

Record of Discussions

Desk Review of the Principal Recipient SAATHII by the Oversight Committee for GC7 (TB) Grant

Date: 4th April 2025

Time: 17:00- 16:00 Hrs

Mode: Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, SAATHII, for the GC7 (TB) Grant was held on 4th April 2025, chaired by Dr. Ravikumar, Chairman of the Oversight Committee (Schedule enclosed in **Annexure1**). The meeting was attended by members of the Oversight Committee (OC), the India CCM Secretariat, Program Divisions, and representatives from the Non-Government Principal Recipient (NGPR), SAATHII for the GC7 (TB) Grant, as per the attendance list enclosed in **Annexure 2**. The objective of the review was to assess the implementation of the GC7 Grant up to February 2025 and evaluate the performance of the Principal Recipient based on their Key Performance Indicators.

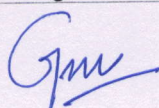
Welcome Remarks

Dr. Ravikumar, Chairman, Oversight Committee, extended a warm welcome to all Oversight Committee members, Program Division, and representatives from the Non-Government Principal Recipient, SAATHII, who attended the meeting.

Following the welcome remarks, SAATHII delivered a presentation, which was broadly based on the format shared by the India CCM Secretariat and can be found enclosed in **Annexure 3**.

Major Discussion/Action Points are as follows:

S No.	Comments/suggestions	Response/discussions
1	Underutilization was observed in the Handheld X-Ray segment. DDG TB inquired whether SAATHII has the capacity to procure handheld X-rays within their funding framework. DDG TB emphasized that commitments must be upheld, and any issues should be promptly addressed and resolved.	Country Director (GC7 TB) of SAATHII informed that in 32 districts where X-rays were unavailable, SAATHII proceeded with procurement through a private sector partnership, except in Karnataka, where patient transportation support was prioritized instead. Following discussions with the Global Fund, SAATHII received approval for private X-ray partnership and patient transportation in March 2025. The utilization of these resources has now commenced, and the process of procuring X-rays through the private sector is currently underway.
2	ADDG TB inquired about the significant drop in Paediatric TB notifications, noting that performance was high in the	SAATHII apprised that the paediatric TB notification was following a seasonal trend.



	<p>first quarter of GC7 but declined in subsequent quarters. It was also observed that the Paediatric TB notification targets varied across the quarters.</p> <p>The ADDG TB instructed that the annual target should remain unchanged and be aligned with the Program's overall objectives.</p>	<p>President, SAATHII informed that they will get back to the Program Division and the Oversight Committee for clarification if they targets were decided based on seasonal trend or on performance basis.</p> <p>SAATHII assured that they have aligned the targets as per the Program.</p>
3	<p>It was noted that, among the states, Karnataka had the lowest performance in Paediatric TB notifications. SAATHII was asked whether they had identified the reasons for Karnataka's underperformance.</p> <p>The ADDG TB recommended that SAATHII conduct a comparative analysis across states to determine which strategies are yielding the best results and apply those successful strategies in Karnataka.</p>	<p>SAATHII informed that in Karnataka, there has been a decline in Paediatric TB notifications in both the public and private sectors due to the absence of PPSA staff. To address this, SAATHII has compiled a list of private facilities, and their staff are now reaching out to high-volume paediatric facilities through field staff.</p>
4	<p>Regarding the indicator "<i>No. of private pediatric sample collection hub facilities signed partnership MoUs (funded and non-funded partnerships), by priority districts (Intense districts)</i>" zero performance was noted. SAATHII was advised to hasten the process of procurement and site finalization.</p>	<p>SAATHII acknowledged and ensured to speed up the process.</p>
5	<p>The Oversight Committee inquired if SAATHII is providing any incentive or honorarium to the 200 TB Champions that they have identified.</p>	<p>SAATHII informed that they have budgeted a nominal incentive of a few hundred for each activity conducted by the TB Champions. They are supposed to conduct 4-5 activities each week which makes their incentive a few thousands in a month.</p>
6	<p>The Oversight Committee requested SAATHII to clarify their role in improving the reporting of pediatric TB cases by public health facilities.</p> <p>SAATHII was recommended to share their intensified efforts in Paediatric TB activities, in their quarterly reports to the Oversight Sight Committee.</p>	<p>SAATHII reported that in the direct intervention districts, following the trainings, onsite sensitization sessions have been conducted across 84 public health facilities. Mentorship visits were carried out by State Nurse Mentors, and Paediatricians from medical colleges, designated as expert mentors, have been conducting site visits to facilities facing specific challenges.</p> <p>SAATHII agreed to include detailed information in their quarterly reports and committed to aligning their activities with the relevant program indicators.</p>
7	<p>Performance in "<i>Coverage Indicator 3- Number of people with TB (all forms) notified among key affected</i>"</p>	<p>SAATHII updated that in 13 districts where the handheld X-Rays are present, 40 camps per district have been conducted over a period of</p>

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	populations/high risk groups (other than prisoners)" was noted to be very low. The Oversight Committee requested SAATHII to improve the support and provide strategies to improve it.	3 months. And for the rest of the districts, Private partnership has been established to send presumptive cases to private facilities for X-Rays.
8	SAATHII was requested to do targeted interventions for improving TB screening in Key Vulnerable Population. The number of people notified among them is quite unsatisfactory	SAATHII noted the recommendation. President, SAATHII added that they are trying to identify high yielding areas for greater impact.
9	Regarding TB diagnosis through Handheld X-Ray, the Oversight Committee inquired if Handheld X-Rays are considered for final diagnosis of TB.	It was clarified that all presumptive cases having abnormal X-Rays are referred for NAAT Testing. In case NAAT comes out negative then the abnormal X-Rays are shared with clinicians for concluding diagnosis.
10	ADDG TB remarked that SAATHII needs to revise their framework and add output indicators along with the process indicators.	SAATHII ensured to follow the guidance of the Program Division.
11	No. and Proportion of presumptive TB with abnormal CXR evaluated with either NAAT/microscopy was also noted to be very less.	
12	Proportion of those TB diagnosed started on TB treatment was only 80 %.	

The meeting ended with a vote of thanks.

The key actionable, responsibilities and timelines specific are summarized below:

S No.	Action Point	Timeline
1	SAATHII to document their efforts and value addition to the Program in their quarterly reports.	In every quarterly report Next Quarterly progress report to be submitted on 15 th May 2025

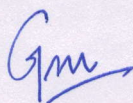
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Annexure 1**Schedule of Virtual C19 RM and GC7 Grant Desk Review of PRs by the Oversight Committee**

March 2025

Chaired by Chair and Co-Chair, Oversight Committee and facilitated by the India CCM Secretariat.

Date	Time	Description	Facilitator/Presenter	Chairperson
19/03/2025	11:00-12:00	GC7 Presentation by TCI Foundation (Malaria)	TCI Foundation	Chair and Co-Chair, Oversight Committee
25/03/2025	11:00-12:00	C19 RM Presentation by IHAA (HIV)	India HIV/AIDS Alliance	
25/03/2025	16:00-17:00	C19 RM Presentation by SAATHII (HIV)	Solidarity and Action Against The HIV Infection in India	
28/03/2025	11:00-12:00	C19 RM Presentation by PLAN India (HIV)	PLAN India	
28/03/2025	16:00-17:00	GC7 Presentation by IHAA (HIV)	India HIV/AIDS Alliance	
01/04/2025	11:00-12:00	GC7 Presentation by PLAN India (HIV)	PLAN India	
01/04/2025	16:00-17:00	GC7 Presentation by SAATHII (HIV)	Solidarity and Action Against The HIV Infection in India	
04/04/2025	11:00-12:00	GC7 Presentation by HLPPT (HIV)	Hindustan Latex Family Planning Promotion Trust	
04/04/2025	16:00-16:30	GC7 Presentation by KHPT (TB)	Karnataka Health Promotion Trust	
04/04/2025	16:30-17:00	GC7 Presentation by SAATHII (TB)	Solidarity and Action Against The HIV Infection in India	
08/04/2025	11:00-11:30	GC7 Presentation by HLPPT (TB)	Hindustan Latex Family Planning Promotion Trust	
08/04/2025	11:30-12:00	C19 RM Presentation by WJCF (TB)	William J and Clinton Foundation	



08/04/2025	16:00-16:30	C19 RM Presentation by The Union (TB)	International Union against Tuberculosis and Lung Diseases	
08/04/2025	16:30-17:00	C19 RM Presentation by FIND India (TB)	Foundation for Innovative New Diagnostics India	
11/04/2025	11:00-11:30	C19 RM Presentation by CTD (TB)	Central TB Division	
11/04/2025	11:30-12:00	Internal meeting and discussions of OC (9 th OC meeting)	All members of OC facilitated by ICCM secretariat	
TBD		PR Desk Review Debrief meeting	Chair/ Co chair Oversight Committee	JS (GFATM)

List of Participants:

Annexure-2

S No.	Name	Designation	Organisation
1	Dr. Urvashi Singh	DDG TB	CTD
2	Dr. Sanjay Kumar	ADDG	CTD
3	Dr. Ravikumar	Chairman	Oversight Committee
4	Dr. Gopakumar	Vice Chairman	Oversight Committee
5	Dr. Amar Shah	Member	Oversight Committee
6	Mr. Pratik Raval	Member	Oversight Committee
7	Dr Sai Subhasree Raghavan	President	SAATHII
8	Dr. Sathish Kumar	Project Director	SAATHII
9	Mr. Shekhar Raj	Deputy Project Director	SAATHII
10	Dr. Sandhya Gupta	National Pediatric TB Consultant	SAATHII
11	Mr Amrendra Kumar	National M&E Manager	SAATHII
12	Dr Mayur Munne	National Program Specialist	SAATHII
13	Dr. Shobini Rajan	CMO (SAG), NACO/ICCM Focal Point	NACO/ICCM
14	Ms. Gitanjali Mohanty	Coordinator	ICCM
15	Ms. Sadaf Ahmad	Program Officer	ICCM
16	Mr. Chanderalpal	Admin. Assistant	ICCM

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