

# **Report of the Oversight Committee C19 RM and GC7 (TB) visit to Gujarat state**

**11<sup>th</sup> -14<sup>th</sup> August 2025**

The Oversight Committee visit to the state of Gujarat (11-14<sup>th</sup> August 2025) had the following objectives:

- Provide supportive supervision, enhance the coverage, quality, equity, efficiency and effectiveness of the C19 RM GF programming.
- Provide supportive supervision, enhance the coverage, quality, equity, efficiency and effectiveness of selected components of GC7 TB programming.
- Learn the best practices adopted by the state and to suggest their replication in other GF implementation geographies.
- Understand the qualitative and quantitative performance of the C19 RM Fund activities in the state along with challenges faced by the program managers at the field level.
- Provide recommendations with timeline to improve the performance of the GF grant.

## **Team members:**

### **Oversight Committee Members**

1. Dr. Ravi Kumar. K, Independent Consultant, Chairperson, Oversight Committee.
2. Dr. Sunita Upadhyaya, Associate Director for Programs, Division of Global HIV and TB, US Centers for Disease Control and Prevention (CDC), India
3. Mr. Pratik Raval, GIPA co-ordinator
4. Mr. D Ramesh Babu

### **Representatives of National/State Programmes**

1. Ms. Benu Bhatia, NPMU, NACO
2. Dr. Dixit Kapadiya- Senior Medical Officer (STC)
3. Dr Y K Jani GOI WHO Medical consultant , Gujarat State NTEP

### **India CCM Representatives**

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

The details of NGPRs involved are as follows:

S.N.	Non-Government PR	Sub-Recipients (SR)	SSR
1	Foundation for Innovative New Diagnostics (FIND) (C19 RM)	-	-
2	Plan India (C19 RM KP Grant)	SR The Hum Safar Trust	SSR Sakhya Foundation, SSR Foram Foundation
3	HLFPPT (GC7)	-	-
4	India HIV/AIDS Alliance (C19 RM KP Grant)	SR Ashodaya Samithi	SSR Sakhijot Sangathan
5	KHPT (GC7)	TISS	-
6	WJCF (C19 RM)	ALERT India	-

Initially, the OC met with the State Government Health Officials on 11 August 2025. The meeting was held under chairmanship of Commissioner (Health and FW) cum Project Director (SACS). The committee briefed the authorities about the objectives of the visit, the visit plan etc. There were briefing presentations by Additional Project Director (SACS) and State TB Officer.

The following facilities were covered during the field visits which were conducted between 11 to 14 August:

Date	Disease Component	Site	PR	District
11/08/2025	TB	Nikshay Poshan distribution to TB patients by Nikshay Mitras	KHPT	Ahmedabad
11/08/2025	HIV	Sakhijyot Sangathan	IHAA SR Ashodaya Samithi SSR Sakhijyot Sangathan	Ahmedabad
11/08/2025	TB	State TB Office	KHPT	Gandhinagar
11/08/2025		Briefing meeting at the level of PDSACS, STO and APD SACS	-	Gandhinagar
12/08/2025	TB	BJ Medical College and Civil Hospital, Ahmedabad	FIND	Ahmedabad
12/08/2025	HIV	Sakhya Foundation	PLAN SR The Hum Safar Trust SSR Sakhya Foundation	Gandhinagar
12/08/2025	TB	BJ Medical College and Civil Hospital, Ahmedabad	WJCF SR Alert India	Ahmedabad
12/08/2025	TB	TU- Dahegam	HLFPPT (GC7)	Gandhinagar
13/08/2025	TB	Sir Sayajirao General Hospital, Vadodara	FIND	Vadodara
13/08/2025	HIV	Foram Foundation	PLAN SR The Hum Safar Trust SSR Foram Foundation	Vadodara
14/08/2025		Debrief meeting at the level of PDSACS, STO and APD SACS	-	Gandhinagar

## 1. TB component:

FIND INDIA and WJCF are the two NGPRs who are implementing the C19 RM funded TB control activities in Gujarat state. KHPT and HLPPT are the NGPRs who are implementing the GC 7.

### 1.1 FIND INDIA:

The overall key activities for the Gujarat state are as follows:

1. Airborne Infection Control (AIC) interventions at selected Nodal DR TB centres
2. PPE procurement for NTEP lab staff
3. Strengthened COVID-19 diagnostics through procurement of diagnostics and consumables

The original grant cycle was from 01 Apr' 2021 to 31 Dec' 2023. No Cost Extension has been given for 1 Jan' 2024 to 31 Dec' 2025. The overall country project budget size is 19.1 million USD.

#### 1.1.1 AIC interventions:

The first step was assessment of the sites and preparation of site action plans. In the state of Gujarat, in the first phase, as per the target, the expert teams have completed the assessments in the following sites:

Name of the Site	Name of the Institute	Assessment dates
Jamnagar	M P Shah Medical College, Jamnagar	31 Jan- 2 Feb 2023
Vadodara	Medical College, Baroda and Sir Sayajirao General Hospital, Vadodara	27 - 29 Mar 2023
Surat	GMC and New Civil Hospital, Surat	30 Mar - 1 Apr 2023
Patan	GMERS Medical College, Patan	17 - 19 Apr 2023
Ahmedabad	BJ Medical College and Civil Hospital, Ahmedabad	20 - 22 Apr 2023
Ahmedabad	GMERS Medical College, Sola, Ahmedabad	12 - 14 Aug 2024
Rajkot	PDU Medical College, Rajkot	12 - 14 Aug 2024
Kachchh	GAIMS, Kachchh	12 - 14 Aug 2024
Amreli	Shantabaa Medical College and Hospital, Amreli	29 - 31 Aug 2024
Junagadh	GMERS MC, Junagadh	02 - 04 Sep 2024

In the National level ToT conducted on 9-10<sup>th</sup> May 2024 by FIND for State TB officers, IRL Microbiologist and Gol WHO consultants of which Dr Dixit Kumar Kapadia, Dr Hardik Nakshiwala and Dr G.K Jani participated from state of Gujarat and were trained in AIC. The regional training has been conducted in Ahmedabad on 20-21<sup>st</sup> September 2024 in which 58 participants were there from state and district level. Few participants from Kachchh attended the trainings at Lucknow (20-21 Feb 2025) and Delhi (19-20 June 2025).

Facility level capacity building has been completed in 6 out of 10 DRTB centers. The status is as follows:

S.No	Site	Facility level training date
1	M. P. Shah Medical College, Jamnagar	Planned in Aug-Sep 2025
2	Sayaji Rao Gaikwad Government Hospital, Vadodara	7-May-25
3	New Civil Hospital, Government Medical College, Surat	Planned in Aug-Sep 2025
4	GMERS Medical College, Patan	Planned in Aug-Sep 2025
5	BJ Medical College, Ahmedabad	6-May-25
6	GMERS Medical College, Sola, Ahmedabad	8-May-25
7	PDU Medical College, Rajkot	12-Jun-25
8	GAIMS, Kachchh	Planned in Aug-Sep 2025
9	Shantabaa Medical College and Hospital, Amreli	10-Jun-25
10	GMERS MC, Junagadh	11-Jun-25

ACPH measurement tools provided to all institutes – Vaneometer, Anemometer, Laser distance meter and measuring tape.

#### **Nodal DR-TB centre, BJ Medical College Ahmedabad:**

The team held discussions with the following officers:

1. Dr. Nalin T., Head- TB & Chest, BJMC
2. Dr. Ghanshyam Borisagar, Prof. (HG), TB & Chest, BJMC
3. Dr. Deepak Khismatrao, Sr. Tech. Specialist, FIND
4. Saket Kamble, Reg. Biomedical Engineer, FIND
5. Dr. Mahesh Kapadia, Director, STDC
6. Dr. Dixit Kapadia, SMO, STDC

AIC assessment was done by the team from CTD and FIND in March 23. The tender for civil works floated in Dec 23. Re-tendering done and vendor has been identified 15 days back. Ultraviolet Germicidal Irradiation (UVGI) equipment –vendor identified. To be done by Oct 25. The report is an excellent one identifying the existing infrastructure, systemic and section specific challenges and recommendations. Actions were suggested as per details mentioned below:

Follow-up Actions	Responsible Person
Posters on cough etiquettes to be displayed in all areas in the hospital	BJ Medical college, Ahmedabad
Spill kits should be made available in the lab	BJ Medical college, Ahmedabad
Triple bucket systems should be followed for floor cleaning in all areas	BJ Medical college, Ahmedabad
One additional room for OPD may be allocated to decongest the OPD and maintain a safe distance from patients. Hand washing facility should be made available in existing OPD room	BJ Medical college, Ahmedabad
Sitting arrangement in the existing OPD needs to be altered as per the air flow direction to allow more cross ventilation	BJ Medical college, Ahmedabad
Curtains over windows in OPDs and bronchoscopy room to be washed and disinfected like linen on a regular basis, preferably weekly or to be removed	BJ Medical college, Ahmedabad
UVGI installation in Bronchoscopy room	FIND
Development of a dedicated sputum sample collection area at the back side of window of DTC Lab and sample receiving can be done through the back window.	FIND
Restriction of entry of relatives in the wards following institutional administrative rules and strict monitoring of the same.	BJ Medical college, Ahmedabad
Sliding windows in the suspect ward may be replaced by openable windows and if feasible to avoid having sliding windows as they affect the ventilation significantly.	FIND
UVGI installation in suspect ward on the ground floor	FIND
Decongestion in ground floor of the building to be done so that an appropriate space is allocated to residents to reduce risk of airborne infection	BJ Medical college, Ahmedabad
If feasible, RICU of non-TB patients may be shifted somewhere else, to decongest the ground floor space	BJ Medical college, Ahmedabad
The stem cell research room on first floor adjacent to male DSTB ward can be shifted, and partition removed to increase space in the DSTB wards and thereby maintain 6 ft between two beds in DSTB ward	BJ Medical college, Ahmedabad
ICNs of hospital may also visit TB wards, OPD, Labs on a routine basis for monitoring of IPC and AIC activities and recorded in the software used for monitoring IPC activities	BJ Medical college, Ahmedabad
Systematic and centralized records of vaccination of staff with digitalization may be instituted, if feasible.	BJ Medical college, Ahmedabad
Bar coding of Biomedical waste management (BMWWM) may be initiated by the institute	BJ Medical college, Ahmedabad
Preparation of annual training calendar and regular training of staff on IPC and AIC.	BJ Medical college, Ahmedabad

However, it is noted that the facility itself has been shifted two weeks back to a new building. In view of this re-assessment has been conducted, incidentally, on the date of the visit of OC. The report is to be prepared and fresh set of recommendations is expected.

It was noted that the hospital infection control committee is established since 7 years. It has met frequently and review of activities have been done. Urgent action by the hospital superintendent is required at the facility level for alteration of windows as it was seen that sliding panels cover half of the windows. Institute should install openable windows with grills and mosquito nets instead of sliding windows. Exhaust fans were not found. There is need for display of IEC material. Measures are also required for reducing crowding in the wards. Priority is to be given to healthcare worker surveillance as it was seen that staff annual health check-up is not being done properly. Being vulnerable population, X-ray and CyTB tests to be done for all. As of now only when a staff member develops any symptom, further clinical and lab tests are done. It was noted that few staff have developed tuberculosis in the recent years.

The updated AIC Assessment checklist list with the updated responses needs to be shared with the hospital MS.

**Nodal DR-TB centre, Baroda Medical College and Sir Sayajirao General Hospital (SSGH), Vadodara, Gujarat:**

The team held discussions with the following officers:

1. Dr. K G Aiyer, Dean, SSGH
2. Dr. Jivraj, Addl. Dean/ HOD CM, SSGH
3. Dr. Deepak Khismatrao, Sr. Tech. Specialist, FIND
4. Dr. Vipul Trivedi, DTO Vadodara
5. Dr. Jaydip Oza, WHO Consultant

The AIC assessment had shown the status as on the date of inspection and the actions to be taken. The nodal DRTB centre is in the main campus of SSG hospital. The TB wards were under renovation and the DSTB ward had ceiling seepage and under renovation. Wards were on the second floor, but the elevators of the building were non-functional. The Bronchoscopy is in another building within the campus besides the RICU.

The team did a detailed inspection of the entire hospital premises to ascertain the current status vis-à-vis the challenges /recommendations of the AIC report. The findings are as follows:

<b>AIC report noted challenges</b>	<b>Current status</b>
There is no IEC on cough etiquettes available in the facility	Still no displays seen
Crowded registration area	Not much improvement in spite of fast tracking of selected patients
Audio visual aids present in the registration which can be used for IEC / health education as well as informing patients for triage	Not being done
Staff at registration counter are not wearing masks.	Now seen to be wearing masks

OPD is functional in a single room having 4 tables and safe distance is not being maintained with patients.	Still same. More crowding.
DRTB and DSTB wards are under renovation	Done.
TB wards are not clean. Triple bucket system is not used in DRTB wards.	Now clean with the triple bucket system
There is an airflow from unclean to clean area (From DSTB ward to entrance corridor and RICU which is adjacent to DSTB ward)	Partition being planned
TB wards are on second floor, but the elevators of the building are non-functional	Elevators now functional
Relatives are not being restricted for entry in the wards, and it is causing overcrowding	No overcrowding
In DSTB and DRTB wards, institute is planning for half open sliding windows, which will restrict air flow in wards.	Windows to be altered, exhaust fans to be provided
Distance between two beds in DSTB wards is less than 6 ft.	Adequate
Sputum disposal is not done as per the guideline. Sputum cups were not disinfected with 5% phenol.	Being done partially
Biomedical waste is not segregated as per BMW guidelines in DMC.	Being done partially
There is a cough corner created at the back of the window of DMC laboratory, however it is at the place where all patients traverse through to give the sample at the window.	Being done now. Development of a dedicated sputum sample collection area, little farther away from the sample receiving window of Lab is being planned.
The bronchoscopy room is recently shifted and is just besides the proposed RICU and will be closed room with AC. Currently, washing area and patient preparation room are not available.	Done.
Written policy for use and availability of masks (surgical and N95) for staff and patients is not available in IPC manual.	Not available
The annual screening of staff for TB is not being done. Centralized records of TB cases amongst the staff are not maintained.	Not being done

**Some recommendations from OC after discussions with the nodal officer:**

- The state has taken a policy decision about not displaying much IEC posters on the walls of the hospitals. The state might consider some exception in the patient waiting area of the outpatient and sample collection area.
- Institute should install openable windows with grills and mosquito nets instead of sliding windows.
- Since the AIC guidelines are not yet ready, it was recommended that they be made available as soon as released by WHO. Also, a recommendation was to consider developing a

Community of Practice among all States and centers trained by FIND, into a listserv where good practices and experiences can be regularly exchanged. Swasthya e-Gurukul may be explored as a possible anchoring point.

**Of the other DRTB centers where assessment was done, Notice of Award (NOA) for civil works have been issued by FIND for the ones at Surat, Patan, Amreli, Junagadh and Rajkot. GUV Notice of Award has been issued for Ahmedabad, Vadodara, Patan, Amreli and Kachchh. IEC material drafty prototypes have been submitted to CTD for finalization.**

#### **Measurement of Outcomes:**

The FIND C19 RM project proposal was to result in trained HCWs and AIC compliant healthcare facilities, as well as the improved capacity of NTEP for early detection and screening of TB with AC leading to the following outcomes:

1. Reduced events of airborne disease outbreaks at healthcare facilities leading to delivery of uninterrupted healthcare services at nodal DR-TB centers.
2. Safe healthcare facilities that protect healthcare workers and patients against airborne infections.
3. Reduced rates of HAI (Healthcare-associated infections) especially TB and COVID.
4. Improving access to TB services supporting mitigation of COVID-19 under NTEP.

There is need to formulate specific indicators to measure above outcomes. FIND along with CTD is yet to do that. A reporting format /survey methodology is to be put in place to collect data of the indicators. This would be of great help in long term.

FIND has informed that *“There has been no reported outbreak of any airborne infection diseases after Covid pandemic. The expected outcomes will only be observed as a long-term impact of the project and there will be multiple confounding factors for reduced events of outbreaks as well as reduced rates of HAI. Thus, directly measuring the impact of the interventions may be a challenge.*

*Also, the secondary data (HCW surveillance records and HAI especially TB and Covid) required as baseline was not available for all institutes and record keeping for the required data needs to be strengthened which has been suggested as a part of assessment report.*

*In Gujarat state, as a part of AIC interventions, many of the institutes are already implementing fast tracking mechanisms for patients with respiratory symptoms thereby improving access to TB services.”*

#### **Reporting from above DRTB centres:**

The program was to identify minimal and key indicators to allow monitoring of AIC activities at facilities, including operational and outcome indicators. This was to also support NTEP to promote data-driven program planning.

FIND has informed that:

- *Hospital Infection Control Committee (HICC) has been formulated in all sites – 10 / 10 (100%)*
- *HICC meetings are conducted regularly at all sites. 10 / 10 (100%)*
- *Regional trainings conducted for all sites – 10 / 10 (100%)*
- *Facility level trainings conducted – 6 / 10 (60%) – In progress and will be completed by Aug-Sep’25*
- *Infrastructure improvement – Minor civil works and GUV installation – NoA has been issued, and work will be completed by Nov’25*

- *Self-assessment checklist with quarterly reporting format has been devised including minimal and key indicators. Training for the use of these formats have been provided to all institutes and a formal communication from CTD also has been sent to all the states and institutes for the use of these formats.*
- *ACPH (Air Changes Per Hour) measurement tools have also been supplied to all the institutes with training conducted for the use of these tools*

### 1.1.2 PPE Kits supply update

Following items were supplied to the state /districts and have been utilized well.

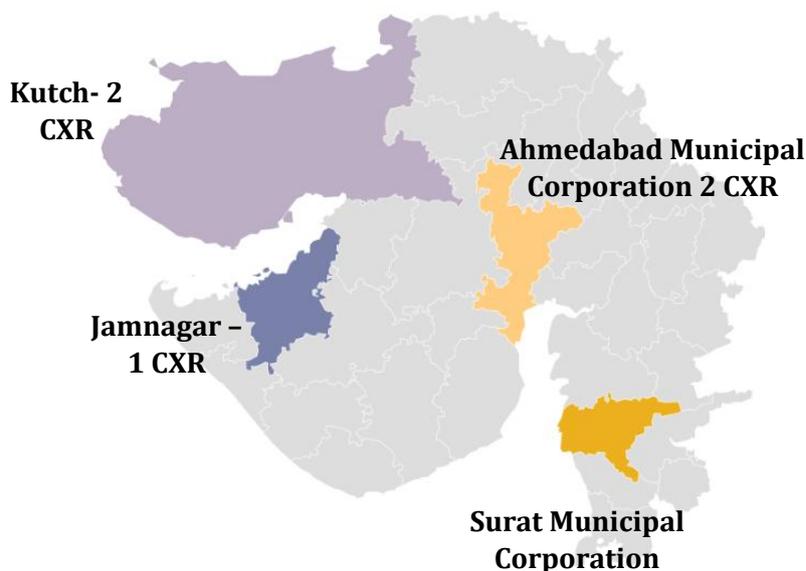
- *N95 respirators – 79,970*
- *Coverall (20pcs/pack) – 9,000*
- *Eye Gear (Safety Goggles) (10 pcs/ pack) – 9,000*
- *Gloves (S) – 2,48,500; (M) – 2,48,500; and (L) – 1,24,500*

### 1.1.3 10-Colored Gene Xpert machine

11 supplied to Gujarat state. They are being used for drug sensitivity tests for INH and Rifampicin. They can be used for measuring the drug sensitivity to other drugs only after receiving guidelines from central TB division.

## 1.2 WJCF:

50 ultraportable CXR devices provided. The location of the machines and the area of coverage is shown below:



Each CXR device has 4 Field Staff Associated:

- 1 District Supervisor – Overall Camp Management

- 1 Radiographer – Conducting Xray at Camp
- 2 Community Coordinators – Field level engagement and mobilisation

Details of camps conducted are as below:

<b>CAMPS CONDUCTED BY SETTINGS (FEB 2024 – JUNE 2025)</b>	<b># CAMPS CONDUCTED</b>	<b># X-RAYS CONDUCTED</b>
COMMUNITY BASED <i>(Panchayat Building, Community Halls, School buildings, HWCs, SCs etc)</i>	1,659	140,434
FACILITY BASED <i>(PHC, UPHC, CHC, DH)</i>	680	43,042
PRISONS	9	932
SPECIAL HOMES <i>(Elder homes, Specially abled, Orphanages)</i>	29	2,007
WORKPLACE SCREENINGS <i>(Factories, Brick Kilns, Stone crushing units etc)</i>	72	7,660
GOVT CAMPS <i>(Invited to participate by camps held by other Govt Depts)</i>	29	2,766
<b><u>TOTAL</u></b>	<b><u>2,604</u></b>	<b><u>200,106</u></b>

WJCF has mentioned following key challenges:

<b>KEY CHALLENGES</b>		
<b>CAMP</b>	<b>Planning</b>	Vulnerable group mapping on Nikshay can be further improved -> assisting in Area Prioritisation efforts
	<b>Male footfall</b>	Reliance on HWC and NTEP staff: camps cannot be initiated early mornings or late evenings-> leading to lower male footfall.
	<b>Sputum Quality</b>	Without NTEP presence at camp, it is challenging to assess sputum sample quality

		-> this often leads to subsequent rejection of sample by LT
	<b>Collection &amp; Transportation</b>	For Districts such as Kutch which are remote and hard to access, the post camp collection by NTEP/GHS is challenging.
<b>PROGRAM</b>	<b>Testing</b>	Limited molecular testing capacity coupled with high testing TAT in Ahmedabad, Surat & Jamnagar

<b>WAY FORWARD (C19RM TRANSITION PLAN)</b>		
<b>NTEP HR TRAINING</b>	<b>Allocation of Staff</b>	District level Identification of Team from DTC to Block level who can extensively support in ACF activities
	<b>Handholding support</b>	Train the NTEP identified cadres with Protocols, Design and Implementation approach through continued handholding support till end of C19 project duration.
<b>STATE BUDGET ALLOCATION</b>	<b>Radiographer</b>	Position is budgeted for the radiographer (pending final approval by State)
	<b>Mobility/Vehicle</b>	Vehicle budget for Machine transportation is necessary and to be budgeted under State PIP
<b>GHS ENGAGEMENT</b>	<b>NTEP-GHS</b>	Alignment of General Health System with NTEP, to collaborate for on-ground ACF activities.

The OC team visited a camp actually in progress in Ahmedabad. It is noted that arrangements and functioning of the camp are very good. The technician was wearing the lead apron.

WJCF was specifically asked to submit data regarding their work. They have submitted the following information:

**1. Details of Ultra-Portable Xray machines that have been supplied to Gujarat state. What is the status of utilization, benefits and challenges?**

**Distribution:** As per the device distribution plan shared by CTD on 28<sup>th</sup> July,2022, 7 Ultraportable X- rays have been allocated and have been supplied to Gujarat State The district wise distribution is shared below for reference

a. *Ahmedabad Municipal Corporation- 2 CXR*

- b. *Surat Municipal Corporation- 2 CXR*
- c. *Kutch- 2 CXR*
- d. *Jamnagar – 1 CXR*

**Utilization:** Since start of implementation (Feb 2024) up to June 2025, Gujarat has organized 2,604 ACF Camps and conducted 200,106 X-Rays. On an average with a state target of 22 camps per month the device utilization is 100%

**Benefits:** The CAD-enabled Ultraportable Xray provides the advantage of increased mobility and accessibility of services in underserved & hard to reach geographies. The offline CAD provides interpretations within a minute, that allow for timely identification of TB presumptive beneficiaries and require sputum sample collection.

**Challenges:**

- e. **Planning:** Vulnerable group mapping on Nikshay can be further improved. This will assist in better Area Prioritization efforts.
- f. **Screening:** Verbal screening of key vulnerable Population during high footfall becomes challenging.
- g. **Collection & Transportation:** For Districts such as Kutch which are remote and hard to access, the post camp collection by NTEP/General Health System is challenging.
- h. **Testing:** Limited molecular testing capacity coupled with high testing TAT in Ahmedabad, Surat & Jamnagar.

**2. whether Standard operating procedures for adoption and effective long-term use of devices and documentation on impact, feasibility challenges, learnings & recommendations developed and shared with districts?**

The C19 project team has been engaging and interacting with State & District NTEP on a monthly basis. The project team has updated the NTEP officials on Operational SOP, impact, feasibility challenges, learnings & recommendations; These have been shared and presented to both State, District officials along with field visits.

**3. What efforts/activities undertaken to transfer learning /training key staff and operational support provided for adoption in NTEP?**

- a. The C19 project team has been provided continuous knowledge transfer and technical support to the NTEP and General Health System on Planning, Mobilization, Service delivery, Sample transportation and have shared the best practices. Every quarter QRM, Field visit.
- b. Additionally, Government radiographers have been regularly participating at C19 ACF camps and are sufficiently trained on the use of Ultra-portable Xray devices, enabling a more seamless transition of the project to the NTEP. Every month training on RIS which is open not just for C19 staff but all health staff associated with the project

**4. How many ACF camps organized by WJCF team using handheld Xray machine and how many cases screened and referred for TB testing?**

- Camps conducted: 2,604
- X-rays conducted 200,106
- TB Presumptive (Eligible for Sputum collection & testing): 30,751
- Sputum Samples Collected: 26,108

- Samples tested by NTEP: 25,556 (NAAT testing – 45%, Smear Microscopy – 55%)
- Total TB Confirmations: 1,366 (Microbiologically Confirmation – 887, Clinically Diagnosed- 479)

### 1.3 KHPT Impact India-GRANT CYCLE 7- Core Activities

	KEY INTERVENTION	Geographical Coverage
1	COMMUNITY ENGAGEMENT	
a	TB Mukht Gram Panchayat	Dahod
b	TBC Engagement	9 districts including PRI districts
2	TECHNICAL ASSISTANCE	
a	DBT & FINANCE	Yes
b	PMTBMBA	Yes
3	CAPACITY BUILDING -SOFT SKILL COUNSELLING TO NTEPs STAFF	Yes

For technical assistance to the state, one state level consultant (PMTBMBA) and one state level consultant (DBT & Finance). In each of the districts, a district lead, one M&E officer, one finance officer, and one community coordinator are stationed. Totally, about 23 staff are working.

Target & Achievements:

Coverage Indicators	Target in 13 districts in 13 states	Achievement in the entire project area of the country	Achievement in Gujarat
Percentage of Gram Panchayat in the project districts successfully awarded with "TB Mukht" status by NTEP. Annual target	Year-1 (30% were to be covered which is 1555) N=5183 total	Out of 1555 gram panchayats 933(18)%	Target was 190 out of 635. Achievement was 1% (n=6)
Percentage of Ayushman Arogya Mandir/Peripheral Health Institution in the project districts with at least one TB Champion engaged through the project	Bi-annual Oct 2024-March 2025 target is 3565 (23% of 15,500) N=15,500	1736 (11.2%)	Target was 324 out of which achievement is 5% (n=67)
Number of NTEP staff from eight selected cadres who completed refresher or induction training	Bi-annual Oct 2024-March 2025: 3660 N=18,000	2780	636

DRTB-9 Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated	Year 1 & 2 NA PAUSED	-na-	-na-
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Field visit was done at an Urban PHC where the Nikshay Mitra activity was being done. SBI foundation had sponsored the nutrition kits as Nikshay Mitra to people with TB. Interaction with the beneficiaries showed that the activity was going very well with them being satisfied and compliant.

It was noted that KHPT with its SRs is functioning in close collaboration with the state health authorities. The state has also involved them in the internal review of the programme in different districts. Through TISS it has conducted capacity building in soft skill counselling to NTEP staff which is appreciated by the state.

CTD has been monitoring the activities of the NGPR. They have prescribed a checklist for submission of information by the NGPR. The following is the information provided by KHPT:

### Community Engagement

#### 1. Update on State/District TB Forums

- Has the District TB Forum been constituted? (Yes/No) - **Yes**
- When was the last State/District TB Forum meeting held?

District	Name of TBCs Participated	Date of TB Forum Meeting
Ahmedabad	Nilofar Mansuri	13.12.2024
Ahmedabad	Shahnavaz Ghanchi	21.3.2025
Ahmedabad	Lata Patel	13.12.2024
Ahmedabad	Asmita Kaji	21.3.2025
Anand	Sangeetaben S Shetiyar	12.3.2025
Anand	Imtiyazbhai Diwan	12.3.2025
Surat	SAIYED UZMA	13.3.2025
Surat	SACHIN BHAIIDAS ISHI	13.3.2025

#### 2. Status Update on TB Survivor Engagement

- Number of TB survivors planned to be trained during the year (as per RoP /State/District plan):  
**Table 1.1: 1594 TB champions have to be trained and plan provided till September 2025**
- Number of TB survivors sensitised (through online or physical meetings using curriculum suggested by CTD)?

#### Through Physical Training

- 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?

**Refer to Table-2; Nearly 745 AAM engaged throughout the reporting period**

- Number of new TB Champions identified/trained/engaged under the project at each Ayushman Arogya Mandir (AAM) level?

**Refer to Table 1.1. A total of 1223 TB champions trained by June 30<sup>th</sup> 2025 and 994 placed Table-2**

- Number of TB Champions trained on Family care giver model under the KHPT project?

**Refer to Table 1.1 A total of 1223 TB champions trained by June 30<sup>th</sup> 2025**

**Table 1.1:** TB champions trained and planning for the next quarter

District Name	Total TBU	No. of TBUs Covered with Trained TB Champions	% of TBUs Covered by Training	TB Champions Training Target	TB Champions Trained till Jul'25	% Achievement	Remaining TBCs to be Trained by Sep'25
AHMEDABAD	33	15	45%	313	82	26%	231
ANAND	8	5	63%	313	139	44%	174
BANASKANTHA	14	3	21%	313	199	64%	114
DAHOD	8	6	75%	313	270	86%	43
KHEDA	10	6	60%	313	158	50%	155
MEHSANA	10	3	30%	313	126	40%	187
NARMADA	5	2	40%	313	82	26%	231
PANCHMAHAL	7	4	57%	313	156	50%	157
SURAT	25	12	48%	313	181	58%	132
<b>TOTAL</b>	<b>120</b>	<b>56</b>	<b>47%</b>	<b>2818</b>	<b>1393</b>	<b>49%</b>	<b>1425</b>

**Table-2 : Number of AAM engaged and TB champions placed at AAM**

District	Total AAM engaged at least with 1 TB champions	Total TB champions trained and start reporting
Ahmedabad	47	55
Anand	82	110

Banas Kantha	98	125
Dahod	169	222
Kheda	87	127
Mahesana	60	86
Narmada	32	49
PanchMahals	79	104
Surat	91	116
<b>Total</b>	<b>745</b>	<b>994</b>

Source: Pragma; data shown till June 30th

### TB MukT Gram Panchayat

1. Percentage of Gram Panchayats in the project State/districts successfully awarded with "TB MukT" status by NTEP? **6 GPs were awarded out of 615 GPs (DTO report of Annexure-II)**
2. Number of State level district nodal officers trained on TB MukT Gram panchayat under state level ToTs? **Not yet started**
3. Number of GP/Panchayat representatives trained in the project geography on their roles & responsibilities? **138 (source: training Attendance)**

### Nikshay Poshan Yojana: Direct benefit Transfer

*# source for above data; Nikshay portal – data downloaded as on August 11<sup>th</sup>*

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: **87%**
  - b) No. beneficiaries with first benefits paid (%): **64%**
  - c) No. beneficiaries with all benefits paid (%): **52%**
  - d) TAT for creation to credit benefit: **29 days**
2. Percentage of eligible private health care providers who are paid due benefits during reporting period? **42%**
3. What are the challenges? What are the plans for improvement?
 

**Current Challenges:**

  - The co-operative bank is not validated by, which is hindering the District TB Officer's ability to make payments to beneficiaries whose bank accounts are with the co-operative bank.
  - Users of the Ni-kshay portal are experiencing difficulties receiving One-Time Passwords (OTPs) for authentication, hindering their ability to access and utilize the system.
  - A list of benefit payments is currently stuck at the PFMS level with a status of "SENT & ACCEPTED." This list has been shared with the district authorities, and they are currently gathering further details according to the specified format.
  - A list of the beneficiaries is currently stuck with a status of "SENT". The NSD has been raised on Nikshay portal and shared with the Nikshay support team.

- A whole batch of beneficiaries will be rejected at the time of pushing the benefits from Nikshay to PFMS for payment if a single beneficiary in the batch is found to be incorrect.

**Action Plan:**

- The implementation of the Ni-Kshay Poshan Yojana, a program providing nutritional support to tuberculosis (TB) patients, is closely monitored through daily tracking of Direct Benefit Transfer (DBT) data.
- A weekly review meeting is conducted by the State Tuberculosis Officer (STO) in each district with low DBT payment performance. The purpose of this meeting is to gather all necessary patient details required for processing Direct Benefit Transfers (DBTs) and to identify and address the reasons behind the low DBT payment performance.
- A field visit will be conducted to a district with low rates of Direct Benefit Transfer (DBT) payments to investigate and understand the underlying reasons for these low rates.
- Conduct regular training & review sessions with districts.
- Zonal review meetings are conducted under the chairmanship of the MD, NHM, with districts, to review NPY DBT performance and other indicators.

**Status on PMTBMBA (community support to TB Patients)**

*# source for above data; Nikshay portal – data downloaded as on August 11<sup>th</sup>*

1. Number of new Ni-kshay Mitras registered in the State/district- **1977**
2. Number of new Ni-kshay Mitras active (in last 6 months provided food basket to one or more PwTBs)- **989**
3. Number of PwTBs consented to be linked to Ni-kshay Mitras - **61268**
4. Number of PwTBs received food basket from Ni-kshay Mitras- **19343**

**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 - **PAUSE**
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) - **PAUSE**
3. Number of NTEP staff from eight selected cadres who completed refresher or induction training: **Refer to Table 3.1**
4. Number of key NTEP officials/ staff trained on counselling & soft skills under induction training: **Refer to Table 3.1**
5. Number of key NTEP officials/ staff trained on counselling & soft skills under refresher training: **Refer to Table 3.1**

Table 3.1: Training of NTEP staffs from eight selected cadres who completed refresher or induction training

Cadre	Level 1 Induction	Level 2 Refresher	Total
DTO	0	1	1
DPC/DPS/SDPS	33	7	40
STS	5	233	238
STLS	141	0	141
TBHV	29	185	214
Dr TB Counsellors	1	1	2
<b>Total</b>	<b>209</b>	<b>427</b>	<b>636</b>

Source: Pragma data base

A total of 636 NTEP staffs trained, in which 209 were trained under Induction and 427 received refresher training.

**ANNEXURE II**  
**FINAL LIST FOR DECLARE TB MUKT PANCHAYAT**

1. Name of District : Dahod
2. Name of the State : Gujarat
3. Total existing Panchayat in the District : 618
4. Total Panchayat Submitted Claim : 6
5. Total Panchayat verified : 6
6. Total Panchayat Declared as TB Mukat : 6

S.No	Name of eligible Panchayat	Population of the Panchayat	Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Remarks
			Number of presumptive TB examinations /1000 population	TB Notification rate/ 1000 population	Treatment Success rate	Drug Susceptibility Test Rate	Ni-kshay Poshan Yojana	Nutritional support to TB patients under Pradhan Mantri TB Mukat Bharat Abhiyaan	
1	Mandav	1929	30.6	0.0	100%	NA	NA	NA	
2	Panivasan	1000	30.8	0.0	100%	NA	NA	NA	
3	Timarva	950	32.6	0.0	NA	NA	NA	NA	2 <sup>nd</sup> Year
4	Andarpura	835	33.5	0.0	NA	NA	NA	NA	2 <sup>nd</sup> Year
5	Pati	1610	62.1	0.62	100%	100%	100%	100%	
6	Moticharoli	1742	31.0	0.0	NA	NA	NA	NA	2 <sup>nd</sup> Year

*[Signature]*  
District TB Officer  
Dahod

*[Signature]*  
Chief District Health Officer  
Dahod

**1.4 HLPPT (GC 7)**

The intended core activities are as follows:

S. No.	Components Name	Performance
1	Active Case Finding among Key Vulnerable Population	About 25,000 vulnerable population being screened per month. 2 handheld machines along with 2 radiology technicians supplied to Gandhinagar and Banaskantha.

2	Active Case Finding in Prison	About 600 Chest X-rays done so far, 240 abnormal
3	Technical Assistance to NTEP on QR_code-based Sample transportation	554 staff in 10 districts trained. Pending in 5 districts
4	Engagement of Corporate Hospitals and Labs	
5	Vocational Training to TB Survivors	

The project was approved in December 2024. CTD had given its approval to state in May 2025. State had given the go ahead in July 2025. The appointment of staff started in May 2025. However, it is noted that only 50 % of staff are actually working as of the present. There has been too much of staff attrition. The PR should take this matter seriously with delegation of activities to state level and close coordination with state to identify and appoint required staff.

The OC team visited one camp being conducted by the PR in Gandhinagar district. Activities were going on well. One issue was with the technician of the portable Xray machine not using protectives.

CTD had provided a checklist that could be used by OC for review of the work of NGPRs during field visit. This was communicated to HLPPT. But the filled up checklist has not been received from HLPPT in spite of repeated communications.

## 1.5 TB FIELD VISIT CHECKLIST FOR GF GRANTS (AS SOUGHT BY CTD FOR THE GUJARAT STATE)

### 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? Please provide male / female breakup if available.

Year	Achievement vs Target	Total Notification	Public Notification	Private Notification	Male*	Female*
2024	Achievement	1,37,774 (95%)	93,858 (96.8%)	43,916 (91.5%)	86,973	50,949
	Target	1,45,000	97,000	48,000		
2025 (Jan to June)	Achievement	69,918 (99.9%)	48,585 (103.4%)	21,333 (92.8%)	43,584	26,316
	Target	70,000	47,000	23,000		

\* Transgender: 36 in 2024 & 18 in 2025

- What mechanism of treatment adherence is being used for TB patients?  
99DOTS lite (digital) with Daily DOTS by treatment supporter

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? Please provide male / female breakup if available.

Year	RR/MDR Diagnosed	Public	Private	Male*	Female*
2024	2437 (1.8%)	2301 (94%)	136 (6%)	1480	957
2025 (Jan to June)	1490 (2.1%)	1432 (96%)	58 (4%)	906	584

- Number of patients with RR-TB and/or MDR-TB that began second-line treatment  
As per Diagnosis HF: 2088 (86%) put on treatment among 2437 patients with RR-TB and/or MDR-TB in 2024. 1297 (87%) put on treatment among 1490 patients with RR-TB and/or MDR-TB in 2025 (Jan to June).
- What mechanism of treatment adherence is being used for TB patients?  
99DOTS lite (digital) with Daily DOTS by treatment supporter
- Whether newer drugs/regimens are being offered to all eligible patients including Private sector patients (Yes/No)  
Yes

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? Please provide male / female breakup if available.

Year	All forms of TB Notified	Success (%)	Public	Private	Male*	Female*
2023	137502	125130 (91%)	88257	36873	78271	46841
2024 (Jan to June)	71439	64751 (91%)	47000	17751	40302	24427

\*Transgender: 18 in 2023 & 22 in 2024.

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? Please provide male / female breakup if available.

Year	RR-TB/MDR-TB Notified	Success (%)	Public	Private	Male*	Female*
2022	2508	1484 (59%)	1119	365	881	603
2023 (Jan to June)	1408	916 (65%)	871	45	535	381

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

Year	Total TB Notified (Current)	HIV	DM
2024	133630	130388 (98%)	128850 (96%)
2025 (Jan to June)	67494	64876 (96%)	62238 (92%)

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

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

Inter-departmental co-ordination on monthly basis

#### **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)

All tests are available and offered. For presumptive TB 18% microscopy, 38% offered X-ray, 35% offered NAAT and 9% Other test provided for the period of January to June 2025.

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

- What proportion of notified patients were offered upfront molecular test or tested using WHO recommended rapid diagnostic tests at the time of diagnosis?

35% offered upfront molecular test (NAAT) in Jan to June 2025.

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

76% (52159/68691) of TB notified patients offered rifampicin testing. 88% (45697/52159) were offered within 15 days of notification for the period of January to June 2025.

4. 151 (60%) of Blocks having NAAT (CBNAAT/TRUENAT) / Total number of blocks 251 for TB testing

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

- Microscopy – 5 Days
- NAAT – 6 Days
- FL LPA – 16 Days
- SL LPA – 19 Days

6. What are the challenges?

- Inadequate number of NAAT machines (180 Trunat machines are in process of procurement)

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

Nothing

8. Whether State/District has sufficient stock of consumables for microscopy, NAAT, LPA and LCDST ?

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): Yes

2. Whether State/District has sufficient stock of FLD and SLD ? yes

- How much of FLD stock available and for how many months is this sufficient? 4 months
- How much of SLD stock available and for how many months is this sufficient?: State has initiated BPALM regimen across state and currently 517 BPALM courses are available at state
- How much of TPT drugs stock available and for how many months is this sufficient? 3 months
- In case of drugs shortage, if supply from CTD is pending, has State procured consumables drugs? : No
- Alternative arrangement done by state/district to address shortage issue? TB drugs are included in EDL (essential Drug list) are procurement can be done whenever required.

### **TB preventive Treatment**

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

Yes

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

Yes

- If yes, which test is being done on contacts for TB infection detection?  
CyTB

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

Category	2024		2025 (Jan to June)	
	Under 5 years	More than 5 years	Under 5 years	More than 5 years
Number of contacts identified (A)	34650	378087	17012	174969
Number diagnosed with TB (B)	90	676	59	459
Number eligible for TPT (C=A-B)	34560	377411	16953	174510
Number initiated on TPT (D)	10781	81424	4615	37175

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

Cy-TB test available. (Stock available: vials)1525

#### **Procurements & Supply Chain Mechanism**

1. At what level Drugs and Lab consumables are procured routinely and during emergency situations in State/district? Both Level
2. What is mechanism for drugs/lab consumable supply chain at all levels? Centre to state to districts to CHC/PHC and to DMC? Yes, mechanism in place

#### **1.6 Gender and equity issues:**

One of the mandates of the oversight committee is to identify any gender or access specific issues during implementation of the GF project. This would involve monitoring /reviewing the performance of the targeted indicators based on desegregated data of gender.

There is need to assess whether there is any gender disparity in:

- **Participation in community forums and TB survivor networks**
- **Digital adherence and sputum collection innovations**

**The state TB officer was to provide data on the above and also mention any gender barriers to access, stigma, and patient support.**

However, no information has been received.

**1.7 De-brief meeting** with the Commissioner (Health) was held on 14-8-2025. The team made a presentation regarding the review of NGPR activities, field visits etc. Some salient discussion points were:

- Though there is adequate interaction of the state TB office and the NGPRs there is still need to formally arrange quarterly review meetings and record the progress.
- Communication to the Superintendents of the DRTB facilities is required to hasten the civil and other works to be done by them as per the AIC assessment reports of FIND /CTD.
- Monitoring of above work by the DRTB facilities
- Formulation of SOPs to be done by the STO for the preventive activities to be taken up by the DRTB centers and also any health facility treating TB cases. This will include health monitoring of the staff on a periodical basis.
- The Commissioner of Health has instructed the State TB Officer to initiate state-wide **TB surveillance for healthcare workers** across all health facilities using the CyTB test. The state will be receiving approximately 90 handheld X-ray units in three tranches over the next 2–3 months. The Commissioner emphasized the need to **accelerate access to chest X-rays** by decentralizing services and ensuring adequate provision of **personal protective equipment (PPE) for frontline workers** operating the ultra-portable X-ray machines through WJCF and HLFPTT support.
- OC members as well as the Commissioner of Health noted that the HLFPTT has issues of staff retention. Active case finding among key vulnerable population needs improvement. Engagement of corporate hospitals and Laboratories needs significant improvement. The State TB Office was requested to have a rigorous monitoring of the activities of HLFPTT
- The transition plan is to be put in place for the C19 RM NGPR activities as the project would come to an end by December 2025 and the state health department is to continue the specific activities. This would require follow up of the AIC activities as per the assessment reports of FIND /CTD so that there is a logical conclusion. Outcome indicators to be measured. WJCF has supplied the portable Xray machines. The state health department has to employ radiology technicians to handle the same after the project period. SOPs for efficient use of this equipment to be put in place. Active case finding among key vulnerable population being done by WJCF is to be continued.
- The state should plan for annual maintenance process of the equipment supplied in the GFATM projects.

## 2. HIV

### 2.1 Plan India

#### Background

Plan India is a Principal Recipient of C-19 RM/ KP Grant of USD 2.61 M since April 2023. The grant has undergone revisions and extensions during its implementation, having reached 18,724 individuals as on July 31, 2025. The deadline for the grant is 31 December 2025, while for the Sub-Sub recipients, the grant was implemented till July 2025.

Plan India implements the C19RM/ KP grant with five Sub Recipients.

Humsafar Trust has implemented this grant in 15 states with 22 CBOs (8 FSW & 14 MSM) during the first phase (April 2023- Sept 2024) and in 13 states with 18 CBOs (8 FSW & 10 MSM) in its second phase (Feb'25 – Sept 2025).

<b>Sub-Recipients of Plan India under C-19 RM / KP Grant</b>
The Humsafar Trust
The National Network of Transgender Persons
The Family Planning Association of India
Indian Drug User's Forum
The National Coalition of People Living with HIV

In Gujarat, the Humsafar Trust and NCP+ are the implementing Sub-Recipients. The Humsafar Trust has been supporting interventions with MSM and TG populations through two CBOs, while NCP+ has worked with GSNP+ to strengthen interventions with PLHIV networks in the state. The NCP+ grant implementation concluded in September 2024, whereas the Humsafar Trust project will continue until September 2025. Refer table 1.0

Table 1.0

<b>S. No.</b>	<b>Name of SR</b>	<b>Name of CBO/ SSR</b>	<b>District</b>	<b>Typology</b>
1	The Humsafar Trust	Foram Foundation	Vadodara	MSM & TG
2	The Humsafar Trust	Shakhya Foundation	Gandhinagar	MSM & TG
3	NCPI+	Gujarat State Network of People Living with HIV/AIDS (GSNP+)	Surat (State Level)	PLHIV

Key Objectives of the grant:

1. To build and empower communities to build pathways for enhanced access to social protection and greater social accountability
2. To address mental health issues and link with services to mitigate impact
3. To establish, strengthen and sustain community-led collectives, CBOs and community networks
4. To reduce/address human rights related barriers hindering community response to HIV services

Specific objectives of the grant of SSRs of Humsafar Trust:

1. Developing Resilient Community Groups: Capacity building of CBOs/SLNs on Organisation Development, Leadership, and Resource mobilization

2. Establishing Social- Protection & Safety Nets: Provision of training on legal literacy to beneficiaries
3. Integrating People centred HIV Prevention and Care through community linkages for mental health, PreP, cervical cancer screening, gender affirming therapy, and prevention of gender-based violence

**Observations during the visit:**

As implementation at the level of SSR has ended, the Oversight Committee has made these visits to oversee the progress made during the course of the grant period.

The Oversight Committee team visited two CBOs during this visit:

<b>Date of visit</b>	12 <sup>th</sup> August 2025	13 <sup>th</sup> August
<b>SSR</b>	Sakhya Foundation	Forum Foundation
<b>SR</b>	The Humsafar Trust	The Humsafar Trust

Organogram at the SSR/CBO level under the grant:



**2.1.1 Sakhya Foundation**

The organization was founded by a prominent Hijra Guru from Gandhi Nagar. The main objectives of the foundation are to unite and work for MSM, TG and Hijra community in the field of education, health, skill development and upliftment. The organization is part of the INFOSEM network. The foundation has registered 1500 population from 4 talukas of which two are urban and 2 are rural.

Under the C19 RM Grant, the Foundation was supported from March 2024 - July 2024 and from Feb 2025 – July 2025 (11 months of implementation) in lieu of the revisions and extensions that grant underwent.

Key achievements under the grant:

1. The CBO is registered and meets the licensing and statutory requirements to be eligible for receiving grants from both domestic and foreign sources .
2. Developing Resilient Community Groups:
  - a. Enhanced community well-being and social inclusion through the provision of essential services, peer support networks, and increased institutional sensitivity.
  - b. Gaushala established under Gujarat Govt. scheme to create alternative livelihoods and promote a self-sustaining community model.
  - c. Community-led dairy enterprise launched to increase income and economic resilience through collective ownership.

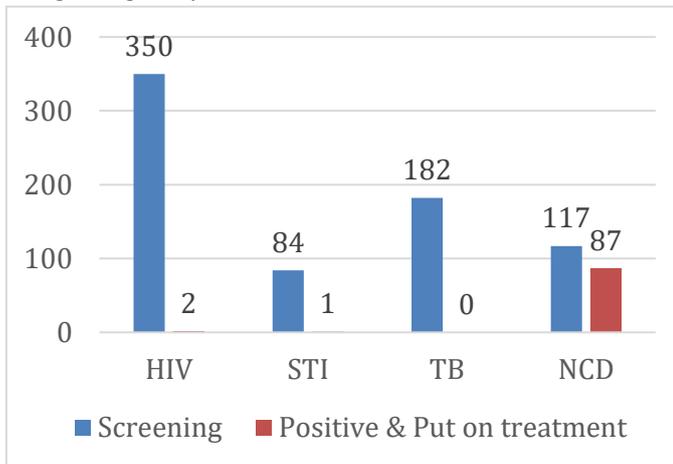
**Sensitization meetings held with Department/Stakeholders**

3. Establishing Social Protection & Safety Nets:

- a. Improved understanding of the NALSA judgment through the legal literacy sessions for the community -8 support group meetings; 9 sensitization meetings.
- b. Regular (20) support group meetings fostered safe, peer-led spaces for emotional expression and access to psychosocial support. The support group meetings helped to reach to 558 new hard to reach population.
- c. Sensitization Meetings were conducted with departments & stakeholders due to which the community has been ensured free ration cards. It has also led to the provision of an entrepreneurship loan to 19 community members. Three major cases of violence against the community were also solved as a result of the meetings with stakeholders. Positive engagement with police and local authorities has been instrumental in reducing harassment and improving access to services.
- d. 45 beneficiaries have been successfully linked with social protection/ entitlement schemes such as TG certificate; ABHA Card; Aadhaar Card, Pan Card. One beneficiary has been allotted to a house under PM Gramin Awas Yojana. It was reported that concerted efforts were put in to improve the outcomes with regard to provision of social protection schemes/ social entitlement schemes, however many challenges were faced which led to low achievements.

SDM+BDO
District Social Welfare Office
District Supply Office
Police Dept.
Goshala Gopalak Nigam
Zila Udyog Kendra
District Education Officer
CDHO
Employment Officer
Ayush Department

4. Integrating People centred HIV Prevention and Care



- a. Of the 350 key population who received services under the Grant, 90% were MSM, and 10% were TG/Hijra population.
- b. It was reported that the health seeking behavior has improved, and there is increased access to Govt. Health facilities.
- c. It may be noted that screening for TB and NCDs was initiated only during the second phase of the project (Feb '25 to July '25). Consequently, the

number of beneficiaries screened for STIs, TB, and NCDs is relatively low. TB.

5. Financial Status at CBO level

Budget	Expenditure	Percentage utilization
14.83 lakhs	12.73 lakhs	86%

**2.1.2 Forum Foundation**

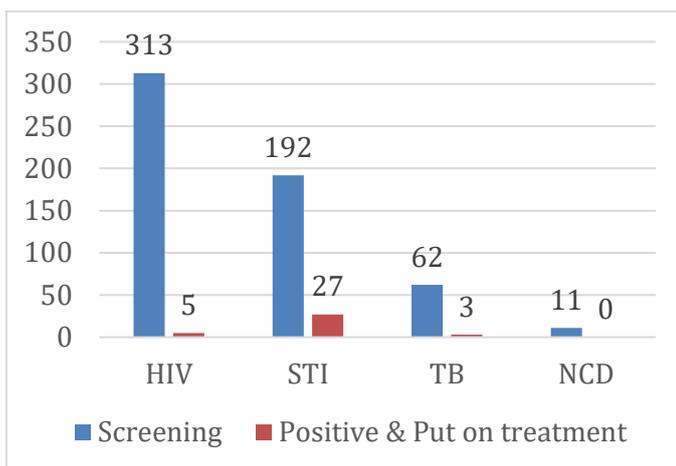
The organization was registered in the year 2011 to work for welfare of LGBTQIA+ community in Gujarat. The foundation has registered 1200 population from 5 talukas of which three are urban and 2 are rural.

Under the C19 RM Grant, the Foundation was supported from Feb 2024 - July 2024 and from Feb 2025 – July 2025 (12 months of implementation) in line with the revisions and extensions the grant underwent.

Key achievements under the grant:

1. The Foundation organizes Pride march in Gujarat.
2. The organization capacity is strengthened ensuring compliance with the statutory and financial requirements (FCRA, 12A, 80G, Darpan Portal, CSR certified etc.).
3. Developing Resilient Community Groups:
  - a. Through 24 support group meetings; 17 sensitization meetings with DALSA, Police, MP, Govt. Hospital, CSR), the CBO has enhanced community well-being and social inclusion through the provision of essential services, peer support networks, and increased institutional sensitivity.
  - b. The organization has secured funding from Azim Premji Foundation.
  - c. Forum Foundation has also applied for EOI for Targeted Intervention in Bharuch district.
4. Establishing Social Protection & Safety Nets:
  - a. 16 KPs successfully completed skill building courses such as Spoken English, Beautician, Graphic Designing and MS Office; and 5 KPs have also got placed.
  - b. Regular (24) support group meetings fostered safe, peer-led spaces for emotional expression and access to psychosocial support. The support group meetings helped to reach 476 new hard to reach population.
  - c. 21 Sensitization Meetings were conducted with departments & stakeholders. Police harassment has been reduced due to successful sensitization meetings.
  - d. 139 beneficiaries have been successfully linked with social protection/ entitlement schemes such as Aadhaar Card, Election card, Pan Card, Passport, Ration Card, TG certificate; ABHA Card, Bank accounts, Eshram Card, Income certificates, Ration card.
5. Integrating People centred HIV Prevention and Care

Sensitization meetings held with Department/Stakeholders
DLSA
Police Department
Jan Seva Kendra
Health facilities
Social Justice Department
Skill Development Academy
Para Legal volunteers
CSR Department



a. Health camps have been organized for TGs under the grant.

b. It was reported that the health seeking behavior has improved, and there is increased access to Govt. Health facilities.

c. It may be noted that it was only during the second phase of the project (Feb'25 to July'25) that the beneficiaries were screened for TB and NCD.

It may be noted that screening for TB and NCDs was initiated only

during the second phase of the project (Feb '25 to July '25). Consequently, the number of beneficiaries screened for STIs, TB, and NCDs is relatively low.

#### 6. Financial Status at CBO level

Budget	Expenditure	Percentage utilization
13.64 lakhs	12.61 lakhs	92%

## 1.2. IHAA

### Background

India HIV AIDS Alliance is a Principal Recipient of C-19 RM KP Grant of USD 2.56 m and implementing the grant since June 2023. The grant has undergone revisions and extensions during its implementation. The Grant period ends on 31 December 2025, while for the Sub-Sub recipients, the grant may be implemented until July 2025.

India HIV/AIDS Alliance, as the Principal Recipient (PR), in collaboration with the All-India Network of Sex Workers (AINSW) and its affiliated sex worker-led Community-Based Organizations (CBOs), is implementing the C19RM-KP Grant across AINSW's operational regions in India. This initiative aims to link sex workers with various social entitlement/ social protection schemes, while also building health resilience, particularly in response to pandemic preparedness. The project also focuses on organizational strengthening and leadership development within the community.

The project is implemented through two SRs- Usha Multipurpose Cooperative Society Ltd and Ashodaya Samithi along with 29 SSRs and Direct Implementation (DI) units, spanning 11 States and twenty-five districts identified based on the presence of AINSW- affiliated CBOs.

Sub Recipients	No. of CBOs/ Direct Implementation	States covered
Ashodaya Samithi	12	5
Usha Multipurpose Cooperative Society	17	6
<b>Grand Total</b>	<b>29</b>	<b>11</b>

Ashodaya Samithi has implemented the grant with 12 CBOs in 5 states. In Gujarat, Ashodaya Samithi is the implementing Sub Recipient. Five Community Based Organizations have implemented the project in their respective geographies catering to the Female Sex workers.

S. No.	Name of CBO/ SSR	District	Typology	Population registered with the CBO
1	Sankalp Foundation	Dahod	FSW	840
2	Ektha Mahila Mandal	Surat	FSW	3469
3	Ektha Sangathan	Vadodara	FSW	750
4	Sahyog Mahila Mandal	Surat	FSW	3829
5	Sakhi Jyot Sangathan	Ahmedabad	FSW	1600

Key Objective of the grant:

- Enhance the coverage of social entitlements and the uptake of social protection and welfare schemes among sex workers providing 39,250 social entitlement services, thereby reducing vulnerabilities and building preparedness for health crisis like pandemics.
- Build capacity of CBO leaders.
- Address Intimate Partner violence/ Gender Based violence and integrate SRH services.
- Sensitization of Key stakeholders on Hon. Supreme Court Order (2022)

IHAA has conveyed the progress of activities under C-19 RM-KP as below:

S.N	KPI	Target National	Achievement (National)	Target (Gujarat)	Achievement (Gujarat)	Remarks
1	Number of Key Population linked with Social Protection and Welfare Schemes	39720	34582(Till june'25)	7450	5495	
2.a	Number of CBOs strengthened on IPV/GBV/trafficking, crisis response and SRH	29	29	4	4	
2.b	Number of sex workers aged 18-45 years sensitized on SRHR issues		25430		4122	Initially, the M&E framework proposed an age group of 18-45 years. However, SRs disagreed with this age range, and the upper age

						limit is now no longer restricted to 45 years.
3	Number of support group meeting held for SWL HIV		355		50	
4	Number of State level meeting held for sensitization for key stakeholder on the right and need of sex workers	29	18	4	4	
5	Number of CBOs strengthened on organizational development and leadership					

Budget	Expenditure	%
₹ 18,52,78,753	₹ 14,71,98,658	79%

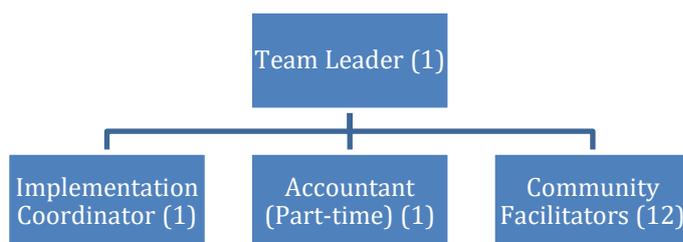
### **Observations during the visit**

As implementation at the level of SSR ended in July 2025, the Oversight Committee has made these visits to oversee the progress made during the grant period.

The Oversight Committee team visited the following CBO during this visit:

<b>Date of visit</b>	11 <sup>th</sup> August 2025
<b>SSR</b>	Sakhi Jyot Foundation
<b>SR</b>	Ashodaya Samithi

Organogram at the SSR/CBO level under the grant:



Sakhi Jyot Foundation was formed in the year 2003 with support of an NGO – JyotiSangh. 3329 FSWs are registered under this CBO, and it caters to the area of Ahmedabad in Gujarat. The main objectives of the foundation are to assure a dignified social identity to the sex workers, support in their health and well-being, to educate them on the rights of sex workers and rehabilitate minor girls in sex work. The organization is implementing two Targeted intervention projects under GSACS, and one supported by Ahmedabad Municipal Corporation SACS.

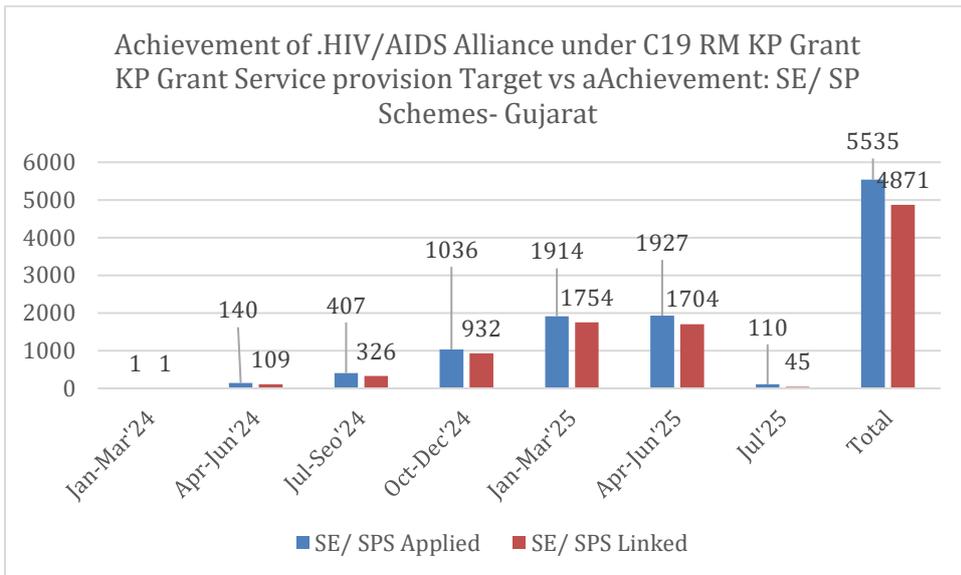
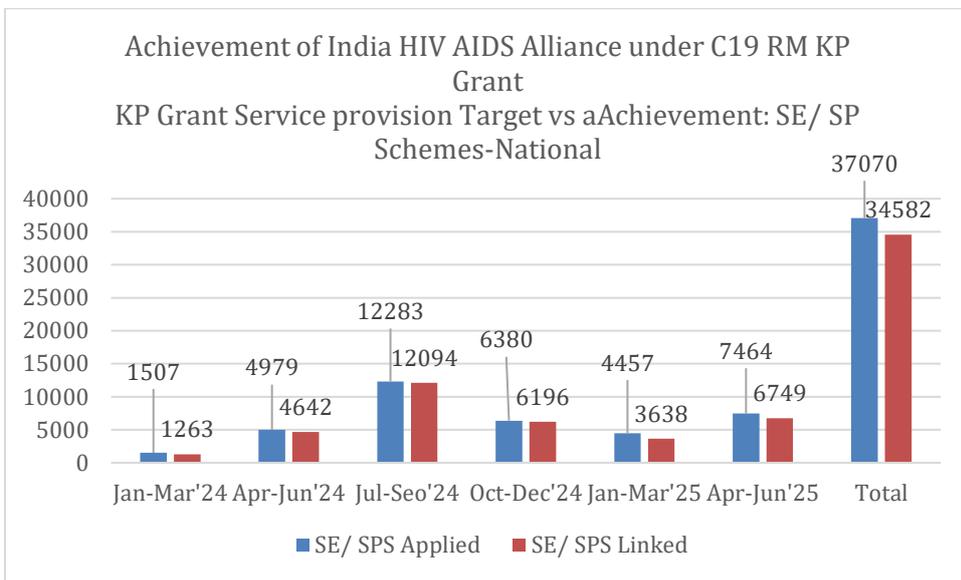
Under the C19 RM Grant, the Foundation was supported till July 2025.

Key achievements under the grant:

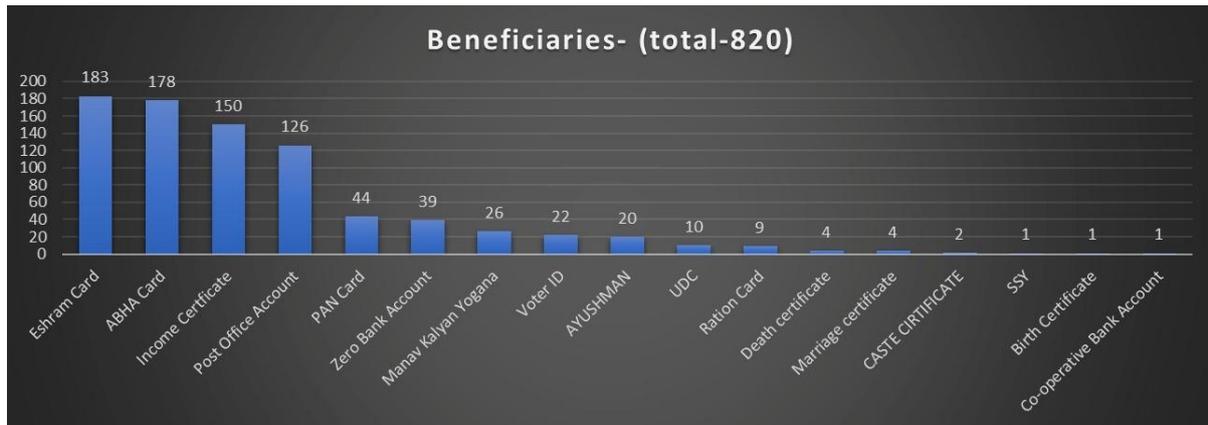
	<b>Achievement of Principal Recipient - IHAA</b>	<b>Achievement of Sakhi Jyot Foundation</b>
State Level Round Table discussions on the Hon'ble Supreme Court ruling on Sex work	8	-
Development of IEC material/ toolkits on SRHR/ GBV & Hon'ble SC ruling on sex work	Completed	-
Support Group meetings	-	8 meetings involving 110 community members
Sensitization on SRHR/GBV and on Hon'ble Supreme Court ruling on the right to life with dignity for sex workers.	Completed training of trainers. 5086 field level sensitization meetings have been conducted reaching out to 25,430 persons.	95 meetings for field level sensitization of 956 community members. There was Gujarat State representation in the training of trainers conducted.
Sensitization meetings with Care and Support Centre for focus on SWLHIV	-	6 sensitization meeting conducted with 70 SWLHIV
Sensitization meetings with stakeholders	-	Supported the Sub Recipient to conduct a sensitization meeting of law enforcement staff at District level involving 17 individuals and a sensitization meeting of 28 stakeholders on augmented services for Sex workers living with HIV was done at District level.
Linkage to Social Entitlements / Social Protection services	34582 services were successfully provided out of a target of 39720	710 services were successfully provided.

Training on organizational development	All CBOs were provided training. 10 CBOs have successfully obtained their legal CBO compliance documents. Applications for 9 CBOs are in process	5 community leaders and 2 non-community were trained from Sakhi Jyot Foundation
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It was informed that the project has helped the foundation mitigate cases of Gender Based Violence and Intimate Partner Violence in the region. The team shared a few stories of their efforts in advocacy with the police department and ‘middlemen’ in resolving issues of violence against sex workers. The team also highlighted their achievements in rehabilitating minor females who have been brought into sex work without their consent.



Disaggregated data on SP/ SE linkages by Sakhi Jyot Foundation:



**Key observations:**

1. **Number of community champions onboarded as community facilitators:** The project could engage 1 Community Facilitator from 'Community Champion under TB programme', however no trained 'Community Champion under HIV' was engaged. Though it was stated that all 12 community facilitators are associated with TI programmes and are actively engaged in HIV prevention and care, support and treatment programmes.
2. The organization is running 3 TI projects and covers FSW registered population. Though the activities under the C19 RM KP grant were over and above the TI mandate, it is likely that the same population is covered, making it difficult to designate the achievements under the grant.
3. The project timeline was limited. The team has been able to reach a proportion of the registered population with social protection & social entitlement schemes. Further, it needs to be assessed whether the remaining community members could not be provided with the services offered, or the need was limited.

1.3. Some information was also provided by the SACS as per the prescribed checklist which is as follows:

Global Fund supported activities Checklist – State Level / Sub Recipients

Progress of financial year (April 2024 to March 2025) This is for sub recipients only

Approved Budget	Fund received	Expenditure	% of Expenditure against the approved Budget
9,61,54,113/-	8,35,69,823/-	8,07,32,212.38/-	84%

Progress of Human Resource (April 2024 to March 2025) This is for sub recipients only

Approved positions	Filled Position	Vacant Position	Remarks
SR- 16 , SSR-426 =442	SR-16, SSR-411	15 at SSR Level	(Samagra – Vihaan + Prison)

S. No.	Indicators	Male	Female	TG	Number
		<15 yrs >15 yrs			
1	Number of CSCs under Global Fund Grant in the State				15
2	Percentage of LFU PLHIV who are tracked with definite outcome during the reporting period  Denominator – Due list received from the ARTC	4742	2667	94	7503
		<15 + %			226
		>15 + %			7277
		Total			7503
3	Percentage of all PLHIV due for VL test that have been tested for VL during the reporting period  Denominator – Due list received from the ARTC	1440	947	15	2402
4	Percentage of people living with HIV on 3rd line ART due for VL test, tested for VL during the reporting period  Denominator – Due list received from the ARTC	24	11	0	34
5	Percentage of all PLHIV spouse tested for HIV during the reporting period  Denominator – Due list received from the ARTC	165	207	1	373
6	Percentage of all PLHIV sexual partner tested for HIV during the reporting period  Denominator – Due list received from the ARTC	14	3	0	17

7	Percentage of all PLHIV biological children tested for HIV during the reporting period  Denominator – Due list received from the ARTC	74	54	0	128
8	Percentage of discordant couple tested for HIV during the reporting period  Denominator – Due list received from the ARTC	3485	4498	0	7983
9	Percentage of PPW due for VL test at 32-36 weeks that have been tested for VL during the reporting period  Denominator – Due list received from the ARTC	0	139	0	139
1	Number of live birth delivery of PPW during the reporting period	91	111	0	202
1	Percentage of eligible HIV-exposed infants tested for HIV at 6 week, 6 months, 12 months and 18 months of birth during the reporting period  Denominator – Due list received	439	416	0	855

**Global Fund supported activities Checklist – Facility Level**

**Care & Support Center 2.0 (CSC 2.0)**

S. No.	Indicators	Number
1.	Number of CSCs under Global Fund Grant in the State	16
2.	Number of PLHIV alive and on ART in the State (Cumulative)	88,201
3.	Percentage of LFU PLHIV who are tracked with definite outcome during the reporting period Denominator – Due list received from the ARTC	7503
4.	Percentage of all PLHIV due for VL test that have been tested for VL during the reporting period Denominator – Due list received from the ARTC	2402
5.	Percentage of people living with HIV on 3rd line ART due for VL test, tested for VL during the reporting period Denominator – Due list received from the ARTC	35
6.	Percentage of all PLHIV spouse tested for HIV during the reporting period Denominator – Due list received from the ARTC	373
7.	Percentage of all PLHIV sexual partner tested for HIV during the reporting period Denominator – Due list received from the ARTC	17
8.	Percentage of all PLHIV biological children tested for HIV during the reporting period Denominator – Due list received from the ARTC	128
9.	Percentage of discordant couple tested for HIV during the reporting period Denominator – Due list received from the ARTC	7983
10.	Percentage of PPW due for VL test at 32-36 weeks that have been tested for VL during the reporting period Denominator – Due list received from the ARTC	139
11.	Number of live birth delivery of PPW during the reporting period	202
12.	Percentage of eligible HIV-exposed infants tested for HIV at 6 week, 6 months, 12 months and 18 months of birth during the reporting period Denominator – Due list received	855

#### **1.4. Recommendations:**

Based on the Oversight Committee's visit and review of the C19RM-KP grant implementation, it is recommended that the learnings from this KP Grant be systematically documented and disseminated to the State for consideration, adoption, and potential scale-up. Key learnings include:

1. **Integration of Social Protection and Health Services:** Linking KPs to social entitlement and welfare schemes alongside SRHR, GBV, and HIV services reduced vulnerabilities and built resilience. This integrated model can be adapted within state programs.
2. **Community-Led Implementation:** The leadership and involvement of CBOs ensured greater trust, reach, and sustainability of interventions. Community champions emerged as credible facilitators for advocacy, service delivery, and violence mitigation.
3. **Capacity Building and Legal Compliance:** Training provided to CBO leaders and support for legal compliances strengthened organizational systems and enhanced their ability to access resources and engage with government stakeholders effectively.
4. **Addressing Gender-Based Violence (GBV):** Engagement with law enforcement and local stakeholders contributed to improved responses to violence against sex workers and successful rehabilitation of minors. This approach demonstrates replicable strategies for other districts.
5. **Rapid Sensitization of Stakeholders:** Training of trainers and widespread sensitization meetings (covering community members, law enforcement, and health stakeholders) created an enabling environment and promoted recognition of the rights of sex workers in line with the Hon'ble Supreme Court ruling (2022).