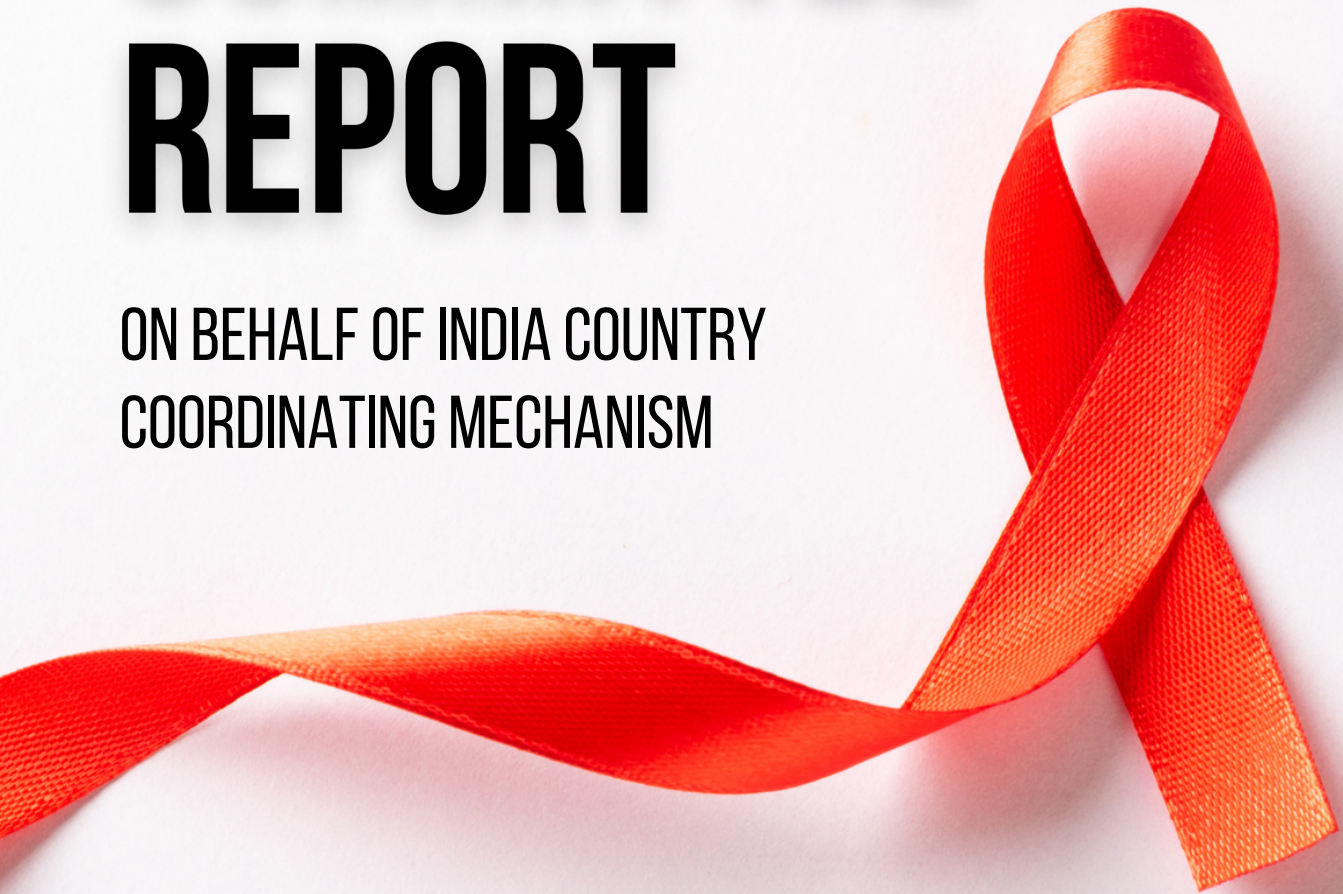


# OVERSIGHT COMMITTEE REPORT

ON BEHALF OF INDIA COUNTRY  
COORDINATING MECHANISM



**NAGALAND**  
**JULY 2023**

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# BACKGROUND

The Global Fund Oversight Committee visited Nagaland from 10th to 14th July 2023 to oversee HIV, TB, and Malaria Programmes under the Global Fund Grants period 2021–24 in Nagaland State. The following NACP facilities were visited:

Date	Name of Facility
10th July 2023	Orientation meeting with SACS and NGPRs
11th July 2023	ART Plus Center, Dimapur
	ICTC, District Hospital, Dimapur
	Olive Hospital, Dimapur (Private)
	Dimapur Hospital & Research Center (Private)
12th July 2023	Central Jail, Dimapur
	District Jail, Dimapur
	Care & Support Center, Dimapur
	Review of NGPRs – Plan India, SAATHII and Alliance India
13th July 2023	Integrated Health Camp, Peren
	ICTC, Kohima
	ART Center, Kohima
	Care & Support Center, Kohima
	Sampoorna Suraksha Kender, Kohima
	Kshamta Kender, Kohima
14th July 2023	Meeting with DG- Prison, Nagaland Debriefing meeting with Joint Secretary Health and Sr. Program Officers of HIV, TB and Malaria, Nagaland

## Nagaland Team:

- Dr. Naresh Goel
- Dr. Sangeeta Kaul
- Ms. T. Mercy Annapoorni
- Dr. Bhawani Singh
- Mr. B.L. Parihar

# OBJECTIVES OF VISIT

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

# HIV EPIDEMIOLOGICAL SCENARIO OF NAGALAND

- General Population HIV Prevalence is 7 times higher than in India. The national prevalence is 0.22%, whereas the state rate is 1.61%.
- In comparison to FSW, MSM, and IDU populations, the HIV prevalence among prisoners is high. HIV prevalence in inmates is 4.59%.
- Districts with a high HIV prevalence (adult prevalence >1%) are Dimapur, Kiphire, Kohima, Noklak, Peren, and Tuensang.
- The 95-95-95 status is 75-75-95.

# HEALTH AND WELLNESS SUB-CENTRE (HWC)

The NCVBDC team was accompanied by Dr Tinurenla, Deputy Director, Mr Ropfweve Koza, Finance Consultant, NCVBDC, Nagaland, and Mr Peter Sangtam, District VBD consultant, Dimapur.

## **Observations:**

The centre is housed in the building of Panchayat Samiti and is well organised. No cases of malaria have been reported from this HWC for the past five years. M4-SC report is being sent regularly (monthly). There was a temporary shortage of RDT Kits during the last 2-3 months – covered by the preparation of blood smears. Slides are sent on the same day for microscopy. The two-month stock of ACT/PQ/RDK was available in the HWC. Drugs and RDT Kits were found within the expiry date. Bed nets (LLIN) were distributed in the year 2020. The CHO (Community Health Officer) is trained. Refresher training of the health workers is being planned. Three ASHAs from the District were awarded and given appreciation certificates for good work in malaria elimination.

## **Key Recommendations:**

- Salaries/incentives of the staff were recommended to be disbursed on time for smooth functioning.
- Issues regarding maintenance and POL for two-wheelers can be resolved by disbursing funds timely and adequately.
- ASHA workers do not receive incentives on time therefore, releasing funds on time was recommended.

# TB

## Findings:

- Paediatric TB drugs are not available as of 31.06.2023. The new indent was made for the purchase of Paediatric drugs in the last week. If the next child patient comes, there is no drug here.
- The district TB officer also holds additional charges as DPM of DAPCU and Nodal officer of the malaria program in the district.
- There is not much coordination between ICTC centre and NTEP. There were 5 HIV patients who were found with TB symptoms. However, only one case was found in the TB centre records. This shows that these TB symptomatic HIV Patients may be missed out.

## Visit to DTO office, Kohima:

- In the records, there were no bank details collected from the TB patients (to pay the incentive of rupees 500 under the Nikshay Mitra scheme).
- The CBNAAT machine was under repair. It has to be repaired at the earliest because this causes a delay in diagnosis and many symptomatic patients may be missed out.
- One lab technician was not present hence they wanted to appoint a new lab technician.
- The bank details of TB patients were not found in the records for the month of June 2023.

## Recommendations:

- The State TB officer has to be appointed as early as possible because it is vacant at present. The Deputy director holds the additional charge.
- Advised to raise indent and place orders well in advance to procure the drugs as soon as possible because there might be shortage of TB drugs in the coming months.



- It was found that the DTO office has received funds for incentives for TB patients, only Rs 10 lakhs where as Rs 26,73,750 has to be paid in total as incentives to the TB patients. There seems to be very slow processing in the payment of incentives to TB patients.
- It is suggested to provide IEC materials on TB to all the 12 prisons in the state regularly by the NGO's working in the prisons.
- A full time medical officer can be appointed as the present MO is in charge of 9 prisons.
- TB detecting camps and TB awareness programs should be conducted inside all the prisons at least once in 3 months.
- Sputum collection can be made extensively by engaging the NGO's and the affected communities' networks present all over the state.
- Co-ordination between HIV and TB sectors is very much needed in all aspects of planning, implementation, monitoring, documentation, reporting and evaluation.



# REVIEW MEETING WITH STATE VBD OFFICERS, CONSULTANTS AND STAFF

A review meeting of the malaria programme was organised for the NCVBDC Team at the State Health Directorate which was attended by Dr Akuo Sorhie, Director of Medical Education, Dr Neisakho Kese, Joint Director & SPO, NCVBDC, Nagaland along with State NCVBDC team and District NCVBDC Team from Kohima district.

SPO, NCVBDC, Nagaland presented the trend of malaria in Nagaland which has shown a consistent decreasing trend. A maximum number of malaria cases were reported in year 2009 with 8489 cases and 35 deaths. Since then, cases have consistently decreased and only 9 malaria cases and 0 deaths were reported in the state in the year 2022. The state has been maintaining adequate surveillance with reported ABER of around 10 since the year 2011. ABER declined to 7.07 and 7.55 in the years 2020 and 2021. The ABER has improved in 2022 to 13.09. Three districts namely Mokokchung, longleng and Zunheboto have reported zero indigenous cases for the last three years. The state has not reported any malaria deaths since 2018.

## **Best Practices:**

- Increased manpower by appointing contractual staff has increased surveillance since the year 2009.
- LLINs were supplied to the state in the year 2015.
- Launch of malaria elimination framework in the year 2017.
- Blocks with high malaria incidence were adopted as model blocks which enhanced program implementation.
- Cross-border screening by ASHAs has started in 4 districts bordering Myanmar.

- The manpower is optimally trained and deployed in the program that contributes to constant public awareness that has led to early health-seeking behaviour and ensuring complete radical treatment of detected positive cases.
- Sentinel surveillance hospitals have been identified in all districts.
- Malaria has been declared a notifiable disease in Nagaland.

### **Key Challenges:**

- The state has not been able to maintain regular screening of cultivators and hunters.
- The state has 3 entomological zones but due to a lack of vehicles, they have not been able to function optimally.
- Delay in release of approved budget under NHM.
- Training of health workers for IHIP in the state is pending.
- The state program officer informed that some of the districts have reported 0 malaria cases and deaths for the last three years and 7 out of 11 districts have reported 0 malaria cases in the year 2022. The state can initiate the process of dossier preparation for sub-national certification of malaria-free certification to Longleng, Mokokchung and Zunheboto districts.

# KEY OBSERVATIONS

## Common observations:

- The monthly ART –CSC coordination meetings are neither held regularly nor documented comprehensively.
- Senior Medical Officers (SMO) and Medical Officers are not trained in Advanced HIV Disease Management in both the ART Centers.
- Discordant couples' record was not readily available at both ART centers.
- There was a lack of clarity about the total PLHIV registered at the CSC and the actual services/linkages provided to the PLHIV in Dimapur and Kohima CSC.
- IEC material is required to be in the local language at most of the places including on the Mobile Testing van.

## Testing:

- The HIV positivity is over 22% at ICTC, Dimapur with over 80% of the newly diagnosed cases being in the age group of 18–35 years. The ICTC –ART linkage is more than 90%.
- It was observed that a significant number of newly diagnosed cases were from the Burma Camp colony in Dimapur.
- ICTC Center, Kohima is a heavy load center with over 500 clients being tested every month. The HIV positivity at this center is above 3% and all were linked to the ART center. Over 60% of the newly diagnosed HIV–positive cases are in the age group of 18–35 years.
- Private hospitals (F–ICTC) are sharing the HIV screening test data of pregnant women and General clients with Global Fund implementing partner Plan India on a weekly basis. While the positive pregnant women are linked to ART initiation by the Plan India team (as per mandate), there is a gap in linkages of screened reactive general clients (currently not in the mandate of any GF partner)

## **Treatment and Care & Support:**

- ART center, Dimapur is a high case load center, there are 5,854 PLHIV alive on ART. Only 55% of PLHIV are on DTG regimen. This ART center has patients from eight districts besides Dimapur district. While 53% PLHIV are from Dimapur, over 28% of cases are from Chumukedima and 3.5% from Teunuland. The Lost to Follow Up (LFU) cases are very high at 1607 and Pre-ART LFU at 288. The LFU cases are primarily from Dimapur (47%), over 25% are from Chumukedima and 11.7% are from the neighbouring state of Assam. Out of the newly initiated ART clients, over 10% have a CD4 count less than 200. 85% of the PLHIV on ART are virally suppressed, out of the 2,857 PLHIV tested for Viral load.
- The ART Center, Kohima has 1957 PLHIV Alive on ART. Over 330 PLHIV are LFU cases. More than 85% of PLHIV are on DTG regimens.
- The Viral Load machine (Rental-Reagent model approach) is available at the hospital and will be fully functional in the last week of July 2023 at ART Center, Kohima.
- The CSC, Dimapur is being managed by Alliance India with a Network of Nagaland People living with HIV. There are 4777 active care, 1698 LFU and 480 MIS out of 1486 LFU are confirmed as untraceable. The CSC has 15 Health Promoters/Outreach workers including two additional HP (C19 Grant) and one Peer Navigator.
- The CSC, Kohima is being managed by Alliance India with the Network of Kohima People living with HIV. There are 2360 active care, 373 LFU and 98 MIS out of 51 LFU are confirmed as untraceable. The CSC has 7 Health Promoters/Outreach workers including one Peer Navigator.

## **Prison Intervention:**

- The Prison intervention is being implemented by PLAN India as the Principal Recipient, and YRG Care as the Sub-Recipient partner in the State.

- In Central Jail, Dimapur has 210 prison inmates. There is no female prison inmate at present. There are 09 inmates on ART and 17 inmates on OST.
- In District Jail, Dimapur has 104 prison inmates. There is no female prison inmate at present. Over 30% of the prison inmates are IDU cases and 13 of the inmates are HIV positive, with 12 of them initiated on ART.
- The ARV drugs are collected from the ART Center Dimapur for all HIV-positive clients.
- The YRG Care supported LT/ Counsellor visits the jail once a month and conducts HIV screening tests for the inmates. As many of the undertrials are released after a few days, there is a missed opportunity to get their HIV screening done due to the unavailability of the YRG Care LT/counsellor.
- Juvenile Homes and Deaddiction Centers are not covered by YRG Care in the Dimapur districts.

### **Sampoorna Suraksha Kendra, Kohima:**

- The SSK is co-located with the ICTC and has been fully operational since November 2023. The SSK staff is in place and has been trained by the SACS team.
- The two outreach workers coordinate their outreach with the Mobile ICTC van testing days and then register the HIV-negative clients for HIV prevention services and linkages and repeat HIV testing after 3–6 months.
- The SSK team also suggested that to improve the function of the SSK, CBS kits may be made available at the SSK for repeat HIV testing of the high-risk HIV-negative clients registered at the center.

### **Kshmata Kendra –Kripa Foundation, Kohima:**

- The TI NGO staff training is the mandate of the Kripa Foundation (under PR- SAATHII), working in close coordination with the SACS team. Till date, only two rounds of training have

been conducted for outreach workers and peer educators of IDU TI NGO staff.

- Training targets and achievements with typology bifurcation could not be explained by the staff.
- The first round of training for the current financial year will be conducted in the last week of July.
- It was highlighted that FSW, MSM, and TG master trainers are non-available in the Nagaland state by the staff.

It was highlighted by the Project Director, Nagaland SACS that PEPFAR and Non-Government Principal Recipients (NGPRs) partners are not providing updates to Nagaland SACS on a regular basis.

# KEY RECOMMENDATIONS

## Testing:

- A detailed profiling of the newly diagnosed PLHIV needs to be done with critical analysis.
- Index testing to be prioritized for the newly diagnosed cases.
- Improve HIV testing across hard-to-reach areas in the districts.
- Explore the options of social marketing of condoms for the young population at risk.
- Advocacy with Churches for using condoms to prevent HIV infection among the general population.
- The mobile ICTC outreach to be prioritized in the Burma Camp colony, Dimapur, and mobilization of the nearby TI NGO, and participatory community assessments may be conducted for risk profiling.
- All HIV-negative high-risk cases are to be referred to the functional Sampurna Suraksha Center, Kohima.
- Improve private sector engagement for confirmatory HIV tests of general clients in private hospitals.

## Treatment and Care & Support:

- There is a felt need for physical training of the ART Center Medical Officers on Advanced HIV Disease Management.
- Data cleaning exercise should be conducted at the ART centre to reflect the accurate number of PLHIV registered, alive on ART, and lost to follow-up
- More emphasis on ARV adherence counselling by the ART Counsellors
- The Alliance India team needs to assign one Outreach worker on a daily basis to the ART centers and be held accountable for reaching out, especially to the newly diagnosed PLHIV initiated on ART. Each Outreach worker should spend one full



day at the ART center and maintaining his/her daily notes and the rest of the five days go for the routine micro plan-based outreach services

- The data on discordant couples should be readily available at the ART center.
- Monthly ART-CSC Coordination meetings to be held regularly, with proper documentation and follow-up action plan to improve ARV adherence and reduce LFU
- The Care Coordinator of the ART Center should verify the mobile numbers and addresses of all the PLHIVs coming to the center for either clinical examination, investigations of drug collection purposes.
- Improve coordination with the Care & Support Center and ART to prevent the Lost to Follow Up cases.

### **Prison and Other Close-Setting Intervention:**

- PLAN/YRG Care should ensure that the LT/Counsellor visits the jail at a more frequent interval, preferably once or twice a week for conducting the HIV screening for all the new prison inmates.
- The current LT/Counsellor should provide hands-on training to the Pharmacist of the District jail, as he is based in the jail as regular staff.
- Proper linkage with the nearby OST center should also be explored.
- Juvenile Homes and Deaddiction Centers should be covered under Prison and Other Closed Setting Interventions.

### **Sampoorna Suraksha Kendra, Kohima:**

- IEC /awareness information posters about the SSK services should be available in the Mobile ICTC vans for better dissemination of information for the hard-to-reach HIV-negative population.
-

## **Kshmata Kendra -Kripa Foundation, Kohima:**

- The TI NGO staff training should be fast-tracked in coordination with the SACS team.
- Training targets, achievement, and dashboard with typology-wise bifurcation should be available in the Kshmata Kendra.
- SAATHI as PR should facilitate State level Resource persons with expertise in TG/MSM programming and FSW interventions (since Kripa Foundation does not have this specific technical expertise)

## **EMTCT Interventions in Dimapur and Kohima:**

The Global Fund Implementing PR Plan India has established good referral linkages in both public and private health facilities for the early identification of HIV-positive pregnant women. The visit to the private sector hospitals in Dimapur was quite impressive as the records of all the newly diagnosed HIV-positive pregnant women were well maintained, with 100% linkage to ART initiation and follow-up.

**Key Challenge:** Due to the hilly terrains it is difficult to get pregnant women in the third trimester for repeat Viral Load testing.

**Recommendation:** Explore the option of DBS Viral load testing in third trimester.

# KEY RECOMMENDATIONS FOR PRs

## **ALLIANCE INDIA:**

- The LFU tracking and bringing the PLHIV back to ART centers' needs to be assessed.
- Alliance India team needs to assign one Outreach worker on a daily basis to the ART centers and be held accountable for reaching out to the newly diagnosed PLHIV initiated on ART and the old PLHIV who come daily to the ART center either for ARV drugs collection or clinical examination /advice from the ART Medical Officer.
- Each Outreach worker should spend one full day at the ART center and maintain his/her daily notes and rest of the five days go for the routine microplan-based, outreach services.
- Private Sector Engagement work needs to be strengthened with proper mapping of all facilities identifying and treating PLHIV.

## **PLAN INDIA:**

### **Prison Interventions**

- PLAN/YRG Care should ensure that the LT/Counsellor visits the jail at a more frequent interval, preferably

once or twice a week for conducting the HIV screening for all the new prison inmates.

- Hands-on training is to be imparted to the Pharmacist of the District jail, as he is based in the jail as a regular staff.
- Proper linkage with the nearby OST center should also be explored.

### **Supply Chain Management:**

- The state-based staff of PLAN India should maintain updated records of all essential medicines and keep track of any stockouts at the district and state levels.

### **One Stop Center:**

- The geographic location of the OSC should be based on accurate KP data and finalized using participatory community approaches.
- Effective referral and linkages should be established, along with proper documentation.

### **SAATHII:**

- Emphasis should be given on physical training to ensure better receptivity and comprehension of training by the participants.
- The selection of the trainers should be done on the basis of their areas of expertise.

# DEBRIEF MEETING WITH JOINT SECRETARY, HEALTH AND PD, SACS

Debriefing meeting of oversight committee I-CCM, GFATM was held at the Nagaland Civil Secretariat of Health and Family Welfare, Kohima on 14 July 2023 at 1:30 pm which was chaired by joint secretary of health Nagaland and co-chaired by project director SACS Nagaland and attended by nodal officers, members of the oversight committee, technical officers of the state health directorate and some NGO partners. Discussion on the situation analysis of AIDS and TB in the state of Nagaland was done by the oversight committee members.

Dr CS Aggarwal shared the Malaria report with the Joint Secretary and informed that Nagaland state can now initiate the process of dossier preparation for certification of malaria elimination for 3 districts Longleng, Mokokchung, and Zunheboto which are reporting zero indigenous cases consecutively for the last 3 years.



# GALLERY



# ANNEXURE

## Epidemiological situation of Nagaland:

Year	2015	2016	2017	2018	2019	2020	2021	2022	2023
Positive cases	1527	828	394	113	20	12	8	9	4
Pf cases	532	316	188	24	4	10	3	4	2
Deaths	3	0	1	0	0	0	0	0	0
ABER	11.7	12.4	12.8	12.9	11.4	7.07	7.55	13.09	-
API	0.76	0.40	0.199	0.06	0.01	0.006	0.004	0.003	-

## District-wise total malaria cases in Nagaland:

Name of district	2015	2016	2017	2018	2019	2020	2021	2022
Dimapur	77	32	27	15	2	1	1	3
Kiphire	69	25	9	34	4	0	1	0
Kohima	132	96	23	4	1	0	2	2
Longleng	157	59	10	1	0	0	0	0
Mokokchung	375	212	97	5	0	0	0	0
Mon	32	28	31	7	1	4	0	0
Peren	54	12	8	0	1	3	0	1
Phek	21	32	8	5	0	1	0	1
Tuensang	83	48	39	11	4	1	1	0
Wokha	191	70	40	8	6	2	3	0
Zunheboto	76	39	17	10	1	0	0	0
U.M.S. Dimapur	260	175	85	13	0	0	0	2
State Total	1527	828	394	113	20	12	8	9



