The Global Fund

India Country Coordinating Mechanism

Grant Cycle 7 Field Visit to Chhattisgarh

Oversight Committee Report

16 to 20 December 2024

Executive Summary

Background

The Global Fund has a sustained partnership with India since 2002, with US $2.8 billion grant disbursed so far for HIV, TB and Malaria disease programmes through the respective programme divisions in the Ministry and Non Government Principal Recipients.

Additionally, for Covid 19 Response Mechanism (C19RM), ~USD 134 million grants have been allocated from 2020 onwards.

For the current grant period, the Global Fund has signed a grant amount of USD 504 million (USD {280+4}m for TB, USD 155m for HIV and USD 65m for Malaria programmes).

HIV and TB Grants are on a Payment for Results (PFR) model, where fund are disbursed on the basis of performance against the specified Disbursement Linked Indicators (DLIs)

The PR wise allocations are given below:

1. TB:

Principal Recipient	**Budget Allocated (USD m)**
Central TB Division	245
Hindustan Latex Family Planning Promotion Trust (HLFPPT)	10
Solidarity and action against the HIV infection in India (SAATHII)	9
Karnataka Health Promotion Trust (KHPT)	20
Total TB Grant	284 (86% with Govt PR)

2. HIV:

Principal Recipient	**Budget Allocated (USD m)**
NACO	100.29
India HIV AIDS Alliance (IHAA)	17.334

Solidarity and action against the HIV infection in India (SAATHII)	15.73
Hindustan Latex Family Planning Promotion Trust (HLFPPT)	15.16
Plan India	6.48
Total HIV Grant	155 (65% with Govt PR)

3. Malaria:

Principal Recipient	**Budget Allocated (USD m)**
National Centre for Vector Borne Diseases Control (NCVBDC)	60.24
Transport Corporation of India Foundation (TCIF)	4.76
Total Malaria Grant	65 (93% with Govt PR)

Objective

Effective oversight of all Global Fund financed programs and related processes in India, in accordance with Global Fund requirements for grant oversight through PR Desk Reviews and Physical Oversight Committee Visits.

Grant Period of Principal Recipients

April 2024 to March 2027

Team members of the Chhattisgarh Oversight Committee Field Visit:

Oversight Committee Members

1. Dr Ravikumar, Chairperson OC. Independent Consultant (VBD)
2. Dr P K Srivastava, Member OC. Retd Joint Director NCVBDC
3. Ms Deepika Srivastava Joshi, Member, OC. HIV Division Chief, USAID India.
4. Mr Sridhar Pandey, Member,
5. Mr Samir Kumar Sahoo, Member. Executive director, Mayurbhanj Biological Research

Representatives of National Programmes

1. Dr Manpreet Singh, Medical Officer, NCVBDC
2. Mr Bhanwar Lal Parihar, Manager (M & E), NPMU, NACO
3. Ms Sumitha Chalil, WHO Consultant, Central TB Division

India CCM Representatives

1. Ms Gitanjali Mohanty, Coordinator, India CCM Secretariat
2. Ms Sadaf Ahmad, Programme Officer, India CCM Secretariat

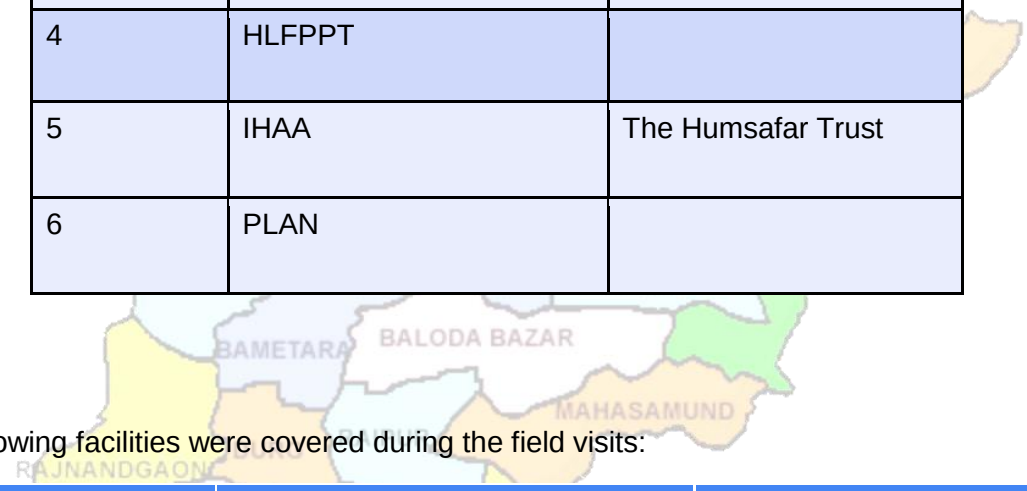
Objectives of visit:

- To review the program implementation of the current Global Fund grant cycle – 7 (2024-27) of HIV/AIDS, TB and Malaria in the state of Chhattisgarh.
- To provide supportive supervision, enhance the coverage, quality, equity, efficiency and effectiveness of the GF programming.
- To learn the best practices adopted by different State/UTs and replicate them in other GF implementation geographies.
- To understand the qualitative and quantitative performance of Global Fund activities in various States and UTs along with challenges faced by the program managers at the field level.
- To provide recommendations with timeline to improve the performance of GF grant.

Chhattisgarh being a malaria problematic state, the main focus of the current visit was on malaria component of GC7. However, Tb and HIV were also reviewed to the extent possible.

The details of NGPRs involved in GC7 in Chhattisgarh are as follows:

S.N.	Non-Government PR	Sub-Recipients (SR)
1	**TCIF**	
2	KHPT	
3	SAATHI	LEPRA Society
4	HLFPPT	
5	IHAA	The Humsafar Trust
6	PLAN	



The following facilities were covered during the field visits:

S.N.	Date	Name of Site	PR
1	16/12/24	CHC-Tokapal SHC-Palwa Late Baliram Kashyap Memorial Govt. Medical College	NCVBDC
2	17/12/24	SHC- Sadrabodenar & Village Sadrabodenar CHC-Badekilepal PHC-Mutanpal	NCVBDC
3	17/12/24	DTC (Paediatric TB and Deploying hand held X-ray devices for ACF) Maharani Hospital (Malaria)	SAATHII SR Lepra Society
4	18/12/24	STDC (Technical Support- DBT and PMTBMBA)	KHPT

5	18/12/24	Virtual Intervention (Virtual meeting)	IHAA SR The Humsafar Trust
6	19/12/24	District TB Centre Raipur {Active Case Finding among Prison and Key Vulnerable Population (Community & Settings)}	HLFPPT
7	19/12/24	Sampoorna Suraksha Kendra Ambedhkar Hospital/ Pt. J.N. Medical College Raipur DRTB Centre Raipur central Jail	NACO, CTD, HLFPPT

The OC met with the Secretary Health, Mission Director, SPOs of TB, Malaria and HIV, State entomologist in charge, Consultants at STDC and SACS, CMO, district program officers of malaria, Tb and HIV etc.

De-briefing was held on 19-12-2024 with Secretary, Mission Director and other officials.

Malaria component

Epidemiological Situation of Malaria and program activities in Chhattisgarh:

- The state has 38 districts comprising, 148 blocks, 20373 villages and 4 municipal corporations. The state has 170 CHC, 792 PHC,5202 subcentres and 779 microscopy centres. The malaria elimination activities are supported with the help of 28 District Vector Borne Disease Control Officers, 17 DVBD consultants, 93 VBD technical supervisors, 1200 health supervisors, 999 lab technicians. Out of two zonal entomologists, one was filled but currently both are vacant. The one contractual state entomologist provided by NCVBDC through NHM has been diverted to NCD so for practical purposes, no entomological surveillance is being done in the state.
- Only 17 VBD consultants are in position against the sanctioned 33 posts. In the 19 GFATM districts, only 11 are in position.
- The state is predominantly tribal, as out of 148 blocks, 84 blocks are tribal contributing 39% of total population of state with 93% of malaria cases.
- The declining trend in malaria cases in the state is noticed as per the reported data. The malaria cases of 130721 in 2017 were reduced to 29733 in 2021 and further declined to 29191 in 2023. API has come down to 0.99 in the year 2023 compared to 16.8 in the year 2000. However, there is a slight increase in the incidence in the year 2024 with 31043 cases being reported as on the end of November. Of the 19 GFATM districts, 13 districts have shown increasing trend.
- Annual blood examination rate is good and it is being done at a higher level in the last 3 years.
- The state shows high percentage of *Plasmodium falciparum* with two malaria peaks, one in July- August and second November to January/February.
- There were 38 deaths reported due to malaria during the year 2021. Almost all deaths are in the Bastar division.
- The district wise distribution of malaria cases indicates that Bastar division is high burden area.
- Under GC7, the State is supported grant in the 19 districts. House hold survey will be done by NIMR. Site selection done 6 districts Bastar,Dantewada Kanker, Kondagaon, Gariaband, Balrampur, GPM(24 sites). Special package for Entomological zone of 7 high endemic districts namely Bastar, Dantewada, Bijapur, Kondagaon, Kanker, Sukma and Narayanpur. However, no recruitment has been done so far. One adult and one larval susceptibility kits would be procured by NCVBDC to the state.
- TCI Foundation has been selected as NGO SR. It is to provide HR support, training, surveillance in those areas where Mitanins are not available, IEC /BCC activities etc.
- There is gross underutilization of funds under GFATM GC7 budget for the year 2024 - 25. About 2.3 crores have been provided to the state out of which the expenditure till the end of November is only 2.73%. There is delayed release of budget the state and district level. This has resulted because the expenditure statement for the previous period was not submitted to the central government in time. This is a matter of serious concern in view of targeted malaria elimination by 2027 and its sustenance till 2030 for certification. The state may ensure appropriate fund flow. There is an action plan for training the staff as well as review meetings in the remaining part of the year.

Epidemiological Situation of Malaria in Bastar District, Chhattisgarh

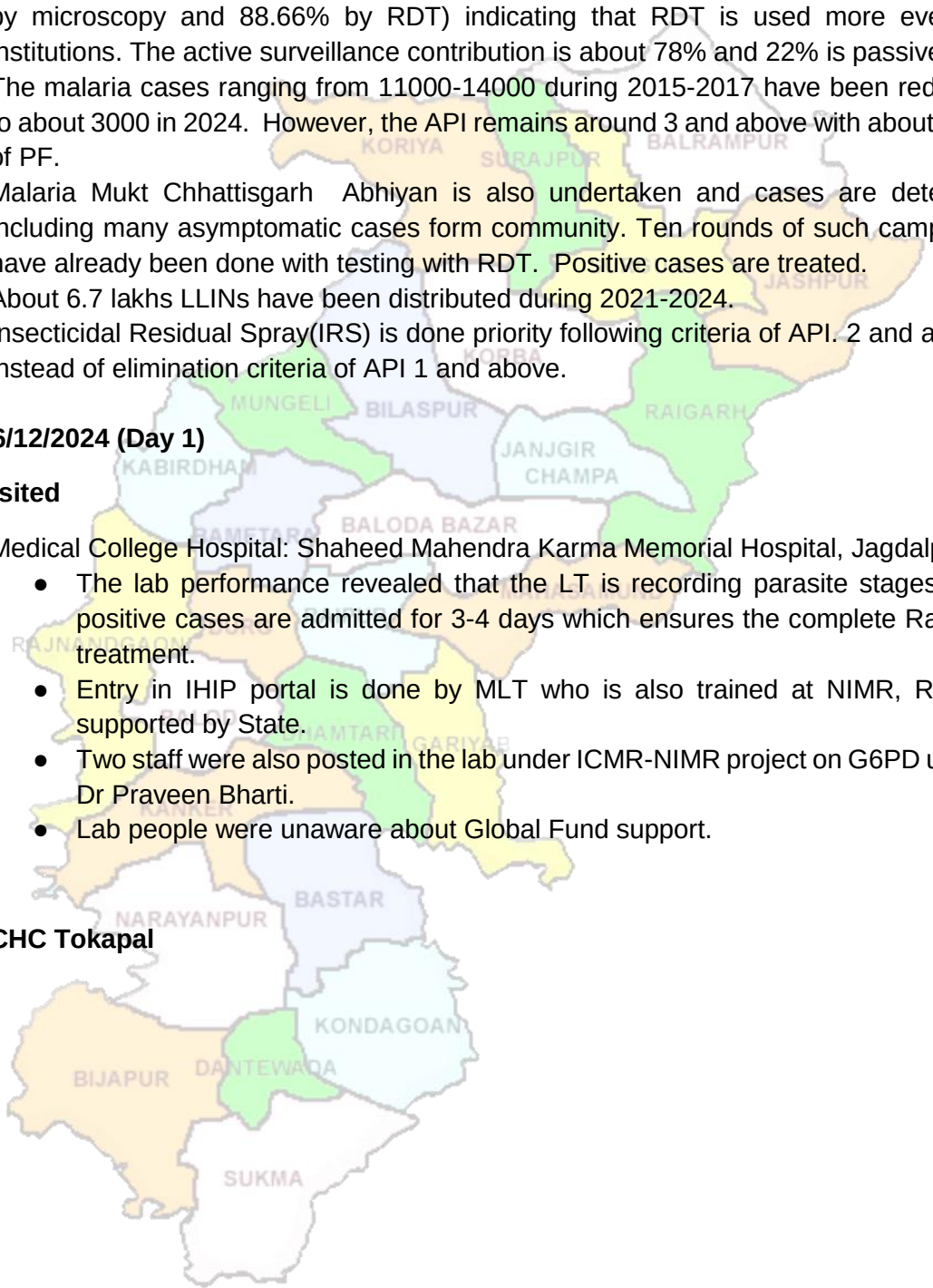
- Bastar District is one of the high burden districts of Chhattisgarh state with total population of about 9.6 lakhs including about 6.5 lakhs tribal population
- Bastar district comprises 8 blocks namely Bastanar, Tokapal, Lohandiguda, Dabha, Bastar, Bakawand and Jagdalpur. Total tests for malaria done was 360429 (19.34% by microscopy and 88.66% by RDT) indicating that RDT is used more even in institutions. The active surveillance contribution is about 78% and 22% is passive.
- The malaria cases ranging from 11000-14000 during 2015-2017 have been reduced to about 3000 in 2024. However, the API remains around 3 and above with about 89% of PF.
- Malaria Mukt Chhattisgarh Abhiyan is also undertaken and cases are detected including many asymptomatic cases form community. Ten rounds of such campaign have already been done with testing with RDT. Positive cases are treated.
- About 6.7 lakhs LLINs have been distributed during 2021-2024.
- Insecticidal Residual Spray(IRS) is done priority following criteria of API. 2 and above instead of elimination criteria of API 1 and above.

Date: 16/12/2024 (Day 1)

Sites Visited

1. Medical College Hospital: Shaheed Mahendra Karma Memorial Hospital, Jagdalpur:
    - The lab performance revealed that the LT is recording parasite stages and positive cases are admitted for 3-4 days which ensures the complete Radical treatment.
    - Entry in IHIP portal is done by MLT who is also trained at NIMR, Raipur supported by State.
    - Two staff were also posted in the lab under ICMR-NIMR project on G6PD under Dr Praveen Bharti.
    - Lab people were unaware about Global Fund support.

2. **CHC Tokapal**



- Tokapal comprises of 29 SHCs and 72 Villages
- The contribution of malaria from this CHC to the district is 7% in 2024.
- API of 1.46 in 2024 (*P), 0.58 in 2025, 0.23 in 2026 and zero in 2027 has been targeted to be achieved.
- Mobility support of INR 2650/- sanctioned under grant for Block MTS but payment for last few months is pending.
- ASHAs (Mitanins) conduct surveillance mostly by RDT. The numbers are now being recorded as active. Even then, the percentage of active surveillance has not increased.
- IHIP portal-data entry has just started and the progress is not satisfactory.
- IRS second round not done as insecticide was not available. However, the insecticide is now procured and currently it was available. Considering the two peaks of malaria one in June-August and second in November-January with perineal transmission, second round needs to be done immediately.
- Priority of IRS while planning need to be made using criteria of API 1 and above.
- Laboratory Technician needs reorientation

3. **SHC Palwa (Ayushman Arogya mandir)**
   - It caters to a population of 3375
   - IHIP portal-data entry is to be improved.
   - API 1 should be the criteria but every one follows API 2 and above.

Date: 17/12/2024 (Day 2)

1. **SHC Sadrabodenar and Village Sadrabodenar**
   - Population is 3375 spread over 3 villages
   - The ANM, CHO and RHO were well aware of their duties and were performing their job well.
   - Only one PF case was detected and the case tracking was also done.
   - Records were maintained properly and neatly.

2. **PHC Mutanpal**
   - Caters 7 villages with a population of 3382.
   - CHO and RHO were well aware of their job
   - API was 16.2 in 2023 but in 2024 only 2 pf cases were detected at PHC, which were negative on 4th day follow up.
   - Follow up smears are made on 4th and 15th day.

3. **Community Health Centre (CHC) Badakilepal:**
   - Caters to 19 HSCs and 3 PHCs
   - Positives were 675 in 2023 and 603 in 2024
   - Case based surveillance was done
   - Second round spray was missed

NCVBDC has formulated specific program monitoring indicators for the GFATM supported activities under IMEP-3. The OC has noted the current status in Chhattisgarh which is as follows:

1. **Approved activities/interventions:**
   a. Is the state aware about the GFATM supported activities and budget approved for the state?
   YES, State is aware about the GFATM supported activities and budget approved to for these activities. Out of total 33 districts 16 districts (19 districts & erstwhile 16 district) are being supported by GFATM.

   b. Have all the activities approved by GF has been budgeted in PIP?
   YES.

   c. Are the funds made available with the state team from NHM?
   YES.

   d. Status of implementation of all the activities budgeted under IMEP-3:
   YES. Budget approved as per proposed for all activities under IMEP-3.

S.No	Description of Activities	Remark
1	Annual maintenance cost for MTS (Malaria Technical Supervisor) Motor Bikes	Rs.2.13 lakh approved under Equipment (FMR 64.1 Malaria - Equipment (Including Furniture, Excluding Computers)

S.No	Description of Activities	Remark
2	Annual maintenance for Vehicles supplied under GFATM for Entomological Zones	Rs 30,000/- per annum per entomological zone for FY 2024-25
3	Annual maintenance for Vehicles supplied under GFATM for States & Districts	Rs 5.10 lakh per annum for FY 2024-25 6 for AMC for vehicles for States & Districts (Rs.5.10 lac)
4	Capacity Building of Block MTS	Rs. 9.06 lakh approved (Block MTS training, IHIP sensitization workshop for private PR actioners in State and district HQ, IHIP training at district and state
5	Consecutive & Concurrent supervision of Indoor Residual Spray	Rs.50.00 lakh approved for Printing of registers, Training to spray worker and monitoring staff, mobility support for IRS monitoring.
6	IHIP training for State & District team	Rs.20.33 lakh for IHIP training for State & District team have been conducted in January 2024 by National level trainer. Re-orientation training planned to conduct in February 2025.
7	Mobility Support (POL) for Block MTS for enhancing the surveillance and for data collection	Rs 23.86 lakh approved for MTS for enhancing the surveillance and for data collection
8	Mobility Support (POL) for District HQs for enhancing the surveillance and for data collection	Rs.38.10 lakh approved all GFATM districts for monitoring & supervision and for data collection.
9	Mobility Support (POL) for State HQs for enhancing the surveillance and for data collection	Rs.6.00 lakh approved for monitoring & supervision and for data collection.
10	Mobility Support for Entomological Zones	Rs.12.00 lakh approved for mobility for Entomological zone.
11	Sensitization Workshop for Private practitioners at District HQs	Rs.30.41 lakh Planned to conduct in January & February 2025.
12	Sensitization Workshop for Private practitioners at State HQs	Rs.1.93 lakh Planned to conduct in January - February 2025.
13	State Review Meetings for review of districts	Rs 26.13 lakh for SRM (Quarterly) (Total Rs. 2612716/-)
14	Travel cost to attend RRM for State Consultants	Mobility @ Rs 4.06 lakh for TRC to attend RRM and other

1. **NGO Partners:**
   a. Is the state aware about the NGOs partners being funded in the project and various support provided by the NGOs? Name of NGO?
      Yes, TCIF.
   b. Is the state reviewing the performance of the NGOs regularly?
      Yes
   c. What supports will be provided to the NGO partner for implementation of Malaria Program?

Strengthening surveillance, HR support, IHIP strengthening, capacity building of health staff, IEC/BCC activities, Monitoring & supervision, IHIP training.

d. Are state aware what all activities will be carried out by NGO partner?
Yes

TCIF, the only NGPR under GC7, has undertaken capacity building activities of laboratory technicians of Chhattisgarh state. At the national level trainings 5 technicians from the state have participated. Of them one technician is certified as L1. One training program for district level technicians has been conducted in Raipur in which 20 have participated. Interaction could be held with the 5 technicians of RoHFW Raipur and it showed good grasp of the subject by the participants. Visit to the laboratory at the RoHFW Raipur showed the excellent facilities which were well used.

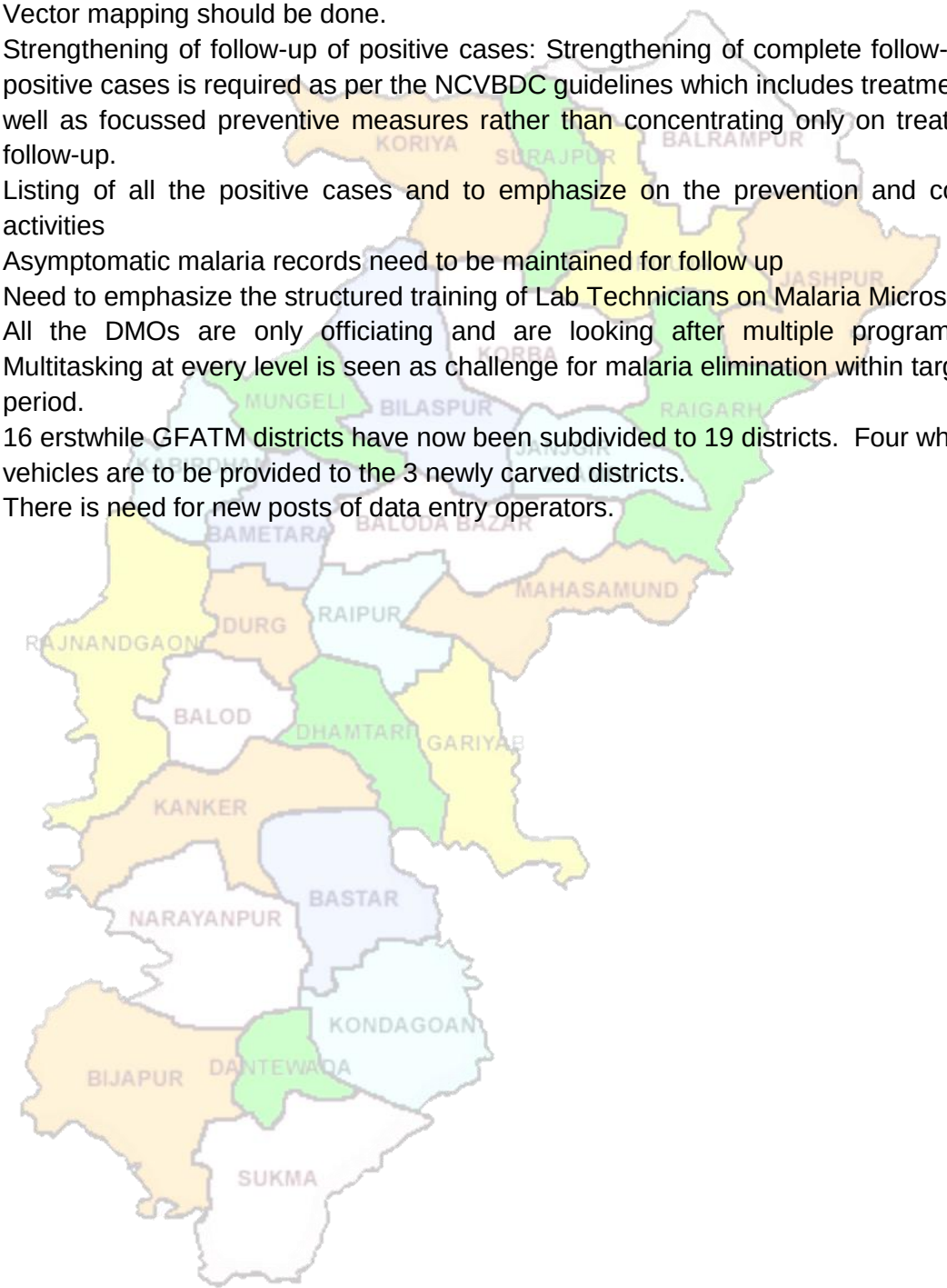
3 Entomological kits have been supplied. Two technicians have been appointed on contractual basis.

Under the C19 RM activities, the NGPR TCIF has covered 16 districts. In those districts, 429 subcenters have been taken up for the specific activities by providing 1859 Digital Wall painting, 5265 ASHA nameplates, 7704 Sunboards. 93 % target achieved.

Key Recommendations:

- Though the overall surveillance activities appear to be adequate with high ABER being achieved, there is need to improve the quality parameters. A good number of MPW (M) and ANMs is available. However, there is a significant shortage of laboratory technicians (25 % vacancy). RDTs are the mainstay of malaria diagnosis. The state should prioritize system strengthening through appointing laboratory technicians, strengthening the laboratories and increasing the blood smear collection.
- It was observed that sickle cell anemia is prevalent in significant proportion of the population in tribal areas. Screening activities are going on for the same. This may be used as an opportunity for simultaneous screening for malaria.
- IRS is one of the core strategies and hence need to be ensured. API 1 and above criteria must be followed. IRS second round was not done due to non-availability of insecticide. The missed second round needs to be done immediately.
- The state authorities have mentioned that 6.93 lac LLIN approved in FY 2023-24 and 33.98 Lac LLIN approved for FY 2024-25 are yet to be received.
- Need to recheck the lots of LLINs: While distributing or replenishing LLINs the lots should be checked so that old stock is distributed first.
- There is need to monitor the actual usage of LLIN by the community. Clear protocols have been issued by NCVBDC to the state to take LQAS surveys through the district VBD consultant and VBD staff in the district. However, no assessments have been done.
- The man power available at the state level is inadequate. The contractual posts of consultants provided through NHM are very crucial for supervising and monitoring of the GFATM funded activities and other routine activities. It is observed that the consultants are given work of other sections. It is imperative to have all posts filled and all are actively engaged in NVBDCP work in view of the malaria elimination targets.

- Neither zonal entomologist and state entomologist are in place. There is need for filling up the posts of entomologists. District VBD consultant may be trained in the entomological work.
- Approval for filling Zonal entomologist posts in PIP was given but no recruitment has been done so far. 2 more zonal entomologists posts were recommended in hard core area which need to be revived.
- Vector mapping should be done.
- 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
- Asymptomatic malaria records need to be maintained for follow up
- Need to emphasize the structured training of Lab Technicians on Malaria Microscopy
- All the DMOs are only officiating and are looking after multiple programmes. Multitasking at every level is seen as challenge for malaria elimination within targeted period.
- 16 erstwhile GFATM districts have now been subdivided to 19 districts. Four wheeler vehicles are to be provided to the 3 newly carved districts.
- There is need for new posts of data entry operators.



National Tuberculosis Elimination programme

State Profile:

The state has a population of 3,01,80,098 spread over 33 districts. The tribal population is about 31 % spread over 20 districts. There are 182 CHCs, 826 PHCs and 5715 subcenters. There are 209 TRUENAAT labs and 36 CBNAAT labs. There are 952 DMCs. The NDRTB centers are 4. There is no significant shortage of any of the health staff at different levels.

a. Achievements

The performance of different indicators in the last few years is as follows:

Table 1: **Trends in Achievements over years**

Indicator	Year 2018 Jan to Dec	Year 2019 Jan to Dec	Year 2020 Jan to Dec	Year 2021 Jan to Dec	Year 2022 Jan to Dec	Year 2023 Jan to Dec	Year 2024 Jan to Nov
Suspect Examination Rate (Per Lakh)	826	1022	584	714	1605	2148	2588
Number of TB cases notified	38637	43324	29382	32578	38709	38906	35713
Treatment Success Rate	88%	87%	85%	86%	87%	89%	90%
Percentage of NYP paid incentives at least once	46%	65%	77%	86%	85%	85%	59%
Number of True NAAT machines	0	0	159	159	209	209	209
Number of CBNAAT machines	0	0	32	32	36	36	36

Table 2: Achievement against targets

S. No.	Program Indicator	Achieved	Target

1	Presumptive Examination Rate (per lakh population)	2630	2200
2	Total Presumptive offered NAAT test	92998 (15% of total tests done)	
3	Total TB Case Notification	35713 (78%)	45833
4	Total Public Sector notification	24243 (77.8%)	31167
5	Total Private sector notification	11470 (78.2%)	14667
6	UDST status against microbiologically confirmed	14214 (85%)	16744
7	Total MDR diagnosed	475	
8	TB-HIV Tests done	34856 (98%)	35609
9	TB-DM Tests done	33381 (94%)	35609
10	Household contacts screened	43545	
11	TPT initiation amongst screened household contacts	23779 (54%)	43545
12	Treatment success rate DSTB	34601 (90%)	37818
13	Treatment success rate: DRTB	359 (77%)	466
14	% of patients paid 1st NPY benefit	21330 (59%)	36014
15	% of patients paid all NPY benefit	15310 (43%)	36014

Table 3; Other achievements:

TB Mukt Gram Panchayat	2199 Gram Panchayats declared as TB free as per guideline of GOI
Pradhan Mantri TB Mukt Bharat Abhiyan	Total Nikshay Mitra – 10447 Total Food Basket Distributed - 33929
Sub National Certification	District Gariyaband – Silver Medal (2022) District Baloda Bazaar – Bronze Medal (2022) District Bastar – Bronze Medal (2022)

	District Dhamtari – Bronze Medal (2022) District Koriya - Bronze Medal (2021)
Nikshay Poshan Yojna	Centralized payment started directly from state to beneficiary account via DBT (from the month of November 2024) Additional 200rs from state budget apart from 1000rs from NHM budget

b. Specific observations and recommendations made by the team:

a. Positives

i. HR vacancy at State level being filled.
ii. Capacity to offer upfront NAAT testing for TB diagnosis – blocks saturated with NAAT machines.
iii. Improvement in Presumptive TB Examination Rate, DST, Treatment Success Rate noted from 2023.
iv. Efforts for reducing pendency in DBT payments through centralization of DBT payments for NPY, Private provider incentives and Sample Transportation.
v. ATT surveillance mechanism in Raipur in collaboration with Food & Drug Administration

b. Areas of concern

i. Upfront NAAT for TB diagnosis is only 15% (Machine issues, kit issues, HR issues and practice of doing NAAT only for some samples)
ii. Poor understanding of TB vulnerabilities & regular screening in field, especially CHOs, RHOs and Mitanins.
iii. Inadequate case finding at medical colleges – scope for improving screening & referral from other departments.
iv. Poor collaboration with programmes other than HIV. Case finding among NCD patients, pregnant women, NRC beneficiaries and RBSK beneficiaries needs to be improved.
v. Inadequate capacity for 2nd line DST (only IRL doing LPA, AIIMS doing only for its patients, 3 more CDST labs sanctioned are yet to be made functional), high Turn Around Time
vi. Shortages of medicines impacted services during the current year.
vii. Lack of compliance to AIC related recommendations at Nodal DRTB centre Raipur
viii. No field visits by supervisory staff due to shortage of funds – TA/DA not given from last year as funds under programme management cost was limited by Ministry following norms for the same.
ix. CyTB testing yet to be initiated. Supply has reached state drug store. State has plans to procure refrigerators for PHCs to store CyTB vials and mechanism for transportation is being explored at State level. State officials informed that trainings will be done after supply mechanism is finalized
x. State is yet to plan covering Household contacts of TB patients under PMTBMBA

State is requested to institute a mechanism for regular interaction with partners supported through The Global Fund Round 7 to decide on areas and activities which they can support and monitoring the progress in implementing the same.

C19 RM activities:

FIND India in collaboration with CTD had conducted inspection of the Pt. Jawaharlal Nehru Memorial Medical College & Dr Bhim Rao Ambedkar Memorial Hospital, Raipur, Chhattisgarh in January 2023 for assessment of Airborne Infection risk and had submitted a detailed report. The nodal DRTB center of the hospital had several systemic and site specific challenges. FIND is still in the process of finalizing the tender for the civil activities. Specific recommendations were given for correction activities to be taken up by the institute authorities. It was distressing to note that no action whatsoever has been taken up since January 2023. There has been no coordination between the concerned departments. The hospital infection control committee is ineffective. Probably this situation would lead to more MDR cases.

B. Observations and Recommendations on Implementation of Interventions by Non Government Principal-Recipients and Sub-Recipients

Extensive discussions were held with the NGPRs. In the flowing pages the information collected and the observations by the team are provided:

1. SAATHI

Under GC 7, SAATHI is the main NGPR supporting the state activities of paediatric TB, and active case finding among KVP through "**Integrated Pediatric TB and Technology-Enabled Active Case Finding"**. LEPRA India is the SR.

The team could review the performance of the state level and Bastar and Raipur districts.

Performance at the state level:

Facility assessment for establishment of hubs was to be done in 9 (2 intense and 7 lite) districts. Of the 121 about 74 (61%) have been assessed so far. The salient points noted during the assessments are as follows:

Insights from child health program stakeholders

Current Perspective/ Status	Proposed Solutions
RBSK: Includes TB screening in its protocol, but lacks a referral mechanism with the NTEP	✓ Monthly coordination meeting at state and district level. Data sharing and triangulation between Chirayu and Nikshay portal. Pediatric TB focus screening
Nutrition Rehabilitation Centres (NRCs): CXR only for symptomatic and no age specific sample collection	✓ Joint letter from STC and NRC on NRC level Pediatric TB screening guidelines. Capacity

	building of nurse and MO on sample collection
ASHA: Oriented and engaged in treatment adherence, contact tracing, and ACF however referral of presumptive pediatric is minimal	✓ Capacity building on Presumptive identification in the community. Uniform referral mechanism
WCD: No specific TB screening of SAM	✓ Letter for all SAM screening for TB. Monthly coordination meeting at state and district level. Ensuring supplementary nutrition for TB diagnosed through AWC
IAP: Not updated on latest pediatric TB guideline and higher clinical diagnosis	✓ Training of IAP members on updated pediatric TB guidelines. District-wise nodal of IAP. Inclusion of pediatric TB in ongoing CME/meetings

Insights from TB (STC, STSU, PPSA) program stakeholders

Current Perspective/ Status	Proposed Solutions
Diagnostics: • Limited pediatric-specific sample collection at secondary facilities • Referrals to tertiary centres • Lack of adherence to the diagnostic protocol	✓ Strengthening pediatric sample collection capacities and practices at decentralized level (sub-district) ✓ Establishing Pediatric TB hub sites at public and private level
Consumables: • No stockouts of diagnostics chips/cartridges in the last 6 months • Sometime supply interruption of pediatric TB drugs • Sample collection consumables are present with limited quantity	✓ Advocacy at State/district for timely availability of sample collection consumables leveraging NTEP budget
PCoE: • There is no facility/institute designated as a pediatric TB centre of excellence	✓ Identification of facility to create PCoE. Advocacy to constitute PCoE and further engagement
State TB Task Force and Medical College:	✓ Engagement of medical college by creating a pool of master trainers and

• Limited focus on pediatric TB and major service delivery at the facility base	later engagement for mentorship visits, review of pediatric TB, EPTB/ADR management, and CXR interpretation

ToT and Hub site training update is as follows:

State level ToT has been completed with 17 DTOs /DPCs and 31 paediatricians of medical college and district hospitals/medical officers.

It is noted that SAATHI is still in the process of appointing the field level coordinators. Hence they have not contributed much to the TB surveillance activities. The actual activities have been done by the state /district health staff including mitanins which is commendable.

A. Updates from the PR at the state level:

The following are the specific outputs:

1. **Pediatric TB Interventions (01/04/24 to 31/10/24)**

2. No. of children with TB (all forms) notified – **1130 against a target of 1901.**
3. Treatment success rate all forms: % of pediatric patients with all forms of TB successfully treated – **93%**
4. Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners) –
5. No. of health care providers (MOs/staff nurses from sub-district CHC level facilities) trained on pediatric TB, by priority districts – **116 (Paediatrician / Medical Officers / Nurses)**
6. No. of frontline workers sensitised on Pediatric TB, by priority districts - **to be initiated in December 2024**
7. No. of TB Champions engaged in pediatric TB activities (intense districts) – **yet to initiate**
8. No. of private pediatric sample collection hub facilities signed partnership MoUs (funded and non-funded partnerships), by priority districts – **17 private facilities assessment completed & MoU signing under process**
9. No. of public health facilities reporting pediatric TB cases – **154**
10. No. of private health facilities reporting pediatric TB cases – **203**
11. No. of pediatric presumptive TB cases evaluated with either CXR or NAAT or both –
12. No. of pediatric TB started on treatment – **948**

Way forward as reported by SAATHI is as follows:

- Strengthening pediatric diagnosis at sub-district secondary facilities
- Operationalise the hubs across all secondary facilities:

- Intense and Lite districts by Dec 2024
- TA districts by March 2025
- Leverage NTEP budget for training in TA districts: Prioritise districts
- Advocate for sample collection consumables availability
- Improve the sample collection skills of health care providers through a created pool of master trainers, District Nurse Mentors in Intense districts, and State Nurse Mentor in Lite and TA districts
- Increase the presumptive pediatric TB detection and referrals
- Engage child health stakeholders at the state level for policy change or guidance for detection and referrals
- Engage FLWs and CHOs for pediatric referrals to hub sites in intense, lite, and high-priority TA districts
- Leverage the 100-day campaign to screen malnourished children in camps
- Strengthen medical college engagement for Pediatric TB
- Engage state TB task force and core committee
- Streamline EPTB referral from CHC to medical college
- Engage medical college for capacity building, mentorship, and CXR interpretation
- Increase the number of private health facilities reporting pediatric TB
- Involve PPSA, and IAP to complete the mapping and universe of pediatric facilities
- Prioritise the high-load pediatric facilities across the states
- Operationalise the private hub sites in intense districts
- Establish hub sites (non-financial MoU) in lite and TA districts
- Increase the pediatric TB focus as part of reviews at state and district NTEP and child health programs
- Incorporate pediatric TB in state and district reviews of public and private sector
- Sharing of monthly pediatric TB dashboards to states and districts

2. ACF intervention:

It was to begin from 1st October 2024. The field level project initiation activities began since October 2024. Hence, the progress is not reported in the state. However, meeting with stakeholders has been done in 8 ACF districts. Listing of KVP has been completed. KVP listed are co-morbidities, malnourished, TB patients and contacts, elderly, slums, hard-to-reach villages, orphanages, old age homes, tribal residential schools, workplace settings (mines, cold storage, food industries, rice mills, brick clin, TB and comorbidity high burden block. SAATHI is supporting NTEP in district-level micro-planning for 100-day campaign, support in organizing camps, and in data reporting. The way forward planned activities are as follows:

1. Support NTEP in campaign implementation: KVP Mapping, microplanning, training, camp execution, patient follow-ups, and data reporting
2. Engaging district stakeholders through Planning Meetings: Organize planning meetings with district health and non-health stakeholders to sensitize and secure commitment
3. Community Mobilization: Partner with local community structures and organizations to mobilize and participate in health camps
4. Support in resource planning for diagnostic services availability: Advocate and plan with district health departments to integrate TB with NCD screening and diagnostics such as Hb, Sugar, BP and BMI measurements
5. Empanel CXR Centres where handheld devices are not available
6. Provide patient transportation and sample transportation support where needed
7. Organising health camps: Organise ACF as part of general health/non-communicable disease (NCD) camps
8. Follow-up post-camp for ensuring the completion of cascade

B. Updates from the PR on implementation in Bastar district:

1 district program manager, 1 district project co-ordinator, 1 district nurse mentor and 1 ACF co-ordinator have been appointed recently and are working.

The district level hub site training has been completed on 30 Nov 24. 7 block level medical officers, 13 medical officers and 22 staff nurses have participated. Average pre-post score is said to have increased from 48% to 66% in district-level hub site training.

Pediatric TB Interventions (01/04/24 to 31/10/24)

1. No. of children with TB (all forms) notified – **55**
2. Treatment success rate all forms: % of pediatric patients with all forms of TB successfully treated – **28**
3. Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners) –
4. No. of health care providers (MOs/staff nurses from sub-district CHC level facilities) trained on pediatric TB, by priority districts – **42 (20 Doctors / 22 Nurses)**
5. No. of frontline workers sensitised on Pediatric TB, by priority districts – **to be initiated in December 2024**
6. No. of TB Champions engaged in pediatric TB activities (intense districts) – **yet to initiate**
7. No. of private pediatric sample collection hub facilities signed partnership MoUs (funded and non-funded partnerships), by priority districts – **9 (3 private facilities assessment completed, 3 potential hub site identified & 3 MoU signing under process)**
8. No. of public health facilities reporting pediatric TB cases – **8**
9. No. of private health facilities reporting pediatric TB cases – **9**

10. No. of pediatric presumptive TB cases evaluated with either CXR or NAAT or both – **419**
11. No. of pediatric TB started on treatment – **53**

C. Updates by the PR on implementation in Raipur district:

Pediatric TB Interventions (01/04/24 to 31/10/24)

1. No. of children with TB (all forms) notified – **193**
2. Treatment success rate- all forms: % of pediatric patients with all forms of TB successfully treated – **150**
3. Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners) –
4. No. of health care providers (MOs/staff nurses from sub-district CHC level facilities) trained on pediatric TB, by priority districts – **27**
5. No. of frontline workers sensitised on Pediatric TB, by priority districts – **to be initiated in December 2024**
6. No. of TB Champions engaged in pediatric TB activities (intense districts) – **yet to initiate**
7. No. of private pediatric sample collection hub facilities signed partnership MoUs (funded and non-funded partnerships), by priority districts – **0**
8. No. of public health facilities reporting pediatric TB cases – **9**
9. No. of private health facilities reporting pediatric TB cases – **55**
10. No. of pediatric presumptive TB cases evaluated with either CXR or NAAT or both – **1700**
11. No. of pediatric TB started on treatment – **178**

Success stories reported by SAATHI are as follows:

1) At Kanker, the pediatric TB department of the district hospital was relocated to the medical college. However, referrals for chest X-rays (CXR) were missing due to the absence of CXR facilities at the medical college. Even children with Severe Acute Malnutrition (SAM) admitted to the Nutrition Rehabilitation Center (NRC) were not being referred for CXR. The project trained a pediatrician of a medical college as a master trainer and later organized facility-level training sessions. Following the training, improvements were observed in CXR referral practices for investigations, leading to the diagnosis of a pediatric TB case.

2) At the Nutrition Rehabilitation Center (NRC) of Maharani District Hospital, Bastar, there was no established practice of gastric aspirate (GA) sample collection for pediatric TB investigations. To address this gap, the project collaborated with the NRC and the pediatric department. A training session was organized, including hands-on practice for nurses using a live case, followed by supportive supervision visits. Within a month, four GA samples were successfully collected at the NRC and sent for NAAT testing using referral slips—a process that had not been in place previously.

3) At private healthcare facilities, the level of suspicion for TB in children was minimal. To address this, the project mapped and oriented private providers on updated guidelines.

Educational materials, including an algorithm, screening posters, and a drug chart, were distributed. This sensitization effort led to the referral of one presumptive TB case to the district hospital for further investigation.

Recommendations to the PR SAATHI:

1. Recruit field coordinators at the earliest.
2. Specially sensitize Nutritional Rehabilitation Centres and RBSK teams on paediatric TB case finding
3. Assist the State to do the facility assessment for peadiatric case finding in non-project districts
4. Discuss the probable solutions identified for addressing gaps in paediatric case finding with State TB cell and support State in implementing solutions agreed upon.
5. Support State in identifying the reasons behind the gap in treatment for children diagnosed with TB and addressing the same.
6. Use the data gathered from different line departments on vulnerable population for validating the line list prepared at ASHA and AAM level for 100 days campaign.

2. HLFPPT

HLFPPT is running the project "SSHAKTI (Strategizing and Strengthening HIV/AIDS & TB Initiative)". There is no SR for Chhattisgarh. Active Case Finding & QR-Code based SCT is to be taken up in Raipur, Raigad, Korba, Bilaspur, Durg and Dhamtari districts. State program manager, state M& E manager and district coordinator are working. The community volunteers are yet to be hired.

a) Updates from the PR (HLFPPT)

The program update of active case finding is as follows:

Symptomatic with X-Ray Suggestive of TB						
District	Screening	Symptomatic	X-ray offered	Suggestive of TB	Sample collected	Diagnosed with TB
Bilaspur	481	58				
Durg	209	19				
Korba	426	27				
Raipur	885	102	41	28	24	2
Total	2001	206	41	28	24	2

Asymptomatic with X-Ray Suggestive of TB						
District	Screening	Asymptomatic	X-ray offered	Suggestive of TB	Sample collected	Diagnosed with TB
Bilaspur	481	423				

Durg	209	190				
Korba	426	399				
Raipur	885	783	199	21	7	1
Total	2001	1795	199	21	7	1

Symptomatic without X-Ray					
District	Screening	Symptomatic	Symptomatic without X ray	Sample collected	Diagnosed with TB
Bilaspur	481	58	58	58	1
Durg	209	19	19	13	2
Korba	426	27	27	21	2
Raipur	885	102	61	51	1
Total	2001	206	165	143	6

Asymptomatic without X-Ray					
District	Screening	Asymptomatic	Asymptomatic without X ray	Sample collected	Diagnosed with TB
Bilaspur	481	423	423	1	
Durg	209	190	190	16	
Korba	426	399	399	36	
Raipur	885	783	584	2	
Total	2001	1795	1596	55	0

QR code based SCT trainings are planned for coming months.

Active Case Finding in Prison has been done by the state. 9257 inmates have been screened. 307 have been referred and tested. 23 have been diagnosed with TB and initiated on treatment.

The program activities status by HLFPPT are as follows:

1) National Level Training on Project SSHAKTI: Conducted on 31 May 2024 on virtual

mode. Physical training of National and state level officers was conducted on 5-7 June 2024.

2) State level orientation of DC's on Project SSHAKTI – TB: Physical training of district coordinators were conducted on 7-8 August 2024.

3) Meetings with various stakeholders and NTEP staffs: Orientation meeting completed with community level members; ANM, Mitanin, AWW and PRI members and religious leaders. We also briefed projects to DTOs and CMHOs.

4) District Profiling: District profiling was completed for four districts: Bilaspur, Durg, Korba and Raipur. Currently profiling being done in Raigad.

5) Key Vulnerable Sites Identification and Validation done: The vulnerability mapping was conducted in a total of four districts—Bilaspur, Durg, Korba, and Raipur. Out of this mapping, 898 sites were identified, and 738 sites were validated. In total, a population of 1,096,148 was mapped, with 850,872 KVP population validated.

6) ACF Activities: Active Case Finding in four districts of Chhattisgarh were commenced on 22 August 2024, and as of 30th November 2024 screenings have been conducted for 2489 KVP.

7) Health camp: 09 health camps has been organized in district Bilaspur(3),Durg(2),Korba (2),Raipur(2). A total 482 screening and 90 sample collected,87 NATT test is done all result is negative.

8) Meeting with Religious leader: Seven temple visited and met with pandits and sensitised them on TB and requested for the announcement for the health camps as the dates are finalised, two churches visited and met with religious leaders.

9) Sensitisation prog at Central Jail-Raipur: For the TB screening Sensitisation of the medical officer and Health Staff was done at Raipur.

10) Monthly meeting with DTO: District team is regular attending Monthly meeting

Non-availability of hand-held X-ray machines is a challenge.

b) Observations and recommendations for the PR (HLFPPT)

i. HLFPPT has started its work in the State in May 2024.
ii. ACF is done in 6 districts with sizeable urban population, 6 district coordinators in place. Recruitment of community volunteers is recently approved and yet to take place.
iii. Activities of District Profiling, vulnerability mapping (geographic) has been done. District coordinators supporting household survey and ACF in identified vulnerable pockets.
iv. Prison interventions are also implemented by HLFPPT in project districts. Delay in treatment initiation after diagnosis is seen in STI, Hep C etc.
v. Training on QR code based sample transportation has been done for STS/STLS.
vi. Recommendations to HLFPPT
    1. Immediately engage community volunteers for Active Case Finding.
    2. Ensure availability of X-ray for screening of prison inmates and vulnerable populations in Bilaspur, Durg and Korba districts.
    3. Include current testing rate and notification rate while mapping vulnerable pockets. HLFPPT should be able to identify vulnerable pockets missed by programme, if any.

4. Train grass root level staff who are involved in sample collection and transportation and Ni-kshay entry such as CHO, LT and Junior Secretarial Assistants at PHCs on QR based sample transportation mechanism.
5. Strengthen prison interventions by ensuring supply of medicines, presence of medical doctor in health camps organised at prisons, and adequate supply of testing kits and by providing training to prison health team on TB.
6. HLFPPT may also assess status of (1) TPT among inmates, including those living with HIV, (2) feasibility of Cy-TB testing, and (3) feasibility of presumptive enrolment and Ni-kshay updation inside jail premises and appraise CTD accordingly.

2. KHPT (IMPACT India)

The interventions planned are technical assistance to PMTBMBA, DBT and Finance.

The performance indicators under PMTBMBA are as follows:

S No.	Indicator	Status as on 01-04-24	Achievement (01/04/24 to 31/10/24)	Achievement %
1.	No. of new Nikshay Mitras registered in the State/district	7901	2117	21% (2117/10018)
2.	No. of new Nikshay Mitra active (in last 6 months provided food basket to one or more PwTB)	783	396	
3.	No. of PwTBs consented to be linked to Nikshay Mitra	16037	2212	12 % (2212/18249)
4.	No. of PwTBs received food basket from Nikshay Mitra	21295	10803	33.65% (10803/32098)

Program Activities Status- 01/04/2024 to 13/12/2024 (PMTBMBA):

S No.	Activities conducted/ planned under GC7	Status (01/04/2024 to 31/10/2024)

1.	Multi sectorial / inter departmental coordination for support in 100 days campaign.	One to One meetings done with DGP-Police Department, Directors of WCD, Labor, Education, panchayat, tribal, public relations, municipal corporation on 6th Dec'24.
2.	Advocacy with District Administration for support in PMTBMBA.	3 Collector letters issued for Janbhagidari. (Rajnandgaon , Mahsamund, Raipur)
3.	Currently engaged corporates and NGO's.	Corporates like Hindalco, JSW, Adani are engaged in Raigarh. NGOS- Jan swasthya Ganiyari, MSF, Rise against Hunger, SCHOOL, Red cross society are engaged as NM's in Raipur, Dantewada, Sarguja, Mungeli.
4.	Mapping of potential Nikshay mitras for CSR engagement at State level.	5 (SBI, IOCL, ABIS , NHAI, Chamber of commerce)
5.	Virtual review meetings	2 conducted with State cell, where status of PMTBMBA indicators was also discussed.
5.	Meeting with Nodal PMTMBA in Raj Bhawan (Governor house)	Done on 4th Oct to discuss on progress along with challenges and way forward.

Coordination with NHAI:

Meeting with RO- NHAI was done on 5th Oct'24 for discussion on activities conducted as per MOU and recent letter issued in Sep'24. Further scope of activities and CSR engagement that can be done with NHAI was also discussed. Further to this RO Raipur issued a letter for Program Implementation Units for conducting activities on 4th Oct'24.

Coordination with other departments – CSR engagement:

ABIS group - Rajnandgaon

Meeting done with ABIS group in Rajnandgaon on 10th Dec'24 for discussing scope of CSR engagement. Action point- They agreed for adopting 180 patients of Rajnandgaon local area for 6 months.

Details of field visits:

Handholding support to the districts

District Dhamtari was visited on 20th Nov'24, where met with DPC and PPM coordinator, NTEP. Discussion on status of PMTBMBA activities in the District, pendencies in reporting , engagement of new Nikshay Mitras and status of food baskets. Meeting Nikshay Mitra's.

Program over-view. Mapping potential Nikshay Mitra's. **Action point-** Total 268 . Out of 225 rice mils, 196 owners have supported in PMTBMBA program, where they have donated approx. 4 lakh 75 thousand. The distribution of food baskets is being done through Red cross society. Apart from these 72 chemists have also adopted. Reduction in pendencies- patient consent pending from 7.5% (55 out of 728) to 5%(45 out of 855), nikshay mitra pending for linkage- from 7.4%(33/445) to 5.6% (36/632).

District Bemetara was visited on 8h Nov'24, where met with DPC and PPM coordinator, STS, DEO, LT. Discussion on status of PMTBMBA activities in the District , pendencies in reporting , engagement of new Nikshay Mitras and status of food baskets. Meeting Nikshay Mitra's. Mapping potential Nikshay Mitra's. **Action point-** Consent pending reduced from 107 (18%) to 37 (7.9%).

District Raipur was visited on 26th Sep'24, 15th Oct and 28th Oct'24. During these visits met with DPC and PPM coordinator ,STS, LT of the respective area. Discussion on status of PMTBMBA activities in the District, pendencies in reporting , engagement of new Nikshay Mitras and status of food baskets. Mapping of potential Nikshay Mitra's. **Action point-** Potential Nikshay mitras for engagement were mapped. Tentative plan for visits to other departments was framed. Visited NHAI office with PPM coordinator and WHO consultant on 4th Oct'24, following this letter from Regional officer was sent to all the program units for implementation of the activities.

District Mahasamund was visited on 17th Oct'24, where met with DPC, PPM coordinator , STS, LT, DEO. Discussion on status of PMTBMBA activities in the District, pendencies in reporting , engagement of new Nikshay Mitras and status of food baskets. Meeting Nikshay Mitra's. Mapping potential Nikshay Mitra's. **Action point-** 38 new Nikshay Mitra have been registered for support to TB patients (All officials). Through these nikshay mitras an amount of approx. 1 Lakh 10 thousand is raised which will go directly to Red cross society and food basket distribution through Red cross society will be done. Nikshay Mitra- Sajan Yadav was contacted. Patient consent pending 16.9% to 8.4% and nikshay mitra linkage reduced from 253 to 12.

District Rajnandgaon was visited on 21st Oct'24 and 11th Dec'24 to discuss

17th Oct'24, where met with DPC, PPM coordinator , STS, LT, DEO. Discussion on status of PMTBMBA activities in the District , pendencies in reporting , engagement of new Nikshay Mitras and status of food baskets. Meeting Nikshay Mitra's. Mapping potential Nikshay Mitra's. **Action point-** Active Nikshay Mitras- Block Churriya - 3 NM + 15 HF, Block Dongargaon- 1 NM+4 HF, Dongargarh- 44 NM, Ghumka- 31 NM. Jila panchayt is supporting in food basket distribution in Block Ghumka. Raja Ram factory supported in PMTBMBA as a part of CSR(gave kits in every 15 days), Red cross society supported with 100 kits in past, those were given to 16 patients. Number of active nikshay mitra increased from 91 to 143. Meeting done with ABIS group, Raja ram and Kamal Solvents for CSR engagement.

Issues and challenges noted:

S No.	Issues & Challenges/Due Activities	Acton to be taken	Timeline for Resolution /Overcoming

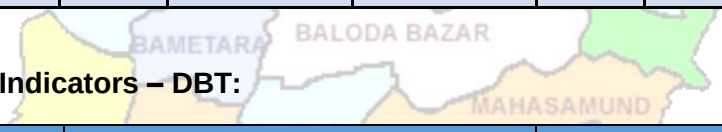
1.	Pendency in data entry for the key indicators (NM pending to be agreed on, Tb patient consent pending; food kits distribution)	Handholding, training, field visits.	Dec'24.
2.	Stagnant rate of involved Nikshay Mitras (low individual donors)	Local NGOs to be mobilized.	Feb'25.
3.	Lower distribution of food baskets in few districts	Capacity building on Nikshay Portal along with hand holding support to districts for increasing the entries.	Jan'25.
4.	Lack of industries in few districts that restricts the scope of engagement for CSR.	Other scope of engagement like PRI department and other stakeholders.	Jan'25.

Technical Assistance in DBT & Finance:

The following are the Performance Indicators – DBT by the state health authorities (Jan to Mar 24):

		Q1 (Jan 24 to Mar 24) – as of 15th April					**Q1 (Jan 24 to Mar 24) – as of 13th Dec**
SNo	**Indicator**	**Target (total)**	**Achievement**	**Achievement %**	**Target (total)**	**Achievement**	**Achievement (%)**

1	No. of eligible beneficiaries received all incentives under Ni-kshay Poshan Yojana & (%)	10110	6328	(60%)	10110	8507	(84%)
2	No. of Private Provider received all incentives & (%)	316	144	(46%)	320	241	(75%)



Performance Indicators – DBT:

		Q2 (Apr 24 to June 24)			Q3 (July 24 to Oct 24)		
SNo.	**Indicator**	**Target (total)**	**Achievement**	**Achievement %**	**Target (total)**	**Achievement**	**Achievement (%)**
1	No. of eligible beneficiaries received all incentives under Ni-kshay Poshan Yojana & (%)	9539	6336	(66%)	12,450	406	(3%)

2	No. of Private Provider received all incentives & (%)	268	199	(74%)	331	48	(15%)

Program Activities Status - DBT (01/04/2024 to 31/10/2024):

S No.	Activities conducted/ planned under GC7
1	Centralized payment system has been implemented in the state successfully.
2	Issue resolution of PFMS sent issue by coordination with district and national team
3	Supportive supervision to the districts
4	Gap Analysis on DBT indicators are sharing with the district on regular basis
5	Provide handholding and capacity building for state and district staff on DBT/SOP/PFMS
6	Handle grievances related to DBT
7	Assist state and districts with financial aspects, including budget preparation, PFMS SOE, PFMS utilization, and PFMS reporting
8	Clearance of backlogs payments of DBT

Issues and Challenges – DBT:

S No.	Issues & Challenges/Due Activities	Acton to be taken	Timeline for Resolution/Overcoming
1	Beneficiary and Benefits are held up in PFMS SENT & ACCEPTED in Ni-kshay.	Shared all these cases with CTD team for backend reconciliation in Nikshay	6000 Benefits issue resolved
2	Most of the Beneficiaries whose Bank a/c are not seeded in NI-	STS	Jan 25

	kshay are of Bilaspur & Raipur where migrated cases are higher.		
3	PPA mode of payment is used by the state due to which payment to the beneficiaries are getting delayed	State NHM	
4	Delay in validation of beneficiaries of 2024 after transition to centralized payments.		Jan 24

Nikshay Poshan Yojana Status (2018- 2024)- Chhattisgarh:

Year	Total No. of Eligible Beneficiaries	Bank account Details Available out of eligible & (%)	No.of eligible beneficiaries received Atleast once incentives & (%)	No. of eligible beneficiaries received all incentives & (%)	TAT for creation to credit benefit
2024	35240	32258 (92%)	21334 (58%)	15287 (43%)	54
2023	38135	36037 (94%)	34454 (90%)	31549 (83%)	63
2022	38387	35890 (94%)	34186 (88%)	32164 (84%)	85
2021	32532	29347 (90%)	28333(87%)	24451 (75%)	115
2020	29266	23782 (82%)	22763(77%)	21403 (74%)	98
2019	43039	27552 (64%)	27948 (65%)	23169 (54%)	88
2018	40013	17791 (44%)	17923 (44%)	13085 (32%)	39

Private Provider Incentive Status (2019 to 2024)-Chhattisgarh:

Year	Total No. of Private Provider eligible for incentive	No. of Private Provider received atleast one incentive & (%)	No. of Private Provider received all incentives & (%)

2024	433	355 (82%)	125 (29%)
2023	552	483 (88%)	376 (68%)
2022	518	427 (82%)	342 (66%)
2021	419	324 (77%)	218 (52%)
2020	342	248 (73%)	160 (47%)
Aug'19-Dec'19	283	161 (57%)	121 (43%)

a) Comments and recommendations to the PR (KHPT):

1. DBT and PMTBMBA consultants placed at State level by KHPT are working with the State TB Cell and aligning their work with State's priorities and are offering technical assistance to districts.
2. PMTBMBA consultant has started supporting districts in proposal writing and doing advocacy meetings with potential Nikshay Mitras identified by districts as well as by self.
3. Recent direction by Ministry for expanding PMTMBA support to household contacts of TB patients is yet to be discussed at State level. This will be a potential area for contribution by consultant engaged by KHPT.
4. KHPT may consider revise the transportation support to the PMTBMBA consultant for visiting districts from current policy of travel by public transport.

Observations based on field visit checklists:

To facilitate the technical appraisal activities at the state /field level, the Central TB division had formulated a comprehensive checklist for gathering the information. This has been done by the OC and the following are the observations:

General observations related to NTEP for CTD grant

A. TB notification, Public health action and Care:

1. Number and % of TB cases notified against target by Public facilities and private facilities respectively in the State/district visited current and previous year?

Ans. Current Year - 6638/7333 (91%), Previous Year- 7094/8200 (87%)

- Number of patients with RR-TB and/or MDR-TB that began second-line treatment
  Ans. 74 in current year
- What mechanism of treatment adherence is being used for TB patients?
  Ans. Treatment Card.

2. Number and % of people with confirmed RR-TB and/or MDR-TB notified by public facilities and private facilities respectively in the State/district visited current and previous year?

Ans. Current Year- Public- 221(6%), Private- 146 (3.6%)

Previous Year- Public- 179(5.9%), Private- 120(4%)

- Number of patients with RR-TB and/or MDR-TB that began second-line treatment
  Ans. 74 *(CTD is requested to check this data)*
- What mechanism of treatment adherence is being used for TB patients?
  Ans. Treatment Card.
- Whether newer drugs/regimens is being offered to all eligible patients including Private sector patients (Yes/No)

  Ans. Yes. However, it is to be noted that BPaLM is yet to be initiated in the State

3. Treatment success rate for all forms of TB for Public facilities and private facilities respectively in the State/district visited current and previous year?

Ans. Current Year- 4842/5495 (88%), Previous Year- 4611/5268 (88%). The reason for change is to be ascertained.

4. Treatment success rate for RR-TB/MDR-TB for Public facilities and private facilities respectively in the State/district visited current and previous year?

Ans. Current Year- Public- 82%, Private- 80%

Previous Year- Public- 87%,Private- 84%

5. What % (number) of notified TB cased are tested for DM and HIV in public and private sector respectively current and previous year?

Ans. 100%

6. Has the State/district started intensified case finding at all high risk OPDs like NCD clinic, Tobacco Cessation Clinic, ART clinics, OST clinics, RCH Clinics, NRC,etc.) (Yes/No)

Ans. Yes. However, this was not uniformly visible in the facilities visited.

7. How is the data shared by various Health Programmes Validated, Reviewed and Utilised at State/District level?

Ans. ??

B. Availability and access to TB Laboratory Services:

1. What TB testing facilities/tests available for Presumptive TB cases and TB patients? (Sputum microscopy/NAAT/Xray test/FL-SL LPA/CDST)

Ans. All of the above.

2. Upfront Molecular Diagnostics is being offered to which category of patients? (Yes/No)

Ans. Molecular diagnostic services are not being provided universally in spite of adequate number of NAAT facilities. One reason is the periodic shortage of cartridges.

3. Percentage of TB notified patients offered rifampicin testing? Further of this how many were offered within 15 days of notification? (____%)

Ans. 90%. The data regarding the offering of testing within 15 days is not provided by the state.

4. % of Blocks having NAAT (CBNAAT/TRUENAT) / Total number of blocks..... for TB testing

Ans. All 4 blocks having TRUENAAT for TB Testing. We have 3 CBNAAT sites for TB testing in Raipur Urban.

5. Average Turn Around Time between TB notification and result of following:

- Microscopy - Same Day
- NAAT - 1-3 Days
- FL LPA -10-12 Days
- SL LPA -12-15 Days

6. What are the challenges?

Ans. Inadequate trained manpower. FL LPA and SL LPA are challenged by having a single lab covering entire state.

7. What are the challenges faced by LTs and Microbiologists in optimum utilisation of Microscopy/Molecular Diagnostics?

Ans. Lack of training.

8. Whether State/District has sufficient stock of consumables for microscopy, NAAT, LPA and LCDST ?(yes /no)

Ans. Yes.

- How much of stock of above consumables available and for how many months is this sufficient?
  Ans. 6000 for 2 months.
- In case of shortage, if supply from CTD is pending, has State procured consumables (for microscopy, NAAT, LPA and LCDST)? (Yes/No)
  Ans. Yes.
- Alternative arrangement done by state/district to address shortage issue?
  Ans. Yes.

TB Drugs Availability

1.Whether programmatic FDC is being offered to all Public and private sector TB cases? (May be verified through record check and patient interviews)

Ans: yes

2. Whether State/District has sufficient stock of FLD and SLD? (yes /no)

Ans. yes

- How much of FLD stock available and for how many months is this sufficient?
  Ans. for 1 month.
- How much of SLD stock available and for how many months is this sufficient?
  Ans. for 2 months.
- How much of TPT drugs stock available and for how many months is this sufficient?
  Ans. For 3 months.
- In case of drugs shortage, if supply from CTD is pending, has State procured consumables drugs?
  Ans. Yes.
- Alternative arrangement done by state/district to address shortage issue?
  Ans. Yes.

TB preventive Treatment

1. Is the state/district implementing TPT for more than 5-year-old household contacts of Pulmonary TB? (Yes/No)

Ans. Yes.

2. Whether state/district has adopted test and treat policy eligible contacts for TPT? (Yes/no)

Ans. No.

3. Status of TPT implementation in State/district for current and previous year?

Category	**Under 5 years**	**More than 5 years**
Number of contacts identified (A)	218	15325
Number diagnosed with TB (B)	4	17
Number eligible for TPT (C=A-B)	214	15308
Number initiated on TPT (D)	198	10043

4. Status on TBI tests availability in the state/district? (IGRA or TST or Cy-TB)

Ans. Yes

5. Number of months of stock available for TPT:6H/3HP/6Lfx/4R

Ans. 1 month.

Procurements &Supply Chain Mechanism

1. At what level Drugs and Lab consumables are procured routinely and during emergency situations in State/district?

Ans. From CMHO Store

2. What is mechanism for drugs/lab consumable supply chain at all levels? Centre to state to districts to CHC/PHC and to DMC?

Ans. State to District then District to TB Units

Activities under KHPT-GF project

Community Engagement

1. Update on State/District TB Forums

- Has the District TB Forum been constituted? (Yes/No)
  Ans. Yes.

- When was the last State/District TB Forum meeting held? (May be verified with minutes)
  Ans. 08 July 2024

2. Status Update on TB Survivor Engagement

- Number of TB survivors planned to be trained during the year (as per RoP /State/District plan)
  Ans. 55
- Number of TB survivors sensitised (through online or physical meetings using curriculum suggested by CTD)?
  Ans. 35
- Percentage/number of Ayushman Arogya Mandir/Peripheral Health Institution in the project districts with at least one TB Champion engaged through the project of KHPT?
  Ans. 2 in Each Blocks
- Number of new TB Champions identified/trained/engaged under the project at each Ayushman Arogya Mandir (AAM) level?
  02 in all 04 blocks
- Number of TB Champions trained on Family care giver model under the KHPT project ?
  08

TB Mukt Gram Panchayat

1. Percentage of Gram Panchayats in the project State/districts successfully awarded with "TB Mukt" status by NTEP?
   Ans. 49%. (It is not clear whether this 49 % is of all gram panchayats or those who applied for certification. This is to be ascertained).
2. Number of State level district nodal officers trained on TB Mukt Gram panchayat under state level ToTs?
   Ans.39
3. Number of GP/Panchayat representatives trained in the project geography on their roles &responsibilities?
   408

Nikshay Poshan Yojana: Direct benefit Transfer

1. What is the performance of all Direct Benefit payments for current and previous years (account seeding, benefits and amount paid against payable, TAT for creation to credit benefit)?

a) Percentage account / Aadhaar seeding done for TB patients: 77%
b) No. beneficiaries with first benefits paid (%): 49%
c) No. beneficiaries with all benefits paid (%): 35%
d) TAT for creation to credit benefit: ??

2. Percentage of eligible private health care providers who are paid due benefits during reporting period?

60%

3. What are the challenges? What are the plans for improvement?

The committee observed administrative challenges such as unavailability of funds at district level, delays in approval of benefits, need to prepare benefits again if any one beneficiary is rejected and resulting delays etc. Such challenges are being addressed through making centralized approval of the DBT benefits. However, delays at maker & checker level remain and State TB cell is routinely monitoring the status and sending directions to districts to take up the matter urgently.

Status on PMTBMBA (community support to TB Patients)

1. Number of new Ni-kshay Mitras registered in the State/district
   Ans. 206 this year.
2. Number of new Ni-kshay Mitras active (in last 6 months provided food basket to one or more PwTBs)
   Ans. 206
3. Number of PwTBs consented to be linked to Ni-kshay Mitras
   Ans. 682
4. Number of PwTBs received food basket from Ni-kshay Mitras
   Ans. 2735 this year.

Strengthening Counselling skills of NTEP and improving DRTB care (SR-TISS)

1. Number of “Patient Support Centers with sensory corners” (out of 4) established under the project
2. Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated from year 2 onwards (through four Patient Sensory Centres)
3. Number of NTEP staff from eight selected cadres who completed refresher or induction training
4. Number of key NTEP officials/ staff trained on counselling & soft skills under induction training
5. Number of key NTEP officials/ staff trained on counselling & soft skills under refresher training

Information not available for above indicators.

Activities under HLFPPT-GF project

Active Case Finding Efforts:

1. No. and Proportion of screened persons among the mapped KVP?
    - Number of prison inmates screened for TB- 3200

2. No. and Proportion of presumptive TB identified among screened ?
    - Number of presumptive TB prison inmates identified among screened- *HLFPPT has mentioned this as 1500. This is 47% being presumptive. HLFPPT may clarify whether this is correct.*

3. No. and Proportion of presumptive TB (symptom screening positive) who received Chest X-ray?
    50-100 per day
4. No. and Proportion of KVP (with or without symptoms) who received Chest X-ray ?
    50-100 per day
5. No. and Proportion of presumptive TB with abnormal CXR evaluated with either NAAT/microscopy?
    5-10
6. No. and proportion of TB diagnosed started on TB treatment?
7. Number of presumptive TB prison inmates identified among screened
    01/337 from Jan-Nov

HLFPPT is giving only generic numbers for questions 3 to 5. Actual achievement as on the date of visit is to be provided. The answer to 7 does not tally with the answer to 2.

Upfront NAAT for EPTB and Paediatric TB Diagnosis (SR-DFY)

1. Number of Labs identified for upgradation after consultation with CTD/States
2. No. of Hubs upgraded for EPTB and Paediatric sample testing
3. No. of Hubs started receiving samples for EPTB and pediatric TB presumptive

Information not available for above indicators.

DRTB Case Management

1. No. of Facilities identified as Private DRTB centre after consultation with CTD/State
    Ans.0
2. No. of hubsfor DRTB case management established
    Ans 0
3. No of presumptive DRTB cases referred to hubs by private facility
    Ans. 425
4. No of presumptive DRTB cases tested for DRTB
    Ans. 1911
5. No of DRTB Patients initiated on DRTB treatment
    Ans. 74

AYUSH and Informal Provider Engagement (HLFPPT and SR-DFY)

1. No. of districts mapped for identification of AYUSH and informal providers
    NA
2. No. of potential AYUSH and Informal identified for linkages: NA
3. % of AYUSH started referral among mapped: NA

Skilling of TB Survivors/ Champions (HLFPPT)

1. % TB Survivor / family member started the skill development course
   100%
2. No. of TB survivor completed the skill development course
   100%

Engagement of Corporate Chain Hospital and Labs (SR-DFY)

2. Identification of potential hospitals/Labs for engagement in State/districts?
   Nursing Home- 756
   Labs- Total-07 ---Path Kind-1, Metropolis-3, Dr Lals pathology-3
3. Consultation meeting happened with potential providers?
4. In-house training of personnel conducted for engaged hospitals/labs?
5. Whether quality NTEP services being offered to TB patients in subsidized/free of cost way in engaged corporate hospital?
   - If yes, what proportion of TB notified cases from Corporate facilities in visited States/districts?

HLFPPT had not mentioned the above mentioned activities during interaction. It is not sure whether they are implementing these interventions in the state.

QR code based Sputum Collection and transportation (HLFPPT and SR-DFY)

1. Number/Proportion of TB samples for which QR code based Sputum collection and transportation mechanism was used?
   In Process
2. Whether there is reduction in TAT in samples transported using QR code based mechanism?

   HLFPPT have mentioned that they have initiated training.

Activities under SAATHI -GF project

Pediatric TB Interventions

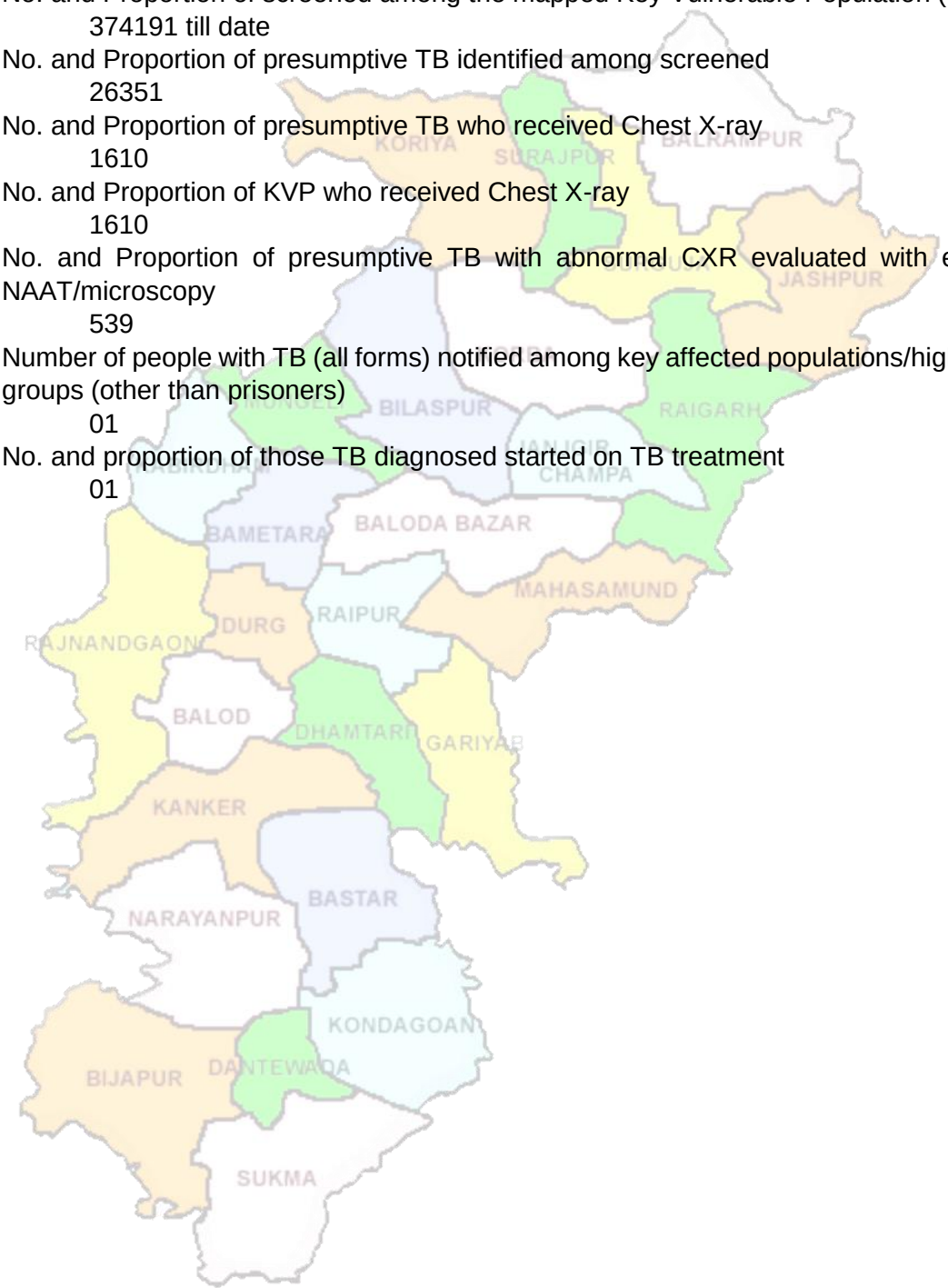
1. No. of children with TB (all forms) notified
   In Process
2. Treatment success rate- all forms: % of pediatric patients with all forms of TB successfully treated
3. No. of health care providers (MOs/staff nurses from sub-district CHC level facilities) trained on pediatric TB, by priority districts
4. No. of frontline workers sensitised on Pediatric TB, by priority districts
5. No. of TB Champions engaged in pediatric TB activities (intense districts)
6. No. of private pediatric sample collection hub facilities signed partnership MoUs (funded and non-funded partnerships), by priority districts
7. No. of public health facilities reporting pediatric TB cases
8. No. of private health facilities reporting pediatric TB cases

9. No. of pediatric presumptive TB cases evaluated with either CXR or NAAT or both
10. No. of pediatric TB started on treatment

Information not available for above indicators.

Active Case Finding efforts:

1. No. and Proportion of screened among the mapped Key Vulnerable Population (KVP)
   374191 till date
2. No. and Proportion of presumptive TB identified among screened
   26351
3. No. and Proportion of presumptive TB who received Chest X-ray
   1610
4. No. and Proportion of KVP who received Chest X-ray
   1610
5. No. and Proportion of presumptive TB with abnormal CXR evaluated with either NAAT/microscopy
   539
6. Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners)
   01
7. No. and proportion of those TB diagnosed started on TB treatment
   01



HIV component

HIV Epidemiological Scenario of Chhattisgarh State

- Adult (15-49 yrs) HIV Prevalence (%) - 0.16
- Estimated people living with HIV - 40,170
- Annual new HIV infections - 1,252
- Annual AIDS-related deaths (ARD) - 984
- EMTCT need - 430
- PLHIV who know their HIV status (%) (1st 95) - 68
- PLHIV who know their HIV status and are on ART (%) (2nd 95) - 79
- PLHIV who are on ART and virally suppressed (3rd 95) - 92

Source: SANKALAK sixth edition, 2024

Overview of Non-Government Principal Recipients of GC-7:

HIV Non-Government Principal Recipients				
	SAATHII	**India HIV AIDS Alliance**	**HLFPPT**	**Plan India**
Activities	• Care & Support Center 2.0 (CSC 2.0) • Prison & Other Closed Settings Intervention • Community System Strengthening (CSS) • Red Ribbon Bus (RRB) • TI training through Kshamta Kendra (KK)	• Care & Support Center 2.0 (CSC 2.0) • Prison & Other Closed Settings Intervention • Community System Strengthening (CSS) • Red Ribbon Bus (RRB) • Virtual Intervention (VI)	• Care & Support Center 2.0 (CSC 2.0) • Prison & Other Closed Settings Intervention • Community System Strengthening (CSS) • Red Ribbon Bus (RRB)	• One Stop Centre
States Covered	1. Andaman & Nicobar 2. Andhra Pradesh 3. Haryana 4. Karnataka 5. Kerala 6. Lakshadweep 7. Puducherry 8. Punjab 9. Tamil Nadu 10. Telangana	1. Chandigarh 2. DNH & DD 3. Goa 4. Gujarat 5. J&K 6. Ladak 7. Madhya Pradesh 8. Maharashtra 9. Manipur 10. Mizoram 11. Uttarakhand	1. Arunachal Pradesh 2. Assam 3. Bihar 4. Chhatisgarh 5. Delhi 6. Himachal Pradesh 7. Jharkhand 8. Meghalaya 9. Nagaland 10. Odisha 11. Rajasthan	74 centres in India

	20 Kshamta Kendras in India	Virtual Intervention – Pan India	12. Sikkim 13. Tripura 14. Uttar Pradesh 15. West Bengal	

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

HLFPPT:

HLFPPT is implementing following activities under GC-7 in the State of Chhattisgarh :

Prison & OCS Intervention Geographies:

S. No	Type of Prison	No of Prisons
1	Central Jail	05
2	District Jail	13
3	Sub Jail	15
4	Swadhar Graha	03

Performance Indicators:

S.No.	Indicator	Denominator	Numerator	%
1	Number of people in prisons and other closed settings that have received an HIV test during the reporting period and know their results	25049	12395	49 %

HIV Screening	HIV Positive	Linkages	TB Screening	Test	Diagnosed
12395	24 (0.19%)	17 (70%)	6895	248 (4%)	18 (7%)

Issues and Challenges

S No.	Issues & Challenges/Due Activities	Strategy
1	Uninterrupted availability of HIV Testing Kits & Lancet	Regular advocacy with SACS for provisioning of kit in Prison. Forecast of test kit to SACS in requisition format.
2	Non -Availability of ICTC staff during Health Camp	Health camp roaster developed and shared with states SACS and NTEP cell to ensure ICTC NTEP staff as well

3	Permission from Prison Department for data sharing and entry in the prison	advocacy with DSACS to issue letter to prison for data sharing.

Plan International (India Chapter)

The Plan International (India Chapter) is implementing One Stop Centres (OSC) under the GC7.

Objectives:

1. To reach out to & identify new & uncovered Key & Bridge Population.
2. To provide integrated health & non health services to all existing & new clients.
3. To provide enabling environment to the community & thus, reduce Stigma & Discrimination.

Activities Undertaken since April'24:

- ❖ Transition of both OSCs to PLAN India from YRG Care.
  - Transfer of Rent agreements.
  - Handing over of Assets and MIS tools.
- ❖ Virtual orientation of staff on OSC 2.0;
  - Key deliverables and core program strategies
  - Administrative & financial guidelines of PLAN India to manage GFATM grant
  - M&E framework to record and capture program coverage
- ❖ Face-to Face Induction cum refresher trainings for OSC staff
- ❖ All the budgeted activities like DGA, Networking meetings, Emergency support fund are being utilized on monthly basis

OSC progress as follows:

District	Typology	Registration	HIV Testing Target	Achievement	Percentage	Prevention Package	Achievement	Percentage
Bilaspur	TG	355	230	234	101%	230	210	91%
Bilaspur	PWID	633	1163	295	26%	1163	587	51%

India HIV/AIDS Alliance:

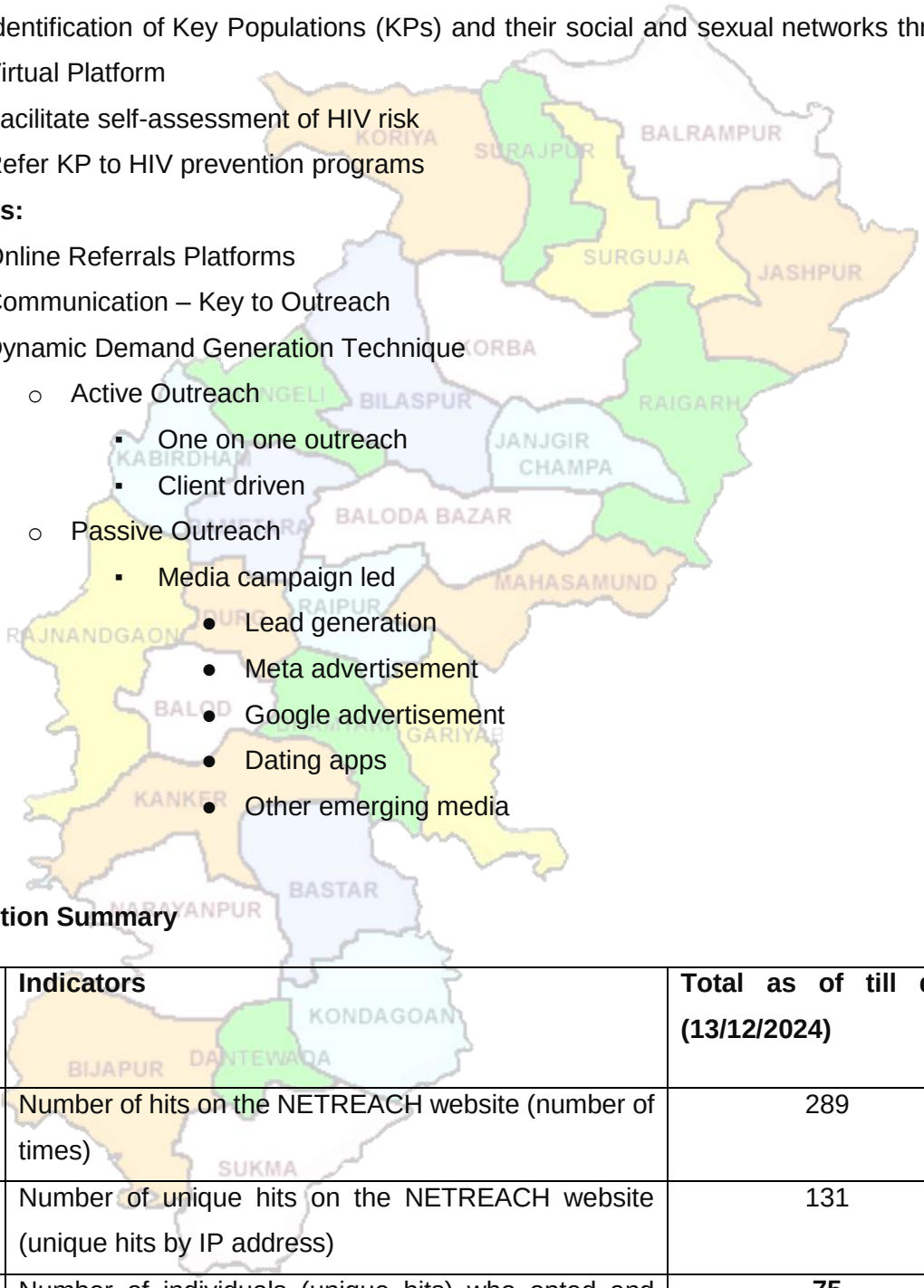
The India HIV/AIDS Alliance (NGPR), in collaboration with The Humsafar Trust (SR), is implementing a virtual intervention project named NETREACH across the country. The project duration is from April 2024 to September 2025.

Objective

- Identification of Key Populations (KPs) and their social and sexual networks through Virtual Platform
- Facilitate self-assessment of HIV risk
- Refer KP to HIV prevention programs

Activities:

- Online Referrals Platforms
- Communication – Key to Outreach
- Dynamic Demand Generation Technique
    - Active Outreach
        - One on one outreach
        - Client driven
    - Passive Outreach
        - Media campaign led
            - Lead generation
            - Meta advertisement
            - Google advertisement
            - Dating apps
            - Other emerging media



Intervention Summary

Sr. No	Indicators	Total as of till date (13/12/2024)
A1	Number of hits on the NETREACH website (number of times)	289
A2	Number of unique hits on the NETREACH website (unique hits by IP address)	131
A3	Number of individuals (unique hits) who opted and initiated Risk Assessment	**75**
A4	Number of individuals who completed the Risk Assessment	18

A5	Number of individuals booked appointment (referral)	**9**
A6	Number of individuals tested for HIV (PID Numbers reported)	**2**
A7	Number of Individuals tested HIV positive	**1**
A8	Number of individuals linked for ART	**1**

Virtual Navigator Location:

S.No.	Virtual Navigator Positioned	States Covered
1	CHANDIGARH	Chandigarh, Punjab, and Himachal
2	UTTARAKHAND	Uttarakhand, Himachal and Jammu and Kashmir
3	HARYANA	Haryana and Uttar Pradesh
4	DELHI	Delhi and Chhattisgarh
5	UTTAR PRADESH	Uttar Pradesh, Bihar
6	ODISHA	Odisha and North Andhra
7	ASSAM	Assam, Meghalaya, Arunachal Pradesh
8	WEST BENGAL	West Bengal and Jharkhand
9	MADHYA PRADESH	Madhya Pradesh and Rajasthan
10	MAHARASHTRA	Maharashtra, Gujarat, and Goa
11	TAMIL NADU	Tamil Nadu, Kerala, and Karnataka
12	TELANGANA	Telangana and Andhra Pradesh

NACP facilities visited by OC team and observations therein:

Sampoorna Suraksha Kendra (SSK), Raipur, Chhattisgarh

1. **SSK Staff Recruitment**: The positions of SSK staff, including the Counsellor, SSK Manager, and Outreach Workers, have not been filled yet. It is recommended to complete the recruitment as soon as possible.
2. **SSK Infrastructure Procurement**: Essential infrastructure items like laptops, printers, etc., have not yet been procured, though the procurement process is underway. To ensure the smooth functioning of SSK, it is advised to complete this process.
3. **HIV and Syphilis Test Kit Shortage**: A shortage of HIV and Syphilis test kits was observed at SSK. Procurement of these kits is in progress at the State level. It is suggested to prioritize and complete the procurement at the earliest.
4. **Training on NORMS**: There is a need for training on the SSK recording, reporting, and online reporting system, “NORMS.” It is recommended to organize a training program for SSK staff as soon as possible in local language.
5. **SSK Signage, IEC, and Condoms**: SSK signage, IEC materials, and condoms are available. However, it was noted that the same sign that indicated SSK, also bore the title- STI Clinic. This somewhat goes against the spirit of holistic health and may be a

deterrent to someone willing to engage with the service provider on a less labeling/stigmatizing and holistic health spectrum.

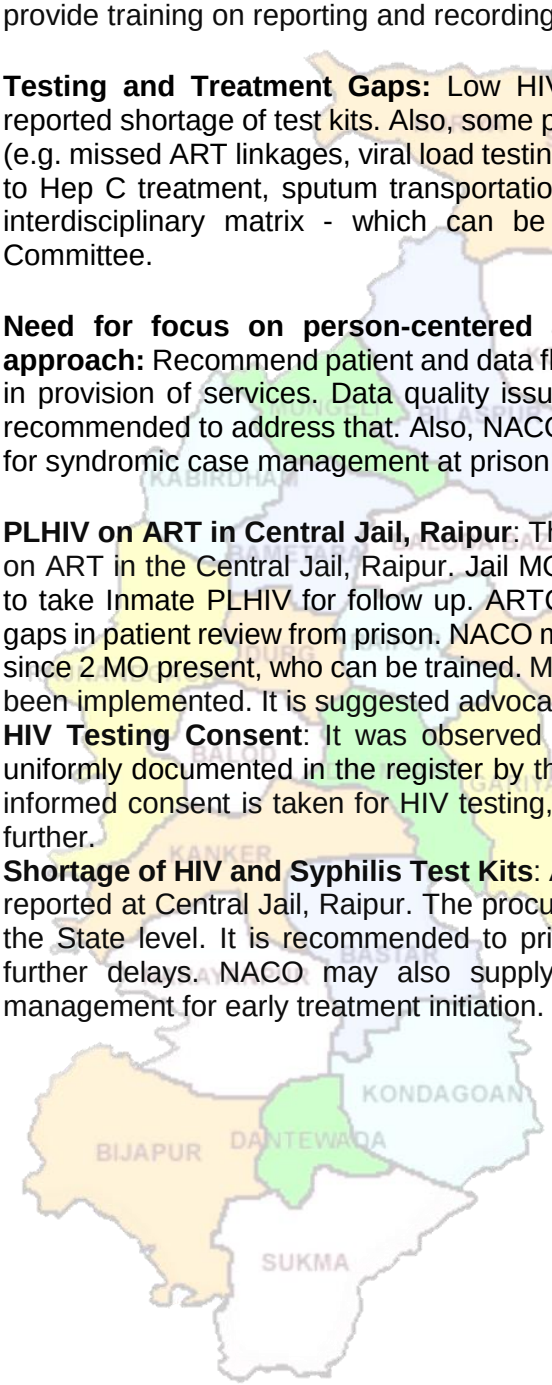
Central Jail, Raipur

1. **Trainings for Staff and Healthcare Providers:** Although a 100% of staff have been recruited, trainings for healthcare providers, PPVs and project staff are pending. The team was informed that these will be completed by early 2025. There is a need to provide training on reporting and recording formats for prison staff.

2. **Testing and Treatment Gaps:** Low HIV testing coverage was observed due to reported shortage of test kits. Also, some process level coverage gaps were observed (e.g. missed ART linkages, viral load testing coverage, syphilis testing and tx, linkages to Hep C treatment, sputum transportation logistics, etc.). The OC suggests a joint interdisciplinary matrix - which can be jointly reviewed at the State Oversight Committee.

3. **Need for focus on person-centered approach rather than disease-specific approach:** Recommend patient and data flow mapping in prisons to identify gap areas in provision of services. Data quality issues were identified and an M&E training is recommended to address that. Also, NACO may supply STI color-coded kits at prison for syndromic case management at prison - for early tx initiation.

4. **PLHIV on ART in Central Jail, Raipur**: There are 24 PLHIV (People Living with HIV) on ART in the Central Jail, Raipur. Jail MO reported acute shortage of escort guards to take Inmate PLHIV for follow up. ARTC SMO/MO at ARTC centre reported wide gaps in patient review from prison. NACO may consider LAC for uninterrupted services since 2 MO present, who can be trained. Multi-month dispensing of ARV drugs has not been implemented. It is suggested advocacy for MMD.
5. **HIV Testing Consent**: It was observed that the consent for HIV testing was not uniformly documented in the register by the lab technician. It is mandatory to ensure informed consent is taken for HIV testing, and this practice must be implemented in further.
6. **Shortage of HIV and Syphilis Test Kits**: A shortage of HIV and Syphilis test kits was reported at Central Jail, Raipur. The procurement process for these kits is ongoing at the State level. It is recommended to prioritize and expedite this process to avoid further delays. NACO may also supply STI kits at prison for syndromic case management for early treatment initiation.



Online Meeting with Netreach Staff

NETREACH- Virtual Discussion with HST and IHAA Team

A virtual meeting was held with the team to understand progress and challenges. There were several good practices that were highlighted which may be considered by NACO for a future platform.

Some key observations:

- The reach of the platform has been across India- aimed at educating target communities on HIV and motivating individuals to access HIV and related services. While the reached was over 2.6 lakhs under GC6, with over 60k completing risk assessments and 20k completing HIV tests, this current phase of the project is facing challenges due to a drastic budget cut under GC7. The numbers reached though the platform remain limited, especially as observed in the State of Chhattisgarh. The Virtual Navigator that serves the State of Chhattisgarh is stationed in Delhi, since now under GC7 only 12 VNs are sanctioned, covering multiple States each.
- The platform has had a continued positivity of 9-10% indicating a continued need for a virtual outreach strategy for reaching hidden populations who are ar risk for HIV or who need HIV care and treatment. Service delivery data analysis points to the continuing need to focus on young populations.

Recommendations:

- The implementation of this platform has created the opportunity to identify best practices, address challenges and capitalize on opportunities to enhance the effectiveness and sustainability of NACO's new virtual outreach efforts, towards a country-led virtual service delivery platform for HIV. Platforms like Netreach and Safe Zindagi have created a social impact that can be capitalized on for future planning
- The strategy for converting and catering to online - offline demand needs to be developed for future intervention. Language of communication needs to be localized (IEC materials), safe spaces need to be created for online community members to converge, NACP facilities need to be made accessible and stigma-free , to provide quality services. Technological innovations

such as AI chatbots and telehealth can be built into the platforms, to expand their reach and effectiveness.

- Disaggregated data analysis is recommended to retain the epidemiological significance of service access data- understanding the profile of clients, age, sex, risks, professions, geo-locations, etc. are all needed for targeting further prevention and testing efforts.
- Virtual outreach, service delivery linkages, and retention are key to the success of future models based on Netreach, along with institutionalization of the model into the government's own programmatic architecture. e.g. TIs, SSK, OSC etc.
- STI screening and referral, screening and linkage for Hep B, C, mental health and GBV can be included in the package of services provided to online participants.

Best Practices:

- In the State of UP, the State AIDS Control Society issued letters and referral slips to all ICTCs and DSRCs to document referrals from Netreach in a referral slip that would enable them to track services to these clients across the 95 cascade.
- The Platform was able to mobilize wrap-around services for community members , e.g. FSW requiring iron supplementation in Siliguri and through advocacy and linkages with local CBOs, further expansion of value added services for online communities was made possible in many places.
- Netreach was able to create offline support groups in places where online participants expressed a need for safe spaces to converge at- to discuss physical and mental health needs.

Overarching Recommendations

- Though it is observed that there is a strong interaction of the state health authorities with the NGPRs of GC7, it is suggested that a formal institutional coordination mechanism is needed at State level to streamline & coordinate across all partners. There should be a clear system of reporting or review of NGO-PR/SR by State.
- With change of guard under GC 7, new SRs should closely collaborate with outgoing SRs to ensure continuation of good practices
- A documentation of good practices in a compendium (State and National) should be considered for dissemination.
- More cross-learning among SRs to fully leverage and utilize core areas of support.