

## Record of Discussions

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

**Date:** 4<sup>th</sup> April 2025

**Time:** 16:00- 17:00 Hrs

**Mode:** Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, KHPT, for the GC7 (TB) Grant was held on 8<sup>th</sup> 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), KHPT 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, KHPT, who attended the meeting.

Following the welcome remarks, KHPT 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	It was noted that the PR has taken satisfactory action regarding almost all the observations done by OC in the previous meeting as well as the field visits to delhi and Chhattisgarh.	
2	In regards to the Delhi Field Visit, the Oversight Committee had recommended KHPT to cover the entire geography of Delhi and increase the TB Champions numbers. KHPT was requested to share the revised number of TB Champions for Delhi State and how their Project is going to contribute to that number.	Project Director, KHPT informed that as per the original plan, 2 TB Champions are to be appointed at each PHI. After the recommendation of the Oversight Committee from their Delhi Field visit, to revise the numbers, KHPT has started to identify more TB Champions at each PHI. Additionally, the engagement activities which are to be conducted by the TB Champions have been increased from 4 to 7.

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		It was also informed that earlier KHPT had identified 103 PHIs in Delhi and were supposed to engage 2 TB Champions at each PHI. Later, KHPT added Government dispensaries which increased the number from 103 to 227 and now they have trained and engaged 447 TB Champions in comparison to the originally planned 206.
3	The budget utilization was to the tune of 47 % of the disbursed amount	
4	While the performance under training of Grama panchayats under TB Mukta status is good, the same regarding nodal officers was poor because of many administrative issues with the state governments.	Follow up with the state health department may be done actively
5	<p>With regard to the training of TB Champions, the DDG TB remarked that the training was insufficient and did not align with the guidelines of the National TB Elimination Program. Furthermore, following the training, the TB Champions have not been deployed in the field, have not been assigned to support TB patients, and are currently not engaged in any programmatic activities.</p> <p>DDG TB requested KHPT to note that the Program does not approve the way the project is moving. KHPT was advised to revise their indicators and ensure to create an impact.</p> <p>The Oversight Committee recommended KHPT to increase the engagement of the TB Champions and assess the quality of the trainings imparted.</p>	<p>It was informed that the approved training duration for TB Champions was 240 minutes and when the project was designed it was stated that KHPT will teach them the basics of TB, how to engage with the patients and certain skills like advocacy. Currently, the activities of TB Champions are being endorsed by CHOs.</p> <p>KHPT advised to view it seriously and the corrections as advised may be incorporated.</p> <p>KHPT updated that, apart from the Pre and Post Test, they will conduct a quality assessment of the TB champions after the trainings.</p>
6	ADDGTB informed that CTD has communicated to all 3 TB NGPRs to include outcome indicators in their framework which the Program Division would like to review in the next week. The Program Division has also informed the same to the Global Fund Country Team and advised a few changes in their working.	KHPT informed that they are working on the indicators.
7	The Oversight Committee requested detailed information on the number of general practitioners (GPs) involved, including how many have submitted	<p>KHPT informed that 5,183 GPs are present and out of which 1056 have submitted claims.</p> <p>Additionally, 2100 GPs have received training.</p>

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	claims and how many have received training.	
8	<p>KHPT highlighted a challenge regarding delays in providing DBTs to TB patients and pending approvals for the same from the Centre. DDG TB informed that CTD is having meetings with all the STOs and the fund has been released from the Centre under the PIP. She also added that the MD NHMs have been communicated to use the flexi fund in case there is a shortage of funds for providing DBT. KHPT was advised to coordinate with the respective States for facilitating the release of funds and assist the State teams in dealing with the gaps.</p> <p>DDG TB informed that in September, the Central TB Division (CTD) held a meeting with KHPT and expressed dissatisfaction with the performance of the State Consultants for TB-MBA and DBT, noting that they were not fulfilling their responsibilities effectively.</p>	<p>KHPT responded that the roles of the State Consultants for TB-MBA and DBT have been continued from GC6 into GC7, and that these consultants are actively working in coordination with State authorities. It was suggested that, given the longstanding nature of the issues related to TB MBA and DBT, all stakeholders should collaborate to address and resolve them proactively, ensuring they are not carried forward until the end of GC7.</p> <p>The Project Director, KHPT, informed that State Consultants have been instructed to coordinate with State authorities and document the gaps and challenges encountered at the state level. These findings are to be reported to the National Consultant, who will then consolidate the information and present it to a designated officer at the Central TB Division (CTD) during the monthly review meetings.</p>
9	The Oversight Committee requested KHPT to incorporate the work of TB MBA and DBT consultants, their challenges and achievements in the next quarterly progress report.	KHPT agreed to provide the same.
10	<p>51% pendency was noted in the Nikshay Mitra component. The Oversight Committee sought clarity from KHPT regarding the reason for pendency.</p> <p>DDG TB remarked that there has been no noticeable improvement in the performance of the Nikshay Mitra component. During the September meeting with KHPT, it was noted that it had taken six months to obtain the list of Nikshay Mitras. At that time, State Consultants were advised to</p>	<p>KHPT informed that the TB MBA initiative was launched in September 2022. Initially, while NTEP staff were registering Nikshay Mitras, there was less follow-up to ensure that the registered Mitras were providing food baskets, and there remained a backlog of TB patients yet to be linked with a Nikshay Mitra. Since the onboarding of State Consultants for TB MBA, these pending issues have significantly decreased.</p>

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	begin demonstrating impact, emphasizing that the support provided through the Global Fund should translate into tangible benefits for TB patients.	
11	The Oversight Committee recommended that KHPT conduct a thorough review of the performance of their State Consultants and their work.	KHPT agreed to do the same and update the Program Division and the Oversight Committee. It was also added that a new staff has joined the KHPT team and they are hopeful to streamline the process.
12	It was noted that the PR has drawn up a clear plan of action with timelines for the next six months	The performance may be communicated periodically.

The meeting ended with a vote of thanks.

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

S No.	Action Point	Timeline
1	KHPT 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 <sup>th</sup> May 2025
2	Work of TB MBA and DBT consultants, their challenges and achievements to be included in the next quarterly progress report	15 <sup>th</sup> May 2025



**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 HLFPT (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 HLFPT (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	

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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 <sup>th</sup> 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	Ms. Deepika Sirivastava	Member	Oversight Committee
7	Mr. Pratik Raval	Member	Oversight Committee
8	Mr. Shridhar Pandey	Member	Oversight Committee
9	Mr. Nanjundappa	Director - Finance	KHPT
10	Dr. Karthikeyan	Thematic Lead	KHPT
11	Dr. Rehana Begum	Project Director	KHPT
12	Mr. Vipin Joseph	Programme Implementation Lead	KHPT
13	Dr. Rajiv Ranjan PhD	Lead, MERL	KHPT
14	Mr. Amitabh Das	National Lead Community Engagement	KHPT
15	Mr. Mohit Sharma	National Lead, PRI Engagement	KHPT
16	Immanuel Benjamin	Grant Manager	KHPT
17	Dr. Shobini Rajan	CMO (SAG), NACO/ICCM Focal Point	NACO/ICCM
18	Ms. Gitanjali Mohanty	Coordinator	ICCM
19	Ms. Sadaf Ahmad	Program Officer	ICCM
20	Ms. Chanderpal	Admin. Assistant	ICCM

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