# OVERSIGHT COMMITTEE REPORT

*ON BEHALF OF INDIA COUNTRY COORDINATING MECHANISM*

# Jharkhand

09th–12th DECEMBER 2025

## Table of Contents


| S.No. | Topic |
|---|---|
| 1. | Executive Summary |
| 2. | Background |
| 3. | Team Composition |
| 4. | Objectives of the Visit |
| 5. | HIV Program<br>• HIV Epidemiological Scenario of Jharkhand State<br>• Number of HIV Facilities in Jharkhand State<br>• Sampoorna Suraksha Kendra (SSK), Ranchi<br>• HLFPPT<br>• Central Jail, Ranchi<br>• Central Jail, Jamshedpur<br>• Plan International (India Chapter)<br>• One Stop Centre, Jamshedpur |
| 6. | TB Program<br>• KHPT<br>• HLFPPT |
| 7. | Malaria Program<br>• TCIF |

# Executive Summary

The Oversight Committee (OC) consisting of members with expertise on Programme management (i.e. HIV / AIDS, TB and Malaria), Financial Management, and representatives from Key Affected Populations and PLWD visited Jharkhand state from 9th – 12th December 2025 to oversee implementation of HIV / AIDS, TB and Malaria programmes by Govt. and Non-Govt. Principal Recipients (PR) under the Global Fund Grant Cycle – 7 (2024-27). The team held discussions with the state health authorities, Non-Govt PRs namely KHPT, HLFPPT, PLAN and TCIF. It undertook field visits to Sadar hospitals at Ranchi, Chaibasa and Khunti and some CHCs /PHCs, sub-centers, villages, prisons and ancillary facilities.

## Executive Summary: Key Observations and Recommendations – HIV Program

The review highlighted critical implementation bottlenecks and promising practices across HIV prevention, testing, treatment, and other services. While many facilities demonstrated strong outreach, coordination, and innovation, some gaps were observed particularly in human resources, follow-up, screening completeness, and data systems, which may be constraining progress toward the first 95 and integrated service delivery.

### Key Observations

1. **Underutilization of HIV Budgets and Human Resource Gaps**
   State expenditure on HIV/AIDS remains low (11.8%), primarily due to delays in approval and recruitment of human resources across Sampoorna Suraksha Kendras (SSKs) and Mobile Vans. These vacancies have directly weakened outreach, case-finding, and prevention services for at-risk HIV-negative populations, adversely impacting progress towards the first 95.

2. **Strong Outreach and Demand Generation Models**
   One Stop Centres (OSCs) and SSKs demonstrated effective outreach and demand generation. Highly visible IEC and clear signages within facilities have contributed to increased walk-in clients. Proactive engagement with hospital departments and NACP facilities has strengthened referral of suspected cases.

3. **Gaps in Training, Reporting, and Data Systems**
   While counsellor performance at SSKs was strong, induction training on national guidelines and standardized indicator reporting for SSK managers and ORWs was inconsistent. Challenges with NORMS functionality and parallel record-keeping were evident, limiting reliable monitoring and longitudinal tracking. Fragmented record-keeping at Prisons was also observed.

4. **Weak Follow-up and Screening Cascades**
   Follow-up services remain sub-optimal. TB screening and follow-up among registered SSK clients is low, and OST referrals are constrained by vacant Medical Officer and Data Manager positions. Across OSCs, significant drop-offs were observed between HIV

screening, confirmatory testing, and linkage to care, as well as incomplete syphilis and TB screening.

5. **Prison Interventions: Strong Mobilization, Systemic Gaps**
   Proactive HIV, TB, and syphilis testing in prisons through HLFPPT is commendable, supported by strong IEC visibility and coordination with tertiary facilities. However, fragmented registers and parallel documentation limit continuity of care. Hepatitis B and C screening, linkage, and treatment initiation remain weak despite high vulnerability.

6. **Quality Assurance and Service Accessibility Issues**
   Quality control protocols for point-of-care testing (HIV, syphilis, blood sugar, hypertension) were not consistently implemented in the OSC. Limited OSC operating hours may reduce access for bridge populations who may be unable to attend services during working hours.

## Strategic Recommendations

1. **Accelerate Human Resource Recruitment and Utilization**
   Expedite constitution and functioning of the proposed State-level hiring committee to ensure transparent, timely, and inclusive recruitment for all vacant HIV program positions, particularly at SSKs and for Mobile Vans.

2. **Standardize Training and Strengthen Reporting Systems**
   Prioritize induction and refresher training for all SSK and OSC staff on national guidelines, standardized indicators, and reporting formats. Ensure operational guidelines are available on-site and address NORMS functionality issues for SSKs, to improve data quality and use.

3. **Strengthen Follow-up and Integrated Screening**
   Reinforce systematic follow-up of all registered clients at SSKs and OSCs, ensuring complete screening for HIV, TB, syphilis, and NCDs, and timely linkage to confirmatory testing and treatment. Specifically for the OSC, ensure timely confirmatory testing for all clients with reactive HIV, TB, and syphilis screening results through strengthened follow-up mechanisms. Close cascade leakages for mobile populations by reinforcing coordination between source and destination district NACP teams to enable seamless referral, tracking, and linkage to care.

4. **Improve Prison Health Systems and Hepatitis Services**
   Consolidate prison registers to enable longitudinal tracking across diseases. Institutionalize hepatitis B and C screening through referrals to Sadar Hospital, with clear mechanisms to close the referral loop for confirmatory diagnosis and treatment. Explore additional awareness channels such as community radio within prisons and facilitate access to social protection schemes for PLHIV inmates.

5. **Enhance Clinical Practice and Quality Assurance**
   Train treating medical officers in district hospitals, on national syphilis confirmatory

testing and treatment protocols to address low treatment initiation rates. Ensure adherence to quality control procedures for all point-of-care diagnostics.

6. **Expand Access and Facility-Based Services**
   Adjust OSC service hours or introduce flexible access models to better serve bridge populations. Given high inmate turnover, establish an on-site Integrated Counselling and Testing Centre (ICTC) at Central Jail, Jamshedpur, to reduce delays and improve efficiency of HIV and STI services.

Overall, addressing human resource bottlenecks, strengthening screening-to-treatment cascades, and improving data and quality systems will be critical to accelerating progress toward HIV program targets in the state of Jharkhand, while sustaining its strong outreach and coordination models which are already in place.

**Some salient observations and recommendations regarding TB are:**

1) DBT

It is noted with satisfaction that the state was at 19th position in 2024 regarding DBT-NPY Pan India Status and it jumped to 7th in the year 2025. The KHPT technical assistance has ensured the bank accounts details from 89 % to 92%. "Saksham" Capacity Building activities have resulted in significant training of staff. It was seen that KHPT is providing adequate technical assistance to facilitate the seamless and timely direct benefit transfer (DBT) through the Public Financial Management system.

**Strategic recommendations:**

Gaps in Nikshay data entry, resulting in the incomplete coverage of total TB persons supported, should be addressed. Sustenance of food basket supply needs to be maintained as it is noted that the sponsors withdraw after a month or two. Other supportive activities of psychosocial support, skill building needs to be strengthened. Significant involvement of corporates, NGOs and individuals has been done. But it requires scaling up.

2) Prison-based TB screening:

HLFPPT is to conduct prison intervention (in the 42 prisons /OCS/Juvenile homes) by screening of KVP. This activity was not going on well as the coverage is less (70 %) in the previous year. However, the performance is much better this year. Against the target of 20862 given by CTD, 30689 have been screened (147%). The infrastructure gaps exist regarding availability of Xray machines at different levels.

**Strategic recommendations:**

X-ray facility needs to be enhanced in the prisons. Hand held X-ray machine may have to be provided.

3) Intensified case-finding:

Jharkhand has started intensified case finding at all high risk OPDs like NCD clinic, Tobacco Cessation Clinic, ART clinics, OST clinics, RCH Clinics, NRC, etc. However, it was noted that the data shared by above mentioned health programmes are not being well validated, reviewed and utilised at State/District level as seen during the visit to the community health centers and district Sadar hospitals. Facilities are significantly under-leveraged and there is weak monitoring. While TB testing facilities/tests are being made available for Presumptive TB cases and TB patients in the 206 TUs and NAAT available in all of them, it is noted that upfront Molecular Diagnostics is being offered to only 40 % of cases. Routine screening at PHC /CHC outpatients not adequately monitored. Very few institutions are achieving the targets. In Khunti only the district hospital is showing satisfactory performance and no other PHC /CHC.

**Strategic recommendations:**

There is need for comprehensive co-ordination between the RNTCP and other program divisions of NCD clinic, Tobacco Cessation Clinic, ART clinics, OST clinics, RCH Clinics, NRC, etc. so that cross referrals are effectively done and thereby case finding is better.

There is need to adequately equip the districts with X-ray facilities and particularly hand-held ones.

**Some salient observations and recommendations regarding Malaria are:**

a. **Non-Government PR TCIF** has undertaken good and satisfactory activities in Jharkhand state. Recruitment of 2 Lab Technicians (LT) at RoHFW Patna/Jharkhand has been done. 118 health workforce of Jharkhand State have been trained from April 2024 to September 2025. In person capacity building of ASHAs; 30 ASHAs have been trained at CHC Arki, District Khunti.
b. There has been an increasing trend of malaria in the state since 2021. However, it is good to note that West Singhbhum which had contributed to about half of malaria cases of the state, has shown declining trend in the year 2025.
c. A review of GFATM IMEP -3 showed good progress under majority of activities. It has been emphasized to speed up implementation activities in some areas like filling up vacant posts which are supported by NHM /GFATM, insecticide procurement for spray, IHIP trainings, sensitization training of private practitioners etc.
d. In view of increasing trend of test positivity rate, there is need for improving the quantum of surveillance especially through blood smear collection. There is adequate staff number. Intensive review at PHC /CHC level is required.
e. A system of intensive supervision of laboratory technicians through the L1 technicians and state level officers is required.
f. Display of charts showing performance to be done in all the PHCs. The standard formats of M3 should be used in all the CHC/PHC labs.
g. ASHAs are performing malaria work diligently, but delays of 4–5 months in incentive payments risk might be demotivating them and reducing field coverage; timely disbursement of incentives should be prioritized.
h. Notification of malaria cases from private sector needs to be improved.

i. There is need to improve logistics management at all the levels with better projection of required medicines, better stock register maintenance

The team wishes to place on record its sincere appreciation for the leadership of the MD (NHM), and the State program officers for HIV, TB and Malaria. Special appreciation is also extended to the Jail superintendents for their kind support and cooperation.

## Background:

The Oversight Committee (OC) has members with expertise on Programme management (i.e. HIV and AIDS, TB and Malaria), Financial Management, and representatives from Key Affected Population and PLWD. It conducts grant oversight in Financial and programmatic areas by an appropriate, timely, and effective use of funding from the Global Fund. It looks into the review and oversight through virtual desk reviews and physical C19RM and GC7 specific visits. The OC identifies implementation issues, problems, and bottlenecks and provides reports to ICCM for review and decision-making.

The team visited Jharkhand state from $9^{th}$ – $12^{th}$ December 2025 to oversee implementation of HIV, TB and Malaria programmes by Govt. and Non. Govt. Principal Recipients activities under the Global Fund Grant Cycle – 7 (2024-27).

## Team Composition:

1. Dr. Ravi Kumar, Independent Consultant, Chairperson, Oversight Committee
2. Dr. R Gopa Kumar, Vice Chair –ICCM and Oversight Committee
3. Dr. P K Srivastava, Former Joint Director, NCVBDC, Member, Oversight Committee
4. Dr. Sunita Upadhyaya, Associate Director for Programs, Division of Global HIV and TB, US Centers for Disease Control and Prevention (CDC -India), Member, Oversight Committee
5. Ms. Deepika Srivastava Joshi, Member, Oversight Committee
6. Mr. D Ramesh Babu, Member, Oversight Committee
7. Mr. Pratik Raval, GIPA co-ordinator, Member, Oversight Committee
8. Mr. Samir Kumar Sahu, Member. Executive Director, Mayurbhanj Biological Research, Member, Oversight Committee
9. Mr. Atul Kumar, Member, Oversight Committee
10. Dr. Manpreet Singh, MO, NCVBDC
11. Mr. Bhawar Lal Parihar, M&E Manager, NPMU, NACO
12. Ms. Gitanjali Mohanty, Coordinator, India CCM Secretariat
13. Ms. Sadaf Ahmad, Programme Officer, India CCM Secretariat

## Objectives of visit

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

## Facilities Visited:

| OC Field Visit- Jharkhand- 9th to 12th December 2025 | | | | |
|---|---|---|---|---|
| Date | Disease Component | Site | PR | District |
| 09/12/25 | | Briefing meeting MD (NHM), STO and SPO (VBD) | | Ranchi |
| 09/12/25 | TB | State TB Cell | KHPT | Ranchi |
| 09/12/25 | HIV | SSK, Sadar Hospital, Ranchi | NACO | Ranchi |
| 09/12/25 | TB | TU Sadar (DTC)<br>Briefing on Prison Intervention by HLFPPT | CTD<br>HLFPPT | Ranchi |
| 10/12/25 | TB | Nikshay Mitra Food Basket Distribution at DTC Sadar Hospital | KHPT | Ranchi |
| 10/12/25 | HIV + TB | Ranchi Central Jail | HLFPPT | Ranchi |
| 10/12/25 | TB | DTC West Singbhum<br>Sadar Hospital, Chaibasa | CTD | West Singbhum |
| 10/12/25 | Malaria | CHC Khuntpani | NCVBDC | West Singbhum |
| 10/12/25 | Malaria | CHC/ SDH Chakradharpur<br>Meeting with District Vector Borne Disease Consultants, LTs | NCVBDC<br>TCIF | West Singbhum |
| 11/12/25 | HIV +TB | Central Jail | HLFPPT | Jamshedpur |
| 11/12/25 | HIV | One Stop Centre (Bridge Population) | PLAN | Jamshedpur |
| 11/12/25 | TB | DTC Khunti, Sadar hospital campus | CTD | Khunti |
| 11/12/25 | Malaria | Sadar hospital, Khunti<br>CHC Murhu<br>Meeting with ASHAs, DVBDC, and LTs | NCVBDC<br>TCIF | Khunti |
| 12/12/25 | | Debrief meeting with MD (NHM), PD SACS, STO and SPO (VBD) | | Ranchi |

# HIV

## Epidemiological Scenario of Jharkhand State

- Adult (15-49 yrs) HIV Prevalence (%) - 0.07
- Estimated people living with HIV - 23,794
- Annual new HIV infections - 743
- Annual AIDS-related deaths (ARD) - 194
- EMTCT need - 335
- PLHIV who know their HIV status (%) (1st 95) - 87
- PLHIV who know their HIV status and are on ART (%) (2nd 95) - 72
- PLHIV who are on ART and virally suppressed (3rd 95) - 96

*Source: SANKALAK sixth edition, 2024 and 95-95-95 from State Report*

## Number of HIV Facilities in Jharkhand State

- HIV counselling and testing services - 71
- Designated STI/RTI Clinics (DSRC) - 28
- ART Centres - 13
- Care & Support Centres - 05
- OST centres - 03
- Targeted Intervention (TI) - 30
- Viral load laboratories - 01
- Prisons - 31
- Other Closed Settings - 02
- Sampoorna Suraksha Kendra (SSK) - 03

*Source: SANKALAK sixth edition, 2024*

Global Fund Grant allocated to the State in GIA for FY 2025-26 is Rs. 112.82 of which under the AAP 2025-26, the SACS is required to hire and staff 5 mobile ICTC vans and run 9 Sampoorna Suraksha Kendras.

## Jharkhand State Financial Progress ( FY - 2025-26) under Global Fund Grant Cycle-7 :

| Approved Budget in lakhs | Fund received in lakhs | Expenditure in lakhs | % of Expenditure against the approved Budget |
|---|---|---|---|

| 112.82 | 84.63 | 13.37 | 11.85% |
|---|---|---|---|
| ICTC Mobile Ven (Hiring Mode) – 05 | | | |
| 51.30 | 38.48 | 00 | 0% |
| SSK Unit – 09 | | | |
| 61.52 | 46.15 | 13.37 | 29% |

### HR Status for ICTC Mobile Van (Hiring Mode)

| Approved HR Type | Approved HR | Filled Position | Vacant Position | Remarks |
|---|---|---|---|---|
| Counsellor | 5 | 0 | 5 | Under processes |
| Lab-Technician | 5 | 0 | 5 | Under processes |
| Driver | 5 | 0 | 5 | Under processes |

### Progress of Establishment

| S. No. | Items | Approved | Procured/ Hired | Remarks |
|---|---|---|---|---|
| 1. | SSK Establishment during the reporting | 9 | 3 | All 9 SSK are reporting through existing ICTC/DSRC staff, however, the staff has been recruited specifically for SSK in only 3 SSKs |
| 2. | Outsourcing of ICTC Mobile Van (Hiring) during reporting | 5 | 0 | The hiring of ICTC mobile Vans and recruitment of staff- Lab technicians and counsellors is under processes at SACS level. |

### HR Status Update (SSK Unit)

| Approved HR Type | Approved HR | Filled Position | Vacant Position | Remarks |
|---|---|---|---|---|
| SSK Manager | 9 | 3 | 6 | SACS is awaiting approvals |
| Out Reach Worker | 18 | 6 | 12 | SACS is awaiting approvals |

### Observations regarding implementation at state level:

- State expenditure in HIV is low (11.8%) due to administrative delays in seeking approval on hiring of human resources across SSK and Mobile Vans. Five vans have been approved with current vacancies in laboratory technicians and counsellors (5 each). Similarly, 6 SSK managers and 12 outreach workers posts are vacant with 29% expenditure in SSK and 0% in mobile vans.
- It was shared that a hiring committee is proposed to be constituted, to ensure inclusive and fair recruitment for the vacant positions.
- One Stop Centers were acknowledged by the attending SACS officer, citing good outreach practices that have helped increase registrations and detections. It was discussed that some cross-learning opportunities could be created for Targeted Interventions to learn

about outreach approaches and lessons learned that can help drive up detections under TI catchment areas as well.

**Recommendation:**

- Fast-track recruitment of human resources, as delays have significantly affected case-finding through outreach programs and prevention services for at-risk HIV-negative populations, affecting 1st 95 achievement.
- ALL available options must be explored for scaling up nutritional support for PLHIV/PLWD through CSR initiatives.

## OBSERVATIONS AND RECOMMENDATIONS OF OVERSIGHT COMMITTEE ON THE FACILITIES VISITED:

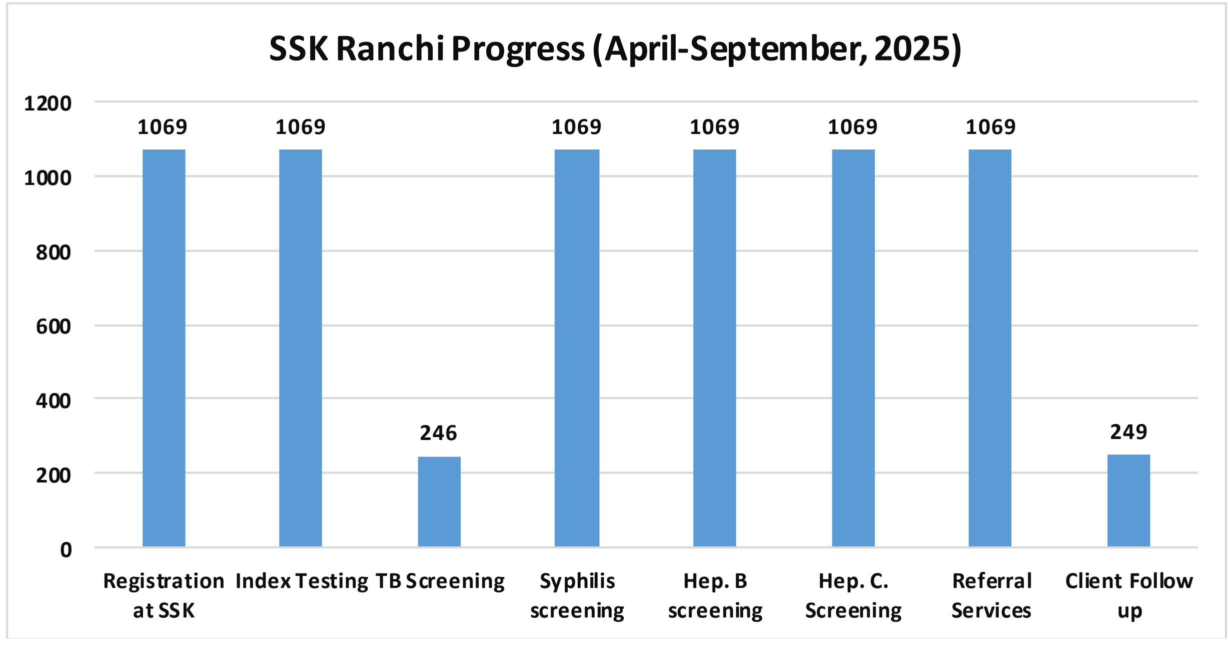
### Sampoorna Suraksha Kendra (SSK), Ranchi

The overall objective of Sampoorna Suraksha Strategy is to reach out to the populations 'at risk' for HIV and STI/RTIs; not only to provide access to targeted HIV Counselling and Testing services but also to provide a comprehensive services package to mitigate risk of getting infected.

**SSK Staff Status:**

| S.No. | Designation | Approved Position | On-Board Position | Remark |
|---|---|---|---|---|
| 1 | SSK Manager | 1 | 1 | DOJ - April, 2025 |
| 2 | ORW | 2 | 2 | DOJ – March & April 2025 |

**Progress of SSK (2025-26):**




- A total of 1,069 at-risk HIV-negative clients were registered at the SSK, and HIV testing was conducted for all their index contacts. Out of the total registered clients, only 246 were screened for tuberculosis (TB). All registered clients were screened for Hepatitis B and Hepatitis C, and all

also received referral services through the SSK, although records of referrals and follow-up were not observable. Only 249 clients were followed up after registration. The proportion of clients receiving follow-up services is observed to be very low.

### Observations

- The IEC and branding in and around the SSK were well visible and comprehensive, contributing to effective awareness generation. Right from the entrance of the hospital to the SSK, signage directing clients to the center were clearly visible. This could explain the high footfalls of Direct Walk-in clients at the center. Also, demand generation activities were underway, with routine interaction with all concerned departments and divisions, urging doctors to refer suspected cases
- Strong interdepartmental coordination for HIV-coinfection and NCD services was seen at the facility
- The counsellor is experienced and doing excellent work- with great initiative. Although she has been trained, her SSK manager as well as ORWs did not receive induction training in national guidelines nor on standardized indicator recording. Also, the report from NORMS was not available for the time frame requested (April to December), and staff expressed challenges with functionality of NORMS and reporting formats as evident by the records maintained at the facility.
- OST referral remains a challenge due to vacant Medical Officer (MO) and Data Manager positions at the OST center.

  Out of 1,069 clients registered at the SSK, only 246 were screened for Tuberculosis (TB) and 249 clients received follow-up services, which reflects a low achievement.

### Recommendations

- Ensure priority-based training of SSK staff on National guidelines and make operational guidelines readily available at each SSK.
- All clients registered at the SSK should be systematically screened for Tuberculosis (TB), with strengthened HIV–TB coordination and robust referral and linkage mechanisms to ensure timely diagnosis and treatment
- Follow-up services at the SSK need to be strengthened, and all registered clients should be regularly followed up to ensure services.
- It is recommended to recruit OST staff at the earliest opportunity to facilitate effective referral services from SSK.
- Data entry in the NORMs system is affected by technical glitches; as a result, staff are maintaining records both manually and in the NORMs system. It is recommended that this issue be resolved at the NACO/SACS level to reduce duplication, improve efficiency, and optimize staff time.

SSK, Ranchi

HLFPPT and Plan India are two non-government PRs actively implementing activities under GC 7 grant in the state.

A meeting was conducted with the HLFPPT, and they shared brief presentations on progress, achievements, and challenges, followed by comments/feedback shared by the oversight committee members.

### HLFPPT Prison and Other Closed Setting (OCS) Intervention:

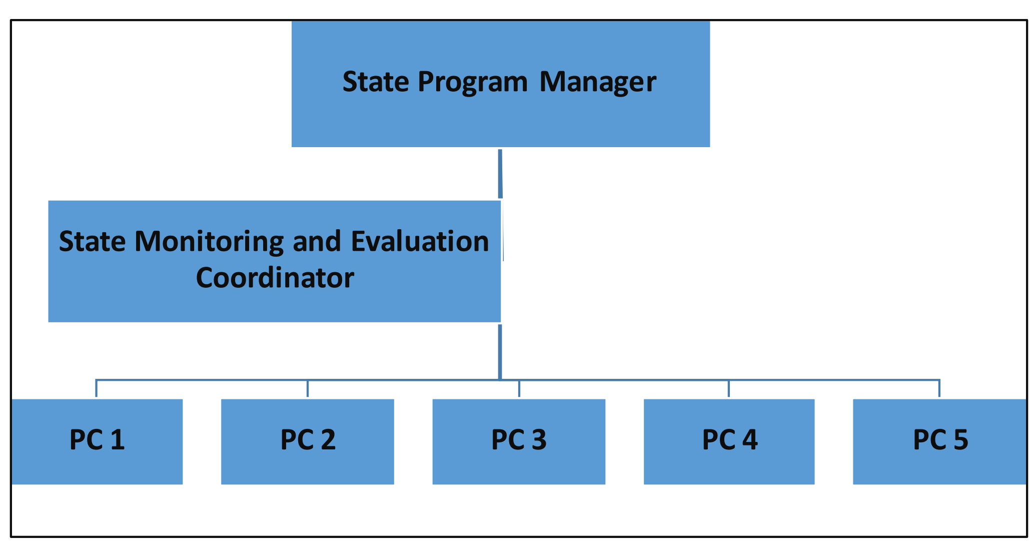
HLFPPT is implementing following activities under GC-7 in the Jharkhand State:

**Prison and Other Closed Setting (OCS) Intervention Geographies:**

| S. No | Type of Prison | No of Prisons |
|---|---|---|
| 1 | Central Jail | 07 |
| 2 | District Jail | 16 |
| 3 | Sub Jail | 07 |
| 4 | Surrendered Naxalite Jail, Hazaribagh | 01 |

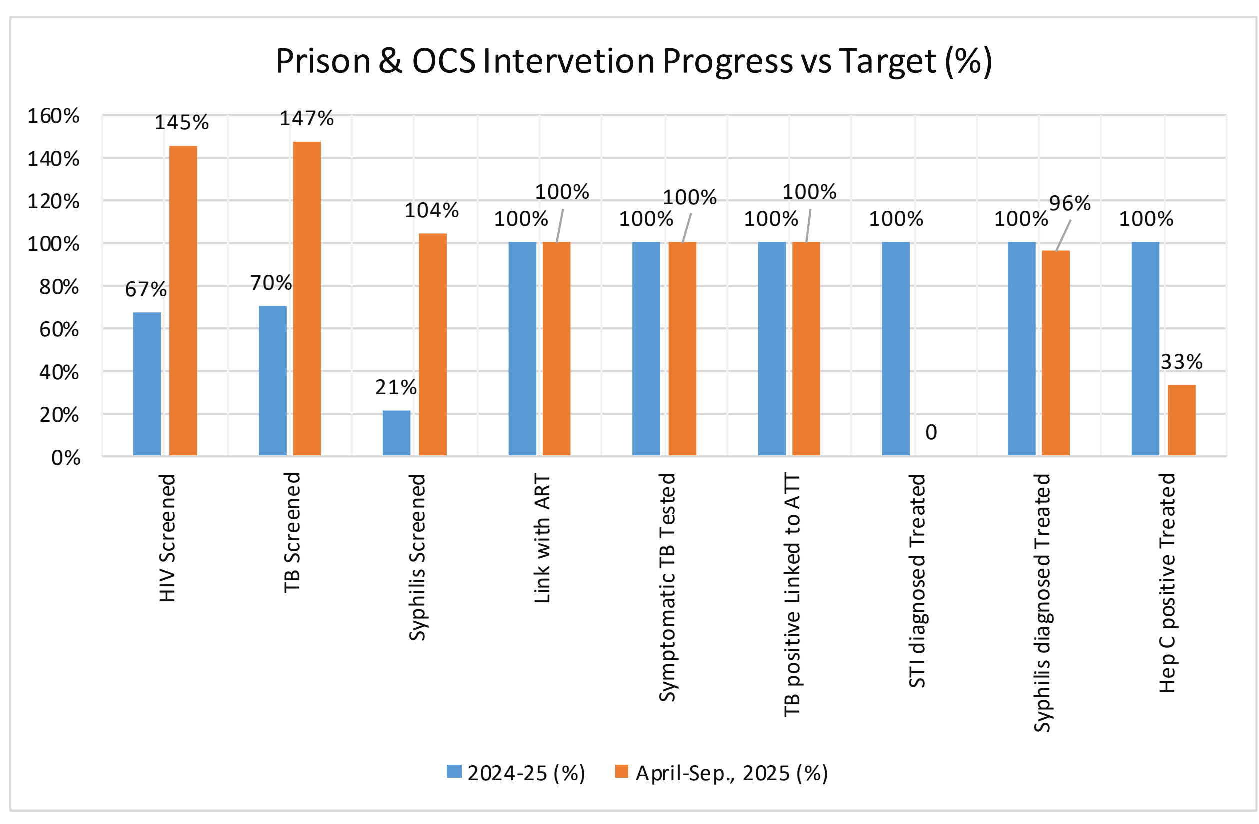
| S. No | Type of OCS | No of OCS |
|---|---|---|
| 1 | Nari Niketan | 03 |
| 2 | Juvenile Home | 09 |

## Prison & OCS Intervention - HR Structure:




| Sl. No. | Designation | Approved Position | On-Board Position |
|---|---|---|---|
| 1 | State Program Manager | 01 | 01 |
| 2 | State Monitoring and Evaluation Coordinator | 01 | 01 |
| 3 | Prison Coordinator | 05 | 05 |

## Progress on Performance Indicators (Jharkhand) (April 2024 – September 2025) for Prison and OCS Intervention:



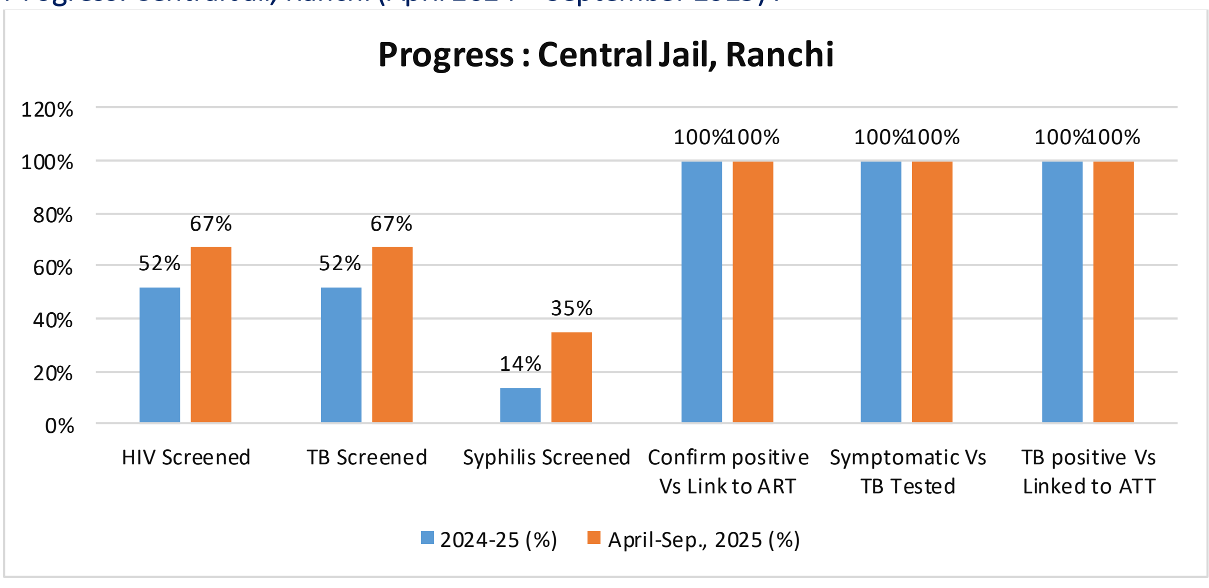

| Prison & OCS intervention Progress (Jharkhand) | | | | | | | |
|---|---|---|---|---|---|---|---|
| S.No. | Indicator | April 2024- March 25 | | | April 2025- Sept. 2025 | | |
| | | Target | Achievement | % | Target | Achievement | % |
| 1 | HIV Screened | 57,080 | 38,080 | 67% | 20,862 | 30,333 | 145% |
| 2 | TB Screened | 57,080 | 40,080 | 70% | 20,862 | 30,689 | 147% |
| 3 | Syphilis Screened | 57,080 | 11,957 | 21% | 20,862 | 21,727 | 104% |
| 4 | Confirm positive Vs Link to ART | 26 | 26 | 100% | 23 | 23 | 100% |
| 5 | Symptomatic Vs TB Tested | 3402 | 3402 | 100% | 1245 | 1244 | 100% |
| 6 | TB positive Vs Linked to ATT | 37 | 37 | 100% | 22 | 22 | 100% |
| 7 | STI diagnosed Vs STI Treated | 4 | 4 | 100% | 3 | 3 | 100% |
| 8 | Syphilis diagnosed Vs Treated | 9 | 9 | 100% | 28 | 27 | 96% |
| 9 | Hep C positive Vs Treated | 3 | 3 | 100% | 3 | 1 | 33% |

In the year 2024-25, the target for HIV screening among prison inmates was 57,080, of which 38,080 inmates were screened, resulting in an achievement of 67%, which is low. TB screening achievement among prison inmates was 70%. It was observed that syphilis screening performance was poor, with an achievement of only 21%.

During FY 2024–25, all diagnosed HIV-positive inmates were successfully linked to ART Centres. TB-symptomatic inmates were tested for TB, TB-positive inmates were linked to anti-tuberculosis treatment (ATT), STI-diagnosed inmates received appropriate treatment, and syphilis-positive inmates were diagnosed and linked for treatment. Hepatitis C–positive inmates were also linked for treatment, resulting in 100% achievement across these indicators during FY 2024–25.

For the period from April 2025 to September 2025, improved screening performance was observed: HIV testing coverage has improved significantly compared to the previous year, reflecting better coordination with prison authorities and health staff. Proactive involvement of prison staff has facilitated inmate mobilization for HIV, TB, and syphilis screening. Established linkages with district hospitals and medical colleges enable ART initiation and TB diagnostic services for identified cases Achievement across these indicators remained 100%, except for treatment of Hepatitis C–positive inmates, where the achievement was only 33%.

### Progress: Central Jail, Ranchi (April 2024 – September 2025) :




| S.No. | Indicator | April 2024- March 25 | | | April 2025- Sept. 2025 | | |
|---|---|---|---|---|---|---|---|
| | | Target | Achievement | % | Target | Achievement | % |
| 1 | HIV Screened | 10630 | 5514 | 52% | 5179 | 3476 | 67% |
| 2 | TB Screened | 10630 | 5514 | 52% | 5179 | 3476 | 67% |
| 3 | Syphilis Screened | 10630 | 1530 | 14% | 5179 | 1821 | 35% |
| 4 | Confirm positive Link to ART | 6 | 6 | 100% | 2 | 2 | 100% |
| 5 | Symptomatic Vs TB Tested | 92 | 92 | 100% | 52 | 52 | 100% |

| 6 | TB positive Vs Linked to ATT | 6 | 6 | 100% | 4 | 4 | 100% |
|---|---|---|---|---|---|---|---|

The jail houses approximately 3000 inmates, with an integrated ICTC with LT and counsellor, 4 doctors, 7 paramedical staff

During FY 2024–25, the target for HIV screening among inmates was 10,630, of which 5,514 inmates (52%) were screened. Six inmates were diagnosed as HIV positive, and all were successfully linked to ART Centres for treatment. Undertrial and convicted inmates are required to be screened for tuberculosis (TB); however, only 52% were screened against the defined target of 10,630. A total of 92 inmates were identified as TB symptomatic and were tested for TB, and all six TB-positive inmates were linked to and treated with anti-tuberculosis treatment (ATT).

A significant screening gap was observed between HIV and syphilis screening among inmates during FY 2024–25. While HIV screening coverage was 52%, syphilis screening coverage was only 14%. It was reported that the gap was due to shortage of dual use test kits.

During the period from April 2025 to September 2025, HIV and TB screening coverage improved from 52% to 67%; however, further improvement is still required. Syphilis screening achievement during this period was 35%, compared to 67% for HIV screening, indicating a continued gap between HIV and syphilis screening that needs to be addressed. Linkage to care remained optimal, with 100% achievement observed for linkage of HIV-positive inmates to ART Centres, testing of TB-symptomatic inmates, and linkage of TB-positive inmates to ATT.

### Observations:

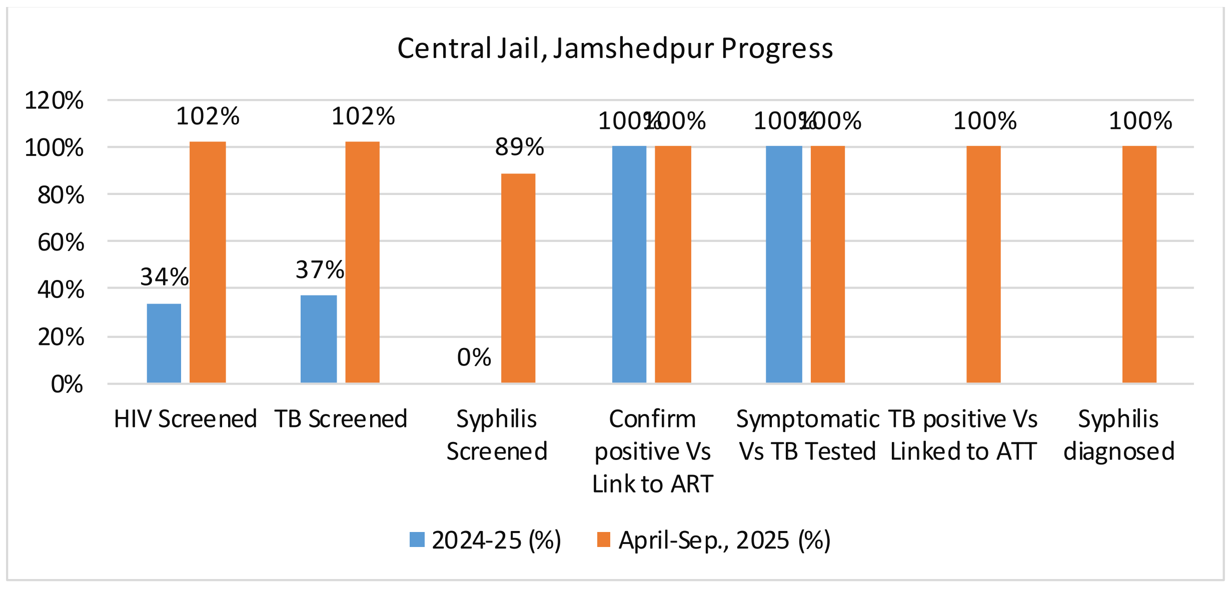
- It was observed that proactive mobilization of inmates for HIV, TB, and syphilis testing is being carried out in the prison.
- Adequate display of IEC materials related to HIV and TB within prison settings supports awareness generation in a high-risk environment.
- Proactive involvement of prison staff, HLFPPT Prison Peer Volunteers, and the Prison Coordinator (PC) was observed.

- Multiple registers and parallel documentation systems limit longitudinal tracking of inmates across diseases. Separate registers for camps and routine testing creating duplication of effort in data entry.
- It is observed that X-ray for suspected TB cases is not being conducted with in the prison.
- Hepatitis B and C screening is not being done and tracked systematically with in the prison despite high vulnerability. Challenges with linkage and treatment initiation for Hep C were reported by PCs.
- Strong support being provided by HLFPPT PC for ensuing testing of new inmates, post-release follow up.

### Recommendations:

- Ensure sufficient stock of dual test kits for inmates in the State to ensure adequate screening of HIV and syphilis in inmates.
- Consolidate registers to ensure longitudinal tracking of screening and services across diseases (Register A1.2 now provided by HLFPPT to consolidate testing data, supportive supervision, logistics and analysis of data by Under trials/ Convicts- ensure use of these for cohesive documentation.)
- Consider providing handheld x-ray services at prison site to facilitate TB screening.
- Facilitate hepatitis screening through referrals to Sadar hospital. Ensure closing of referral loop through confirmatory diagnosis and treatment initiation. Although this indicator is no longer captured by NACO, all screened reactive should get follow-on services and care.
- Explore community radio in common areas and include informational jingles to further increase awareness of HIV, Syphilis, TB and Hepatitis
- Consider initiating pension schemes for the PLHIV inmates and facilitate access to social protection benefits under schemes available in the State
- More effort needs to put into index testing and tracing, although specific challenges of eliciting information from inmates were cited and acknowledged.
- Screening for cancer i.e. oral, cervical, breast can be also considered in an integrated way.

### Progress: Central Jail, Jamshedpur (April 2024 – September 2025) :




| S.No. | Indicator | April 2024- March 25 | | | April 2025- Sept. 2025 | | |
|---|---|---|---|---|---|---|---|
| | | Target | Achievement | % | Target | Achievement | % |
| 1 | HIV Screened | 5236 | 1795 | 34% | 2286 | 2338 | 102% |
| 2 | TB Screened | 5236 | 1955 | 37% | 2286 | 2338 | 102% |
| 3 | Syphilis Screened | 5236 | 0 | 0% | 2286 | 2036 | 89% |
| 4 | Confirm positive Vs Link to ART | 2 | 2 | 100% | 2 | 2 | 100% |

| 5 | Symptomatic Vs TB Tested | 16 | 16 | 100% | 181 | 181 | 100% |
|---|---|---|---|---|---|---|---|
| 6 | TB positive Vs Linked to ATT | 0 | 0 | - | 1 | 1 | 100% |
| 7 | Syphilis diagnosed | 0 | 0 | - | 1 | 1 | 100% |

During FY 2024–25, the target for HIV screening among inmates was 5,236, of which 1795 inmates (34%) were screened. Two inmates were diagnosed as HIV positive, and all were successfully linked to ART Centres for treatment. Undertrial and convicted inmates are required to be screened for tuberculosis (TB); however, only 37% were screened against the defined target of 5,236. A total of 16 inmates were identified as TB symptomatic and were tested for TB, and no TB positive cases were found.

A significant screening gap was observed between HIV and syphilis screening among inmates during FY 2024–25. While HIV screening coverage was 34%, syphilis screening coverage was 0%.

During the period from April 2025 to September 2025, HIV and suspected TB screening coverage improved from 34% to 102%. Syphilis screening achievement during this period was 89%, compared to 102% for HIV screening, suggest gaps in integrated screening and data reconciliation. Linkage to care remained optimal, with 100% achievement observed for linkage of HIV-positive inmates to ART Centres, testing of TB-symptomatic inmates, and linkage of TB-positive inmates to ATT.

### Observation:

- Health services- HIV, TB, syphilis detection and clinical management through referrals and linkages with the Sadar hospital and MGM Medical College is well coordinated and robust.
- TB- 10S screening is being conducted and only symptomatic patients are being referred to the Sadar hospital for sputum testing by CBNAAT.
- Hepatitis B and C screening for prison inmates is not being conducted, despite the high vulnerability in prison settings.

### Recommendations:

- Provision of Hepatitis B and C screening should be established through a referral linkage with the Govt. Sadar hospital.
- Ensure adequate availability of dual test kits for inmates across the State with the aim of bridging existing gaps in integrated HIV/Syphilis screening coverage and enabling timely diagnosis and treatment for inmates.
- Information, Education and Communication (IEC) on HIV, TB, and Non-Communicable Diseases (NCDs) may be further strengthened through NACO approved audio-visual contents that may be displayed at strategic location in the prison setting with the support of Jharkhand SACS.
- TB screening should be conducted for all newly admitted inmates using handheld X-ray machines, with follow-up screening every six months.
- Recommend setting up an Integrated Counselling and Testing Centre (ICTC) within the Central Jail, given the high number of undertrial inmates each month and the significant population movement in this industrial area. Currently, two of the three central jails in the State have ICTCs, while this facility relies on referrals to the nearby Sadar Hospital, which can delay testing and counselling services. Setting up an on-site ICTC will improve

efficiency, ensure timely HIV and STI screening, and allow the dedicated counsellor to provide both counselling and STI-related services directly within the jail.

## Plan International (India Chapter)

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

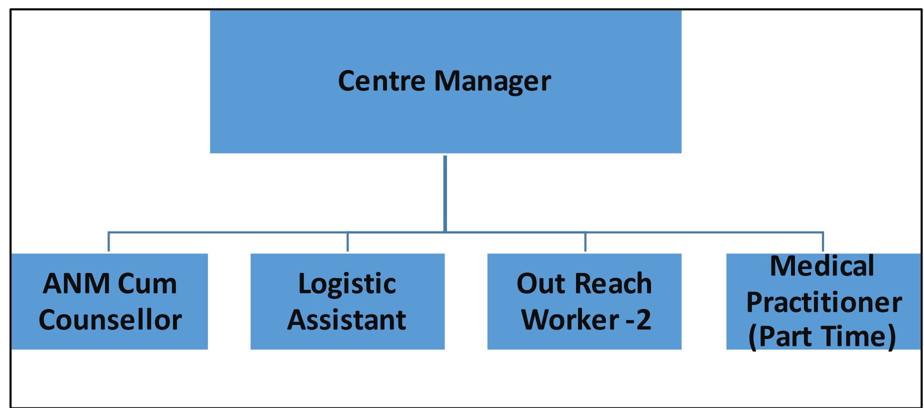
### Objectives:

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

### Activities Undertaken OSC:

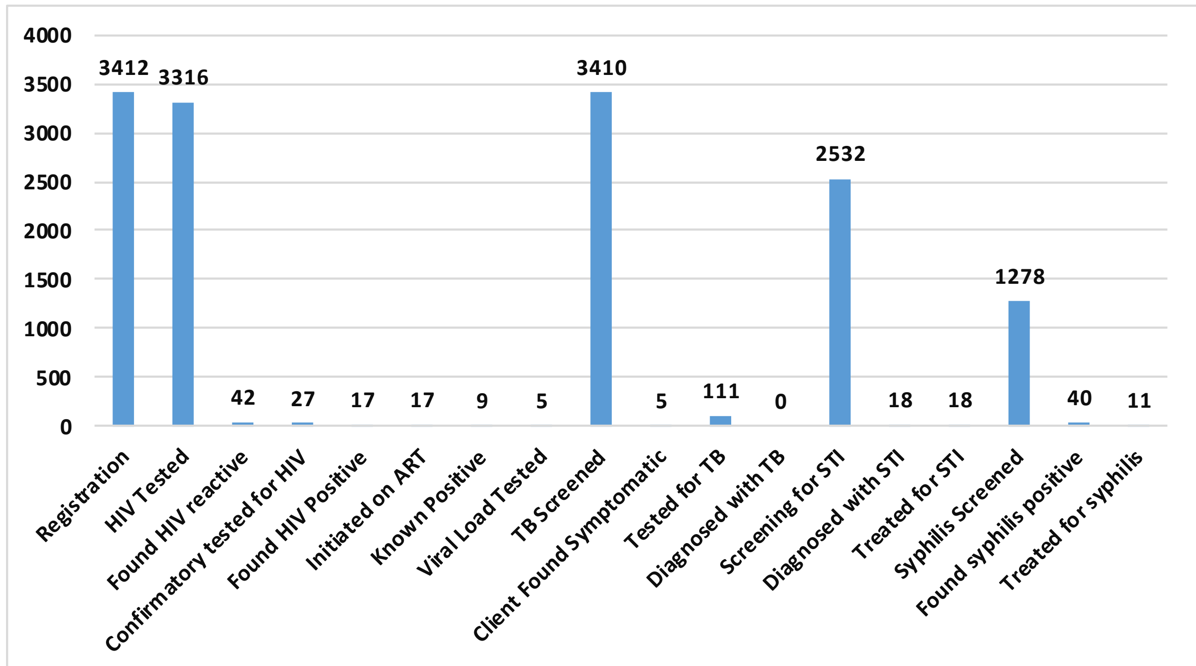
- Community outreach for awareness and CBS
- Health Camps
- Referral for confirmatory test and treatment
- Awareness about and linkages to Social Welfare Schemes
- Networking with NACP facilities and other health related
- Psychosocial counselling
- Commodity distribution

### HR Structure:




| Sl. No. | Name of Staff | Approved Position | On-Board Position |
|---|---|---|---|
| 1 | Centre Manager | 01 | 01 |
| 2 | ANM Cum Counsellor | 01 | 01 |
| 3 | Logistic Assistant | 01 | 01 |
| 4 | ORW | 02 | 02 |
| 5 | Medical Practitioner (Part Time) | 01 | 01 |

## OSC Progress (Cumulative till September 2025 from initiation) :




A total of 3,412 bridge population clients have been registered at the One Stop Centre (OSC) since its inception. Of these, 3,316 clients (97%) were screened for HIV, and 42 clients were found HIV reactive. It was observed that only 17 (40%) of the HIV reactive clients underwent HIV confirmation testing, whereas the expected achievement should be 100%. All 17 confirmed HIV-positive clients were successfully linked to the ART Centre for treatment.

TB screening by 10S is being routinely conducted for OSC clients, and no gap was observed between HIV and TB screening. Five clients were identified as symptomatic for TB; however, none were confirmed as TB.

A total of 2,512 clients were screened for sexually transmitted infections (STIs), of whom 18 were diagnosed with STIs and received treatment.

A significant gap between HIV and syphilis screening was observed. While 3,316 clients were screened for HIV, only 1,278 clients were screened for syphilis. Among those screened, 40 clients tested screened syphilis positive, and only 11 clients received treatment.

## Observations:

- The One Stop Centre (OSC) is staffed as per the approved human resource structure, with no vacancies reported.
- The OSC is providing 14 integrated health and allied services directly to clients.
- The OSC maintains regular coordination with the nearest TI-NGO to prevent duplication of clients within the geographical catchment area.
- A gap was observed between the numbers screened for HIV with positive results and those who received HIV confirmatory testing (only 40%) highlighting the need for targeted outreach strategies at source and destination for these vulnerable population.
- A gap was observed between HIV screening and syphilis screening, indicating that all bridge population clients are not being screened for syphilis.

- Not all clients 22/40 (55%) who screened positive for syphilis using the dual test (TPHA) were linked for confirmatory testing through the reverse algorithm and subsequent clinical management. It was reported that MOs at the DSRCs have been requesting repeat TPHA tests often requiring patients to bear the cost out of pocket, , and hence syphilis treatment rates have been sub optimal. There is a need to train the treating medical officers on the syphilis test algorithm and treatment initiation national guidelines. TB screening is currently being conducted only through symptom screening (4S), and X-ray-based screening is not being implemented.
- .
- During the site visit, it was observed that quality control procedures for point-of-care screening tests for HIV and syphilis were not being implemented in accordance with national guidelines. Similar gaps were noted for blood sugar and hypertension screening. It's commendable to note Private sector and CSR-supported initiatives for conducting health camps and providing other health services was undertaken to enhance access and quality of health care for the bridge population
- The One-Stop Centre also functions as a drop-in centre; however, its working hours were limited from 9:00 AM to 5:00 PM. These timings may not be convenient for bridge populations, who are often engaged in work during morning and afternoon hours. Adjusting service hours or providing flexible access could improve utilization and ensure that these vulnerable populations can fully benefit from the services offered.

### Recommendations

- Facilitate and conduct training for medical staff at linked secondary and tertiary health facilities on the syphilis testing algorithm and clinical management of syphilis in collaboration with SACS.
- Establish referral linkages for Hepatitis B and C screening. Also ensure timely confirmatory testing for all clients with reactive HIV, TB, and syphilis screening results through strengthened follow-up mechanisms. Close cascade leakages by reinforcing coordination between source and destination district NACP teams to enable seamless referral, tracking, and linkage to care. Provide psychosocial and mental health counselling services through a standardized processes and protocol.
- Conduct training on HIV testing quality control procedures in line with national guidelines.
- Provide training to the on-site Medical Officer on the NCD screening guidelines and referral and linkage pathways.
- Realign OSC working hours to improve service accessibility for the bridge population.
- Innovate and strengthen mechanisms to ensure 100% of HIV screening reactive clients undergo HIV confirmatory testing.
- Eliminate the gap between HIV and syphilis screening by ensuring screening of all bridge population clients by dual HIV/Syphilis rapid test.
- Collaborate with SACS and health facilities and ensure that all syphilis-positive clients by rapid TPHA test are linked to appropriate confirmation and treatment.

## Tuberculosis

KHPT:

The main activities in the state are:

1. Nikshay Mitra initiative:

- In supporting the Ni-kshay Poshan Yojana (NPY) scheme, KHPT is to extend technical assistance to facilitate the seamless and timely direct benefit transfer (DBT) through the Public Financial Management system. From January 2024 to November 2025, about 4245 Nikshay Mitras have been registered. During the year 2024 TB patients notified have been 65885 out of which 98 % gave consent for receiving aid. 59993 food baskets have been distributed. In the second year 2025, 62914 Tb patients have been notified out of which 88 % consented for receiving aid. 101811 food baskets have been distributed. However, their number needs to be increased as we observed in Khunti district. Total TB persons supported is still unsatisfactory at 18 %. KHPT did mention about gaps in Nikshay data entry explaining the incomplete coverage.
- Sustenance of food basket supply needs to be maintained as it is noted that the sponsors withdraw after a month or two.
- Other supportive activities of psychosocial support, skill building needs to be strengthened.
- Significant involvement of corporates, NGOs and individuals has been done. But it requires scaling up.
- There is need to prepare case studies of best practices with evidence.

2. Technical support for DBT:

The DBT -NPY payment status shows that 45 % of beneficiaries have been paid full in the year 2024 and 61% in 2025. The DBT for private providers achieved 47 % full payment in first year

and only 32 % in 2nd year. However, the good thing is the reduction of turnaround time from 114 in first year to 52 days in the second. It is also noted with satisfaction that the state was at 19th position in 2024 regarding DBT- NPY Pan India Status and it jumped to 7th in the year 2025.

The KHPT technical assistance has ensured the bank accounts details from 89 % to 92%. Validation of bank details has gone up from 84% to 88%. Successfully Implemented Digital Signature Certificate (DSC) in 24 districts. Supported Grievance reduction from 2350 to 320. Capacity building of the STS and NTEP : 20 training sessions during the project period.

Many challenges are being faced. Payment status has reduced due to implementation issues in SNA-SPARSH. There have been OTP Issues on checker mobile number. DBFL- Debit bank failure, Batch Rejection due to mandatory fields value, No such Account/Account Closed, Long Time Processing are observed.

3. "Saksham" Capacity Building:

91 staff were trained in there batches. This includes 16 DTOs from 16 districts, 2 MO-DTCs from 2 districts, and 68 STSs from 17 districts. 2 training batches are planned in next quarter.

HLFPPT:

The objectives of the HLFPPT include prison intervention (in the 42 prisons /OCS/Juvenile homes) by screening of KVP. They have employed 2 state level officers and 5 prison co-ordinators. The following are the achievements:

- Screening of KVP in prisons was not going on well as the coverage is less (70 %) in the previous year. However, the performance is much better this year. Against the target of 20862 given by CTD, 30689 have been screened (147%).
- The presumptive cases form about 5.9 % of those screened. It is expected to be more. Number of TB patients is 59 out of those suspects (1.2%).
- 311 prison peer volunteers have been selected and trained. 231 of them are active.
- X-ray facility needs to be enhanced in the prisons. Hand held X-ray machine may have to be provided.
- 95 healthcare professionals have been trained. Pending training activities of prison health care staff, review meetings and advocacy meetings need to be completed on a time bound basis.
- The HLFPPT staff need to have role clarity with clear understanding of deliverables.
- There is need to prepare case studies of best practices with evidence.

**Some observations regarding the NTEP activities of the state:**

**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:

| Year | Target in Public | Public Notification | Achievement in Public | Target in private | Private notification | Achievement in private |
|---|---|---|---|---|---|---|
| 2024 | 39700 | 44846 | 113% | 23300 | 19111 | 82% |
| 2025 (Jan to Nov) | 41507 | 44293 | 107% | 18077 | 17162 | 95% |

(Data source- Ni-kshay on 11th Dec 2025)

- Number of patients with RR-TB and/or MDR-TB that began second-line treatment → 922 in 2025 till 10th December
- Mechanism of treatment adherence being used for TB patients: →Phone calls, counting of empty blister packs and physical visits.

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.

Confirmed RR &/or MDR Notified: (Data source- Ni-Kshay on 11th Dec 2025)

| Year | Gender | Private | Private % | Public | Public % | Grand Total |
|---|---|---|---|---|---|---|
| 2025 | Female | 17 | 5% | 304 | 95% | 321 |
| 2025 | Male | 24 | 4% | 607 | 96% | 631 |
| 2024 | Female | 26 | 7% | 348 | 93% | 374 |
| 2024 | Male | 54 | 7% | 672 | 93% | 726 |

- Mechanism of treatment adherence being used for TB patients: (99DOTs), phone call, counting of empty blisters and house visits
- Newer drugs/regimens is being offered to all eligible patients including Private sector patients. This was cross checked during field visits to the district TB units.

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:

| Year (Cohort) | Gender | Private Notification | Public Notification | Successful treatment in Private | Successful treatment in Public | SR % in Private | SR % in Public |
|---|---|---|---|---|---|---|---|
| 2024 | Female | 6031 | 15657 | 5512 | 13560 | 91% | 87% |
| 2024 | Male | 9155 | 34668 | 8153 | 29700 | 89% | 86% |
| 2024 | Transgender | 5 | 26 | 4 | 23 | 80% | 88% |
| 2023 | Female | 4645 | 15382 | 4256 | 13924 | 92% | 91% |
| 2023 | Male | 7738 | 34384 | 6972 | 30890 | 90% | 90% |
| 2023 | Transgender | 7 | 23 | 6 | 20 | 86% | 87% |

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

| Year (Cohort) | Gender | Private Notification | Public Notification | Successful treatment in Private | Successful treatment in Public | SR % in Private | SR % in Public |
|---|---|---|---|---|---|---|---|
| 2024 | Female | 26 | 348 | 9 | 112 | 35% | 32% |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 2024 | Male | 54 | 672 | 21 | 211 | 39% | 31% |
| 2024 | Transgender | | 1 | | 0 | | 0% |
| 2023 | Female | 27 | 363 | 21 | 254 | 78% | 70% |
| 2023 | Male | 52 | 735 | 37 | 489 | 71% | 67% |
| 2023 | Transgender | | | | | | |

5. Number and % of notified TB cased are tested for DM and HIV in public and private sector respectively current and previous year:

| Year | Sector | Total Cases | HIV status Known | Diabetes Status Known | HIV status Known % | Diabetes Status Known % |
|---|---|---|---|---|---|---|
| 2024 | Private | 15193 | 14305 | 14043 | 94% | 92% |
| 2024 | Public | 50355 | 48560 | 45691 | 96% | 91% |
| 2025 | Private | 15193 | 13279 | 12717 | 87% | 84% |
| 2025 | Public | 49677 | 46837 | 43109 | 94% | 87% |

Data of 2025 till 11th December*

6. Jharkhand has started intensified case finding at all high risk OPDs like NCD clinic, Tobacco Cessation Clinic, ART clinics, OST clinics, RCH Clinics, NRC, etc.

7. However, it was noted that the data shared by above mentioned health programmes are not being well validated, reviewed and utilised at State/District level as seen during the visit to the community health centers and district Sadar hospitals.

**B. Availability and access to TB Laboratory Services:**

1. While TB testing facilities/tests are being made available for Presumptive TB cases and TB patients in the 206 TUs and NAAT available in all of them, it is noted that upfront Molecular Diagnostics is being offered to only 40 % of cases.

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

- Microscopy – Around 1-2 Days
- NAAT - Around 1-2 Days
- FL LPA – 7-8 days
- SL LPA – 15-20 Days

The challenges are as follows:

- Inadequate number of NAAT machines → Sufficient
- Inadequate cartridges/chips → Sufficient
- Inadequate trained manpower →Trained but shortage of HR
- Out of 650 extraction Machine for **Truenat** 30% are non-functional, need to be re-assessed to continue use/dispose.

3. The challenges faced by LTs and Microbiologists in optimum utilisation of Microscopy/Molecular Diagnostics:

- Unavailability of cartridges/chips → No
- Additional duty/Multi-tasking → Yes
- Poor referral → Yes
- Lack of training → Yes
- AMC/CMC of the equipment & its functionality → No. (PO for breakdown services is being released by DTSs, Preventive Maintenance is not being done)
- Shortage of HR

The state has sufficient stock of consumables for microscopy, NAAT, LPA and LCDST.

### C. TB Drugs Availability

The state has sufficient stock of FLD and SLD. This was verified with stock registers and interaction.

### D. TB preventive Treatment

Status of TPT implementation in State/district for current and previous year:

2025

| Category | Under 5 years | More than 5 years |
|---|---|---|
| Number of contacts identified (A) | 14297 | 125611 |
| Number diagnosed with TB (B) | 227 | 1103 |
| Number eligible for TPT (C=A-B) | 14070 | 124508 |
| Number initiated on TPT (D) | 4366 | 25561 |

2024

| Category | Under 5 years | More than 5 years |
|---|---|---|
| Number of contacts identified (A) | 17969 | 140527 |
| Number diagnosed with TB (B) | 170 | 1350 |
| Number eligible for TPT (C=A-B) | 17799 | 139117 |
| Number initiated on TPT (D) | 6299 | 42454 |

E. Community Engagement

1. Update on State/District TB Forums

- The state TB Forum has been constituted. The last State TB Forum meeting held in Nov 2024

2. Status Update on TB Survivor Engagement

- Number of TB survivors planned to be trained during the year (as per RoP /State/District plan) → 24 TB Survivors
- Number of TB survivors sensitised (through online or physical meetings using curriculum suggested by CTD)? → 14
- Number of new TB Champions identified/trained/engaged under the project at each Ayushman Arogya Mandir (AAM) level? → 6
- Number of TB Champions trained on Family care giver model under the KHPT project ?-→6

F. TB Mukt Gram Panchayat

1. Percentage of Gram Panchayats in the project State/districts successfully awarded with "TB Mukt" status by NTEP? → 239
2. Number of State level district nodal officers trained on TB Mukt Gram panchayat under State level ToTs? → 24
3. Number of GP/Panchayat representatives trained in the project geography on their roles &responsibilities? → 4345

Some specific observations during the field visit:

- The analysis of cascade of TB diagnosis shows a significant gap in TB surveillance as seen during district visits:

District Khunti Active Case Finding 2025 efforts (For KVP as per NIKSHAY portal):

1. Total population of the district: 6,98,448
2. Vulnerable population mapped (~20% of district population): 1,36,765
3. No. and Proportion of screened and enrolled individuals among the mapped Key Vulnerable Population: 5849 (5%)
4. No. and Proportion of Key Vulnerable population who received Chest X-ray: 804 (14%)
5. No. and Proportion of Key Vulnerable population who received Microscopy: 675 (12%)

6. No. and Proportion of Key Vulnerable population who received NAAT: 1661 (29%)
7. No. and proportion of those Vulnerables who were diagnosed with TB: 573(10%) (in which 190 were diagnosed clinically by X-ray)
8. No. and proportion of vulnerable individuals diagnosed who were started on TB treatment: 559 (97%) (4 refused, 4 wrongly diagnosed, 6 migrated/untraceable)

District West Singhbhum Active Case Finding 2025 efforts (For KVP as per NIKSHAY portal):

1. Vulnerable population mapped (~8% of district population): 1,33,194
2. No. and Proportion of screened and enrolled individuals among the mapped Key Vulnerable Population: 20,978 (16%)
3. No. and Proportion of enrolled Key Vulnerable population who received Chest X-ray: 13,314 (64%)
4. No. and Proportion of enrolled Key Vulnerable population who received Microscopy: 767 (4%)
5. No. and Proportion of Key Vulnerable population who received NAAT: 4633 (22%)
6. No. and proportion of those vulnerable who were diagnosed with TB: 4581 (21%)
7. No. and proportion of vulnerable individuals diagnosed who were started on TB treatment: 4462 (97%)

- There is a good working mechanism for EQA
- **Declining TB positivity rate from 15% to 8% is encouraging** yet may reflect inconsistent screening quality or testing saturation in easy-to-reach populations; program should ensure high-risk groups are systematically reached.
- Some of the districts like : Dhanbad, Hazaribagh, Palamu, East and West Singhbhum **do not report TB data timely**, resulting in incomplete surveillance and delayed response actions; the state should enforce reporting timelines and strengthen district-level data entry capacity.
- The **significant rise in presumptive TB testing** (from 850 to 3000) indicates program improvement, hence closer stock–consumption mapping is needed to maintain uninterrupted testing as strained logistics and commodity supply may occur without aligned forecasting.
- Key Vulnerable Population (KVP) estimates show 18 to 20 % need focussed attention.
- Coverage of the KVP is quite poor in most places visited.
- Routine screening at PHC /CHC outpatients not adequately monitored. Very few institutions are achieving the targets. In **Khunti** only the **district hospital** is showing satisfactory performance and no other PHC /CHC.

- OPD register does not show entry of provisional diagnosis. This shows that IHIP data entry is improper.
- TB treatment charts incomplete.
- TB Prophylactic Treatment shows inadequate coverage. In Khunti district only half of the 322 eligible are getting TPT.
- Weak collaboration with NCD, Tobacco cessation programme.
- Upfront NAAT is still unsatisfactory. Only 40 % in Khunti.

**Recommendations:**

- There is need to adequately equip the districts with adequate X-ray facilities and particularly hand held ones.
- Screening of KVP in prisons and other settings need to be addressed early.
- There is a need for strong collaboration with NCD at state and district level. Screening of all diabetic patients with 10 S to be done. The staff needs orientation regarding appropriate reporting also.
- Sufficient supply of NAAT cartridges is available, but capacity building of the technicians and shift management is required.
- There is need to collect data of duration of symptoms and the time lag before diagnosis for every case in the treatment chart. Analysis would point out any potential delay.
- MDR TB case investigation needs to be done systematically.
- TB Death investigation also needs to be done systematically.

# Malaria

The oversight committee undertook review of the Non-Government PR the TCIF activities in Jharkhand state. The following is the current status:

j. Recruitment of 2 Lab Technicians (LT) at RoHFW Patna/Jharkhand has been done.

k. Training activities: 118 health workforce of Jharkhand State have been trained from **April 2024** to September 2025.

   a. 2 medical officers at Delhi NCVBDC

   b. 4 entomologists at Delhi NCVBDC

   c. 10 DVBDCOs at Raipur / Ranchi, 11 VBD consultants

   d. 3 lab techs at Delhi NCVBDC

   e. 68 lab techs at RoHFW, Patna

l. In person capacity building of ASHAs; 30 ASHAs have been trained at CHC Arki, District Khunti.

Epidemiological information of the state:

| Key Programme Indicators for Malaria. | | | | | | |
|---|---|---|---|---|---|---|
| Indicator | 2021 | 2022 | 2023 | 2024 | 2024 Till Oct | 2025 till Oct. |
| Malaria cases | 14198 | 19168 | 34087 | 42352 | 30609 | 32344 |
| Pf % | 68.24 | 78.04 | 85.05 | 82.68 | 81.84 | 77.55 |
| ABER | 9.87 | 11.77 | 13.25 | 13.84 | 11.29 | 12.53 |
| API | 0.34 | 0.45 | 0.79 | 0.96 | 0.96 | 0.71 |
| TPR | 0.35 | 0.38 | 0.59 | 0.69 | 0.61 | 0.57 |
| Malaria deaths(total) | 0 | 4 | 2 | 0 | 0 | 2 |
| Pv deaths | 0 | 0 | 0 | 0 | 0 | 0 |
| Pf deaths | 0 | 4 | 2 | 0 | 0 | 2 |
| Slide positivity Rate | 0.45 | 0.47 | 0.68 | 0.80 | 0.74 | 0.72 |
| RDT positivity rate | 0.83 | 1.32 | 3.17 | 3.27 | 2.97 | 0.48 |

There has been an increasing trend of malaria in the state since 2021. However, it is good to note that West Singhbhum which had contributed to about half of malaria cases of the state, has shown declining trend in the year 2025.

Performance as per checklist of NCVBDC for review of GFATM supported activities under IMEP:

1. Approved activities/interventions:
   a. **Is the state aware about the GFATM supported activities and budget approved for the state?**
      The State is aware of the GFATM-supported activities and the approved budget. In FY 2024–25, GFATM approved Rs. 210.20 lakh, whereas in the ROP for FY 2024–25, the approved amount was Rs. 161.46 lakh.

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

      In FY 2024–25, the State did not have a budget under the training component, which includes the following activities: IHIP training for State and District teams, Sensitization Workshop for Private Practitioners at District HQs, and Sensitization Workshop for Private Practitioners at State HQs. These trainings have been proposed in FY 2025–26.

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

      As per the Government of India guidelines, funds are allocated through the SNA account as well as the SNA SPARSH system. Both the State and the districts follow the same guidelines.

   d. **Status of implementation of all the activities budgeted under IMEP-3.**

      Yes, it has been done at both the State and district levels.

<table>
<tr><th>S.N.</th><th>Description of Activities (FY 2024-25)</th><th>Output of the last year</th></tr>
<tr><td>1</td><td>Annual maintenance cost for MTS (Malaria Technical Supervisor) Motor Bikes</td><td>The approved annual maintenance cost for MTS (Malaria Technical Supervisor) motorbikes is Rs. 2.40 lakh. The State has utilized Rs. 1.71 lakh, which is 71% of the approved budget.</td></tr>
<tr><td>2</td><td>Annual maintenance for Vehicles supplied under GFATM for Entomological Zones</td><td rowspan="2">As per the demand proposed in the PIP for FY 2024-25, the annual maintenance cost for 16 Bolero vehicles was Rs. 60,000 per vehicle. The total approved amount under AMC is Rs. 9,60,000 for all 16 vehicles. Both zonal offices were approved Rs. 60,000 each; however, one zonal AMC cost has been reflected under both the State and District expenditure, resulting in 110% AMC expenditure showing under the zonal entomological budget head. Since all 16 Bolero vehicles are new, the average annual maintenance cost is approximately Rs. 30,000 to Rs. 40,000.</td></tr>
<tr><td>3</td><td>Annual maintenance for Vehicles supplied under GFATM for States & Districts</td></tr>
<tr><td>4</td><td>Capacity Building of Block MTS</td><td>In FY 2024–25, under the Capacity Building of Block MTS, the approved amount was Rs. 9.05 lakh, and Rs. 6.78 lakh has been utilized. The total utilization is 75% of the approved budget. The MTS training has been executed at State HQ on dared 4th to 6th December 2024, 9th December to 14th December 2024 and 16th December to 18th December 2024.</td></tr>
<tr><td>5</td><td>Consecutive & Concurrent supervision of Indoor Residual Spray</td><td>As per the Government of India guidelines, the funds allocated for Consecutive and Concurrent Supervision of Indoor Residual Spray (IRS) are to be utilized for IRS-related activities such as training of spray teams and supervisors at the block level, travel, accommodation and logistics for the central team, and printing of checklists and templates for field evaluation. Since Malaria IRS has not been conducted, only the State-level and Central-level field visit funds have been booked. The remaining activities—such as squad training and checklist printing—are still pending.<br><br>In FY 2024–25, under the Consecutive & Concurrent supervision of Indoor Residual Spray, the approved amount was Rs. 50.81 lakh, and Rs. 10.11 lakh has been utilized. The total utilization is 20% of the approved budget.</td></tr>
<tr><td>6</td><td>IHIP training for State & District team</td><td>This was not proposed in FY 2024–25; it has been proposed in FY 2025–26.</td></tr>
<tr><td>7</td><td>Mobility Support (POL) for Block MTS for enhancing the</td><td>In FY 2024–25, under the Mobility Support (POL) for Block MTS for enhancing the surveillance and for data collection, the approved amount was Rs. 18.14 lakh, and Rs. 12.36 lakh has been utilized. The total utilization is 68% of the approved</td></tr>
</table>

| S.N. | Description of Activities (FY 2024-25) | Output of the last year |
|---|---|---|
| | surveillance and for data collection | budget. The block-level MTS mobility support is provided @ Rs. 2,800 per month. Khunti district has not recruited the MTS post; therefore, the MTS mobility support activities have not been utilized yet. |
| 8 | Mobility Support (POL) for District HQs for enhancing the surveillance and for data collection | In FY 2024–25, under the Mobility Support (POL) for District HQs for enhancing the surveillance and for data collection, the approved amount was Rs. 30.96 lakh, and Rs. 17.71 lakh has been utilized. The total utilization is 57% of the approved budget. The district-level mobility support is approved at Rs. 19,845 per month for 13 districts. |
| 9 | Mobility Support (POL) for State HQs for enhancing the surveillance and for data collection | In FY 2024–25, under the Mobility Support (POL) for State HQs for enhancing the surveillance and for data collection, the approved amount was Rs. 6.00 lakh, and Rs. 0.97 lakh has been utilized. The total utilization is 16% of the approved budget. The fund allotted to the State Headquarter is Rs. 50,000 per month. On average, fuel expenditure is approximately Rs. 12,000 per month. At the State HQ, multiple field visits may be required using government vehicles, due to which the expenditure is expected to increase. |
| 10 | Mobility Support for Entomological Zones | In FY 2024–25, under the Mobility Support for Entomological Zone, the approved amount was Rs. 1.20 lakh, and Rs. 4.64 lakh has been utilized. The total utilization is 39% of the approved budget. The funds have been allotted to both zonal offices (Ranchi and Hazaribagh) at the rate of Rs. 60,000 per month per unit. The Ranchi zonal vehicle is being utilized at the State HQ; therefore, one zonal vehicle has not been utilized for its intended purpose. |
| 11 | Sensitization Workshop for Private practitioners at District HQs | This was not proposed in FY 2024–25; it has been proposed in FY 2025–26. |
| 12 | Sensitization Workshop for Private practitioners at State HQs | This was not proposed in FY 2024–25; it has been proposed in FY 2025–26. |
| 13 | State Review Meetings for review of districts | In FY 2024–25, under the State Review Meetings for review of districts, the approved amount was Rs. 17.03 lakh, and Rs. 12.15 lakh has been utilized. The total utilization is 71% of the approved budget. The SRM has been conducted on dated 28th June 2024 at State HQ, |

| S.N. | Description of Activities (FY 2024-25) | Output of the last year |
|---|---|---|
| 14 | Travel cost to attend RRM for State Consultants | The expenditure has been booked as per the approval of the file. |

| SN | Description of Activities (FY 2025-26) | Budget Approved FY 2025-26 | Expenditure up to November 2025 (including Tax) | Remarks |
|---|---|---|---|---|
| 1 | Annual maintenance cost for MTS (Malaria Technical Supervisor) Motor Bikes | 2,40,000.00 | 21,925.00 | The fund has been allocated for the repair of 80 MTS motorbikes at the rate of Rs. 3,000 per bike. The annual maintenance costs for Garhwa, Gumla–Latehar, Pakur, and Simdega have been booked, while the remaining districts—Chatra, Giridih, Khunti, Palamu, Sahibganj, Saraikela, and West Singhbhum—are expected to submit their annual maintenance costs by December 2025. The total fund utilized is 9%. |
| 2 | Annual maintenance for Vehicles supplied under GFATM for Entomological Zones | 1,20,000.00 | 35,323.00 | Two new Bolero vehicles have been allotted by the Government of India to the two zonal offices (Ranchi and Hazaribagh) for malaria field visits. The annual maintenance cost for both zonal offices is Rs. 60,000 each. The repair cost for the Hazaribagh zonal office vehicle has been incurred, while no expenditure has been made for the vehicle at the State Headquarter, as it is being used by the State Programme Officer for making local visit. The total fund utilized is 33%. |
| 3 | Annual maintenance for Vehicles supplied under GFATM for | 8,88,000.00 | 1,40,080.00 | The Government of India has allotted 14 Bolero vehicles for VBD Programme field visits. The vehicles have been allotted to State HQ, Chatra, Garhwa, Giridih, Gumla, Lohardaga, Latehar, Khunti, Pakur, Palamu, Sahibganj, Saraikela, Simdega and West Singhbhum. Funds have been allotted under this head for 14 Bolero vehicles at the rate of |

| SN | Description of Activities (FY 2025-26) | Budget Approved FY 2025-26 | Expenditure up to November 2025 (including Tax) | Remarks |
|---|---|---|---|---|
| | States & Districts | | | Rs. 60,000 per unit. The State-level annual maintenance cost of Rs. 12,000 has been incurred but not yet booked; it will be reflected in December 2025. District-level expenditures have been booked for Sahibganj, Giridih, Garhwa, Saraikela, Pakur, and Simdega. The annual maintenance cost booking for the remaining districts is still pending and is expected in the month of Dec 2025. The total fund utilized is 16%. |
| 4 | Capacity Building of Block MTS | 4,53,000.00 | 0.00 | The MTS training was conducted from 2nd to 3rd December 2025 in Chatra District. The expenditure will be reflected in January 2026, and approximately Rs. 4.10 lakh will be booked in the January 2026 SOE. The master trainers were the WHO Coordinator and State Consultants. A total of 67 MTS personnel were trained on the Malaria Module. The total fund will be utilized is approx. 90%. |
| 5 | Consecutive & Concurrent supervision of Indoor Residual Spray | 51,52,000.00 | 2,35,751.00 | As per the Government of India guidelines, the fund allocated for Consecutive and Concurrent Supervision of Indoor Residual Spray (IRS) will be utilized for IRS-related activities such as training spray teams and supervisors at the block level, travel, accommodation, and logistics for the central team, and printing checklists and templates for field evaluation. Malaria IRS has not started in most of the districts due to the non-procurement of insecticides. IRS in the four Kala-azar districts (Dumka, Godda, Pakur, and Sahibganj) will be carried out from February to March 2026, and the fund will be utilized during that period. These activities are closely linked to mobility support at the district level and the |

| SN | Description of Activities (FY 2025-26) | Budget Approved FY 2025-26 | Expenditure up to November 2025 (including Tax) | Remarks |
|---|---|---|---|---|
| | | | | procurement of insecticides, that's why the expenditure is currently low. The total fund utilized is 5%. |
| 6 | IHIP training for State & District team | 20,33,640.00 | 4,00,797.00 | The IHIP training has been completed in six districts—Dumka, Godda, Dhanbad, Pakur, Ranchi, and Sahibganj—and the training plan for the remaining 18 districts has been shared with them.<br>The current status of IHIP training is as follows:<br>• **Bokaro** – Completed<br>• **Chatra** – Scheduled to start on **8th December 2025**<br>• **Deoghar**- Completed; booking yet to be made<br>• **East Singhbhum** – Planned for **15th December 2025**<br>• **Garhwa** – Scheduled to start on **11th December 2025**<br>• **Giridih** – Scheduled to start on **15th December 2025**<br>• **Gumla** – Completed; booking yet to be made<br>• **Hazaribagh** – Scheduled to start on **15th December 2025**<br>• **Jamtara** – Started on **15th December 2025**<br>• **Khunti** – Completed; booking yet to be made<br>• **Koderma** – Started on **15th December 2025**<br>• **Latehar** – Scheduled to start on **15th December 2025**<br>• **Lohardaga** – Scheduled to start on **13th December 2025**<br>• **Palamu** – Completed; booking yet to be made<br>• **Ramgarh** – Scheduled to start on **15th December 2025** |

<table>
<tr><th>SN</th><th>Description of Activities (FY 2025-26)</th><th>Budget Approved FY 2025-26</th><th>Expenditure up to November 2025 (including Tax)</th><th>Remarks</th></tr>
<tr><td></td><td></td><td></td><td></td><td><ul><li>Saraikela – Scheduled to start on 15th December 2025</li><li>Simdega – Scheduled to start on 15th December 2025</li><li>West Singhbhum – Completed; booking yet to be made</li></ul>The master trainers for the IHIP training include the State-Level Consultant (M&E), WHO Coordinator, and the District and Block-Level VBD Consultants.</td></tr>
<tr><td>7</td><td>Mobility Support (POL) for Block MTS for enhancing the surveillance and for data collection</td><td>19,05,000.00</td><td>7,54,789.65</td><td>Ongoing activity follow-ups are being coordinated with both districts and blocks. The district-wise details are mentioned below. The low expenditure in Khunti district is due to the non-recruitment of the MTS post, and therefore the MTS mobility support activities have not been utilized yet.
<table>
<tr><th colspan="5">Block_Level_MTS_Mobility_Support_Utilization</th></tr>
<tr><th>Sl. No</th><th>District Name</th><th>Budget</th><th>Exp. Up to Nov. 25</th><th>% Utilization</th></tr>
<tr><td>1</td><td>Chatra</td><td>1.41</td><td>0.63</td><td>44%</td></tr>
<tr><td>2</td><td>Garhwa</td><td>1.41</td><td>0.65</td><td>46%</td></tr>
<tr><td>3</td><td>Giridih</td><td>2.12</td><td>0.88</td><td>41%</td></tr>
<tr><td>4</td><td>Gumla</td><td>1.06</td><td>0.55</td><td>52%</td></tr>
<tr><td>5</td><td>Khunti</td><td>2.12</td><td>0.00</td><td>0%</td></tr>
<tr><td>6</td><td>Latehar</td><td>1.76</td><td>1.11</td><td>63%</td></tr>
<tr><td>7</td><td>Pakur</td><td>1.06</td><td>0.43</td><td>41%</td></tr>
<tr><td>8</td><td>Palamu</td><td>2.47</td><td>0.90</td><td>36%</td></tr>
<tr><td>9</td><td>Sahibganj</td><td>1.76</td><td>0.82</td><td>47%</td></tr>
<tr><td>10</td><td>Sariakela</td><td>1.06</td><td>0.38</td><td>36%</td></tr>
<tr><td>11</td><td>Simdega</td><td>0.71</td><td>0.35</td><td>50%</td></tr>
<tr><td>12</td><td>West Singhbhum</td><td>2.12</td><td>0.85</td><td>40%</td></tr>
<tr><td colspan="2">Total</td><td>19.05</td><td>7.55</td><td>40%</td></tr>
</table></td></tr>
<tr><td></td><td>Mobility Support (POL) for</td><td>32,51,000.00</td><td>10,18,115.25</td><td>Ongoing activity follow-ups are being coordinated with the districts, and 13 districts have been directed to increase field visits for</td></tr>
</table>

<table>
<tr><th>SN</th><th>Description of Activities (FY 2025-26)</th><th>Budget Approved FY 2025-26</th><th>Expenditure up to November 2025 (including Tax)</th><th>Remarks</th></tr>
<tr><td></td><td>District HQs for enhancing the surveillance and for data collection</td><td></td><td></td><td>VBD activities. Most of the district Civil Surgeons have utilized the newly allotted VBD vehicles, so frequent field visits are not being conducted. As per Government of India guidelines, GPS facilities must be inbuilt in government vehicles, and most government officials are using the vehicles for office-to-home and home-to-office travel. The State has instructed that the vehicles should be used specifically for VBD monitoring. The district-wise utilization details are mentioned as follows:
<table>
<tr><th colspan="5">District_Level_Mobility _Support Utilization</th></tr>
<tr><th>Sl. No</th><th>District Name</th><th>Budget</th><th>Exp. Up to Nov. 25</th><th>% Utilization</th></tr>
<tr><td>1</td><td>Chatra</td><td>2.50</td><td>0.78</td><td>31%</td></tr>
<tr><td>2</td><td>Garhwa</td><td>2.50</td><td>1.05</td><td>42%</td></tr>
<tr><td>3</td><td>Giridih</td><td>2.50</td><td>0.90</td><td>36%</td></tr>
<tr><td>4</td><td>Gumla</td><td>2.50</td><td>0.56</td><td>22%</td></tr>
<tr><td>5</td><td>Khunti</td><td>2.50</td><td>0.00</td><td>0%</td></tr>
<tr><td>6</td><td>Latehar</td><td>2.50</td><td>0.76</td><td>30%</td></tr>
<tr><td>8</td><td>Pakur</td><td>2.50</td><td>1.77</td><td>71%</td></tr>
<tr><td>9</td><td>Palamu</td><td>2.50</td><td>0.14</td><td>5%</td></tr>
<tr><td>10</td><td>Sahibganj</td><td>2.50</td><td>2.24</td><td>90%</td></tr>
<tr><td>11</td><td>Sariakela</td><td>2.50</td><td>0.74</td><td>29%</td></tr>
<tr><td>12</td><td>Simdega</td><td>2.50</td><td>0.95</td><td>38%</td></tr>
<tr><td>13</td><td>West Singhbhum</td><td>2.50</td><td>0.00</td><td>0%</td></tr>
<tr><td colspan="2">Total</td><td>32.51</td><td>10.18</td><td>31%</td></tr>
</table>
The West Singhbhum district has a pending District Level Mobility Support voucher of Rs. 52,847, which is not yet booked. It will be reflected in the December 2025.</td></tr>
<tr><td>9</td><td>Mobility Support (POL) for State HQs</td><td>6,30,000.00</td><td>86,158.00</td><td>The fund allotted to the State Headquarters is Rs. 52,500 per month. On average, the fuel expenditure is approximately Rs. 12,000 per month. At the State HQ, multiple field visits may</td></tr>
</table>

| SN | Description of Activities (FY 2025-26) | Budget Approved FY 2025-26 | Expenditure up to November 2025 (including Tax) | Remarks |
|---|---|---|---|---|
| | for enhancing the surveillance and for data collection | | | be required using government vehicles, due to which the expenditure is expected to increase. The total fund utilized is 14%. |
| 10 | Mobility Support for Entomological Zones | 9.60,000.00 | 2,33,860.00 | The fund has been allotted for both zonal offices (Ranchi and Hazaribagh) at the rate of Rs. 40,000 per month per unit. The Ranchi zonal vehicle is being utilized at the State HQ; therefore, one zonal vehicle has not been utilized for its intended purpose. The total fund utilized is 24%. |
| 11 | Sensitization Workshop for Private practitioners at District HQs | 24,71,000.00 | 13,100.00 | The Sensitization Workshop for Private Practitioners at District HQs is ongoing.<br>The current status of the IHIP training is as follows:<br>• **Bokaro** – 3 blocks completed; 5 blocks ongoing<br>• **Chatra** – Started on **8th December 2025** for 6 blocks<br>• **Deoghar** – Completed; booking yet to be made<br>• **Dhanbad** – Completed; booking yet to be made<br>• **Dumka** – 2 blocks completed; 8 blocks ongoing<br>• **East Singhbhum** – Completed on **28th November 2025**; booking yet to be made<br>• **Garhwa** – Scheduled to start on **15th December 2025** for 8 blocks<br>• **Giridih** – 2 blocks completed; 10 blocks ongoing<br>• **Godda** – Completed; booking yet to be made<br>• **Gumla** – 6 blocks completed; 5 blocks ongoing |

| SN | Description of Activities (FY 2025-26) | Budget Approved FY 2025-26 | Expenditure up to November 2025 (including Tax) | Remarks |
|---|---|---|---|---|
| | | | | • **Hazaribagh** – Scheduled to start on **15th December 2025** for 10 blocks<br>• **Jamtara** – Started on **18th December 2025** for 4 blocks<br>• **Khunti** – 6 blocks started on **8th December 2025**<br>• **Koderma** – Scheduled to start on **15th December 2025** for 4 blocks<br>• **Latehar** – Scheduled to start on **15th December 2025** for 7 blocks<br>• **Lohardaga** – Started on **8th December 2025** for 5 blocks<br>• **Pakur** – Scheduled to start on **6th December 2025** for 6 blocks<br>• **Palamu** – Started on **18th December 2025** for 9 blocks<br>• **Ramgarh** – Completed<br>• **Ranchi** – Scheduled from **14th to 20th December 2025** for 14 blocks<br>• **Sahibganj** – Completed<br>• **Saraikela** – Scheduled to start on **18th December 2025** for 8 blocks<br>• **Simdega** – Scheduled to start on **22nd December 2025**<br>• **West Singhbhum** – Scheduled to start on **18th December 2025**<br>The master trainers for the Sensitization Workshop for Private Practitioners at District HQs include the WHO Coordinator, the PSM Department of the Medical College, and the District and Block-Level Regional Coordinators (WHO). |
| 12 | Sensitization Workshop for Private practitioner | 1,93,200.00 | 0.00 | The budget has been allotted to the districts of Ranchi and East Singhbhum. The training was completed on 28th November. The master trainers for the Sensitization Workshop for Private Practitioners were the |

| SN | Description of Activities (FY 2025-26) | Budget Approved FY 2025-26 | Expenditure up to November 2025 (including Tax) | Remarks |
|---|---|---|---|---|
| | s at State HQs | | | WHO Coordinator and the WHO Regional Coordinator |
| 13 | State Review Meetings for review of districts | 17,88,000.00 | 4,63,315.00 | The quarterly State Review Meeting has been approved under the GFATM Project. Two quarterly State Review Meetings have been conducted so far. The expenditure for the first meeting has been booked, and the second meeting, conducted in November 2025, will have its expenditure booked in December 2025. The third and fourth quarterly review meetings are proposed for January 2026 (3rd SRM) and the first week of March 2026 (4th SRM), respectively.<br>The first SRM was conducted from 6th to 10th June 2025 at the State Headquarters, and the second SRM was held from 13th to 16th October 2025 at the State Headquarters |
| 14 | Travel cost to attend RRM for State Consultants | 5,46,000.00 | 3,66,791.00 | |

2. NGO Partners:
    a. Is the state aware about the NGOs partners being funded in the project and various support provided by the NGOs? Name of NGO? – Yes, CINI
    b. Is the state reviewing the performance of the NGOs regularly? – Recruitment of CINI is in process.
    c. What supports will be provided to the NGO partner for implementation of Malaria Program?- Training modules, IEC materials, RDT.
    d. Are state aware what all activities will be carried out by NGO partner? - Yes

3. NCVBDC-HQ Activities:
    a. Is the state aware that vehicles (Four-wheeler) will be supplied under the project? - Yes
    b. Is the state aware that LLINs will be procured under IMEP-3? Yes
    c. Is the state aware that susceptibility kits will be procured under IMEP-3? - Yes

d. Is the state aware that IHIP training will be conducted at National Level? – Yes

**Recommendations:**

- Many posts which are supported by NHM /GFATM are lying vacant. There is urgent need to fill up the 7 vacant posts of state VBD consultants and 20 district VBD consultants. These posts are vital for implementation as well as monitoring the programme. Similarly, 92 MTS posts and 54 lab technician posts are to be filled up.
- State ABER is hovering around 11-13. In view of increasing trend of test positivity rate, there is need for improving the quantum of surveillance especially through blood smear collection. There is adequate staff number. Intensive review at PHC /CHC level is required.
- Follow up of positive cases clinically and parasitologically needs to be improved.
- A system of intensive supervision of laboratory technicians through the L1 technicians and state level officers is required
- Display of charts showing performance to be done in all the PHCs
- The standard formats of M3 should be used in all the CHC/PHC labs
- Insecticide procurement needs to be hastened
- ASHAs are performing malaria work diligently, but delays of 4–5 months in incentive payments risk might be demotivating them and reducing field coverage; timely disbursement of incentives should be prioritized.
- Notification of malaria cases from private sector needs to be improved.
- There is need to improve logistics management at all the levels with better projection of required medicines, better stock register maintenance
- Remaining training activities of IHIP, sensitization of RMP to be completed soon.
- LQAS studies need to be taken up in all the areas where LLINs are distributed to assess the actual use of the nets.

--------------*End of Report*------------