GC7 NGPR Desk Review: HLFPPT

Date: 19th June'26

Action Taken from the last review of the Oversight Committee

(GC7 grant review in Mar-Apr 2025)

S No.	Remarks/Recommendation of the OC	Action Taken by PR
1	HLFPPT to document their efforts and value addition to the program in their quarterly reports	Completed. Summary added in subsequent slisdes.
2	Detailed data on X-Ray screenings conducted in prison to be shared	Shared. Detailed data presented in following slide for reference.
3	TB notification data of the IDU screened population to be shared	Shared.
4	TB notification target for the prison to be analyzed and redefined	Revised the target for year-2 and 3based on program data analysis.
5	Few samples of the assessment reports from different states to be shared with the Oversight Committee	Shared with CTD for review and feedback.
6	Data mentioned in the process Indicators Slides to be re-shared in detail in the quarterly progress report	Completed

X-ray Screening of prison Inmates

April 25 - May26									
State	No. of Inmate Screened through X-Ray								
	No. of Inmate Screened	No. of Inmate Found Abnormal X Ray	Referred for the Testing	No. of Inmate Tested					No. of Inmates Diagnosed with TB
				Microscopy	CBNAAT	TRUENAT	Any Other	Total	
Bihar	2742	560	332	264	213	36	0	41	5
Odisha	1599	247	251	101	0	166	0	65	1
Himachal Pradesh	2364	203	193	28	177	10	0	159	2
Assam	1452	202	202	202	128	49	0	25	0
Jharkhand	4625	1486	1474	1020	1173	99	0	252	3
Chhattisgarh	10954	549	544	152	555	0	0	153	41
Meghalaya	792	40	40	0	40	0	0	0	0
Tripura	587	23	23	12	23	0	0	1	1
West Bengal	1381	153	153	152	152	0	0	0	3
Delhi	1604	126	39	19	0	18	0	1	2
Rajasthan	12447	577	595	101	571	18	0	482	14
Uttar Pradesh	34607	4906	4321	813	3309	743	3	3785	134
Arunachal Pradesh	175	14	15	14	2	13	0	2	2
Sikkim	381	30	41	12	51	0	0	39	0
Nagaland	145	6	6	0	6	0	0	6	2
Total	**75855**	**9122**	**8229**	**2890**	**6400**	**1152**	**3**	**5011**	**210**

Note: Due to limited availability of X- ray machine TB screening of inmate is less. However in all the intervention states, X-Ray based TB screening of inmates have been initiated.

Action Taken from OC Visit Observations and Recommendations:

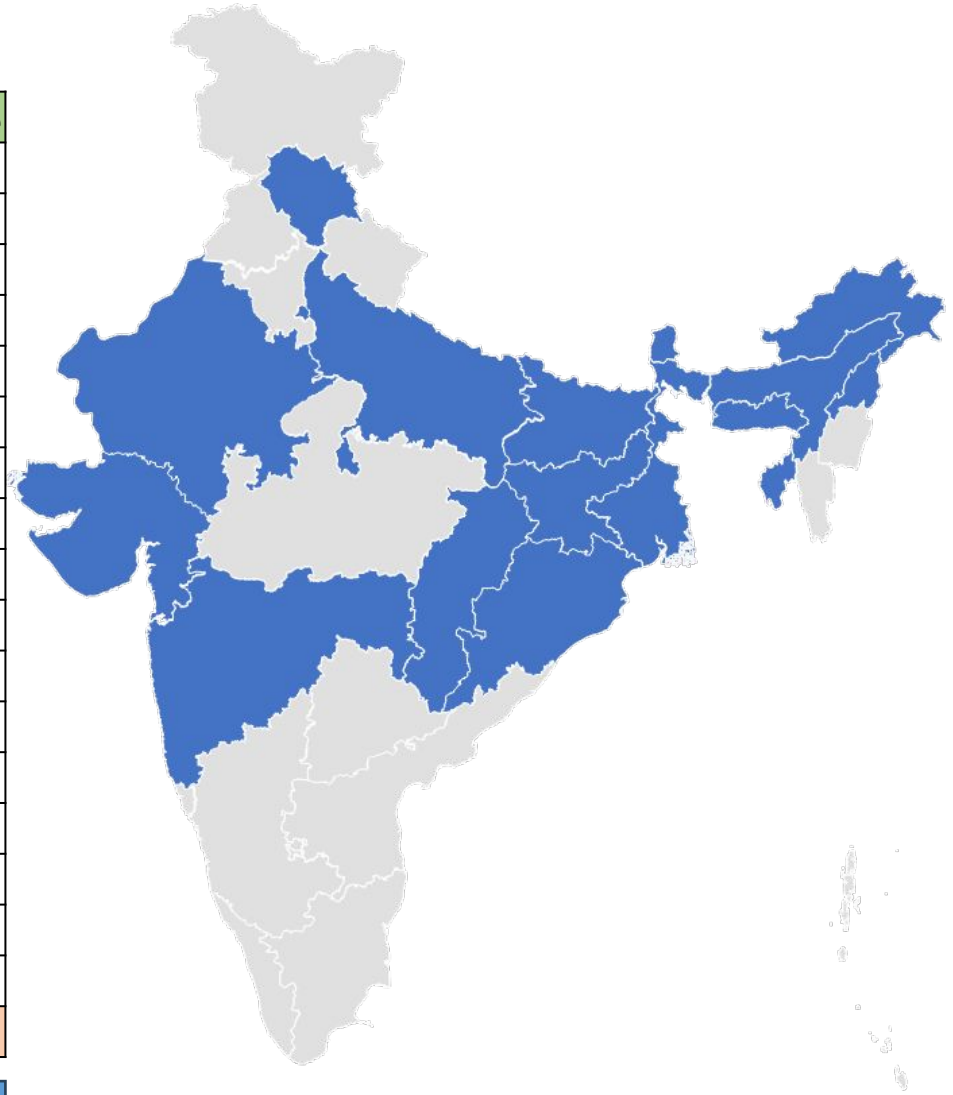
(GC7 OC JH Visit)

S No.	Facility Name/ Component	Observation of the OC	Recommendation of the OC	Action Taken by PR
1	Prison	Absence of X-ray facility within prisons affecting TB screening; suspected cases referred outside prison.	Initiation of X-Ray based TB screening of Prison Inmates. In some of the states/ Prison Inmates were screened for TB before entering to the prison premises. This has been provisioned due to limited guard facility and long approval process.	TB screening using X-ray has been initiated inside the prison.

Geographical Coverage: By Component

# of Districts

States	ACF in KVP	ACF in Prison	DRTB	EPTB	QR Code	AYUSH	Corporate
Assam	0	29	2	2	0	0	Pan India
Bihar	8	37	8	7	8	6	
Chhattisgarh	6	30	0	0	6	0	
Gujarat	15	0	0	0	0	0	
Maharashtra	16	0	7	7	16	3	
Rajasthan	3	41	3	0	3	0	
Uttar Pradesh	25	66	6	8	25	27	
Odisha	3	30	0	0	0	0	
Arunanchal Pradesh		10					
Himachal Pradesh		11					
Jharkhand		24					
Meghalaya		5					
Nagaland		12					
NCT of Delhi		3					
Sikkim		2					
Tripura		7					
West Bengal		23					
Total	**76**	**330**	**26**	**24**	**58**	**36**	



All districts covered under prison interventions in 15 states

SRs and SSRs on-boarding Status

- SR- Doctors for You (Discontinued in October’25)
- Currently all the interventions are directly implemented by HLFPPT.

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
ACF	7,07,179.38	7,07,179.38	100%	27,77,926.07	15,45,741.46	56%	34,85,105.45	22,52,920.84	65%	Hiring of X-ray technicians provisioned against the X-Ray machine was limited due to limited number of X-ray machine at district level. Delayed administrative approval to initiate the activities at state level. Delay in approval from GF to hire CVs on incentive basis. Slow down the activities in year-2 from April to September by GF due to change in financial landscape.
AYUSH	92,283.25	92,283.25	100%	1,64,420.76	99,636.86	61%	2,56,704.00	1,91,920.10	75%	Training for 18 ACF district was approved in September-25 by GF during reprogramming most of the trainings are being completed in government premises thus saving occurs
Engagement with Corporate chain of Hospitals and Labs	1,23,222.03	1,23,222.03	100%	2,50,691.07	1,86,549.30	74%	3,73,913.10	3,09,771.33	83%	Assessment of Corporate chains of hospitals completed. Detailed report awaited.
DRTB	61,630.61	61,630.61	100%	3,49,231.01	1,80,613.86	52%	4,10,861.62	2,42,244.47	59%	Delayed initiation of activities due to administrative approval and Transition from SR to PR

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
Strengthening of Public NAAT LAB for EPTB & Pae. TB	1,49,637.15	1,49,637.15	100%	3,43,631.19	35,450.45	10%	4,93,268.34	1,85,087.60	38%	Delayed initiation. Of activities due to administrative approval at state level Procurement of Health product due to GF approval.
MMU	1,925.76	1,925.76	100%	1,58,660.69	63,803.68	40%	1,60,586.45	65,729.44	41%	Assessment completed and refurbishment work iis in progress.
Prison	-	-	0%	51,093.66	-	0%	51,093.66	-	0%	This activity is carried out by leveraging HIV intervention grant
QR Code	27,413.36	27,413.36	100%	1,23,198.89	36,384.11	30%	1,50,612.25	63,797.47	42%	New districts have been added in Oct 25 and training is undergoing. Mostly trainings being done in govt premises
Total	**11,63,291.53**	**11,63,291.53**	**100%**	**42,18,853.34**	**21,48,179.73**	**51%**	**53,82,144.87**	**33,11,471.25**	**62%**	

Key Performance Indicator 1 (GC7)

Indicator KVP 1:

Number of people with TB (all forms) notified among prisoners; *includes only those with new and relapse TB

Indicator	Target Y1	Achievement Y1	Target Y2	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Number of people with TB (all forms) notified among prisoners	227	522	813	970	>120%		PMIS validated by Ni-KSHAY

Screening by State

Sl. No.	State	Inmates to be screened	No. of TB screening	No. of referred for Testing	No. of Tested for TB	TB Daignosed
1	Arunachal Pradesh	1835	3824	111	108	4
2	Assam	43739	50085	1547	1545	11
3	Bihar	478124	457457	4796	4754	147
4	Chhattisgarh	102289	89413	11199	11199	110
5	Delhi	82601	56984	1923	1769	221
6	Himachal Pradesh	15298	18700	1530	1497	23
7	Jharkhand	98205	92494	6089	6081	81
8	Meghalaya	4494	5071	786	782	0
9	Nagaland	3505	2611	150	150	6
10	Odisha	149045	113721	2464	2417	40
11	Rajasthan	247238	221547	5031	4858	67
12	Sikkim	1546	1766	630	630	1
13	Tripura	9710	10151	71	67	3
14	Uttar Pradesh	601614	564618	37483	32571	656
15	West Bengal	209909	185348	5363	4875	122
		2049152	**1873790**	**79173**	**73303**	**1492**

Key Performance Indicator 2 (GC7)

Indicator KVP 2:
Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners); *includes only those with new and relapse

Indicator	Target Y1	Achievement Y1	Target Y2	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners); *includes only those with new and relapse	3759	2683 (71%)	8386	9208 (110%)	98%	In year -1 delay in administrative approval from the states to roll out the activities.	PMIS

State	# Districts	Urbal Slum Estimated pop to be screened	Urban Pop Mapped	Urban Pop to be screened (90%)	Screening	Sympmptomatic	X-Ray	Suggestive of TB	Samples tested	TB Diagnosed
Uttar Pradesh	25	3030447	3151555	2836400	2339142	137305	423012	16807	91101	8151
Maharashtra	16	5542061	3109901	2798910	1054161	89717	128468	12178	48826	1585
Rajasthan	3	582193	492226	443003	123847	9594	6790	950	5175	256
Bihar	8	1235819	406059	365453	77969	11248	5322	363	6811	1036
Odisha	3	354950	404134	363721	75792	3612	2168	729	2252	128
Gujarat	15	356711	994966	895469	294897	12460	28064	4203	8034	285
Chhattisgarh	6	792357	1184716	1066244	644891	26391	17550	1713	18765	450
G. Total	**76**	**11894538**	**9743557**	**8769200**	**4610699**	**290327**	**611374**	**36943**	**180964**	**11891**

Value Addition to the Program :
In addition to Urban Slums TB screening in Mental care & Old age Home

Mental Care Centre

Old Age Home

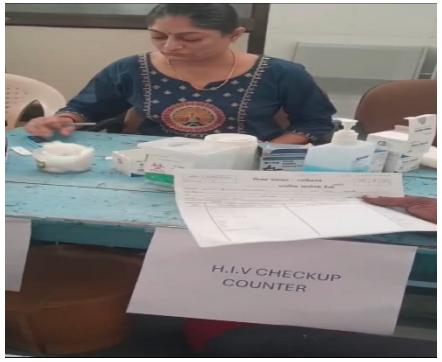
Construction Site

Place	Screened/ X-Ray conducted	Abnormal X-Ray	TB Diagnosed
Mental Care Center, Bilaspur	283	283	14
Old Age Homes, Udaipur	194	21	6

Female Sex Worker

Tobacco producing village

Co-Morbidity screening



Gujarat

Chhattisgarh

Bihar

- **HIV** Screening
- Blood sugar testing
- Blood pressure (BP) measurement
- Body Mass Index (BMI) assessment
- Hemoglobin (Hb) testing

Value addition : Differentiated TB Care

Sr. No.	State	District	Patient ID	Patient Name	Month of Diagnosis	Red Flag Criteria	Action taken	Current status	
1	Maharashtra	Nashik MC	165467398	Jainuddin Shaikh	Aug-2025	Difficulty in breathing	Patient admitted to Hospital	Discharged from Hospital, is well now	DRTB
2	Maharashtra	Govandi	254623585	Shakil Shaikh	Feb-2026	Confined to Bed	Could not reach the hospital	Died	
3	Maharashtra	Nashik MC	205039416	Swapnil Nagare	Dec-2025	Confined to Bed	Patient admitted to Hospital	Endoscopy done, Discharged from Hospital, is well now	DRTB
4	Maharashtra	Nashik MC	164689430	Priyanka Narayan Bodkhe	Jul-2025	Confined to Bed, weakness	Patient admitted to Hospital	Died	DRTB
5	Uttar Pradesh	Varanasi	248653489	Sanjeeda	Jan-2026	Patient confined to bed, Severe pain: chest pain/abdominal pain, "Severe breathlessness: at rest, unable to speak full sentences	Hospitalized in Hospital & Supported in followup test provided diagnosis & Lined with treatment	At home, receiving treatment, with STS notified for follow-up care.	
6	Uttar Pradesh	Etawah	209807443	Mohan lal	Nov-2025	Severe pain:-abdominal pain, "Severe breathlessness: at rest, unable to speak full sentences.	Infromed to STS, and the patient was appropriately linked for follow-up and continuity of care.	At home, receiving treatment, with STS notified for follow-up care.	
7	Uttar Pradesh	Kannauj	233712964	Ranbeer	Dec-2025	Patient confined to bed, Severe pain: chest pain/abdominal pain, "Severe breathlessness: at rest, unable to speak full sentences, feed, or walk a few steps", Symptoms of Adverse Drug Reactions	Informed DTO; patient visited District Hospital accompanied by DC. All follow-up tests were completed. Unfortunately, the patient passed away on the third day."	Died	
8	Uttar Pradesh	Prayagraj	263567463	Bholanath	Apr-2026	Severe breathlessness	Infromed to STS, and the patient was appropriately linked for follow-up and continuity of care	At home, receiving treatment, with STS notified for follow-up care.	
9	Uttar Pradesh	Bijnor	253024814	IMAMUDDIN	Feb-2026	Coughing out blood > 1 cup, Patient confined to bed	Infromed to STS, and the patient was appropriately linked for follow-up and continuity of care	The patient is at home, stable, and currently receiving treatment	
10	Chhattisgarh	Bilaspur	261939500	Fahim khan	Mar-2026	Recurring Diarrhea with Fever.	Patient admitted at CIMS Hospital, Bilaspur (CG) with vomiting and fever; ATT started after discharge based on Microscopy Fluorescent	Currently taking medicine and feeling batter	
11	Chhattisgarh	Bilaspur	261386930	Manish Kol	Mar-2026	Coughing out blood > 1 cup, Patient confined to bed	Patient admitted at CIMS Hospital, Bilaspur (CG) with vomiting and fever; ATT started after discharge based on Microscopy Fluorescent	Currently taking medicine and feeling batter	
12	Chhattisgarh	Bilaspur	253654244	RANI CHANDRAKAR	Feb-2026	Severe Stomach pain, Infection in Kideney	Patient admitted at CIMS Hospital, Bilaspur (CG) with vomiting and fever; ATT started after discharge based on chest X-ray.”	Currently taking medicine and feeling batter	
13	Chhattisgarh	Bilaspur	237664034	Vishal Gupta	Dec-2025	Coughing out blood > 1 cup, Patient confined to bed	Patient admitted at CIMS Hospital, Bilaspur (CG) with vomiting and fever; ATT started after discharge based on chest X-ray.”	Currently taking medicine and feeling batter	
14	Gujarat	Surendranagar	256405145	Vanol Vishwarajsinh Manubhai	Feb-2026	Cough for more than 2 weeks , Fever, Shortness of breath; Confined to bed	Could not reach hospital; District Cordinator had visited the home	Died	

DIFFERENTIATED TB CARE

14 Cases have been successful identified and supported for DTBC

Communication to concerned State

Patient Identified Under Red Flag Criteria External Inbox x

Manisha Singh
to dtoupjns, Chaturanand, me, Kaustubh, Pawan

Tue, May 26, 1:48 PM

from: **Manisha Singh** <manisha@hlfppt.org>
to: dtoupjns@rntcp.org
cc: Chaturanand Thakur <cthakur@hlfppt.org>, "Dr. Akash Kumar" <akashk@hlfppt.org>, Kaustubh Bora <kaustubh@hlfppt.org>, Pawan Anand <pawan@hlfppt.org>
date: May 26, 2026, 1:48 PM
subject: Patient Identified Under Red Flag Criteria
mailed-by: hlfppt.org
signed-by: hlfppt.org
security: Standard encryption (TLS) Learn more

Respected Sir,

Greetings of the Day

I want to inform you that during our ongoing A identified with severe symptoms and falls under the Red Flag Criteria as per the Differentiated TB Case.

The details of the patient are as follows for you

- **Name:** Deendayal raikwar
- **Age/Sex:** 50/ Male
- **Nikshay Ids:-** 262971082
- **Site:** Khailar Site
- **Symptoms Observed:** Patient confined to bed,"Severe breathlessness.

Given the severity of the case, we request urgent attention and appropriate intervention

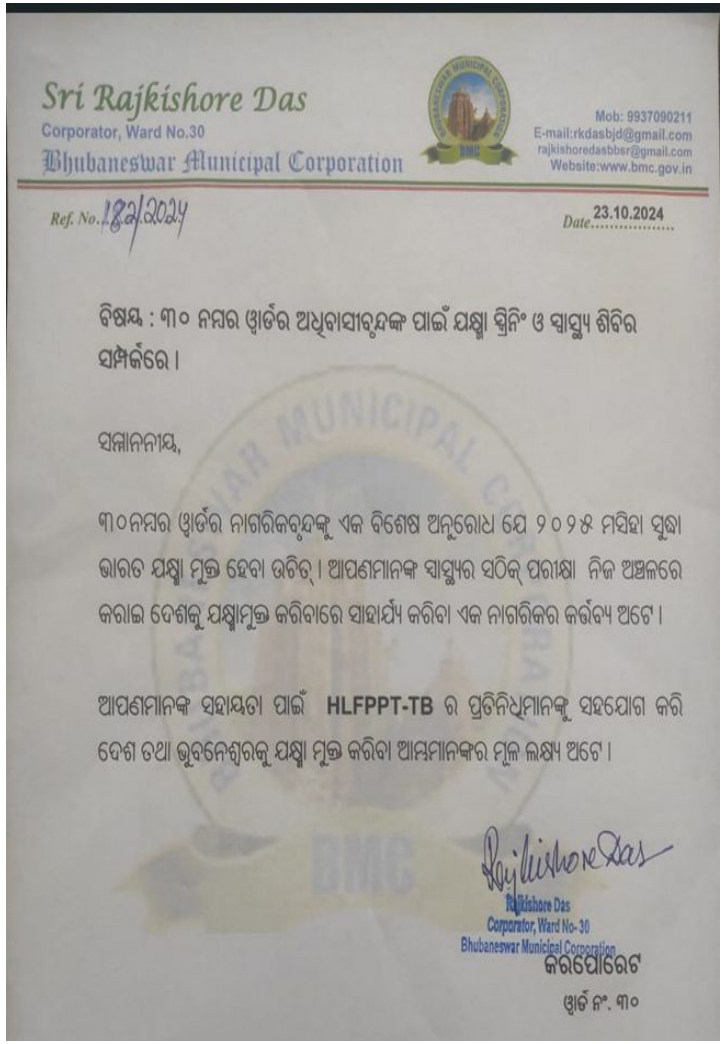
Thanks

--

Manisha Singh
State M&E Manager
Hindustan Latex Family Planning Promotion Trust (HLFPPT)
State Office- 4th Floor, Tower B, NBCC Commercial Complex ,Gomti Nagar Extension Lucknow, Uttar Pradesh, India
Mob. No: 8563875125, email: manisha@hlfppt.org

PRI Engagement

Odisha



Sri Rajkishore Das
Corporator, Ward No.30
Bhubaneswar Municipal Corporation
Mob: 9937090211
E-mail:rkdasbjd@gmail.com
rajkishoredasbbsr@gmail.com
Website:www.bmc.gov.in

Ref. No. 18/2024 Date 23.10.2024

ବିଷୟ : ୩୦ ନମ୍ବର ୱାର୍ଡର ଅଧିବାସୀବୃନ୍ଦଙ୍କ ପାଇଁ ଯକ୍ଷ୍ମା ସ୍କ୍ରିନିଂ ଓ ସ୍ୱାସ୍ଥ୍ୟ ଶିବିର ସମ୍ପର୍କରେ।

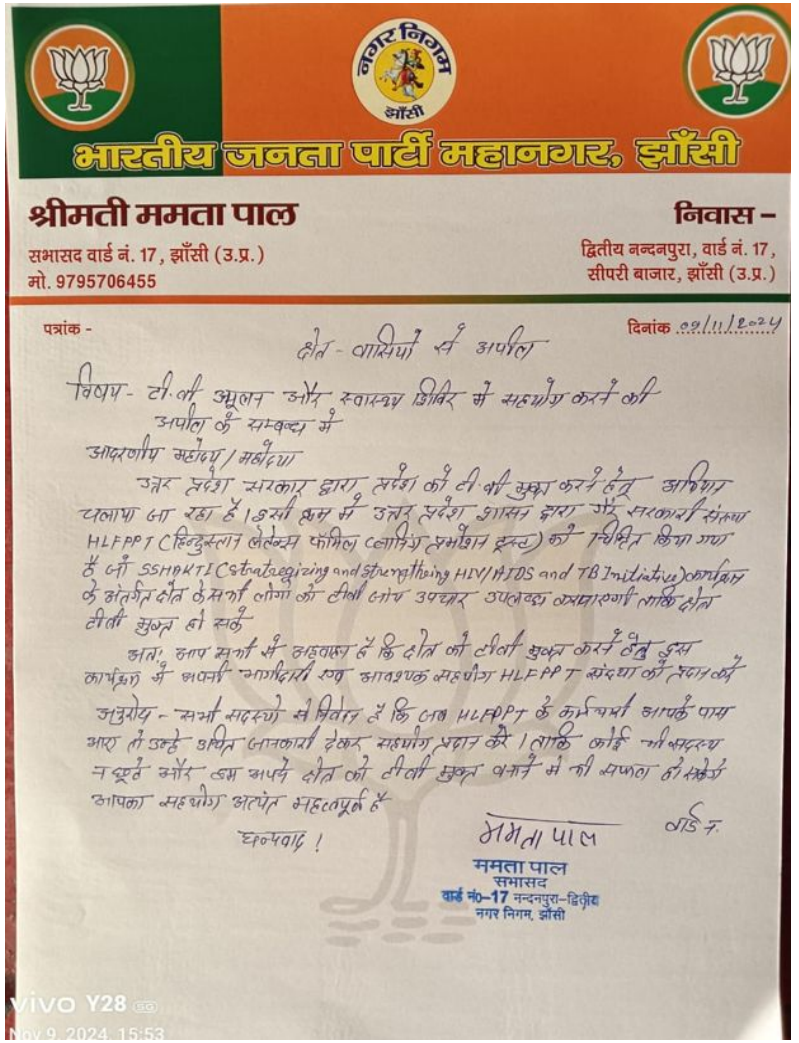
ସମ୍ମାନନୀୟ,

୩୦ନମ୍ବର ୱାର୍ଡର ନାଗରିକବୃନ୍ଦଙ୍କୁ ଏକ ବିଶେଷ ଅନୁରୋଧ ଯେ ୨୦୨୫ ମସିହା ସୁଦ୍ଧା ଭାରତ ଯକ୍ଷ୍ମା ମୁକ୍ତ ହେବା ଉଚିତ୍। ଆପଣମାନଙ୍କ ସ୍ୱାସ୍ଥ୍ୟର ସଠିକ୍ ପରୀକ୍ଷା ନିଜ ଅଞ୍ଚଳରେ କରାଇ ଦେଶକୁ ଯକ୍ଷ୍ମାମୁକ୍ତ କରିବାରେ ସାହାର୍ଯ୍ୟ କରିବା ଏକ ନାଗରିକର କର୍ତ୍ତବ୍ୟ ଅଟେ।

ଆପଣମାନଙ୍କ ସହାୟତା ପାଇଁ **HLFPPT-TB** ର ପ୍ରତିନିଧିମାନଙ୍କୁ ସହଯୋଗ କରି ଦେଶ ତଥା ଭୁବନେଶ୍ୱରକୁ ଯକ୍ଷ୍ମା ମୁକ୍ତ କରିବା ଆମମାନଙ୍କର ମୂଳ ଲକ୍ଷ୍ୟ ଅଟେ।

Rajkishore Das
Corporator, Ward No-30
Bhubaneswar Municipal Corporation
କରପୋରେଟ
ୱାର୍ଡ ନଂ. ୩୦

Uttar Pradesh



नगर निगम झाँसी
भारतीय जनता पार्टी महानगर, झाँसी

श्रीमती ममता पाल
सभासद वार्ड नं. 17, झाँसी (उ.प्र.)
मो. 9795706455

निवास –
द्वितीय नन्दनपुरा, वार्ड नं. 17,
सीपरी बाजार, झाँसी (उ.प्र.)

पत्रांक -

दिनांक 09/11/2024

क्षेत्र - वासियों से अपील

विषय- टी.बी. उन्मूलन और स्वास्थ्य शिविर में सहयोग करने की अपील के सम्बन्ध में

आदरणीय महोदय / महोदया

उत्तर प्रदेश सरकार द्वारा प्रदेश को टी.बी. मुक्त करने हेतु अभियान चलाया जा रहा है। इसी क्रम में उत्तर प्रदेश शासन द्वारा गैर सरकारी संस्था HLFPPT (हिन्दुस्तान लेप्रसी फैमिली वेलफेयर एसोसिएशन ट्रस्ट) को चयनित किया गया है जो SSHAKTI (Strategizing and Strengthening HIV/AIDS and TB Initiative) कार्यक्रम के अंतर्गत क्षेत्र के सभी लोगों को टीबी जांच उपचार उपलब्ध कराएगी ताकि क्षेत्र टीबी मुक्त हो सके

अतः हमारा मानना है कि क्षेत्र को टीबी मुक्त करने हेतु इस कार्यक्रम में आपकी भागीदारी एवं आवश्यक सहयोग HLFPPT संस्था को प्रदान करें

अनुरोध - सभी सदस्यों से निवेदन है कि जब HLFPPT के कर्मचारी आपके पास आएं तो उन्हें सही जानकारी देकर सहयोग प्रदान करें। ताकि कोई भी सदस्य न छूटे और हम अपने क्षेत्र को टीबी मुक्त बनाने में सफल हो सकें आपका सहयोग अत्यंत महत्वपूर्ण है

धन्यवाद !

ममता पाल
ममता पाल
सभासद
वार्ड नं0-17 नन्दनपुरा-द्वितीय
नगर निगम, झाँसी

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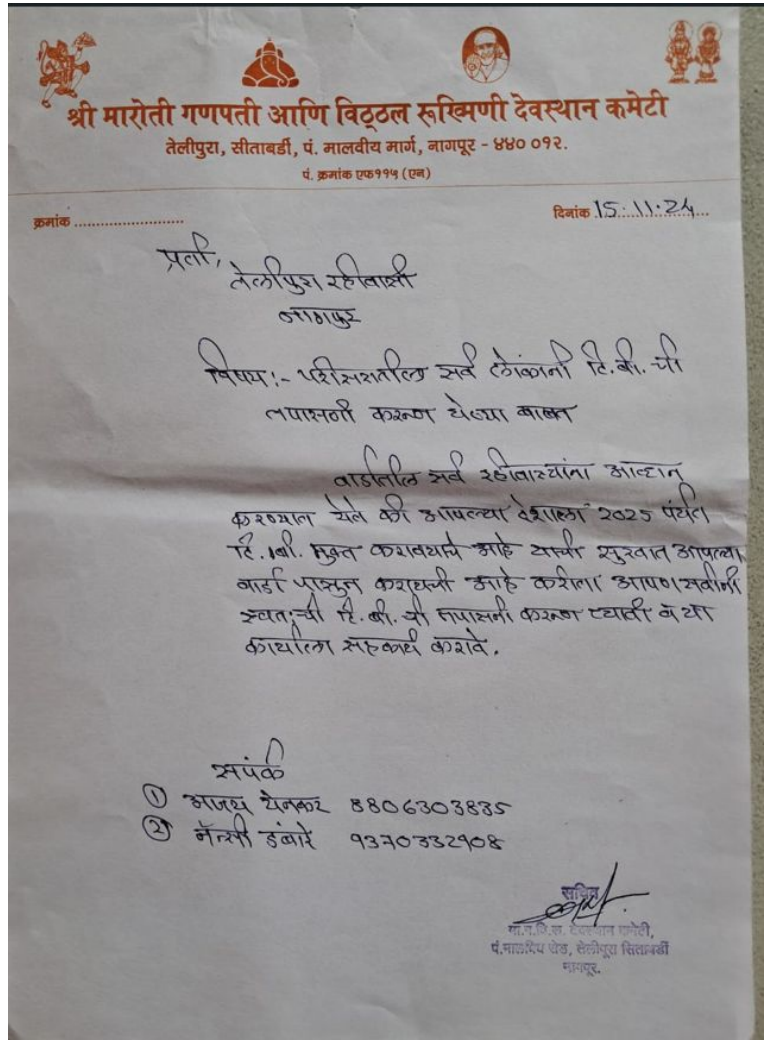
Nov 9, 2024, 15:53

Maharashtra



श्री मारोती गणपती आणि विठ्ठल रूखिमणी देवस्थान कमेटी
तेलीपुरा, सीताबर्डी, पं. मालवीय मार्ग, नागपूर - ४४० ०१२.
पं. क्रमांक एफ११५ (एन)

क्रमांक .....

दिनांक 15.11.24

प्रती,
तेलीपुरा रहीवासी
नागपुर

विषय:- परिसरातील सर्व रहीवासी टि.बी. मुक्त करण्या बाबत

वाचकांनि सर्व रहीवाश्यांना आव्हान करण्यात येते की आपल्या वेळाला 2025 पर्यंत टि.बी. मुक्त करावयाचे आहे त्यासी सुरवात आपल्या घरापासुन करायची आहे करीता आपण सर्वांनी स्वतःची टि.बी. ची तपासनी करुन घ्यावी व या कार्यात सहकार्य करावे.

संपर्क
① राजेश येनकर 8806303835
② नॅन्सी डंभारे 9370332908

सचिव
श्री.मा.वि.रु. देवस्थान कमेटी,
पं.मालवीय चौक, तेलीपुरा सिताबर्डी
नागपूर.

Appreciations

DTO, Jaunpur in UP appreciating efforts of project SSHAKTI on World TB Day

कार्यालय - जिला क्षय रोग केंद्र, प्रयागराज

प्रेषक।
जिला क्षय रोग अधिकारी,
प्रयागराज ।

सेवा में,

हिंदुस्तान लेटेक्स फैमिली प्लानिंग प्रोमोशन ट्रस्ट (HLFPPT)

उत्तर प्रदेश लखनऊ ।

पत्रांक : डीटीसी ACF प्रयागराज २०२५-२६

विषय : ACF गतिविधियों में तकनीकी सहयोग हेतु आभार ।

महोदय,

क्षय रोग उन्मूलन हेतु संचालित Active Case Finding (ACF) गतिविधियों में हिंदुस्तान लेटेक्स फैमिली प्लानिंग प्रोमोशन ट्रस्ट (HLFPPT) संस्था द्वारा प्रदान किया गया तकनीकी सहयोग समन्वय तथा क्रियान्वयन में किया गया योगदान अत्यंत सराहनीय एवं प्रभावशाली रहा है। आपकी संस्था द्वारा योजना निर्माण से लेकर जमीनी स्तर पर प्रभावी क्रियान्वयन तक जिस तत्परता, निष्ठा एवं दक्षता का परिचय दिया गया है वह जनहित में अत्यंत प्रशंसनीय है।

निकट भविष्य में यह अपेक्षा की जाती है कि आपकी संस्था द्वारा हैंडहेल्ड एक्स-रे मशीन एवं प्रशिक्षित तकनीशियन की उपलब्धता सुनिश्चित की जाएगी साथ ही उनके आवागमन (movement) हेतु आवश्यक व्यवस्था भी आपके स्तर से प्रदान की जाएगी जिससे जनपद में क्षय रोगियों की शीघ्र पहचान सुनिश्चित हो सके एवं उन्हें त्वरित उपचार उपलब्ध कराया जा सके। यह प्रयास जनपद को टीबी मुक्त बनाने की दिशा में एक महत्वपूर्ण कदम सिद्ध होगा ।

आपके सतत सहयोग हेतु पुनः धन्यवाद ज्ञापित करते हुए आशा करते हैं, कि भविष्य में भी यह समन्वय इसी प्रतिबद्धता के साथ बना रहेगा ।

जिला क्षयरोग अधिकारी
प्रयागराज

प्रेषक

जिला क्षयरोग अधिकारी

कन्नौज

सेवा में

सशक्ति प्रोजेक्ट एच एल एफ पी पी टी

उत्तर प्रदेश लखनऊ।

विषय: A C F गतिविधियों में तकनीकी सहयोग हेतु आभार।

महोदय,

क्षय रोग उन्मूलन हेतु संचालित "एक्टिव केस फाइंडिंग"(ACF) गतिविधियों मे एच एल एफ पी पी टी संस्था द्वारा प्रदान किया गया तकनीकी सहयोग समन्वय तथा क्रियान्वयन में किया गया योगदान अंत्यंत सराहनीय एवं प्रभावशाली रहा है।

आपकी संस्था द्वारा योजना निर्माण से लेकर, जमीनी स्तर पर प्रभावी क्रियान्वयन तक जिस तत्परता, निष्ठा एवं दक्षता का परिचय दिया गया है वह जनहित में अत्यंत प्रशंसनीय है।

निकट भविष्य में यह अपेक्षा की जाती है आपकी संस्था के द्वारा एक्सरे मशीन एवं प्रशिक्षित तकनीशियन की उपलब्धता सुनिश्चित की जायेगी साथ ही उनके आवागमन(movement)हेतु आवश्यक व्यवस्था भी आपके स्तर से प्रदान की जायेगी जिससे जनपद में क्षय रोगियो की शीघ्र पहचान सुनिश्चित हो सके एवं उन्हें त्वरित उपचार उपलब्ध कराया जा सके। यह प्रयास जनपद को टी बी मुक्त बनाने की दिशा में एक महत्वपूर्ण कदम सिद्ध होगा।

आपके सतत सहयोग के हेतु पुनः धन्यवाद ज्ञापित करते हुए आशा करते है,कि निकट भविष्य में भी यह समन्वय इसी प्रतिबद्धता के साथ बना रहेगा।

जिला क्षयरोग अधिकारी कन्नौज

Appreciation for Technical Support in ACF Activities

1 message

DTO Prayagraj <dtoupahb@rntcp.org> Tue, 22 Apr, 2025 at 5:22 pm
To: Dr. Manoj Goel <mgoel@hlfppt.org>
Cc: Manisha Singh <manisha@hlfppt.org>, Ratandeep Singh <ratandeep@hlfppt.org>

Dear Team HLFPPT,

On behalf of the District Tuberculosis Centre, Prayagraj, I would like to extend our sincere gratitude for your valuable technical support during the recent Active Case Finding (ACF) activities conducted in our district under 100 Days TB Campaign & SSHAKTI project.

Your team's dedication, coordination, and technical expertise have significantly contributed to the successful implementation and outreach of the ACF campaign. The efforts of your field staff and coordinators in mobilization, screening, and follow-up have been commendable and have played a crucial role in strengthening our TB elimination efforts.

We appreciate your continued partnership and look forward to working together in future initiatives aimed at ending TB in Prayagraj.

Warm regards

Dr. Parvez Akhtar
DTO-Prayagraj
Mob. : 9450773612, 0532-2251892 (O)
e-mail id: dtoupahb@rntcp.org; dtoupahb@tbcindia.nic.in

Key Performance Indicator 3 (GC7)

Indicator DRTB2 : Number of people with confirmed RR-TB and/or MDR-TB notified

Indicator	Target Y1	Achievement Y1	Target Y2	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Number of people with confirmed RR-TB and/or MDR-TB notified	220	1	840	641	61%	1. Delayed administrative approval from States like UP &Rajasthan and Bihar 2. EOI floated twice to engage private facilities as in first phase only two private facilities shown interest	PMIS

Sl. No	Activities which were planned to be conducted with respect to this KPI	Status
1	Number of hubs functional	21
2	Number of notified patients per hub	31

Age Group	Year-1	Year2
<=15		34
>15	1	607
Total	1	641

Gender	Year-1	Year-2
Male		355
Female	1	285
Transgender		1
Total	1	641

HIV Status	Year-1	Year -2
Positive		7
Reactive		7
Non-Reactive	1	495
Unknown		139
Total	1	641

DRTB Patient :Disaggregation

By Gender:

State	Female	Male	Transgender	Total
Assam	18	39	0	57
Bihar	94	134	1	229
Maharashtra	145	136	0	281
Rajasthan	28	46	0	74
Total	**285**	**355**	**1**	**641**

Year-2

By Age group:

State	<=15 Years	>15 Years	Total
Assam	3	54	57
Bihar	18	211	229
Maharashtra	13	268	281
Rajasthan	0	74	74
Total	**34**	**607**	**641**

Year-2

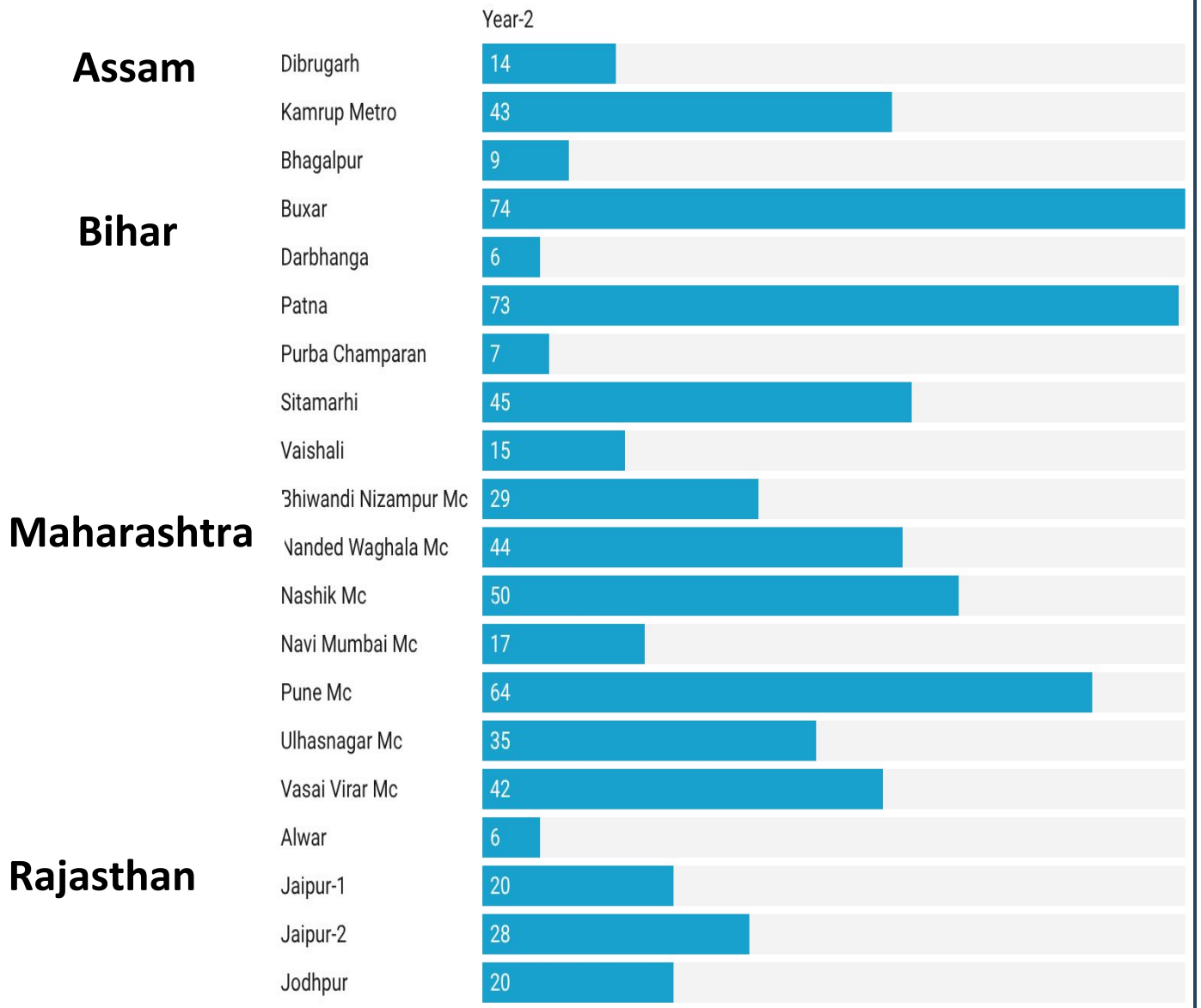
DRTB Patient :By HIV status and District

By HIV Status:

State	Positive	Non-Reactive	Reactive	Unknown	Total
Assam	1	32	0	24	57
Bihar	0	178	1	50	229
Maharashtra	0	229	5	47	281
Rajasthan	0	56	0	18	74
Total	1	495	6	139	641

Year-2

By District:



Key Performance Indicator 4 (GC7)

Indicator TBDT Other 1: Number of extrapulmonary TB patients and pediatric samples tested

Indicator	Target Y1	Achievement Y1	Target Y2	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Number of extrapulmonary TB patients and pediatric samples tested	4500	0	21600	18057 (84%)	61%	1. Delay in administrative approval from states 2. Delay in selection of Agency for lab assessment	PMIS

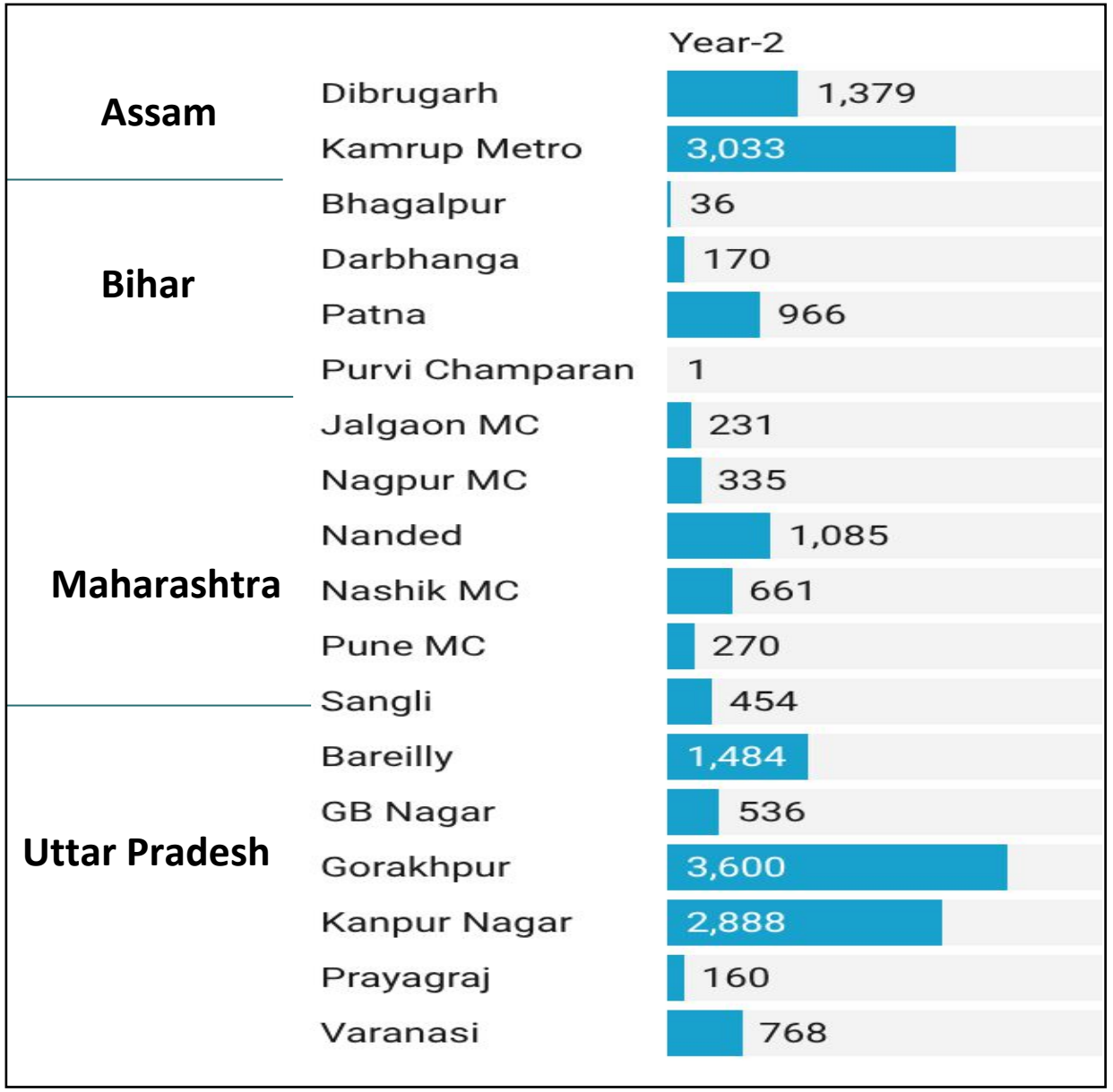
Sl. no	Activities which were planned to be conducted with respect to this KPI	Status
1	Number of hubs functional	18 (24 as on date)
2	Number of samples tested per hub	1003

State and District Wise : By State and District

By Age Group:

State	<=14 Years	>14 Years	Total
Assam	901	3511	4412
Bihar	162	1011	1173
Maharashtra	431	2605	3036
Uttar Pradesh	2977	6459	9436
Total	**4471**	**13586**	**18057**

Year-2



WTM

- Give the current status on Operational research study to assess the outcome of engagement of AYUSH and informal practitioners for TB awareness, 4S Screening and referral of presumptive case for TB testing

- Current Status:

Mapping of AYUSH doctors/ facilities were completed and potential AYUSH doctors were identified and sensitized. Established strong TB presumptive case referral system to public for early TB case detection. Data collection and reporting initiated

ACF in Urban Slums and other vulnerable Population

Sl. No.	State	Intervention Districts	Handheld X-Ray Available	Technician available	Technician support from Project
1	Bihar	8	27	8	8
2	Chhattisgarh	6	18	11	2
3	Gujarat	15	28	5	4
4	Maharashtra	16	40	25	15
5	Odisha	3	10	7	1
6	Rajasthan	3	11	5	2
7	Uttar Pradesh	25	96	82	19
	Total	76	230	143	51

Additional: Component wise Status: From last CTD PPT

Sl. No.	Component	Target	Achievement
5.	Engagement of AYUSH and Informal Providers	1000 in three years. 750 till year-2	987 (>100%)
6.	% of Samples being transported through QR Code	50%	56% (>100%)
7.	Engagement of Corporate Hospitals and Labs	35	38 (>100%)

Process Indicators

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

S No.	Process Indicator	Target (total)	Achievement %
1	Proportion of KVP screened among the mapped	80%	>80%
2	Proportion of presumptive TB identified among screened	5%	80%-100%
3	Proportion of TB diagnosed started on TB treatment	100%	>90%
4	Number of Labs identified for upgradation after consultation with CTD	24	HR have been placed and list of procurement of health product shared with GF with justification. GF accorded approval in May to procure the HP in the month of May26.
5	No of Hub upgraded for EPTB and Pediatric sample testing	30	24 (Rajasthan approval Pending)
6	No of Hubs started receiving samples	30	24 (Rajasthan approval Pending)

Process Indicators

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

S No.	Process Indicator for DRTB	Target (total)	Achievement %
7	EOI floated for selection of DRTB care center	Advertisement done	Twice, Completed
8	No. of hub for DRTB case management established	30	21 (Approval from UP received in May 26)
9	No of Hubs started referring presumptive DRTB cases	30	21
10	% of presumptive DRTB referred by spokes cases tested for DRTB	100%	100%
11	% of notified DRTB Patients initiated on DRTB treatment	100%	93%

Process Indicators

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

S No.	Process Indicator	Target (total)	Achievement %
12	No. of districts mapped for identification of AYUSH and informal providers	36	36 (100%)
13	% of AYUSH started referral among engaged	50%	>100%
14	Exhaustive list of corporate hospitals and Labs prepared	50	>100%
15	Consultation meeting happened with potential providers	50	>100%

Key Issues, Challenges and Accomplishments in the Y1 & Y2: from all components

S No.	Description	Timeline for Resolution/Overcoming
1	Deeper engagement of CHOs in Sample collection to reach >80%	6 Months.
2	Reading of CXR by Medical Officer	6 Months
3	Change in NAAT Lab Timing for sample collection from 1 PM to 6 PM	Ongoing
4	Utilization of QR Code in more than 70% of samples	6 Months
5	**Premature DS-TB treatment initiation** in the private sector based on Xray Report, compounded by delayed CBNAAT reporting, often results in patient delay/refusal to shift to appropriate DR -TB regimens	6 Months
6	**Limited Implementation of BPaLM Regimen at district level** and Non availability of BPaLM drugs at district level especially in Bihar. Private sector patient is not ready to travel to neighboring district Nodal DR TB center for treatment initiation leading to treatment initiation on shorter or longer DR TB regimen	6 Months

Key Issues, Challenges and Accomplishments in the Y1 & Y2: from all components

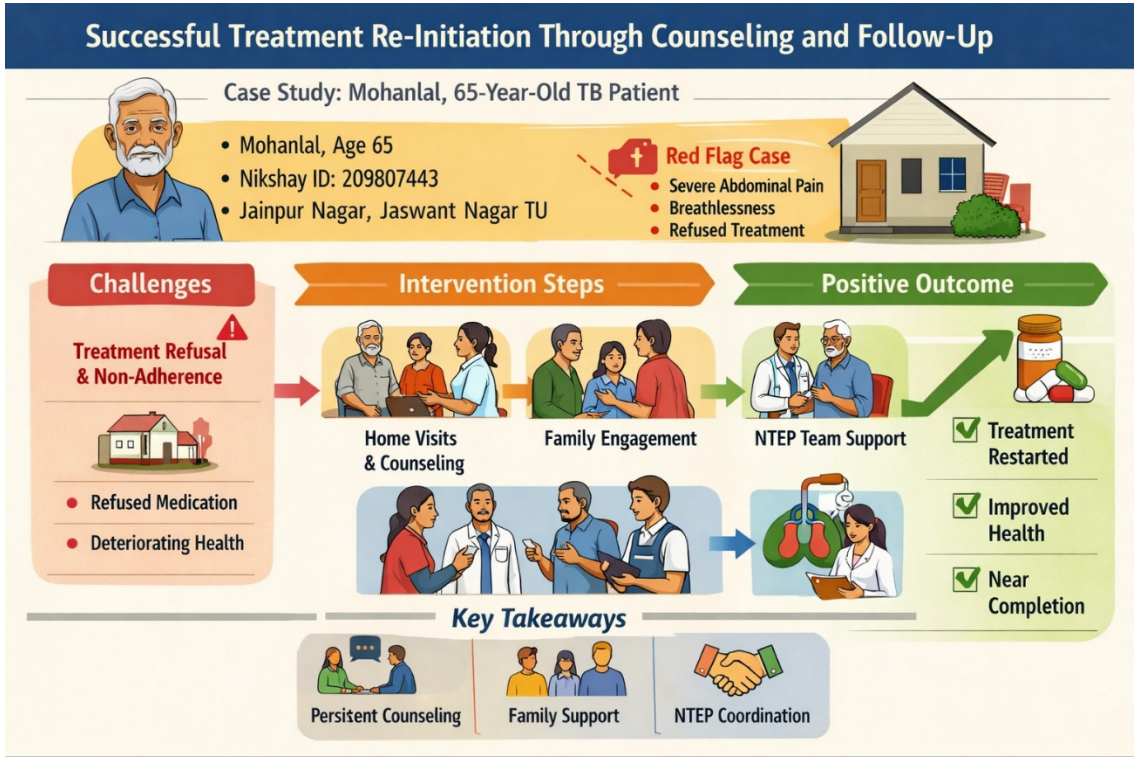
S No.	Description	Timeline for Resolution/ Overcoming
7	**Drug Supply Constraints: Shortage/ Irregular supply** of Levoflox, Cycloserine and Clofazimine results in difficulty in managing the DR TB patients on shorter/longer regimen.	6 Months
8	**Regimen Modification-** Delayed LPA reports result in failure to acknowledge when the report is available and replacement of Drugs in case of FQ resistance is missed.	6 Months
9	**Delay in Development and Operationalization of Hub Laboratories** : Operationalization of hub laboratories was delayed due to prolonged state-level approvals and administrative processes. HLFPPT, in coordination with CTD, conducted multiple state visits, follow-ups, and stakeholder engagements to expedite approvals. Most hubs have been operationalized; however, approval from Rajasthan remains pending.	6 Months

Success stories: ACF

1. Saving lives by facilitating Differentiated TB Care during ACF: detail slide attached
2. Engagement of TB Champions as Community Volunteers in the program

3. TB Champion undertaking session at KVP Sites

4. Treatment Initiation of LFU Case



Success stories: QR Code

Govt.of Maharashtra, Health Services
Jt.Director of Health Services (Leprosy & TB)
"AROGYA BHAVAN" Opp. Vishrantwadi Police Station,
Alandi Road, Yerwada, Pune-411006.

Jt.Director - ☎ (020) 26686955
Dy.Director - 26686951
Office - 26686952-54
Fax – 26686956

Section wise e-mail
TB section- stomh@rntcp.org
Lep section - itlepnms@rediffmail.com
Est section - idhsest99@gmail.com

No.Jt.DHS/TB&L/SSHAKTI - TB Project/ /2024
Dated – 10 /12/2024 27946-90

To
1) District TB Officer, District TB Center, Akola, Amravati, Chandrapur, Nagpur, Dadar, Govandi, Kurla, Ghatkopar.
2) City TB Officer, City TB Center, Akola MC, Amravati MC, Nagpur MC, Pune MC, Bhiwandi MC, Mumbai.

Subject: - Regarding conduction of QR code-based Sample collection and transportation (SCT) training under SSHAKTI - TB project.
Reference: - Email received from State Programme Manager, SSHAKTI - TB Project dated 21st Nov 2024.

Under National TB Elimination Programme, SSHAKTI – TB, The Global Fund Project, HLFPPT is being implemented in your districts. As per above mentioned reference half-day training for STS and STLS on QR code-based Sample collection and transportation (SCT)needs to be conducted in your district.

Training schedule is as follows:-

Sr. No.	District	Tentative date
1	Akola, Akola MC	21.12.2024
2	Amravati. Amravati MC	20.12.2024
3	Chandrapur	17.12.2024
4	Nagpur, Nagpur MC	18.19.12.2024
5	Pune MC	2nd week of January
6	Bhiwandi MC	2nd week of January
7	Dadar, Govandi, Kurla, Ghatkopar	2nd week of January

Accordingly, you are directed to organize above mentioned training at DTC premises or STDC and coordinate with District Coordinator of SSHAKTI-TB Project.

The resource person for training will be :-
Dr. Nitin Mudgal, Programme Expert, HLFPPT
Dr. Shashank Gupta, SCT Trainer, SSHAKTI Project, HLFPPT

This training will include travel of participants on actuals (Max. Rs. 500 per person) and food will be supported by HLFPPT.

For any further clarification, please contact
Dr. Samridhi Nigam

State	# Districts	# Participants Trained
Bihar	7	341
Chhattisgarh	6	194
Gujarat	15	407
Maharashtra	16	424
Odisha	3	140
Rajasthan	3	114
Uttar Pradesh	18	894
Total	**68**	**2514**

State	# QR Code tagged Sample	SSHAKTI State
Assam	1	No
Bihar	69	Yes
Chhattisgarh	524	Yes
Gujarat	480	Yes
Maharashtra	391	Yes
Odisha	22	Yes
Rajasthan	177	Yes
Uttar Pradesh	4575	Yes
West Bengal	2	No
Total	**6241**	**99.95%**

Largely Samples with QR Code is being used in Project state only

Success stories: DRTB

1. **Private Sector Treatment Initiation Doubled-** Private Facility treatment initiation in patients notified under project increased from 29% in Y1 to 61% in Y2

2. **Improved Access to BPaLM Regimen** -BPaLM Access Increased from 33% in Y1 to 46% in Y2

3. **DR TB Treatment Modification based on 2nd Line LPA report-** CC Facilitated replacement of Levoflox with Delaminid in longer regimen in Darbhanga

4. **Mr. Ajit Chandra Pathak (NID: 276625596 / 258496159)-**BPaLM regimen modified to longer MDR-TB regimen due to severe anemia; Linezolid replaced with Delamanid by Hub site Apollo International Hospital at Kamrup Metro

5. **Mr. Rabi Shankar Singh (NID 262132491)-** Red flag sign identified during home visit by CC in Kamrup Metro-severely weak, bedridden, and experiencing recurrent vomiting- Case discussed with spoke, patient referred after lot of persuation. Investigations revealed Critical hyperkalemia, QT prolongation, and renal dysfunction—Bedaquiline discontinued; referred to PMDT for expert management.

6. **Jayshree Mahale(NID-246550163)-** Home visit by CC showed red flag sign- Hb declined from 10.07 g/dL to 7.7 g/dL over 3 months. amily informed: Seriousness of condition and immediate referral to medical college

Success Story:
Extra Pulmonary Notification Improvements in Intervention Districts

District	Y2024	Y2025	Improvement	
Varanasi	8037	9308	1271 [16%]	▲
Kanpur Nagar	8009	9276	1267 [16 %]	▲
Bareilly	6578	7369	791 [12%]	▲
Gorakpur	6357	6986	629 [10%]	▲
Dibrugarh	1356	1585	229 [17%]	▲

District	Y2024	Y2025	Improvement	
Nagpur	2229	3793	1564 [70%]	▲
Pune	2563	3973	1410 [55%]	▲
Sangli	736	1040	304 [41%]	▲
Nasik	1353	1798	445 [33%]	▲
Jalgaon	1052	1199	147 [14%]	▲
Nanded	1341	1431	90 [7%]	▲

Activity and Timeline for the next 6 months

S No.	Activity	Timeline
1	Screening of 15 Lakhs Vulnerable Population	Till Sep 26
2	Building Capacity of NETP staffs on QR Code sample transportation across states	Till Sep 26
3	Training of Private Providers on DRTB in 10 new districts	Till Sep 26
4	Implementation of Differentiated TB Care activities for DR TB patients in private sector	Ongoing
5	Training of Private Providers on EPTB in 10 new districts	Till Sep 26
6	Engagement of 25 Corporate Hospitals	Till Sep 26

Value Add:

Sl. No.	Component	Value Add
1	Active Case Finding among KVP	>3 Lakhs screening per month
		>300 Community Volunteers on ground
		Placement of 51 X-Ray Technicians to Support ACF
		Placement of 27 Lab technicians to process Sputum and Non-Sputum Samples
		Radiologist support in 10 districts to read AI abnormal
		Conducting DTBC screening based on 7 Red-flags
		Supporting Triage Positive cases for hospitalization to reduce Mortality

Value Add:

Sl. No.	Component	Value Add
2	QR Code based sample transportation	Building capacity to all NTEP staffs in project districts
		Creating knowledge base and evidence for successful implementation
3	Engagement of AYUSH Providers	Supporting program in identifying early TB cases
4	DRTB Case Management in Private Sector	Building Capacity of Private Providers on DRTB case management
		Ensuring shorter regimen to private patients by signing LOI with private facilities (with NTEP)
		Reducing mortality by initiating DTBC care in private facilities

Value Add:

SSHAKTI
STRATEGIZING AND STRENGTHENING HIV/AIDS & TB INITIATIVE
THE HLFPPT INITIATIVE

Sl. No.	Component	Value Add
5	Strengthening NAAT Facilities for EPTB and Paediatric samples processing	Training of treating physician on EPTB and Paediatric case management
		Increasing sample supplies by providing sample transporter in each intervention district
		Building capacity of NAAT labs by providing critical equipment's; like, BSC, Vortex etc.
6	Engagement of Corporate Hospitals and Labs	Building Capacity of Labs in improving quality TB notification
		Providing training to Lab personnels as well as sample collection centres for this purpose
		Improving quality TB diagnostics in private sector by pushing NTEP certification of private labs

THANK YOU