OVERSIGHT COMMITTEE REPORT

ON BEHALF OF INDIA COUNTRY COORDINATING MECHANISM

ODISHA

13th-17th DECEMBER 2023

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BACKGROUND

An Oversight Committee of India Country Coordinating Mechanism (ICCM) functions to oversee implementation of the Global Fund grant in India. As part of oversight committee, the team visited Odisha (13th to 16th December 2023).

Odisha Team:

1. Dr. Naresh Goel
2. Dr. Sangeeta Kaul
3. Dr. P.K.Srivastav
4. Dr.Vinod Choudary
5. Mr. Bhanwar Lal Parihar

OBJECTIVES OF VISIT

- To review the program implementation of the current Global Fund grant of HIV/AIDS, TB and Malaria in the state of Odisha.
- 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 Odisha State-

- HIV prevalence in the state is 0.14%
- Estimated PLHIV is 52,108
- The Annual new HIV infections is 2179
- EMTCT need is 534
- PLHIV on ART is 22,685
- Estimated Migrants is 92,000 and Truckers is 15,607
- The 95-95-95 status is 52-83-85.

BRIEFING WITH OSACS AND NGPRs

13th December, 2023

The briefing of OSACS and non-government PRs was chaired by the Project Director, Dr.Urmila Mishra and attended by the oversight committee members, OSACS officials, representatives from Alliance India, PLAN India, SAATHII and SRs.

Non-Government PR representatives shared brief presentations on progress, achievements, and challenges, followed by comments/feedback shared by the oversight committee members

Alliance India:

The state has 11 CSCs, which have been transitioned by Alliance India to OSACS. The current total number of ORWs is 58, and this number is expected to be increased to be able to track the LFU cases. While the total number of PLHIV on ART is 24,654 the number of LFUs is very high -18,844.

SAATHI

1. **Prashiksha project:** The online trainings are ongoing, especially for LTs and the Capsular training for ART centers. The Kshemta Kendra is conducting trainings for Tis.
2. **C19 RM grant:** The project activities started late in the month of September 2023. Humsafar Trust is the SR, with Maa Maghi Gouri as the SSR. There have been some internal organizational issues with the SSR hence the delay in the initiation of project activities. The project is being implemented in 4 districts: Raygada, Kalahandi

PLAN International

1. **Ahana -PMTCT grant:** PLAN is working with CINI as the SR for this activity across 30 districts. While HIV screening is being done at the VHND level, the confirmatory testing is done at the nearest Stand Alone ICTC. The CD4 testing has not been conducted since last 12 months. The VL test reports are delivered after a gap of 3-4 months, from the AP Viral Load testing labs.
2. **Prison Interventions:** YRG Care is the SR for this intervention, covering 87 prisons. The PPMs and LTs are recruited through the project, however the coverage of inmates is limited. Post release Follow up is an ongoing challenge.
3. **One Stop Centers:** YRG Care is the SR for this intervention, covering three districts for this activity. The geographies of the TG, Bridge Population and PWID populations have been clearly defined. The program activities initiated in the month of March 2023.
4. **Community System Strengthening :** This activity is moving at a slow place, with the retention and engagement of Community Champions being a challenge at the district and block level
5. **Supply Chain Management** – NACO project is being implemented as per work plan.

14th December, 2023

1. Primary Health Center , Bhanjabihar (FICTC).

Observations: This is a well-functioning PHC reaching out to a population of 29,000.The Dual test kits are provided by NHM, and there is no shortage of testkits. In the last 7 months 550 tests were conducted with Zero number of HIV reactive cases.

Recommendations: OSACS to register the FICTC LT for the online Blended training, to improve her knowledge and skills in HIV testing.

2. ICTC 1 , M.K.C.G Hospital Behrampur

Observations: This is a high case load ICTC, with over 70% being provider initiated clients, from the indoor patients from various clinical wards. The average number of General clients tested is over 1400 and over 200 antenatal cases. The average HIV positivity being 0.9% among general clients and 0.45% among ANC cases. In the month of November 2023, out of the 14 PLHIV diagnosed, 90% were migrants and one ANC case was HIV positive, who was the spouse of HIV positive client. Same day HIV test results are given to the clients. There is 100% referral (including accompanied referrals) from ICTC to ART center for all the newly diagnosed cases.

Recommendations:

- Due attention needs to be given while recording the address of the newly diagnosed PLHIV, along with noting the correct mobile number and an alternate mobile number.
- Integrated Counseling training to be fast track for both old and newly recruited counsellors at the ICTC
- Index testing for all HIV positive clients to be prioritized.

3.ART Center M.K.C.G Hospital Behrampur

Observations: This is a high load ART center with over 5300 PLHIV alive on ART. The position of one post of Medical Officer is vacant. On the day of visit, the second MO had gone for a training program. This center has a total ART registration of 12,971 PLHIV. The number of PLHIV on second line is 366 out of the total number of 5332. Over 75 TGs are also on ART at this center. The ART center has 4 experienced counsellors in place. The LFU numbers are high -1006, with only tracking back of 10% of LFU cases by the CSC Staff. There has been no CD4 testing done for the PLHIV for the last 12 months. Viral load testing is being done for the eligible PLHIV, but the result reports from the VL testing labs in Andhra Pradesh are received after more than 3 months time period. The staff nurse at the ART center has been recently recruited. MMD is currently not available at this ART center. The reporting in SOCH is a very slow and time consuming process.

Recommendations:

- Better coordination to be ensured between the ART Counsellors and the ORW staff of the CSC for keeping track of source migrants ART intake and continuation, as well as PLHIV migrant returnees.
- The accurate address of the newly initiated PLHIV to be documented, along with the correct mobile number and alternate mobile number
- The newly recruited staff nurses to be registered for online training followed by physical training
- Since the state government provides Rs500 pension per month for PLHIV who have been enrolled in the scheme, it should monitored closely to ensure 100% ARV adherence along with receiving the monthly pension. There should be provision of discontinuation of the pension, in case the PLHIV is not adherent to ARVs or has stopped taking ARVs

- Explore option of providing MMD to all eligible Migrant PLHIV who are away in other places for at least 3 months period, to avoid LFUs.
- In case of long term migrants, the transfer out to Surat ART Center, Civil Hospital should be formalized and recorded accurately for all the Migrant PLHIV.
- Monthly coordination meetings between ART center counsellors and Data Managers of this ART center with the Surat (or any other ART center) where the Migrant PLHIV is collecting his ARV medicines

4.PMTCT interventions: M.KC.G Hospital Behrampur

Observations: PLAN International along with SR, CINI is implementing this intervention in the district. The total number of HIV positive pregnant women registered in the district during the last 24 months is 43, out of which 30 were newly diagnosed pregnant PLHIV and 13 were known HIV positive women who became pregnant during this time period. A significant number of pregnant women are diagnosed during the late second trimester or during labour. Most of these pregnant women are spouses of Migrant PLHIV. Based on the analysis of the data, the HIV transmission in the child (at 18 months) was 0% for HIV positive known pregnant women, and 16.6% among the newly diagnosed pregnant women. All the deliveries were institutional deliveries.

Recommendations:

- Early registration of pregnant women in the first trimester should be prioritized along with HIV screening at the VHND level
- Enhanced ARV adherence counselling should be done by the NGO partner /CINI at the block and district level, for all the newly diagnosed HIV pregnant women
- The NGO Outreach staff should have monthly meetings with the ASHA and the ANMs at the block and district level
- Proper maintenance of data regarding the infant outcomes should be maintained both by the NGO outreach worker and the ANM
- In coordination with NHM, HIV and PMTCT training should be prioritized in the HIV high burden districts

5. ICTCT 2 M.K.C.G. Hospital Behrampur

Observations: This ICTC has two well trained counsellors, managing a work load of over 40 clients per day. The referral to this ICTC is from the TI NGOs, Private hospitals, In patient wards and direct walk in clients. The HIV positivity at this centre is 0.82% . In the last 12 months 67 HIV positive cases were detected with over 70% being out going migrants (especially Surat).

Recommendations:

- Due attention needs to be given while recording the address of the newly diagnosed PLHIV, along with noting the correct mobile number and an alternate mobile number
- Enhanced ARV adherence counselling to be done for the outgoing migrants
- Well planned outreach HIV screening camps should be conducted in geographic areas inhabited by vulnerable populations. e.g. Fishermen community, construction sites, daily labourer collection spots
- Index testing for all HIV positive clients to be prioritized.

6.Sampurna Suraksha Kendra:

Observations: This SSK has been functional since October 2023. The recruitment of the SSK Manager and outreach worker is under process (Out sourcing model). The existing ICTC Counsellor is currently registering the clients for SSK and a total of 130 clients have been provided services till date. Condoms are currently not available at the SSK.

Recommendations :

- The recruitment process of the SSK team should be fast tracked.
- Capacity building of the SSK staff should be planned in time
- A combined sensitization on the SSK function should be conducted for all the ICTCT Counsellors of the district to ensure proper referral of clients to the SSK

7.PPP Model : ASTHA Hospital

Observations: This is a Multi-Speciality Hospital, implementing the Model B-PPP approach. However the HIV test kits are not being provided by OSACS. The HIV testing is being done at this hospital as one of the routine tests and no pre-test or post test counselling is being provided. This center has had Zero HIV positivity in the last 24 months. The Monthly report from this hospital is shared with the DAPCU for compilation at the district level.

Recommendations:

- Training of the hospital para medical staff should be conducted for Pre and post test HIV counselling.
- Sensitization on the relevant sections of the HIV/AIDS Act 2017 to be conducted for the hospital staff
- Evaluation of the current PPP centre should be conducted for future continuation of this model

8.PPP Model : AMIT Hospital

Observations: This is a 100 bedded,Multi-Speciality Hospital, implementing the Model B-PPP approach. However the HIV test kits are not being provided by OSACS. The HIV testing is being done at this hospital as one of the routine tests and no pre-test or post test counselling is being provided. This center has had Zero HIV positivity in the last 24 months. The Monthly report from this hospital is shared with the DAPCU for compilation at the district level.

Recommendations:

- Training of the hospital para medical staff should be conducted for Pre and post test HIV counselling.
- Sensitization on the relevant sections of the HIV/AIDS Act 2017 to be conducted for the hospital staff
- Evaluation of the current PPP centre should be conducted for future continuation of this model

15th December, 2023

1.Circle Jail, Behrampur

Observations: PLAN International along with YRG Care is implementing this intervention. The total number of inmates currently is 930, that includes 33 female inmates. This jail has a complete Medical unit along with in patient wards. Two Psychologists have recently been posted in this jail. Currently there are 4 HIV positive inmates and all four of them are on ARVs. They are being escorted to the ART center on a monthly basis to collect their medicines. YRG Care supports a Lab Technician in this prison on a rotation basis for conducting the HIV test. 33 Prison Peer Volunteers have been identified and sensitised by the NGO.

Recommendations:

- OSACS should conduct CBS training for the hospital paramedical staff followed by supplying the CBS kits to this prison
- After the CBS testing and logistics have been agreed upon by OSACS and the Prison authorities, daily CBS should be conducted for all new inmates coming to the prison
- Proper referral with the Stand Alone ICTC should also be in place, for the HIV reactive cases
- The two newly recruited Psychologists should be registered for the Integrated HIV counseling trainings by OSACS.

2. CSC, Behrampur

Observations: This CSC is managed by Ganjam Network of PLHIV. This CSC is attached with 3 ART Centers i.e. MKCG ART Center Behrampur, SDH ART Center Bhanjanagar and FI -ART Center Rayagada. The total number of Blocks to be covered in 22 in Ganjam district and 11 in Rayagada. The total number of PLHIV registered at the CSC is 6547. One Peer Counsellor and 5 Health Promoters are mandated for the outreach work and tracking the LFU cases.

Recommendations:

- Proper rationalization of outreach staff to be reviewed by the PR and SR (Alliance India and UP NP+)
- The Peer counsellor of the CSC should work in close coordination with the ART Counsellors and keep track of the newly registered migrant PLHIV at the ART centers
- Correct address and Mobile number of the newly registered PLHIV to be assured at the time of registration of PLHIV at the CSC
- Index testing of all the PLHIVs registered at the CSC should be a priority action
- CLHIV less than 18 years of age , who are single or double orphans should be referred to the Child care home for institutional care and support
- All positive pregnant women should be provided enhanced ARV adherence counselling by the Health promoters

- Proper maintenance of data, and data validation at the CSC should be a priority for the PR and the SR.

KEY RECOMMENDATIONS FOR PRs

ALLIANCE INDIA

- Proper rationalization of outreach staff to be reviewed by the PR and SR (Alliance India and UP NP+)
- The Peer counsellor of the CSC should work in close coordination with the ART Counsellors and keep track of the newly registered migrant PLHIV at the ART centers
- Correct address and Mobile number of the newly registered PLHIV to be assured at the time of registration of PLHIV at the CSC
- Index testing of all the PLHIVs registered at the CSC should be a priority action
- CLHIV less than 18 years of age , who are single or double orphans should be referred to the Child care home for institutional care and support
- All positive pregnant women should be provided enhanced ARV adherence counselling by the Health promoters
- Proper maintenance of data, and data validation at the CSC should be a priority for the PR and the SR.
- LFU tracking and bringing the PLHIV back to ART centers needs to be assessed
- 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 mocroplan based outreach services.

PLAN INDIA:

Prison Interventions

- PLAN /YRG Care should support OSACS in conducting the CBS training for the hospital paramedical staff.
- PR/SR should support the daily CBS for all new inmates coming to the prison
- The two newly recruited Psychologists should be trained by the YRG Care team in HIV prevention, testing and treatment topics.

PMTCT Interventions

- Early registration of pregnant women in the first trimester should be prioritized along with HIV screening at the VHND level
- Enhanced ARV adherence counselling should be done by the NGO partner /CINI at the block and district level, for all the newly diagnosed HIV pregnant women
- The NGO Outreach staff should have monthly meetings with the ASHA and the ANMs at the block and district level
- Proper maintenance of data regarding the infant outcomes should be maintained both by the NGO outreach worker and the ANM
- In coordination with NHM, HIV and PMTCT training should be prioritized in the HIV high burden districts

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 PROJECT DIRECTOR OSACS 16TH DECEMBER.

Debriefing meeting of oversight committee I-CCM, GFATM was held at OSACS Conference Hall and was chaired by Project Director OSACS, and attended by nodal SACS officers, members of the oversight committee, DAPCU Manager Ganjam and NGO partners. Discussion on the situation analysis of HIV in the state of Odisha was done by the oversight committee members. The key observations and recommendations regarding HIV testing, treatment and care were shared with the OSACS team. In addition the PR /SR specific observations and recommendations for the ongoing Global Fund grants were discussed in detail.

Ganjam District and HIV positivity.

The OC team visited Ganjam, where HIV epidemic is fuelled by the out migration of the males from the remote villages. The male workers move out and their wives are left behind with inability to access health services on a regular basis, in absence of their husbands. The district has a population of 35.29 lakhs, with over 2780 inhabited villages (out of a total of 3195). The district has 22 Blocks and 3 Sub-Divisions and 503 Gram Panchayats. Over 40% of the district population(both male and female) is in the reproductive age group. The literacy rate is 71.1% against the state average of 72.9%.

The OC team observed that over 70% of the PLHIV registered at the ART center, ICTCs were migrants. In the PMTCT sites, almost 90% of the positive pregnant women were spouses of migrants. The mother to transmission rate in the district is high at **5%**. Based on the analysis of the existing program data, it was observed that infant outcomes was poor in the pregnant women who were diagnosed HIV positive during their pregnancy, as compared to the already known cases of HIV position women who became pregnant during that period. This clearly implies that the newly diagnosed HIV positive pregnant women are not adherent to ARV medication.

Key recommendations:

- Detailed analysis needs to be done by OSACS and the DAPCU team, to identify the exact villages/blocks of out migration.
- Specific IEC package to be shared in these targeted villages, with the involvement of the Gram Panchayats to create awareness about the HIV prevention, testing and treatment services available in the district.
- Since HIV screening is available at the VHND level, it would be important to train the ASHA and ANMS in these Blocks/villages in PMTCT interventions and the importance of ARV adherence for the newly diagnosed HIV positive pregnant women.
- Index counselling to be prioritised in these targeted villages of out migration.
- To address LFU related issues, ensure effective coordination with the ART Counsellors of Surat ART Center, Civil Hospital.
- Tracking of all newly diagnosed male migrants and their pregnant wives to be fast tracked.
- The outreach activities of the CSC staff and their outcomes to be closely monitored by the DAPCU team in Ganjam.
- As a special case MMD may be considered for newly diagnosed, seasonal migrants in the district

MALARIA PROGRAM REVIEW

Oversight Committee Team (Malaria Program): Dr. Pradeep Kumar Srivastava, OC Member & former Joint Director NVBDCP, Dr. Vinod P Chaudhary, Medical Officer, NCVBDC and Mr. Varun K Yadav Consultant from NCVBDC

Epidemiological Situation of Malaria, Odisha

- Odisha is placed under category 2 based on API of year 2021
- State has reported 76.3% (36511 cases) increase in malaria in 2023 (till October) as compared to corresponding period of 2022 with 20713 cases.
- Blood Slide Examination reports revealed 16.9% increase in state in 2023 (till October) as compared to corresponding period of 2022 (till October). Annual Blood Slide Examination Rate (ABER) was 17.7% in 2022.
- The proportion of 80.3% Pf and 19.6% Pv cases till October, 2023 was noted from state data.
- Four deaths were reported by the state till October, 2023. In 2022, total 5 deaths were reported by the State.
- The districts contributing maximum malaria cases till October 2023 are namely Sundargarh (6.4%), Kendujhar (6.3%), Rayagada (6.2%), Ganjam (5.2%) and Mayurbhanj (5.2%).

Epidemiological Situation of Malaria in Koraput District, Odisha

- API of the Koraput district during 2022 was 1.90 with 2535 pf cases (89.58% of the total malaria cases) in the district with '0' deaths and 31.01% Annual Blood Examination Rate (ABER).
- Case contribution by different Blocks revealed that out of 14 blocks, Bandhugaon (24.4%) reported the highest number of positive cases in 2022 followed by Narayanpatna (22.2%), Laxminagar (8.9%), Pottangi (7.6%) etc.
- The Blocks visited were Boipaiguda and Dasmanthpur which contributed 6.5% and 3.6% respectively.

Date: 15/12/2023 (Day 1)

The briefing about situation in district started in presence of CDMO of the Koraput District, State/District level officials and Oversight committee visiting members. The VBD district consultant presented the Epidemiological situation of the district, various IEC/BCC activities, IRS activities, Entomological activities, DAMaN Mass Campaign for intensified activity towards malaria elimination, Mission-API 10. The issues discussed were:

- **Supply chain management**: It was revealed that there is no shortage of the drugs in the districts and monitoring is done at each level. The buffer stocks are used for its transportation to the high priority districts and high endemic areas needing drug and thus expiry is also avoided.
- **Procurement of the medicines**: The procurement of medicines is done through OMSCL on receipt of indents directly through online-based system.
- **LLINs:** LLINs were received in the year 2019 and in March 2020. CHC-wise distribution was completed. LLINs supply is sufficient in the district. The monitoring survey during Oct-Nov 2022 by VBDTS revealed that few of the LLINs were torn.
- **Utilization of Funds:** Utilization of funds seemed to be good, except little delay in purchase of motorcycle/motorbike because of its specifications which, however, was sorted out and likely to be completed within next month.
- **Human Resource:** No shortage of Human Resource in the district as per sanction under GFATM support.

Sites Visited

1. Community Health Centre (CHC): Dasmanthpur

Meeting held with Persons: Dr. Deepak Kumar Samal (MOIC), Dr. Soumitra Dalei (MO), Dr Diptikanta Nayak, Dr Digbijay Singh, Dr G Priyanka, Srikant Das (BPM), Sibo Prasad Mohanty (LT)

Observations:

- CHC covered a population of 91,877.
- OPD case load at the CHC was 50-60 patients per day with average of 15-16 fever cases.
- All fever cases and persons coming from endemic areas based on the associated symptoms are screened for Malaria.
- The positive cases are treated following NCVBDC guidelines.
- The follow-up of malaria cases are not done and MO is not fully aware about the guidelines on follow up and case characterization.
- Poor follow up of positive cases by the MTS and VBD consultant was also noted because records of follow up could not be presented.

- The micro plan and calendar of field visit for the monitoring purpose was though maintained but was not updated. This should be made in such a manner so that the movement of supervisors can also be tracked.
- Medical Officers newly appointed needs training on NCVBDC activities. The Medical Officer's involvement in training of ASHAs was lacking. Similarly, the LTs working at the CHC was also not trained in malaria microscopy on the pretext of being contractual and therefore was not aware about the identification of species and stages.

Recommendations:

- Need to follow-up the cases as per guidelines and take preventive measures.
- To develop micro-plans for field activities and supervision of malaria elimination activities including roles and responsibilities at different levels.
- Need to increase the awareness of the guidelines.
- Need to train lab technicians (regular or contractual) on Microscopy.
- Involvement of MOs for monitoring training of ASHAs.
- Monitoring of field visits of the MTS by MOs.
- Identify the traditional healers in the existing area of the block and listing them.
- Vector control measures along with source reduction activities need to be initiated.
- Mapping of malaria cases detected should immediately be initiated and its record should be maintained.

2. **Primary Health Centre (HWC): Armunda**

Interactions held with: Dr Shatabdi Adhikari (MO)

Observations:

- Population of PHC: 18,000.
- Approximately 25 cases in OPD of PHC and about 2-3 fever cases are seen daily.
- The last malaria case was reported in the month of November 2023.
- MO is aware about the treatment procedure of malaria cases, preventive measures and follow-up.

Recommendations:

- Need to keep buffer stock of synthetic pyrethroids as per NCVBDC guidelines for malaria elimination. It was explained that some products are available in pouches and some are in small packings. Based on number of cases reported earlier, planning should be made for procurement.

3. **Sub-Centre (HWC): Paika Phulbeda**

Discussuions held with Persons**:** Niharika Dongri (CHO), Ratni Gadwa (ASHA)

Observations:

- Subcentre covers 13 villages.
- On an average 2-3 fever cases per day visit to centre. 'During 2022, only 1 case was reported whereas during current year, no malaria cases was reported from subcentre.
- No shortage of medicines and RD kits at the SC was noticed.
- ASHA was quite efficient in preparing the reports, organising the meetings at the AWC and explaining various aspects of malaria control during GKS meetings. The efforts have been one of the factors in reducing malaria cases in the area.
- It was noticed that ASHA was unaware about the untied grants made available to the 'Gram Kalyan Samiti' and for which purposes, it can be used like cleanliness and antilarval work etc .
- Gaps in the records maintenance by the MTS and VBD consultant were noticed. Proper record of LLINs distribution among the household could not be shown.

Recommendations:

- ASHA needs to be made aware about scope of utilization of untied grants released to 'Gram Kalyan Samiti' as it can also be used for the IEC activities, cleaning activities in the village and anti-larval activities etc.
- ASHA needs sensitization for proper maintenance of registers and record keeping.

4. **Village: Phulbeda**

Observations: Few households were visited to check the usage of LLINs by the peoples. LLINs distributed during 2020 were seen, however, it was also noticed that some of the households used the old supply of LLINs which was distributed

in 2017. Interactions with community revealed that they used to clean the LLINs at regular intervals. It was observed that the old LLINs was torn and thus had many small and big holes.

Recommendations:

- Needs to recheck the status of the LLINs among the distributed households and to replace the old ones with new supplies.
- Monitoring of the use of nets needs to be intensified.

5. **School: Phulbeda Tribal Residential School**

Observations:

- Tin plate and posters as IEC material were displayed as installed on wall of the visited school.
- Double sized LLINs were made available to school and were used by two children together for sleeping.
- Children were also aware about the cause of malaria and benefits of using

mosquito nets.

Recommendations:

- The mosquito proofing of windows and its maintenance should be mandatory.

- Need to generate more awareness among the children to clean their surroundings,
- Awareness generation among students about life cycle of mosquito and

different stages of larval development.

Date: 16/12/2023 (Day 2)

6. **Community Health Centre (CHC):** Boipaiguda

Discussions held with Persons : Dr **Adhiraj Sahu (MO), Satya Narayan Hota (LT), Samir Panda (LT)**

Observations:

- Population:1,24,320
- Medical Officers 5.
- MOIC informed that he is trained in Malaria but not for all VBDs. He further informed that other MOs have not received any structured training, however, he only used to sensitize them through discussions for about 2 hours after OPD.

- CHC has established a separate **Malaria Cell** depicting different charts and maps showing epidemiological picture.
- High priority villages were also mapped; however, mapping of malaria cases was suggested.

Recommendations:

- Structured training to the MOs, District VBD consultants and MTS on malaria elimination, entomology and vector control is urgently needed, hence state is requested to organise the training in the district and resource faculties may be invited from national level, It was also informed that in NSP 2023-27, utilization of experts retired from programme at national was recommended and same may be considered by state.
- The area showing reduced case load and no indigenous cases should prepare for subnational verification but they need to be oriented on these aspects. Again, training would only be helpful.
- Monitoring & Evaluation consultant should prepare a checklist for the field visit encompassing the treatment as well as preventive guidelines. Availability of these must be ensured with all involved in such activity.
- Need to do quality IRS in areas qualifying for focal spray and availability of resources for it need to be ensured, the spraying in and around 50 household of positive case was also suggested as per guidelines of NCVBDC.
- Mapping of the high priority villages was appreciated; however, mapping of positive cases and cases characterization was recommended.

7. **Sub Center: Mathapada**

Discussions held with Phulomati Ghiuria (CHO), G. Sakuntala (ANM), Mahesh K Yadav (TS)

- Population covered is 7,641.
- Usually 3-5 cases per day report mostly with Joint pain and allergy. Fever cases are very few.
- Malaria cases recorded were 4 in 2022 but in 2023, it increased to 18. The reason for its increase need to be analysed and state with district level team need to be oriented on doing situation analysis on urgent basis. Similar sensitization in neighbouring districts may also be organised by inviting State and national level experts in order to achieve the goal of elimination of malaria.
- CHO and HW are the two staffs available at the Centre where the HW usually visits the field especially, on Tuesday, Wednesday and Friday synchronizing with days of immunization and VHND.
- CHO collects the RD Kits from the HWC spending about 2-3 hours in a day.
- CHO is aware about the use of RDK for which he was trained from the DHS. CHO is also aware about the IHIP . He also used to update the details in the portal but at the end, it was noted that the VBD data was not updated.
- IRS activities are undertaken in the high endemic area prioritizing the area of PHC Ramagiri where the API is more than 5.
- LLINs distribution was seen in the households visited but during interaction with communities and children of different age groups revealed that the use is not uniform throughout the year. Intensive SBCC may be helpful, though lot of efforts were initiated like bell ringing at 7-8 pm in each village by ASHA was explained indicating that time to use LLIN.
- ASHA is also aware about her duties like getting the notification regarding the positive cases through ANM, follow-up of the cases, giving medicine, ASHA's incentive for the treatment of the case.

- Asymptomatic cases detected during the mass campaign, of DAMaN (Durgama Anchal Malaria Nirakaran) are treated. This intensive campaign has helped the area as well as the whole state in reducing malaria burden.

Recommendations:

- Need to make a plan of action which can be taken up in API>1 areas as per programme guidelines.
- Need to perform Vector control activity including IRS in all the areas with API more than 1 as these are High Burden areas.
- Need to map the cases and visit the area in order to do vigilant monitoring.
- Need to update all the cases in the online IHIP as per guidelines of NCVBDC.
- Need to make the listing of all the cases whether reported under the routine screening or under the Mass Survey during campaign like DAMaN, which are currently not included. Though in routine reporting format, it is not mandated, it should be recorded for knowing real magnitude and its mapping should be done for follow-up.
- Need to do follow-up of all the detected cases, irrespective of asymptomatic or symptomatic, detected by ASHA /ANM /CHO or in campaign etc.
- Cross Checking of blood smears is essential to assess the quality of microscopy in addition to missing the cases during detection or false reporting.
- The supply/replenishment of diagnostics and drugs to the Sub-Centre from HWC should be monitored so that early diagnosis is ensured and load at PHC may be minimised.

DEBRIEF MEETING WITH DIRECTOR OF PUBLIC HEALTH ODISHA

Debriefing meeting of oversight committee, GFATM was held virtually with Directorate of Public Health, Bhubaneswar which was chaired by Director of Public Health, Odisha and attended by the members of the oversight committee (virtually from Koraput), TCIF officials (in person) and nodal

State/District Officials. The discussion about the key observations made and recommended action points were presented by Dr P K Srivastava. The recommendations were supplemented by Dr Vinod. The details of debriefing are as below:

Key Observations

- There is no shortage of diagnostics and essential drugs in the district and the visited facilities. Supply is frequently monitored from time to time. The supply chain is managed well and to avoid expiry, the short expiry drugs are diverted to high endemic districts or the high burden areas.
- Though the Community Health Officer (CHO), Auxiliary Nurse Midwife (ANM) and Health Worker-Male are aware about the procedures of the usage of RDK, the quality of slide examination needs improvement.
- Treatment chart was available at the visited facilities. ASHAs, CHOs and ANMs are updated about the treatment guidelines.
- There is a gap in identifying parasite species and its stages by LTs, follow-up of the positive cases and focussed vector control measures around positive cases. It was revealed that 22 positive cases were detected in Mass survey during May 2023 in the Sub centre but surprisingly last focal spray was done in 2021.
- Positive cases identified during the mass survey campaign and cases listed in the routine reporting are not properly listed and mapped in the reporting register.
- Though LLINs distribution was done but its use was not uniform throughout the year. The distribution was also mixed from old and new supply.
- HR position is quite satisfactory as against almost are in position against sanctioned positions under GFATM.
- The records and 'Micro-plans' and tour diary of MTS for the field visits were not maintained.
- Information is missing of the type of training's provided on the Malaria component to ASHAs by MTS in the monthly reports.
- Structured Training on supervision, monitoring of services, implementation activities and its benefits to programme was lacking. It

has also impacted in keeping proper field visit information or proper record of movement of officials at the CHC level. I

- Involvement of MO in the training of ASHAs has been unstructured as it was like discussions . VBD LT is outsourced at the CHC and they are working without getting any formal training on the pretext of being contractual.
- On structured training, it was revealed that under GFATM, state level, district level trainings are proposed and funds are already provisioned but these trainings are yet to be done in all the GFATM state including Odisha. It was further revealed that for want of finalization of e-modules for different level functionaries, the training could not be initiated. It was also asked whether the training and its allocated funds are linked with e-module finalization, then it was clarified that training can be planned because, NCVBDC has lot of resource material and the state//district level vector control officials and entomologists along with other medical officers and staff at periphery need training.
- Health Workers are aware of the usage of IHIP portal and 'how to fill the case information' in the MIS portal. However, there is a gap in the updating of data at the next level.
- ASHAs are monitoring in the villages but the major challenge is effective monitoring especially in difficult and remote areas for LLINs use.
- ASHAs seemed to be unaware about the utilization of grant under 'Gram Kalyan Samiti' for the IEC activities, cleaning activities in the village surrounding and anti-larval activities etc. It was explained that these instruction are on NHM website for untied grants.
- Mosquito breeding challenge in the district due to growing stream vegetation was flagged which need attention of local health departments, municipalities and Village, health, sanitation and nutrition committee.
- Utilization of GFTAM funds as presented by state seemed to be good except one issue which was flagged for the purchase of Motorcycle/Bike. The request of state was for two wheeler instead of Motorcycle so that they can procure suitable bike for female employees.

Key Recommendations

- Strengthening of follow-up of positive cases: Strengthening of complete follow-up of positive cases is required as per the NCVBDC guidelines which includes treatment as well as focussed preventive measures rather than concentrating only on treatment follow-up.
- Listing of all the positive cases and to emphasize on the Prevention and control activities: Listing and mapping of all the positive cases detected under the routine screening or under the Mass Survey during campaign like DAMaN, should be mandatorily done for knowing real magnitude and follow-up. The cases need to be characterized, investigated and treated completely during follow-up. All preventive measures for ***interruption of transmission including IRS, LLIN, anti-larval measures, IEC etc should be ensured***.
- Need to recheck the lots of LLINs: While distributing or replenishing LLINs the lots should be checked so that old stock is distributed first.
- Need to emphasize the structured training of Lab Technicians on Malaria Microscopy: Since the lab technicians (outsourced) didn't receive any training in the past and are not aware of the stages and different shapes of the parasites, a structured training of these employees may be organized immediately with the help of Regional Office for Health & FW, GoI, Bhubaneshwar. Simply 2 hours of sensitization will not be sufficient.
- Training Through support of TCIF under GFATM: The e-modules developed by TCIF for ASHA and MPHW may be used by state and the trainings may be completed by the end of cycle i.e. March 2024. Further, the training of state//district level vector control officials and entomologists along with other medical officers and staff also should be completed for which a calendar of training for January to March 2024 should be made without delay and in consultation with NCVBDC, the training may be organised using NCVBDC technical resource materials and/or the modules drafted through TCIF and surrender of allocated funds for training may be avoided. This becomes more relevant in order to achieve malaria elimination goal, next transmission season and a coming general election in country in which many staff may be involved. In view of this, it was advised that training for all must be completed before March 2024.

- Filling HR position as per need: The HR position under GFATM almost filled but the actual requirement needed to recruit the VBD technical supervisor is to be considered. Some of the priority districts need more VBD TS which may also be considered.
- Collaboration with ICMR-VCRC & ICMR-RMRC in training, Entomological Surveillance and operational research: It was observed that the entomological surveillance is lacking both in routine as well in the area from where indigenous cases during the mass campaign were reported. There is no systematic data about vector density and other important entomological parameters. The zonal entomological team either should be relocated or established in addition and generate data in collaboration with ICMR-VCRC and ICMR-RMRC in different identified districts.
- To strengthen the Monitoring and Supervision: Micro level supervision is needed for effective monitoring including cross checking the performance of district VBD consultant and MTS. The movement chart for field visit with *checklist for the field work, treatment and preventive measures guidelines should be always with field staff. The CHC and PHC medical Office in-Charge must keep their field programme at the facility.*
- Need to utilise the Funds allocated for the GF activities: State to propose the activities aligning with the allocated funds for the GF activities and utilize the funds.
- To organizes the regular review meetings: Regular review meetings expected at all levels should be organised with priority for high endemic districts especially 5 focussed districts which are highly endemic.
- Utilization of funds on the Sunboards/TIN boards in the schools for IEC/BCC activities: State may be given flexibility for need based feasible IEC activities.

C -19 RM activity by TCIF : Discussions were also held about C19 RM activity scheduled for the state of Odisha. DPH informed that minor correction has been done in the creatives submitted by TCIF, and approval will be accorded shortly, thereafter TCIF will take care of its installation in identified subcentres and villages.

Closing Remarks:

Dr Vijay Kumar Mahapatra, Director Health Services, Odisha

- He gave the opening remark with appreciation to the team of oversight committee and assured that the observations and recommendations made by the OC team will be considered in a constructive manner.

Dr Niranjan Mishra, Director Public Health agreed to all suggestions and said:

- State and districts will develop a follow-up chart, which is a very much required for field activities
- Training calendar will be prepared and proposal will be submitted for approval. Training should be targeted in all GFATM districts on priority so that in next 2-3 months whatever the target period left. The physical training to different health cadres like MO, Entomologists and MTS etc should be delinked from the e-modules which are under process. It should be ensured that training is completely geared up with malaria eliminating activity.
- Detail entomological study should be planned and conducted, in collaboration with the ICMR-VCRC field station Koraput for malaria and other VBDs.
- Insecticidal efficacy of IRS and LLIN should be assessed with the support from VCRC field station Koraput.
- Insecticide Resistance Monitoring is required in all the districts and old data should be considered while prioritizing. ICMR-VCRC and NCVBDC will be requested for this and also training to district VBD consultants and entomologists.

Dr Pramila Baral, Addl Director PH:

- State should provide a checklist on micro-level monitoring, so that it will be easier for the supervision.
- Microplan with strategy for different situations have to be planned.
- Training of all key stakeholders is mandatory and State should proceed for training now itself. The output of the training should be shared with center.
- The 1, 3, 7 days follow-up strategy should be followed.

- GFATM team should provide a model for data entry to avoid any duplication of the data. She emphasized that it should be implemented immediately.

Dr Shubhashisha Mohanty Joint Director and State Programme Officer (VBD):

- The experiences in the PHC and CHC was different especially the welcoming mode in tribal area.
- He assured that the training will be finished by Jan-Feb, and priority will be accorded to high burden districts.
- Local resource from ICMR-VCRC and national resource faculties will be requested and training funds will be fully utilized. TCIF will be requested to support and organise these training immediately.
- He also assured to prepare a calendar and do the training accordingly in 19 GFATM districts.

Dr Kanhu Charan Patra, CDM& PHO

- He expressed his gratitude and assured all support for malaria elimination in the district
- He also assured that the gaps and challenges highlighted by OC members will be taken care of.

Dr Sushanta Kumar Das, ADPHO

- Learned about the micro-supervision which is needed, though monitoring and supervision were ongoing.
- VBD technical supervisors (VBDTS) are going to the field for follow-up but it will be strengthened and their performance will also be monitored.
- Training will be strengthened with the support of national level experts.
- Capacity building for VBD Consultant is needed
- All support will be provided to ICMR-VCRC for generating data and operational research, training and efforts to achieve elimination of malaria and other VBDs.

Annexure

List of Officials

Oversight Committee Team

Dr. Pradeep Kumar Srivastava, Member OC & former Joint Director, NVBDCP
Dr. Vinod P Choudhary, Medical Officer, NCVBDC
Mr. Varun K Yadav Consultant NCVBDC

State NVBDCP:
Dr Niranjan Mishra, Director Public Health, Odisha
Dr Pramila Baral, Addl Director PH, Odisha
Dr. Subhashisha Mohanty Joint Director and State Programme Officer (VBD)
Mr. Anoop Mishra, State Training Consultant (VBD), Bhubaneshwar
Dr. Alok Kumar Pati, State M&E Consultant, Bhubaneswar

ICMR-VCRC Field Station Koraput
Dr Anju Viswan K, Scientist C

District Koraput Officials:
Dr. Kanhu Charan Patra (CDMO&PH)
Dr. Arun Kumar Padhy (DPHO)
Dr. Sushanta Kumar Das (ADPHO(VBD)
Dr. Subhakanta Gantayat (DPM)
Kabeer Kumar Swain (District VBDC)

HR support throughTCI Foundation in Koraput
Dr. Asif Asfan Parangodath (State M&E)
Dr. Aabida Abshari Kurickal (District VBDS (Malaria)

TCIF Team from Delhi (during Debriefing Meeting)
Dr R C Dhiman, National Coordinator
Dr Tarique Ajiz, Regional Advisor