Project SSHAKTI

(Strategizing and Strengthening HIV/AIDS & TB Initiative)

Global Fund GC7 Principle Recipient (PR) Desk Review
HLFPPT
19th June 2026

Presented By: Dr Sangita Pandey

Action Taken from the last review of the Oversight Committee
(GC7 Review by OC in March-April 2025)

S No.	Remarks/Recommendations of the Oversight Committee	Action Taken by PR
1	HLFPPT to explain the role of their staff in different component, and value addition to the program in their quarterly reports.	Detailed reports submitted on quarterly basis encompassing each component and activities conducted during the period along with value addition to the program.
2	Reason for Zero district CRG formation in Bihar, Sikkim, Jharkhand and Chhattisgarh to be provide in quarterly report	Regular coordination is ongoing with the states for the formation of DCRGs. State-level meetings and orientations are being conducted under the guidance and presence of NACO. With support of NACO SR Activity Management Hub, coordination meeting held with Sikkim and Jharkhand for roll out of CLM training and DCRG formation and meetings. Bihar has formed 7 DCRG and Chhattisgarh formed 15 DCRG. Sikkim has scheduled SCRG meeting on 15th June to plan further activities.
3	Quarterly progress reports to be submitted in cumulative format (from beginning of GC7 to that present quarter) as well as quarter wise format, to the Oversight Committee	State wise breakup was incorporated in the Quarterly Progress Report (QPR).
4	Performance of Quarterly Progress Reports to be submitted in cumulative format (from beginning of GC7 to that present quarter) as well as quarter wise format to the oversight committee	Cumulative format is being utilized to reflect the performance from beginning of GC7 till latest quarter and same is being incorporated for discussion with oversight committee

Action Taken Report of the Oversight Committee Jharkhand visit

9th to 12th December 2025

S No.	Facility Name/ Component	Observation of the OC	Remarks/Recommendations of the Oversight Committee	Action Taken by PR
1	Prison	Fragmented prison registers and parallel documentation systems limiting longitudinal tracking of inmates across diseases and creating duplication in reporting.	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.)	Consolidated register (A 1.2) being maintained across all prison and OCS in Jharkhand and other states and ensuring integrated HIV/TB/STI tracking and longitudinal documentation and uniform implementation across prisons and OCS in all implementing states including Jharkhand.
2	Prison	HIV and TB screening coverage during FY 2024–25 was low (67% HIV and 70% TB), though improved in FY 2025–26 through enhanced coordination.	Sustain improved screening coverage through continued inmate mobilization, prison-health coordination and periodic monitoring.	FY 2024–25 in the transition phase and there was delay in getting administrative approval from prison authority. in FY 25-26 with improved coordination and support from prison and respective district NTEP cell performance improved and the achievement is 127% maintaining the sustainability by providing training to HCP of prison.

Action Taken Report of the Oversight Committee Jharkhand visit

9th to 12th December 2025

S No.	Facility Name/ Component	Observation of the OC	Remarks/Recommendations of the Oversight Committee	Action Taken by PR
3	Prison	Poor syphilis screening coverage among inmates due to gaps in integrated HIV-Syphilis screening and shortage of dual test kits	Ensure uninterrupted availability of HIV/Syphilis dual test kits and strengthen integrated screening across prisons.	Initially there were shortage of dual test kit resulting in low syphilis screening among inmates (21%). However, with improved availability and utilization of dual HIV/Syphilis testing kits, screening performance improved from 21% to 80%. With enhanced coordination with SACS and prison, Prison team is supporting in indent generation in timely manner and coordinate with SACS to ensure availability of dual test kit.
4	Prison	HIV and TB screening coverage during FY 2024–25 was low (67% HIV and 70% TB), though improved in FY 2025–26 through enhanced coordination.	Ensure adequate state-level provisioning and uninterrupted supply of dual test kits across prisons.	FY 2024–25 in the transition phase and there was delay in getting administrative approval from prison authority. in FY 25-26 with improved coordination and support from prison and respective district NTEP cell performance improved and the achievement is 127% maintaining the sustainability by providing training to HCP of prison.

Action Taken Report of the Oversight Committee Jharkhand visit
9th to 12th December 2025

S No.	Facility Name/ Component	Observation of the OC	Remarks/Recommendations of the Oversight Committee	Action Taken by PR
5	Prison	Hepatitis B and C screening, linkage and treatment initiation not systematically implemented despite high vulnerability among inmates.	Establish referral linkage with Sadar Hospitals for HBV/HCV screening and ensure referral closure for confirmatory diagnosis and treatment initiation.	Coordination meeting conducted with NVHCP regarding establishment of HBV/HCV screening and linkage mechanisms. Referral processes are being strengthened for screening and treatment linkage.
6	Prison	Poor Hepatitis C treatment linkage with only 33% treatment linkage observed during Apr–Sept 2025.	Strengthen treatment follow-up mechanism and referral closure for Hepatitis C positive inmates.	The linkage of Hepatitis C positive inmates to treatment was affected due to interruptions in Viral Load testing service in prison. By continuous advocacy and discussions with NVHCP for initiation of Viral Load testing through True-NAAT is being piloted at RIMS Ranchi, Dumka, East Singh hum, Palam, and Hazaribagh districts to strengthen treatment linkage and referral closure mechanisms.

Action Taken Report of the Oversight Committee Jharkhand visit

9th to 12th December 2025

S No.	Facility Name/ Component	Observation of the OC	Remarks/Recommendations of the Oversight Committee	Action Taken by PR
7	Prison	Absence of X-ray facility within prisons affecting TB screening; suspected cases referred outside prison.	Introduce handheld/mobile X-ray facility within prison settings for TB screening and strengthen periodic screening.	TB screening using X-ray has been initiated inside the prison.
8	Prison	Need to strengthen awareness mechanisms within prisons on HIV, TB, Syphilis and Hepatitis.	Explore community radio/audio IEC and informational announcements within prison settings.	Discussion held with prison authorities for awareness generation through audio announcements/mike systems within prison premises. Prison authorities has agreed and suggested to utilise the prison mic system for the informational announcements within prison settings.
9	Prison	Limited access to social protection schemes among PLHIV inmates.	Facilitate access to social protection and welfare schemes for eligible inmates.	Initiatives taken and shared the details of social protection schemes, like monthly financial assistance of Rs. 1,000 for all HIV-positive individuals and Rs. 1,000 per month nutritional support under PMTBMBA for TB patients. As a result of these efforts, 73 PLHIV inmates were linked to CSC services, 35 TB patients were linked with PMTBMBA, and 3 HIV-positive inmates were linked with social protection schemes.

Action Taken Report of the Oversight Committee Jharkhand visit
9th to 12th December 2025

S No.	Facility Name/ Component	Observation of the OC	Remarks/Recommendations of the Oversight Committee	Action Taken by PR
10	Prison	Need to strengthen post-release follow-up and continuity of care mechanisms.	Continue post-release follow-up and strengthen continuity of care mechanisms.	During FY 2024–25, a total of 26 inmates were diagnosed as HIV positive, out of which 23 inmates were linked to ART treatment services. These inmates were also linked with CSC services for continued follow-up and care support. Further, 3 inmates who were released from prison were successfully linked to treatment services and subsequently connected with CSCs to ensure continuity of care and necessary follow-up support post-release. Similarly, during FY 2025–26, a total of 45 inmates were diagnosed as HIV positive, of which 40 inmates were linked to ART treatment services and further connected with CSC services for follow-up care. In addition, 4 inmates were linked to treatment after post release and CSC services to maintain continuity of care after release. Continuous counselling sessions are being conducted to create awareness on ART adherence.

Action Taken Report of the Oversight Committee Jharkhand visit
9th to 12th December 2025

S No.	Facility Name/ Component	Observation of the OC	Remarks/Recommendations of the Oversight Committee	Action Taken by PR
11	Prison	Index testing and tracing require strengthening due to challenges in eliciting contacts from inmates.	Strengthen counselling and index testing mechanisms.	Prison team is working on it and due to disclosure issue continuous counselling are being conducted and index of inmates 16 spouses and 16 biological children were tested during FY 2025–26; 3 spouses were diagnosed HIV positive and linked with ART services.
12	Prison	Integrated cancer screening services not available in prisons.	Explore integration of oral, cervical and breast cancer screening within prison health camps.	Cancer screening integration is proposed to be explored through prison health camps and convergence with health department services.
13	Prison	ICTC facility not available at Central Jail Jamshedpur causing dependency on referrals and delays.	Establish onsite ICTC within Central Jail Jamshedpur for HIV/STI services.	Training of Health care providers on HIV screening were conducted so that HIV screening could be the integral part of inmate screening.

Action Taken Report of the Oversight Committee Jharkhand visit
9th to 12th December 2025

S No.	Facility Name/ Component	Observation of the OC	Remarks/Recommendations of the Oversight Committee	Action Taken by PR
14	Prison	Training gaps among prison healthcare staff and pending review meetings.	Complete pending trainings and strengthen capacity building.	Training of Health care providers of prison completed. Total 95 healthcare providers were trained including Medical Officers (21), Para-medicals (72), MPW (1) and Prison Guard (1).
15	Prison	Need for role clarity among HLFPPT prison staff.	Conduct orientation and refresher training on staff roles and responsibilities.	Refresher training for HLFPPT staff was conducted in January 2026 and defining clear roles and responsibilities of prison staff and to strengthen program implementation.
16	Prison	Peer volunteer mechanism functional but some volunteers inactive.	Reactivate inactive volunteers and strengthen engagement mechanisms.	Continuous training of Prison Peer volunteers being conducted by Prison coordinator. Total 376 PPVs are active.
17	Prison	Presumptive TB yield and TB positivity among suspects lower than expected.	The presumptive cases form about 5.9% of those screened It is expected to be more. Number of TB patients also less (1.2 % of the suspects)	The screening of presumptive TB cases is being conducted based on the 10-symptom screening approach. Prison coordinators were trained on 10s symptoms and with continuous capacity building of prison staff and introduction of X-ray-based screening, performance improved during FY 2025-26. A total of 2,679 presumptive TB cases (5.1%) were identified and tested, out of which 47 case reported TB positive (1.75%). All were successfully linked to ATT treatment.

SRs and SSRs on-boarding Status

S. No.	State	SR Name	District	SSR Name
1	Arunachal Pradesh	CHRI	Papum Pare	CHRI
	Assam	CHRI	Kamrup (M)	CHRI
2	Assam	CHRI	Cachar	Deshbandhu Club
3	Assam	CHRI	Dibrugarh	Assam Netowrk of Positive People(ANP+)
4	Bihar	CHRI	Begusarai	AIDENT
5	Bihar	CHRI	Bhagalpur	Bihar Network for People Living with HIV/AIDS society(BNP+)
6	Bihar	CHRI	Darbhnaga	Bihar Network for People Living with HIV/AIDS
7	Bihar	CHRI	Madhubnai	Bihar Network for People Living with HIV/AIDS
8	Bihar	CHRI	East Champaran	National Institute of Rural Development , Education, Social upliftment and Health
9	Bihar	CHRI	Gaya	Bharatiya Jan Utthan Parishad
10	Bihar	CHRI	Muzaffarpur	Bihar Network for People Living with HIV/AIDS
11	Bihar	CHRI	Katihar	Katihar Network for People Living with HIV/AIDS Society
12	Bihar	CHRI	Saran	Bihar Network for People Living with HIV/AIDS
13	Bihar	CHRI	Hajipur	Bihar Network for People Living with HIV/AIDS
14	Bihar	CHRI	Patna	CHRI
15	Bihar	CHRI	Samastipur	National Institute of Rural Development , Education, Social upliftment and Health
16	Bihar	CHRI	Gopalganj	Bihar Network for People Living with HIV/AIDS
17	Bihar	CHRI	Sitamarhi	Centre for Documentation
18	Bihar	CHRI	Bhojpur	Bihar Network for People Living with HIV/AIDS
19	Meghalaya	CHRI	Shillong	Meghalaya state Network of positive People
	Sikkim	CHRI	Gantok	Meghalaya state Network of positive People

S.No.	State	SR Name	District	SSR Name
20	Nagaland	CHRI	Dimapur	Network of Naga People living with HIV
21	Nagaland	CHRI	Kohima	Network of Kohima District people living with HIV
22	Nagaland	CHRI	Tuensang	Network of Tuensang District people living with HIV AIDS
23	Tripura	CHRI	West Tripura	Hepatitis Foundation of Tripura
24	West Bengal	CHRI	Malda	Malda Society of PLHIV
25	Uttar Pradesh	UPNP+	Agra	Agra Positive People Welfare Society
26	Uttar Pradesh	UPNP+	Aligarh	Hathras Postive Peoples Welfare society
27	Uttar Pradesh	UPNP+	Allahabad	Allahabad Network for People living with HIV/AIDS Society
28	Uttar Pradesh	UPNP+	Azamgarh	Azamgarh Postive Network of People living with HIV/AIDs society
29	Uttar Pradesh	UPNP+	Maharajganj	Deoria Welfare For People living with HIV/AIDS Society
30	Uttar Pradesh	UPNP+	Ghazipur	Jyoti Gramin Kalyan Sansthan
31	Uttar Pradesh	UPNP+	Gorakhpur	Kushinagar Welfare for People living with HIV/AIDS Society
32	Uttar Pradesh	UPNP+	Jaunpur	Jaunpur Network for HIV-Positive People living with HIV/AIDS Society
33	Uttar Pradesh	UPNP+	Kanpur	Etawah Network for People living with HIV/AIDS
34	Uttar Pradesh	UPNP+	Kushinagar	Kushinagar Welfare for People living with HIV/AIDS Society
35	Uttar Pradesh	UPNP+	Lucknow	Sarnam Sansthan
36	Uttar Pradesh	UPNP+	Meerut	Bareilly Positive Welfare Society living with HIV/AIDS
37	Uttar Pradesh	UPNP+	Pratapgarh	Pratapgarh Network for People living with HIV/AIDS Society
38	Uttar Pradesh	UPNP+	Siddharthnagar	Chandrakanta Gramodyog Seva Santhan

SRs and SSRs on-boarding Status

S.No.	State	SR Name	District	SSR Name
39	Uttar Pradesh	UPNP+	Varanasi	Banaras Network of Postive with HIV/AIDS Society
40	Uttar Pradesh	UPNP+	Etawah	Etawah Network for People living with HIV/AIDS
41	Uttar Pradesh	UPNP+	Mau	Mau Positive Network of People living with HIV/ AIDS society
42	Uttar Pradesh	UPNP+	Ayodhya	Positive Women Network Society
43	Uttar Pradesh	UPNP+	Jhansi	Agra Positive People Welfare Society
44	Uttar Pradesh	UPNP+	Bareilly	Bareilly Positive Welfare Society living with HIV/AIDS
45	Uttar Pradesh	UPNP+	Raebareilly	Positive Women Network Society
46	Uttar Pradesh	UPNP+	Ballia	Chandauli Network For Positive People living with HIV/AIDS Society
47	Uttar Pradesh	UPNP+	Gonda	Tharu Janjati Mahila Vikas Samiti
48	Uttar Pradesh	UPNP+	Basti	Siddharth Nagar Welfare for people living with HIV/AIDS Soicety
49	Uttar Pradesh	UPNP+	Deoria	Deoria Welfare For People living with HIV/AIDS Society
50	Uttar Pradesh	UPNP+	Ghaziabad	Basera Samajik Sansthan
51	Uttar Pradesh	UPNP+	Saharanpur	Muradabab Network for positive Welfare Society
52	Rajasthan	YRG Care	Ajmer	Jeevan Prakash NW4 PLHIV
53	Rajasthan	YRG Care	Alwar	Alwar Network for People Living With HIV/AIDS Sansthan
54	Rajasthan	YRG Care	Banswara	Bhilwara Network For People Living With HIV/AIDS Sansthan
55	Rajasthan	YRG Care	Barmer	Barmer Network for PLHIV /AIDS Sanstha
56	Rajasthan	YRG Care	Bharatpur	State Colation of PLHIV Sansthan
57	Rajasthan	YRG Care	Bhilwara	Bhilwara Network For People Living With HIV/AIDS Sansthan

S.No.	State	SR Name	District	SSR Name
58	Rajasthan	YRG Care	Bikaner	Bikaner Network for Peoples Living With HIV Sansthan
59	Rajasthan	YRG Care	Jaipur	Positive women network of rajasthan Society
60	Rajasthan	YRG Care	Jalore	Jalore Zila Network for Positive PLHIV Sansthan
61	Rajasthan	YRG Care	Jodhpur	JODHPUR NETWORK OF PLHIV Sansthan
62	Rajasthan	YRG Care	Kota	Hadoti Network for people living with HIV/AIDS Samiti Kota
63	Rajasthan	YRG Care	Nagaur	Bikaner Network for Peoples Living With HIV Sansthan
64	Rajasthan	YRG Care	Pali	Pali Marwar Network of PLHIV
65	Rajasthan	YRG Care	Sikar	Sikar Network for People Living with HIV/AIDS Sansthan
66	Rajasthan	YRG Care	Sri Ganganagar	Positive women network of rajasthan Society
67	Rajasthan	YRG Care	Udaipur	Rajsamand Network for PLHIV Sansthan
68	Rajasthan	YRG Care	Dungarpur	Jhunjhunu NW4PLHIV Sansthan
69	Delhi	YRG Care	South Delhi	Saraswati Educational Society
70	Delhi	YRG Care	North West Delhi	Development Consortium
71	Delhi	YRG Care	West Delhi	Love Life Society
72	Delhi	YRG Care	North East Delhi	Abhivyakti Foundation
73	Delhi	YRG Care	Central Delhi	Rajmala Welfare Society
74	Odisha	YRG Care	Mayurbhanj	Kalinga Network for People Living with HIV/AIDS(KNP+)

Geographical Coverage (Please mention states and districts)

SR	CSCs	State	No. of CSC	No. of Districts
UPNP+	27	Uttar Pradesh	27	75 (All)
CHRI	24	Arunachal Pradesh		28 (All)
		Assam	3	35 (All)
		Meghalaya	1	12 (All)
		Nagaland	3	16 (All)
		Sikkim		6 (All)
		Tripura	1	8 (ALL)
		Bihar	15	38 (All)
		West Bengal	1	1
YRG Care	23	Delhi	5	13 (All)
		Rajasthan	17	41 (All)
		Odisha	1	1
Total	**74**		**74**	**274**

Budget Utilization for Y1 & Y2

Component	Total Budget Approved Y1 (USD)	Budget Disbursed Y1 (USD)	Utilization % Y1	Total Budget Approved Y2 (USD)	Budget Disbursed Y2 (USD)	Utilization % Y2	Total Budget Approved Y1&Y2	Total Budget Disbursed Y1&Y2 (USD)	Total Utilization % Y1 &Y2	Reason for variance
CSC	23,96,751.25	23,96,751.25	100%	38,16,241.10	26,90,147.78	70%	62,12,992.36	50,86,899.04	82%	Delayed communication of Re-Programming from GF
CSS	7,662.19	7,662.19	100%	4,64,884.72	33,735.93	7%	4,72,546.91	41,398.11	9%	The CLM module has been finalized, and NACO conducted ToT in December. The state training has been initiated. Data collection is planned to begin after the finalization digital tool.
Prison	7,45,911.54	7,45,911.54	100%	14,26,785.56	9,20,366.29	65%	21,72,697.10	16,66,277.83	77%	Delayed communication of Re-Programming
RRB	6,332.22	6,332.22	100%	-	-	0%	6,332.22	6,332.22	100%	
Total	**31,56,657.20**	**31,56,657.20**	**100%**	**57,07,911.39**	**36,44,250.00**	**64%**	**88,64,568.58**	**68,00,907.19**	**77%**	

Care and Support Centre – 2.0 Performance

Key Performance Indicator Performance

S No.	Process Indicator	GF Target-Year 1	Line list shared-Year 1	Achievement	Achievement (%)	GF Target for 2nd Year	Total Target in Year 2	Achievement	Achievement (%)
1	Percentage of PLHIV who are Lost to Follow up (LFU) tracked back with definite outcome	**70%**	64404	43456	67%	80%	86412	67021	78%
2	Number of spouses and sexual partners tested for HIV during the reporting period.	**55%**	10292	9846	96%	90%	19968	18173	91%
3	Percentage of PLHIV due for viral load (VL) test that have been tested for viral load (VL)	**75%**	60059	34579	58%	85%	119713	108724	91%
4	HIV Exposed Infant HIV Testing at 6 Month	**92%**	2328	1413	61%	95%	2467	2337	95%
5	Number of people in prisons and other closed settings that have received a HIV test during the reporting period and know their results.	**80%**	1186148	808763	67%	90%	875526	1059867	121%

KPI 1- Percentage of PLHIV on ART who are Lost to follow up (LFU) tracked with definite outcome

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	43456	67021	115208	• Year -1 was the transition period for HLFPPT. first three months were implemented by old NGPR and transition period took another 3 months. • Selection of SR and SSR took first six months. • High concentration of **PWID- among LFU cases**, particularly in Tripura (83%) and Assam (60%), Poor transportation facilities and difficult terrain of north east. • IDU/PWID contribution among LFU cases: Tripura 83%, Arunachal Pradesh 76%, Assam 60%, Nagaland 13%, Meghalaya 12%, Rajasthan 12%, and Uttar Pradesh 8.4%. • **6913 cases** remain with indefinite outcomes, including **2,124 migrants** and **4,789 untraceable clients**.	MPR
Denominator (Target)	64404	86412	134599		
Achievement %	67%	78%	86%		
GF Achievement Ratio (%) Target Yr-1 – 70% Target Yr -2 – 80% Y1+Y2 = 75%	96%	97%	114%		

1	Developed strategy specific for East Strategy to address the challenges of PWID: reaching out at the hotspots through peer led approach, coverage at OST centre, providing differentiated care service delivery model, peer led outreach for PWID community, engagement of community champions for LFU tracking and travel support for LFU PLHIV.	North East Strategy developed and implementation started from June,
2	Individual tracking of LFU client including daily follow up and outcome tracking.	Ongoing since May

KPI 2- Percentage of people living with HIV and on ART with VL test

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	34579	108724	143303	• In Year -1. Sharing of Line list from dec'24, thus impacting the outcome. • Limited number of sample collection in limited days • No VL lab facilities in **Tripura, Meghalaya, and Arunachal Pradesh**; samples are transported to other states for testing. • A limited number of **ART Centers** in Tripura, Arunachal Pradesh, and Meghalaya limits access to VL sample collection. .	MPR
Denominator (Target)	60059	119713	179772		
Achievement %	58%	91%	80%		
GF Achievement Ratio (%) Target – Year -1 - 75% Target – Year – 2- 85% Target Y1 + Y2 = 80%	82 %	107%	100%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1.	Facilitate Viral Load testing drive in North East States particularly in Arunachal Pradesh and Tripura wherein blood samples for VL testing is being collected at the nearest Government Health Facility (ex. ICTC, CHC).	Initiated and expansion in all North eastern states
2.	Viral load Testing campaign has been initiated in Bihar	26690 (96%) has been tested during the campaign against the line list of 27783 during April 26 to June 26.
3.	Technician Support has been provided for strengthening Viral Load testing	On-going

KPI 3: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results (Index testing)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	9846	18173	28019		
Denominator (Target)	10292	19968	30260		
Achievement %	96%	91%	93%		
GF Achievement Ratio (%) Target – Year -1 - 55% Target – Year – 2- 90% Target Y1 + Y2 = 72.5%	173%	101%	128%		MPR

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1.	Capacity building of CSCs for proper elicitation of eligible clients	Ongoing
2.	Social Network identification and testing	Ongoing

HIV Testing Cascade: Apr'25- Mar'26

Eligible

19968

Family members, sexual partners, biological children Eligible

Tested

18173 (91%)

Family members, sexual partners, biological children Tested for HIV

HIV Positive

1506 (8%)

Family members, sexual partners, biological children found HIV+

Linked ART

1467 (97.4%)

Family members, sexual partners, biological children Linked with ARTC

KPI 4- Percentage of HIV-exposed infants tested for HIV at 6 months

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	1413	2337	3750	In year -1 first three month was implemented by old NGPR and data reported by HLFPPT. Transition took first three six month Onboarding of SR and SSR took first six months.	MPR
Denominator (Target)	2328	2467	4795		
Achievement %	61%	95%	78%		
GF Achievement Ratio (%) Target – Year -1 - 92% Target – Year – 2- 95% Target Y1 + Y2 = 93.5%	87%	100%	84%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1.	Line list sharing by ART centre in timely manner and follow –up on case to case basis Provision of Emergency Travel fund to difficult clients (PPW and HEI) as part of North East Strategy.	April'26 onwards

Process Indicators

S No.	Process Indicator	Target (total Year 1)	Achievement	%	Target (total Year 2)	Achievement	Achievement %
1	ICTC ART Linkages Loss	8484	7408	87%	9984	9193	92%
2	Percentage of PLHIV newly initiated on ART followed up – 7 Month Retention	42402	37390	88%	46246	41907	91%
3	Percentage of PLHIV on-ART MIS brought back with definite outcomes	239338	162987	68%	253063	195989	77%
4	Percentage of PLHIV with CD4 less than 200 cells/mm3 followed up and Tested	11894	4356	37%	18373	10582	57%
5	Percentage of newly diagnosed/known HIV Positive Pregnant women(PPW) & PPWs tested for VL test between 32-36 weeks	2647	1224	46%	3132	3034	97%
6	HEI 06 Week	1836	1665	91%	3134	3037	97%
7	HEI - 06 Month	2328	1413	61%	2467	2337	95%
8	HEI 12 Month	1126	774	69%	1824	1670	92%
9	18 – Month	732	453	62%	1691	1526	82%

Process Indicators

S No.	Process Indicator	Target (total Year 1)	Achievement	Achievement %	Target (total Year 2)	Achievement	Achievement %
10	Percentage of 3rd line ART followed up	1002	628	63%	1615	1559	97%
11	Percentage of PLHIV with unsuppressed Viral Load followed up	8832	2461	28%	15455	10773	70%
12	Percentage of PLHIV with TB followed up for ART and ATT	17158	10792	63%	21809	18734	86%
13	Percentage of PLHIV with Comorbidities (other than TB)-Unstable on ART/uncontrolled comorbidities followed up	735	729	99%	2245	2218	99%

Initiatives and Value addition

Viral Load Testing Campaign

Viral Load Testing Campaign has been initiated in all the State.

Bihar ensured 96% testing in campaign

Tripura –72 community camps conducted1,200 blood samples collected for VL testing against a target of **2,152** (April–September 2025), (658 through Camps and 542 at Centers

Bi-annual LFU Brought Back Campaign

Total of 27,534 LFU PLHIV (LFU from April 2023 onwards to January 2026) were reached, out of which 10,788 (39.1%) were successfully brought back to ARTC. Total outcome – 13288

LFU before 2023 – Total 1779 Outcome provided against the LL 11071

Capacity Building Initiatives for SR and SSR Staff - Key Focus Areas

Thematic and technical guidance on CSC 2.0

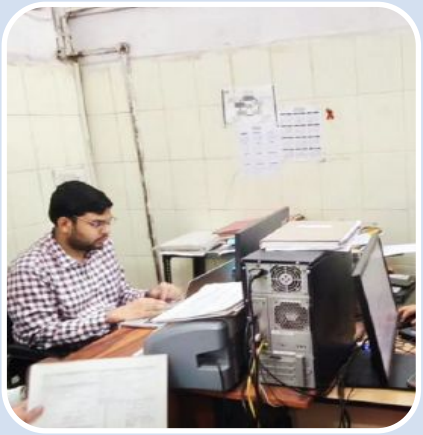
Practical insights for field implementation

Sharing of best practices and lessons learned

ARTC-CSC Coordination Meeting on Monthly Basis across all 165 ART Centre

CSC staff, ART Centre staff, ICTC counsellors, District ICTC Supervisors, DLN representatives, and other stake holders coordination, review, and joint problem-solving Validates and documents programme indicators priority cases

Initiatives and Value addition



Digitalization of CSC Reporting through SOCH Mobile Application

1. 1273 participants across 12 States were trained in 31 Batches.
2. PM PC M&E, CLH of CSC, SACS and ART Data Mangers were trained.
3. SOCH Usage monitoring on regular basis

SR and SSR Review meeting cum Capacity Building –

The HLFPPT organized SR and SSR review meeting cum Capacity Building meeting on regular basis to review the overall performance of SSR and also organize capacity building session based on identified gaps.

Data Cleaning Exercise –

HLFPPT supported for data cleaning in Assam, Arunachal Pradesh and Delhi.

White Validation is done in all 12 states.

59000 PLHIV address updated to update in SOCH portal in Delhi

State Oversight Committee Meeting –

HLFPPT ensured mechanism to organize SOC on regular basis, The State reviewed the performance of SR and CSC on quarterly Basis under the Chairmanship of Project Director SACS.

Initiative taken for IDU tracking through various state holders in north East States –

One day workshop was conducted in Assam in Guwahati.

All possible stakeholders under NACP and PWID community were brought at a single platform to address the challenges in service among the PWID in the North Eastern states

The meeting was conducted in coordination with concerned State AIDS Control Society for suitable ownership of the initiative

Prison Intervention

KPI 5- Number of people in prisons and other closed settings that have received an HIV test during the reporting period and know their results

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	8,06,036	10,59,676	18,65,712	• Program transition in year-1. First two month implemented by Old NGPR, delay in approval process to access prison settings, and shortage of testing kits, affected overall performance in year-1.	Prison Intervention Monthly Report
Denominator (Target)	11,86,148	8,75,538	20,74,219		
Achievement %	67%	121%	90%		
GF Achievement Ratio Year – 1 - 80% Year – 2 – 90% Year 1 + Year 2 – 85%	97%	135%	106%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Advocacy to ensure HIV Screening at the time of entry with priority to new admission of inmates	On going
2	Advocacy to organise HIV Screening Camp in Prison on regular basis	On going, Regularly shared camp plan with CMHO/DTO and requested to depute NACP during camp for HIV screening
3	Advocacy with SACS for Uninterrupted Supply of HIV screening Kits	Ongoing, Prior indenting share with SACS to streamline supply of HIV screening Kits
4	Capacity Building of Health Care Provider	Health Care providers has been trained in all intervention states.

Percentage of HIV positive Inmates on ART during the reporting period

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	2,276	3,101	5,377	1. Some HIV-positive inmates diagnosed in a reporting month are linked to ART in subsequent months. 2. Post-release tracking of PWID and homeless inmates is challenging due to high mobility and lack of contact details. 3. Limited availability of escort/guard staff delays inmate visits to ART Centers. 4. ART Centers are available only in selected districts, while prisons are spread across all districts, leading to access and referral delays.	Prison Intervention Monthly Report
Denominator	2,497	3,263	5,760		
Achievement %	91%	95%	93%		

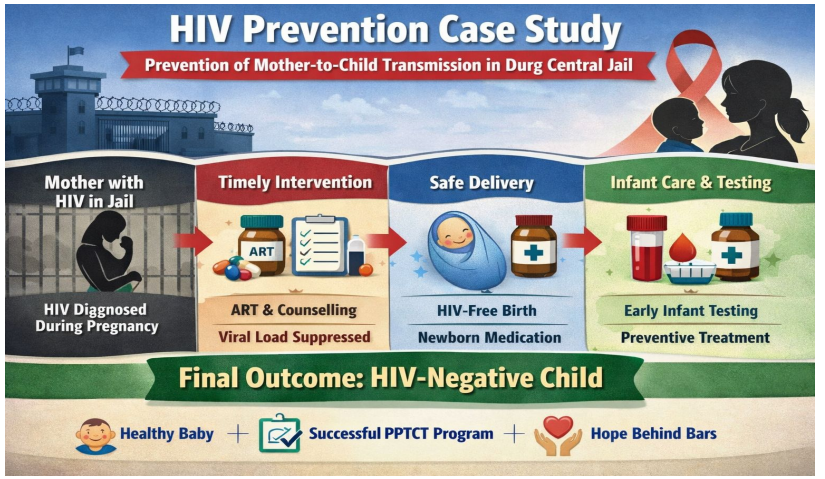
S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Advocacy with Prison to initiate ART on immediate basis of all PLHIV inmates	Ongoing
2	Advocacy with District Health Officials to send ART team to Prison for immediate link	Letter has been issued and ART team started visit to Prison for ART Linkage
3	Advocacy with Prison and District Health Officials for ART linkage through teleconferencing and sample collection	SOP has been developed and Ongoing
4	Advocacy with Prison and District team to create a What's app group for immediate information regarding HIV found inmate	What's app group created

Process Indicators
(for activities not covered by KPIs or where KPI achievement is sub optimal)

S No.	Process Indicator	Target (total Year 1)	Achievement	%	Target (total Year 2)	Achievement	Achievement %
1	Proportion of Diagnosed TB-Positive Inmates Linked to Treatment	**745**	**730**	**98%**	**1029**	**1017**	**99%**
2	Proportion of Syphilis-Positive inmates Initiated on Treatment	932	574	62%	2,033	1,743	86%
3	Proportion of STI-Positive inmates Initiated on Treatment	265	260	98%	373	368	99%
4	Proportion of Hep C Positive inmates Initiated on Treatment	1,391	287	21%	1313	266	20%

Strengthening access to HIV treatment in prisons through digital health and telemedicine support – Uttar Pradesh

This initiative bridges the gap between jail medical officers and ART Medical Officer through video consultation. It ensures timely treatment, adherence counselling, and rapid response to side effects, even within correctional facilities. By enabling remote expert guidance, the programme strengthens continuity of care and improves health outcomes for inmates living with HIV inside the prison..



This case study from Durg Central Jail (Year 2024) showcases how timely HIV diagnosis, immediate ART initiation, and coordinated healthcare interventions ensured the birth of an HIV-negative child. Through strong treatment adherence, newborn Nevirapine administration, and continuous follow-up, the Programme exemplifies the success of PPTCT services in challenging environments.

Through coordinated weekly visits by Prison Coordinators, ICTC teams, ART Centre staff, and CSC teams, the initiative enabled on-site confirmatory testing, immediate ART linkage, and multiple counselling sessions to strengthen treatment readiness. This integrated approach improved ART linkage rates from 70–75% to 95–97%, while reducing loss to follow-up through consistent psychosocial support and follow-up mechanisms. The model stands as a best practice in multi-stakeholder collaboration, ensuring continuity of care and sustained treatment adherence for inmates both during incarceration and after release.

Rationality on extension of OST facility in Prison_Tripura

This case study from Kendriya Sansodhanagar Central jail, Tripura where maximum inmates are from PWID community. The HIV positivity among inmates is more than 2% and the population belongs to PWID. So, Under Prison intervention an advocacy conducted with Prison and SACS and established satellite OST with the help of district health system. Currently, 93 new inmates are on OST inside prison.

ART Linkages

Bridging ART Linkage Gaps in Remote Prisons: Jashpur Innovation

Prison Intervention – Chhattisgarh

Problem

- 240–250 km from ART Centre
- 2-day travel per visit

Delayed ART

Missed Follow-Ups

Treatment Interruptions

Solution

- Transfer to Ambikapur Jail
- Same-Day ART Services
- Return Same Day

Impact

- Reduced Delays
- Continuity of Care
- Fewer Missed Visits
- Optimized Resources

Why It Matters

Scalable, System-Level Solution

Replicable in Remote Areas

Even in resource-limited settings, simple coordination can ensure uninterrupted HIV treatment and save lives.

Community System Strengthening

Activities undertaken under Community System Strengthening (CSS) Component (Period:Y1 & Y2)

1. Number of State Community Resource Group (CRG) conducted: 15 (all states)
2. Number of State CRG Meetings conducted (SACS): 66
3. Formation of District-Community Resource Group (D-CRG): 156

Training of Community Champions on CLM tool (Y1 and Y2)

1. Number of Community Champions trained under CLM: 33 Community Champions and 5 DISHA officials (after NACO MTs ToT held in Dec 2025)

2. Number of Districts in which CLM has been rolled out: 11 Districts in Delhi

3. Number of SLNs strengthened for key population:
   - 1 State level Community Consultation Meeting for Rajasthan
   - 13 virtual Pre Consultation Meeting (typology wise) held in Rajasthan (1), Uttar Pradesh (7), West Bengal (2), Meghalaya (1), Nagaland (2)

Glimpse from CSS Activities

CLM Training-Siliguri, West Bengal

SLN Community Consultation-UP

DCRG meeting-Moradabad

SCRG Reconstitution-Meghalaya

CLM training-Agartala, Tripura

Community Consultation Meghalaya

Key Issues, Challenges and Accomplishments in Y1 & Y2

S No.	Description	Timeline for Resolution/Overcoming
1.	Issues in MPR reporting through SOCH due to incomplete information in the MLL.	• The training has been already organized for entire team. • Ensure availability of tablets for online reporting. • Data relates issues are regularly raising and NACO proactively resolve the issues although still there are data related issues which will be resolved soon.
2.	High proportion of LFU clients and VL overdue clients belonging to PWID typology esp in North East States.	An detailed strategic document has been prepared and get approval from Global Fund, Implementation has been initiated June onwards.
3.	Viral Load Testing in north east states due to difficult terrain and limited facility availability	The LT provision has been done by HLFPPT to strengthen Viral Load Testing in the states.
4.	Hep C positive case treatment	Continuous advocacy with hepatitis department in the states, the same issues also raising continuously during SOC meting.

Activity and Timeline for the next 6 months

S No.	Activity	Timeline
1	Refresher training of CLH on peer counselling, treatment adherence, mental health screening and psychosocial support	August
2	Daily tracking of individual LFU cases and tracking of viral load testing	LFU clients-May onwards VL testing-July onwards
3	State Oversight Committee Meeting	Quarterly
4	SR & SSR review meeting	Quarterly
5	Supportive supervision visit by PR staff	Ongoing
6	Meeting with SACS officials to share the program update	Monthly
7	LFU, Viral Load testing and Index Testing Campaign	June –September
8.	SLN Formation	Ongoing
9.	CLM Training and Data Collection	On-going
10.	Implementation of strategy mainly focussed for PWID population.	June'26 onwards
11	Refresher training on SOCH to CSC staff and ART Data manager	July'26 to September'26

THANKS