India Asr	MSM	36	The staff at the TI is new and requires training. However, the Manager has been tasked with preparing a weekly plan to expedite the registration of HRGs.
4		FSW	72	

B. New Registration: As per norms, all TIs are required to register 20% new HRGs annually. Additionally, old HRGs who have been associated with the TI for more than 5 years and are categorized as low-risk should be shifted from the active line list. The new registration of HRGs for all TIs, except those listed below, was up to the mark:

S.no	NGO Name	Typology	% New registration against the target of 15% in 9 months
1.	JYM-Barnala	MSM	73
2.	Ganga Foundation -Ludhiana	TG	64
3.	MRYDO, Patiala	IDU	69
4.	YTTS, Mohali	MSM	30
5.	FPAI-Mohali	FSW	52
6.	Philadelphia society	FSW	19
		MSM	13
7.	FPAI-Ropar	MSM	40
		IDU	49
8.	Pahal, Jalandhar	MSM	
9.	SBGDSS-Jal	IDU	55
10.	Abhiviyakti Foundation -Asr	IDU	64
11.	Shape India -ASR	FSW	36
12.	IES Patti	FSW	37
13.	SVMM-TT	IDU	53
14.	ICSW-TT	FSW	33
		MSM	48
15.	Nabha foundation, Patiala	TG	27

16.	Central Club, Ludhiana	IDU	67
17.	Himalayan Foundation, Hoshiarpur	IDU	60
18.	Sankalp, Hoshiarpur	IDU	63
19.	SVMM- Amt	IDU	66

The aforementioned NGOs have been instructed to prioritize new registrations due to significantly higher HIV positivity among newly registered HRGs in the state. Concerns have been raised by TIs like Sankalp Hoshiarpur, indicating a scarcity of new HRGs in their areas, possibly due to saturation of coverage or overlapping of HRG coverage by other TIs. In such cases, NGOs have been asked to inform the PSACS in writing so that coverage can be relooked.

- C. HIV screening among New HRGs:** As per NACO norms, all new HRGs are required to undergo HIV testing using CBS testing kits at their initial meeting, contingent upon HRG consent. However, during the financial year 2023-24, there has been a shortfall of HIV testing kits at various TIs and ICTC Centers. The TIs that have reported lower achievement of this target compared to others are listed below:

S.no	NGO Name	Typology	% HIV screening	% Positivity
1	Nabha Foundation	IDU	84	5
2	AIWC-Amritsar	IDU	32	11
3	Samarth Gurdaspur	MSM	67	13
4	Shape India -	SPA	33	0
5	Amritsar	IDU	32	0
6	Samarth-Ludhiana	IDU	90	27
7	Don Bosco Moga	FSW	48	2
8	Pahal Jalandhar	MSM	13	0
		IDU	48/5	5

As per the above table, NGOs have screened less than 91% of newly registered HRGs for HIV against the target however, some of the TIs have reported very alarming HIV positivity i.e. 27% in IDU Samarth Ludhiana and 13% in Samarth Gurdaspur among MSM. Besides above, some of the TIs, who have achieved their HIV screening target among new HRGs, have also reported very high positivity i.e. FPAI Ropar -60% in IDU, DYWA Mansa -31% in IDU and 25% in MSM. Detailed presentation of all TIs is attached with minutes. The positivity highlights the importance of early registration of new HRGs and their timely testing.

D. HIV screening among HRGs: As per norms, all TIs are required to conduct HIV testing twice a year for all HRGs (except PLHIV). Due to the limited availability of testing kits in f/y 23-24, certain TIs were unable to meet their HIV testing targets. There is notable variation in performance levels among the TIs, with some showing significantly lower achievement than others. TI-specific data is available in the presentation. To address these challenges, all TIs have been instructed to monitor HIV testing weekly and set weekly targets for their staff.

E. Proportion of CBS in HIV screening: All TIs have been provided with CBS testing kits and are required to conduct CBS testing for not more than 30% of their target. TIs operating in areas without nearby ICTC centers have been granted flexibility to conduct CBS testing as needed.

Following a recent review, it has been observed that some TIs exceeded the 30% limit for CBS testing. NGOs have been instructed to prioritize the following groups of TIs for HIV testing through CBS:

- Newly identified HRGs
- Spouses of HRGs
- Index testing cases
- HRGs from distant hot spots

F. IDUs initiated on OST: According to NACO targets, 50% of the IDUs registered with TIs should be active on OST. As majority of IDUs are registered on OOAT, NGOs have been instructed to maintain records of these individuals, verify their status with the OST Medical Officer, and report this information in MITR (excluding the OST monthly report).

G. Coverage through SOA camp: It has been observed that NGOs have not been conducting SOA camps in a timely and comprehensive manner across designated areas. TIs were instructed to evenly distribute SOA camps throughout the year. The selection of camp locations should prioritize hotspots identified by p-MPSE and areas flagged by ICTC/ART centers where high positivity rates have been reported.

H. Index testing and Spouse testing: During the review, it was noted that index and spouse testing are areas needing improvement. All Project Managers were asked to compile a list of married HRGs. Female outreach workers are required to ensure that the spouses of all married HRGs are tested at least once a year.

Similarly, for PLHIV HRGs, a comprehensive list of their sexual and injecting partners should be prepared. It is essential that all partners listed undergo HIV testing to prevent further transmission of HIV.

- I. **Coverage of dynamic population:** Based on data analysis for the f/y 2024-25, it has been noted that the dynamic population provided to NGOs undergo HIV testing once a year. Interestingly, none of the HRGs from the dynamic line list tested positive for HIV. Accordingly, based on data of f/y 2024-25, a decision regarding the continuation of the dynamic population will be made with approval from higher authorities.