

INDIA CCM

**Report of Oversight Committee visit to  
Odisha**

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7-9 September 2016

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# Report of Oversight Committee visit to Odisha (District Khorda), 7<sup>th</sup> -9<sup>th</sup> September, 2016

## Background

The Oversight Committee of India Country Coordinating Mechanism (I-CCM) for Global Fund grants planned an oversight visit to Odisha (District Khorda) from 7<sup>th</sup> -9<sup>th</sup> September 2016 under the chairmanship of Dr. Inder Prakash, Chair Oversight Committee.

## Objective of the visit:

- a) To oversee HIV grant and its implementation in District Khorda (Bhubaneswar), Odisha by Sub Recipients working for the Global Fund grants.
- b) To oversee Tuberculosis grant and its implementation in District Khorda (Bhubaneswar), Odisha by Sub Recipients working for the Global Fund grants.
- c) To oversee Malaria grant and its implementation in District Khorda (Bhubaneswar), Odisha by Sub Recipients working for the Global Fund grants.

The following team comprising of seven members from oversight committee, programme division and CCM Secretariat was approved by competent authority to undertake the aforesaid oversight visit in Odisha:

1. Dr. Inder Prakash, DDG (PH)/ Chair Oversight Committee
2. Ms. Laxmi Narayan Tripathi, Astitva trust- Oversight Committee member
3. Ms. Sadhna Jadon, PLHIV representative, Oversight Committee member
4. Mr. Hashmat Rabbani, Secretary, Gramin Samaj Kalyan Vikas Manch, Oversight Committee member
5. Dr. Avdesh Kumar, Additional Director, NVBDCP
6. Dr. Sandhya Gupta, India CCM Coordinator
7. Dr. Benu Bhatia, Programme Officer, India CCM

The Global Fund grants are being implemented by principal recipients -NACO, CTD, NVBDCP, India HIV Alliance, SAATHII, World Vision in Khorda district of Odisha through their sub recipients (SR) under New Funding Model for the period October, 2015- December, 2017. Hence, the committee reviewed programme activities of SRs namely Odisha SACS, State TB Unit, NVBDCP Odisha, Lepa (SR under India HIV Alliance and World Vision) and State SAATHII unit which are funded under the Global Fund for the period 2015-2017.

## Activities undertaken by Oversight team during visit:

- A) Meeting with SRs -Odisha SACS, State TB Unit, NVBDCP Odisha, Lepra (SR under HIV Alliance and World Vision) and State SAATHII unit to get an overview of implementation of activities being funded by GFATM on 7<sup>th</sup> September, 2016.
- B) Site visits to oversee HIV, Malaria and Tuberculosis grant in Bhubaneshwar city and Khorda District on 8<sup>th</sup> September, 2016
- C) Debrief meeting at the level of Health Secretary, Odisha to share the findings of Oversight committee visit on 9<sup>th</sup> September, 2016

### A) State level meeting with Sub Recipients implementing GFATM grant in Odisha-7th September, 2016

On 7<sup>th</sup> September, 2016 oversight team held a meeting with Sub Recipients under the Global Fund working in Khorda district of Odisha to get an overview of implementation of their activities. Representatives from Odisha SACS, State TB Unit, NVBDCP Odisha, Lepra (SR under HIV Alliance and World Vision) and State SAATHII unit made a brief presentation on their activities, targets achieved and gaps identified for the current grant (October, 2015-December, 2017) from its starting till August, 2016. Detailed presentations by SRs is annexed at "A".

#### 1. Program brief from State TB Unit presentation:

##### Achievements:

- Treatment Success Rate has been consistently maintained above 85% with 674,783 TB detected and treated so far.
- PMDT (Programmatic Management of Drug Resistant TB Cases) has been rolled out in the entire state with diagnosis of 1190 cases with Drug Resistance TB and putting 87% of them on treatment.
- The Line Probe Assay (LPA) is functional at Intermediate Reference Laboratory (IRL) Cuttack, is accredited and has dramatically brought down the time for diagnosis and treatment initiation for DR TB patients.
- CBNAAT has been installed at 21 District Hospitals, 1 at Sardar Vallabhai Patel Institute of Pediatrics Sishu Bhawan Cuttack, 1 at Veer Surendra Sai Medical College Burla, 1 at IRL Cuttack for early and improved diagnosis of DR-TB, Pediatric TB, Extra pulmonary TB among PLHIVs and contacts of DR-TB.
- Whole Blood testing kits (WBT) are being used at DMCs after training of DMC LTs. With this strategy 93% testing among registered TB patients has been achieved.
- MDR suspect subjected for C& DST has improved to more than 90% after regular review of PMDT activities on monthly basis.
- Under urban TB control activities sensitization training of Medical Officers, USHAs and AWWs have been conducted.

- Multitasking of Lab technicians by training of LTs for Malaria & SACS in RNTCP work is being done.

#### Challenges:

- TB programme is affected by shortage of Laboratory Technicians (LT), out of 162 sanctioned positions 70 are vacant. State programme officials cited low remuneration to LTs, frequent change of contractual staff and non-availability of LTs from AICTE recognized institutions as reasons for shortage of LTs.
- Overall there was no shortage of drugs, however specific shortage of availability of INH was highlighted.

## 2. Program brief from State AIDS Control Society (SACS) presentation:

#### Achievements:

- HIV/AIDS programme is being implemented in all the districts of the state. There are 15 ART centers (1 ART plus Centre, 12 ARTC centers and 2 FI- ART centers) and 19 Link ART centers.
- Under SACS, for the period October 2006 to September, 2016 total registered cases are 27974, with 18277 cases ever started on ART, 12766 are alive on ART and 2637 are alive on pre ART.

#### Challenges:

- For 15 ART Centers in the state only 7 CD4 machines (5 supplied by NACO) are available. Out of 7 CD4 machine 3 machines are not functioning.
- Budget sanctioned to state in the month of April 2016 was Rs.2.35 crore which is less as per state requirements. Moreover as per SACS officials, its salary requirement alone is for Rs.2.52 crores.
- There are 130 sanctioned positions at the state, of which 109 are in position. However, key 20 positions of MOs, LTs, Staff nurses and counselors are vacant.

## 3. Program brief from NVBDCP, Odisha presentation:

#### Achievements:

- Odisha is one of the high malaria endemic state. It experienced decline in API from 2010 (API- 9.2) to 2013 (API-5.3) due to introduction of LLIN. However from 2014 onwards API started increasing (API- 9.9). Similar pattern was noted for Malaria deaths (decline from 239 in 2008 to 67 in 2013 with further increase from 2014 onwards). This is probability attributed to loss of effectiveness of LLIN since last distribution of LLIN was last done in 2012 with state's initiative.

- State has taken initiatives like integration of public health laboratories; collaboration of Tata Trust, Caritas India and ICMR; Special initiatives 'DAMAN' in inaccessible areas (to supplement the routine malaria programmes in such areas).
- Around 45530 ASHAs have been trained as Fever Treatment Depots (FTD) and 2000 Inaccessible villages are approached through Community Health Volunteers to facilitate early diagnosis and complete treatment.
- State undertook Malaria, Dengue & Diarrhea (MDD) campaign through inter-sectorial coordination.
- Two rounds of IRS are to be conducted to cover 21 out of 30 districts (covering around 77 lakh vulnerable population from  $API \geq 5$  areas) using state government funds of Rs. 6 crore. 1<sup>st</sup> round IRS started in mid- May, 2016 and 2<sup>nd</sup> round in mid –September.

#### Challenges:

- Adequate drugs are available in the state, however, specific shortage of ACT (0-1yrs) was reported.
- Delay in supply of LLIN 11.34 million by NVBDCP at Centre under GFATM grant and limited funds are sanctioned for Bed net impregnation activity under NGO-PPP at state level.
- Odisha State has been sanctioned Rs. 5 crore under IMCP-3 under Global Fund for October, 2015-December, 2017 but official approval letter was received during 2016-2017 only, as a result the expenditure under GF could not be shown during 2015-16.
- Issue has been raised in fund flow in state as well as district level. State programme division highlighted that since NHM funds comes through treasury route it leads to unnecessary delay in receiving funds at state and its further disbursement to district.
- Mobility is a problem in many districts which affects monitoring and supervision. Government had given vehicle to 13 districts (under First phase through World Bank Support) while other 17 districts are managing with district vehicle which requires frequent repair and maintenance.

#### 4. Program brief of LEPRAs society Odisha (SR under Vihaan project, for GFATM):

- LEPRAs society operates as sub recipient of Vihaan Programme under Principal Recipient India HIV Alliance. It is implementing programme in Odisha through 9 Care and Support Centers (CSCs) and 1 help desk Centre which serves as comprehensive unit for supporting the PLHIV on treatment adherence and providing enabling environment.
- Kalinga network for people living with HIV/AIDS+ (Non-government organization of PLHIV) is a sub-sub recipient under Vihaan project for Khorda district and manage CSC linked to Capital hospital.
- Under Vihaan project in Khorda district for period 2013-2016, around 91 % (1292) of PLHIVs in active care are registered in CSC and 99% (1296) of registered PLHIVs

received at least one counselling service at Vihaan CSC. Besides, CSCs in Khorda has linked 57% (736) registered PLHIVs to government social welfare schemes and have brought back 63% (1013) PLHIV lost to follow up.

- Need to provide socio-economic support, appropriate food and nutrition, health insurance, travel cost, death incentive & work loss compensation of PLHIV was highlighted to improve condition of people living with HIV.
- Issues related to referring the patients from CSC for CBNAAT testing at District hospitals were raised. HIV-TB infected patients do not easily get access to CBNAAT facility due to existing protocols which mandate referral of patients to CBNAAT facility by Medical Officer. These processes need to be eased out.

#### 5. Program brief of LEPRA society Odisha (SR under AXSHYA project under Principal Recipient World Vision India for GFATM)

- Key activities of LEPRA under Axshya project are active case search and contact tracing at key affected population sites, capacity building of community volunteers, household visit, symptomatic screening, sputum collection and transportation, sensitisation and assistance to private sector in TB case notification and facilitate INH prophylaxis for <6 yrs. children-contacts.
- Project implementation actually started from Feb 2016 due to late signing of agreement with PR WVI hence SR could spent less time in ground-level implementation from Oct 2015-Mar 2016.
- Project is facing high attrition of the Community Volunteers in the state due to incentive-based payments (rewarding of well-performing CVs) which in turn is leading to poor achievement of targets. Moreover, LEPRA is working without sub sub-recipients at the state, which might factor in for reduced engagement of local NGOs and their volunteers.
- Most of the targets for the period Oct, 2015- till June 2016 are underachieved (25% TB cases all forms notified among key affected populations/high risk groups, 50 % of TB presumptive cases detected after contact tracing and tested at DMC by the project and only 39% of households have been covered so far).
- Follow-up of the referrals made by the community care givers is affected due to lack of resources. Global Fund has been requested for additional resources through reprogramming.

#### 6. Program brief from presentation of SAATHI Odisha State Unit (under Principal Recipient SAATHI for GFATM)

- SAATHI is implementing project Svetana (under GFATM) in 23 districts of Odisha 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-July, 2016 across the state 1920 hospitals have been mapped, 480 hospitals have been visited by project staff, MOU have been signed with 117 hospitals mapping and 25 onsite sensitization trainings of PPP site staff have been undertaken. In Khorda district 221 facilities have been mapped, 29 facilities are visited and 11 MOUs have been signed.
- Project has achieved 99% targets related to PPP sites, 48 % targets related to referral sites, 68 % targets related to ANC testing and 16% targets related to linking ANC positives to ART care for the period April- July 2016.
- Project staff highlighted that that delay in supply of testing kits by CDMOs to sites is impacting in subdued response from PPP sites
- No Supply of registers, IEC material, training and monitoring to the PPP sites is also a challenge.

### B) Site visit-8th September, 2016-The oversight team members formed two teams to review HIV, Tuberculosis and Malaria grants in Bhubaneshwar city and Khorda district on 8th September, 2016.

One of the teams reviewed HIV grants and activities being undertaken by Odisha SACS, India HIV Alliance and SAATHII state unit in Bhubaneshwar city. The team comprised of Mrs. Sadhna Jadon (Oversight Committee member) accompanied by Regional Director, Dr. Somalkar, Odisha SACS representative, Ms. Tripti and CCM Secretariat staff, Dr. Benu Bhatia conducted field visit in Bhubaneshwar city to oversee HIV/AIDS grants. Ms. Laxmi Narayan Tripathi, Oversight Committee member could not participate in the visit due to medical reasons.

#### Health facilities visited by the team -

1. ART Centre, Capital Hospital, Bhubaneshwar
2. ICTC Centre 1 and 2, Capital Centre, Bhubaneshwar
3. Janani Hospital, Bhubaneswar under SAATHII Swetna project
4. KNP+ office, Bhubaneshwar, under HIV Alliance

The visit began with visiting ART Centre at Capital Hospital. This Centre started in the year 2010 and since then has been catering to the treatment needs of HIV/AIDS affected patients. More than 1000 patients are on ART at this Centre currently.

The human resource positions are filled up at the Centre with a Medical officer, lab technician and counselor in place. A burning issue which was indicated by the staff was the non-availability of CD4 machine at the Centre. Over and above, the CD4 machine at the nearest ART Centre at Cuttack is also not in working condition, due to which samples have to be transported to Rourkela Centre, hereby, providing delayed results and delayed treatment to the patients. The travel allowance for LTs is covered under 'contingency' head of budget, which is remarkably less as it covers various other expenditures of the Centre.



It was also noted by the team that since 6 months, there is shortage of pediatric drugs and the staff has been substituting adult drugs in pediatric doses for the same. Team also made an observation that condom boxes should be accessible to the public, and keeping them in counselor's room may cause increase hesitation in its usage.

ICTC centers 1 and 2 were located in the hospital premises. ICTC 2 Centre caters to mother and child testing and ICTC 1 caters to general public. Again, there was no human resource crunch at the centers and tests were being conducted and documented efficiently. It was observed that the number of kits procured was adequate as compared to the patient load; however there was incapacity to store buffer stock owing to availability of only a small refrigerator.

Janani Hospital, a private hospital has tied up under Model 'B' of the SAATHII Svetana project on 30<sup>th</sup> June'16. Since then it is mandated to refer patients to the ART Centre if tested positive. The test kits are provided by SAATHII through NACO. In one cycle, 100 kits are supplied. It was noted by the Oversight Committee team that kits were not available at the hospital since 17<sup>th</sup> August'16. The hospital was using its own kit since then. A representative from SAATHII informed that hospital authorities gave them requisite information only on 5<sup>th</sup> September'16.

Kalinga Network of Positive people (KNP+) is a SSR functional under Lepra (SR) and India HIV Alliance (PR). It functions as a care and support Centre catering to 8 rural blocks and 2 urban blocks in Khordha district. The team applauded the efforts being put up by the Centre in engaging the patients to receive counseling and treatment at ART centers; in linking them to government welfare schemes and testing families of PLHIVs. KNP+ believes that HIV-TB linkage should be enhanced with CBNAAT machines available under a common roof. Additionally, they also advocate special provisions like nutrition support and socio economic support to the PLHIVs and their families.

Second team visited District Khorda to oversee implementation of Global Fund grant for HIV, Tuberculosis and Malaria by various SRs namely Odisha SACS, State TB Unit, and NVBDCP Odisha. The team was led by Dr. Inder Prakash. Other members of this team were -Mr. Hashmat Rabbani, Dr. Avdesh Kumar, Dr. M M Pradhan (Joint Director, NVBDCO Odisha) and Dr. Sandhya Gupta.

#### Activities undertaken in Khorda District:

1. Meeting with district TB, HIV/AIDS and Malaria programme units at the level of Chief District Medical Officer, Khorda district, Dr. Saradaprassana Mishra. The detailed list of participants is annexed at...

- A detailed presentation was made by CDMO and concerned officials from TB, HIV and Malaria programmes to the oversight committee. The presentation provided an overview on the health profile of the district, activities undertaken at district with reference to three disease programmes, major achievements, fund flow and challenges/gap.

2. Team visited District Hospital (DH), Khorda and observed the functioning of CBNAAT machine installed at hospital, sentinel site for Malaria and Dengue and ICTC Centre.

- CBNAAT machine at DH Khorda was installed in June, 2016 and has tested 93 cases and detected 2 Rifampicin resistance cases so far. It was informed that comparatively less patients are being referred to district hospital for CBNAAT testing due to presence of 2-3 major hospitals (Capital Hospital, AIIMS etc.) in the nearby Bhubaneswar district.
- Trained LT under RNTCP was posted to operate the CBNAAT machine. CBNAAT machine which is a highly sensitive machine and should be kept in adequately air-conditioned room was found to be kept in a room where AC was not working. Hospital staff informed that it has been brought to the notice of district and state officials and will be rectified soon.
- At sentinel site for Malaria testing at district hospital, team identified that for some patients testing is done using both blood slides and RDTs since these patients do not want to wait for results of blood slides hence LT has to perform RDT on the same patient. It indicated irrational use of resources/kits at the district hospital. Another issue surfaced was of shortage of manpower since one LT was posted at sentinel site who often is overburdened especially during peak (monsoon) season.
- At ICTC district hospital Khorda, patients are counselled and positive patients are adequately linked to ART Centre at Capital Hospital in Bhubaneswar. Staff at ICTC center highlighted that they have not received contingency fund from Odisha SACS for past 6 months which is causing inconvenience to their routine work.

3. Visit to CHC Jatani and CHC Mendhasal- District Khorda has 17 District Microscopic Centers (DMC). Team visited nearby District Microscopic Center (DMC) at CHC Jatani located at 15 Km from District headquarters.

- The CHC was adequately staffed with 4 Medical Officers, 4 staff nurses, 1 pharmacist, 4 LTs and other support staff. But Medical Officer In charge raised the concern of non-availability of Gynecologist/Obstetrician to manage delivery cases. He informed that he himself is a trained Gynecologist but cannot devote full time to the labour room due to overall charge of the facility.
- As per TB register records, from October to December, 2015 around 166 suspect cases were tested at CHC, of which 10 were positive and from January- August, 2016, 467 suspect cases were referred of which 29 were found positive. Testing and treatment services related to Tuberculosis and Malaria programmes at CHC Jatani were found to be satisfactory.

## Major observations of the team for Khorda District:

### 1. For Malaria programme:

- Reduction in Malaria cases from 3796 (in 2007) to 371 (in July 2016) has been achieved in Khorda district with current Annual Parasite Index (API) maintained to 0.5 compared to above 2 level in 2004.
- Special initiatives in 3 remote hard to reach villages (Mahulia, Sibida and Landuru) where 25 cases were reported in previous year. District authorities undertook IRS spray and provided LLIN in the entire population of 3 villages (in 2015 end). Thereafter only 2 cases of malaria were reported. Investigation brought out that these two cases had visited endemic areas. This initiative indicates the success of LLIN.
- Khorda district is not an endemic district, however some pockets (Niladriprasad) has high parasite prevalence which contributes to 30 % of Malaria in District. The programme division has undertaken special round of IRS in these pockets. Similarly impregnated bed nets are also being distributed in rural areas as control measures.
- There are 202 SCs in the district, however large number of positions are vacant for Multi-Purpose Worker (MPW) because of which the active surveillance is getting affected.
- There was issue of non-payment of incentives to ASHA since April 2016 due to delay in fund flow from state to district and then to blocks. It was informed by state and district officials that the funds have been received in district on 10<sup>th</sup> August, 2016 which will soon be used to pay ASHA incentives.
- At the grass root level in the district, ANM and ASHAs have been provided with communication facilities for tracking cases. The district has proposed incentive of Rs. 50/per case to LTs for follow up of Malaria cases for treatment completion which will be proposed at state level for consideration.

### 2. For Tuberculosis program:

- It was informed that Total TB cases registered during 2015-16 in Khorda district are 1568 of which 468 are cured and have completed treatment.
- CBNAAT machine is installed in District hospital since June, 2016.
- District officials mentioned that private sector notification is a problem due to poor monitoring and coordination and also due to vacant position of coordinators.
- Drugs were sufficiently available for 3 months at district level both for regimen I (Category 1 patients) and regimen II (Category 2).

### 3. For HIV Programme:

- District Khorda has 15 standalone ICTC, 1 ICTC on PPP mode, 2 Facility based-ICTC, 1 ART Centre (Capital Hospital Bhubaneshwar) and 4 DSRC (designated STI, RTI clinic).
- As per the information provided by DAPCU Khorda, from 2002 till (July) 2016 total HIV testing has been done for 3,94,430 cases of which 1999 have been found positive (0.52% positivity among ICTC attendees). Around 1868 positive cases have been linked to ART centers till now.
- In district Khordha the testing of HIV cases are delayed due to non- availability of LTs at AIIMS.
- The funds have not been received at District level since April 2016 which is mainly due to delay in submission of Statement of Expenditure from district to state for last financial year.

#### C) Debrief Meeting at the level of Secretary (HFW), Odisha

A debrief meeting at the level of Health Secretary, Odisha was held on 9<sup>th</sup> September 2016 at 10:30 AM to present the findings of the visit conducted by the Oversight Committee of India CCM at Bhubaneshwar and Khordha district. Copy of the presentation is placed at 'B'.

The Health Secretary was briefed by the Chair, Oversight Committee, Dr. Inder Prakash about the observations made by the committee at field level with regard to implementation of HIV/AIDS, TB and Malaria programmes undergoing at Bhubaneshwar and Khordha district under GFATM.

**TB:** The issue pertaining to no increase in case detection overall was reported and the inability of SR (Lepra) to retain Community health volunteers for active case detection was also illustrated. TB programme is also affected by shortage of manpower. Poor Private sector notification of TB cases was also observed. It was noted that CBNAAT machine installed in District hospital was not kept under proper conditions.

**Malaria:** Odisha is one of the high malaria endemic state and has reported increase of API since 2014 which may be attributed to the lack of LLINs. Dr Avdhesh from NVBDCP mentioned that the process of LLIN procurement is ongoing and Orissa is expected to receive first batch of GF funded LLINs by December 2016. The Secretary (Health) expressed her concern over the upcoming Panchayat elections and requested Dr. Avdhesh to speed up the process, so that the state receives the nets latest by November'16. During the process of Panchayat elections, the state would not be able to distribute the nets and would have to be stored.

The Chair, OC commended the initiatives taken up by the state to reach hard to reach villages and providing malaria control measures. However, issues pertaining to shortage of ACT (Pediatrics) was also raised. There is shortage of MPWs is affecting active surveillance in the area. The Oversight Committee suggested that like the ANM and ASHAs have been provided

with communication facilities for tracking cases, LTs and MPWs may also be considered for the same.

**HIV/AIDS:** An account of the non-availability or damaged CD4 machines was given to the participants of the meeting. Delay in initiation of ART to HIV affected patients is a huge matter of concern. Drugs were available in adequate quantities at the Centre, however issue of shortage of pediatric drugs was expressed.

The Secretary (HFW), Odisha urged all programmes to look closely at the observations made by the Oversight Committee of India CCM and suggest remedial measures. She also requested the India CCM to bring forth agendas related to LLINs and CD4 machines in the upcoming CCM meeting which may help in fast tracking the matters stuck at the Centre.

In general, Oversight committee highlights the following areas of concern which need attention from PRs:

For TB:

1. There is not much increase in case detection rate which needs to be focused by programme division. Civil society organization and SR (Lepra) need to support division in active search for cases by timely hiring of community volunteer.
2. Poor Private sector participation and notification of TB cases was also observed. This need to be strengthen up for engaging more TB patients for comprehensive care and improving case detection and further treatment outcomes.
3. CBNAAT machine installed in District hospital was not kept under proper conditions and adequate air conditioning environment should be maintained for it.
4. Shortage of Laboratory Technicians (LT), STS (Senior Treatment Supervisor), SLTS (Senior Lab. Technician Supervisor) is affecting TB programme and needs to be addressed.
5. Shortage of INH drug is to be tackled.

For Malaria:

1. Lack of LLIN for Odisha is probably resulting in increase in API since 2014. Procurement of 11.34 million LLIN under GFATM need to be fast racked and should be made available to state before impending panchayat election in December 2016.
2. Shortage of ACT (0-1yrs) at state was reported.
3. Large number of positions are vacant for Multi-Purpose Worker (MPW) because of which the active surveillance is getting affected.
4. Delay in payments to ASHA and ANM (did not receive payment since April 2016) needs to be addressed.

#### For HIV/AIDS:

1. There are 7 CD4 machines in the state, of which 3 are out of order. This is causing delay in initiation of ART to needy patients. Non availability of CD4 machine at ART Centre, Capital Hospital and presence of non-functional CD4 machine at ART Cuttack was reported during visit.
2. Shortage of pediatric drugs was reported.
3. In district Khordha, testing of HIV cases are delayed due to non availability of Lab technicians at AIIMS.
4. Shortage of testing kits since mid- August in Janani Hospital under SAATHII project as reported by the programme team.
5. Insufficient funds under contingency to support transport of testing sample to other ART centres.