GC7 PR Desk Review

KHPT

July 19th, 2026

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	The performance under training of Gram panchayats under TB Mukt status is good. The Oversight Committee requested to follow up with the state Health & PRI department may be done actively to ensure PRI nodal officers training in PRI project states (State ToT)	**Completion of Gram Panchayat Training:** Achieved **over 97% completion** of training on TBMP. Successfully conducted **training of district PRI nodal officers (State ToT)** in **9 out of 13 targeted states** (8 via in-person sessions; Uttar Pradesh completed virtually). **Next Steps:** State ToT is currently being prioritized for the remaining 4 states (Karnataka, West Bengal, Bihar and Gujarat).
2	The Oversight Committee requested detailed information on the number of Gram Panchayats (GPs) involved, including how many have submitted TBMP claims and how many have received trainings	In Year 2 (2025), the project supported 5,187 Gram Panchayats (GPs), of which 1,726 submitted TBMP claims and 1,665 were declared TB Mukt Panchayats. A total of 5,044 GPs were trained during the project period (Year 1: 1,946; Year 2: 3,098). NPMU directly assisted the Central TB Division (MoHFW, GoI) in finalizing national TB Mukt Panchayat (TBMP) data across all states and districts and the documentation for the Year 2025 achievements.
3	Oversight Committee had recommended KHPT to cover the entire geography of Delhi and increase the TB Champions numbers. KHPT was requested to share the revised number of TB Champions for Delhi State and how their Project is going to contribute to that number.	In Delhi, IMPACT India project covers 5 revenue districts and 12 Chest Clinics. The project coverage 445 PHI/AAM in Delhi. Successfully trained more than 900 TB Vijetas, and currently, two TB Vijetas are placed at every PHI. TB Vijetas trainings have already been completed. Trained Vijetas are being engaged in community engagement related activities and number of TB Vijetas also engaged in NTEP as Community DOT Providers.

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
4	Training of TB Vijeta, it was discussed that the training was insufficient and did not align with the guidelines of the NTEP. Furthermore, TB Vijeta's have not been deployed in the field, have not been assigned to support TB patients, and are currently not engaged in any programmatic activities KHPT was advised to revise their indicators and ensure to create an impact.	TB Vijeta's were trained as per standard guideline (duration of each training 240 Minutes). Successful completion of TB Vijeta trainings across project-supported geographies. Total 31,149 TB Vijetas trained under the project. 76.31% of trained TB Vijetas are active and have been regularly reported their activities at Ayushman Arogya Mandirs (AAMs) till end of March 2026. The Community Engagement indicators have been streamlined. Activities undertaken by TB Vijetas have been categorized under 19 reporting activities, broadly aligned with three key thematic areas: TB Awareness and Stigma Reduction, Case Detection, and Successful Treatment Outcomes. This classification is intended to facilitate more systematic reporting, monitoring, assessment and impact of Community Engagement efforts towards overarching goal of TB Mukt Bharat.

Action Taken from OC Visit Observations and Recommendations

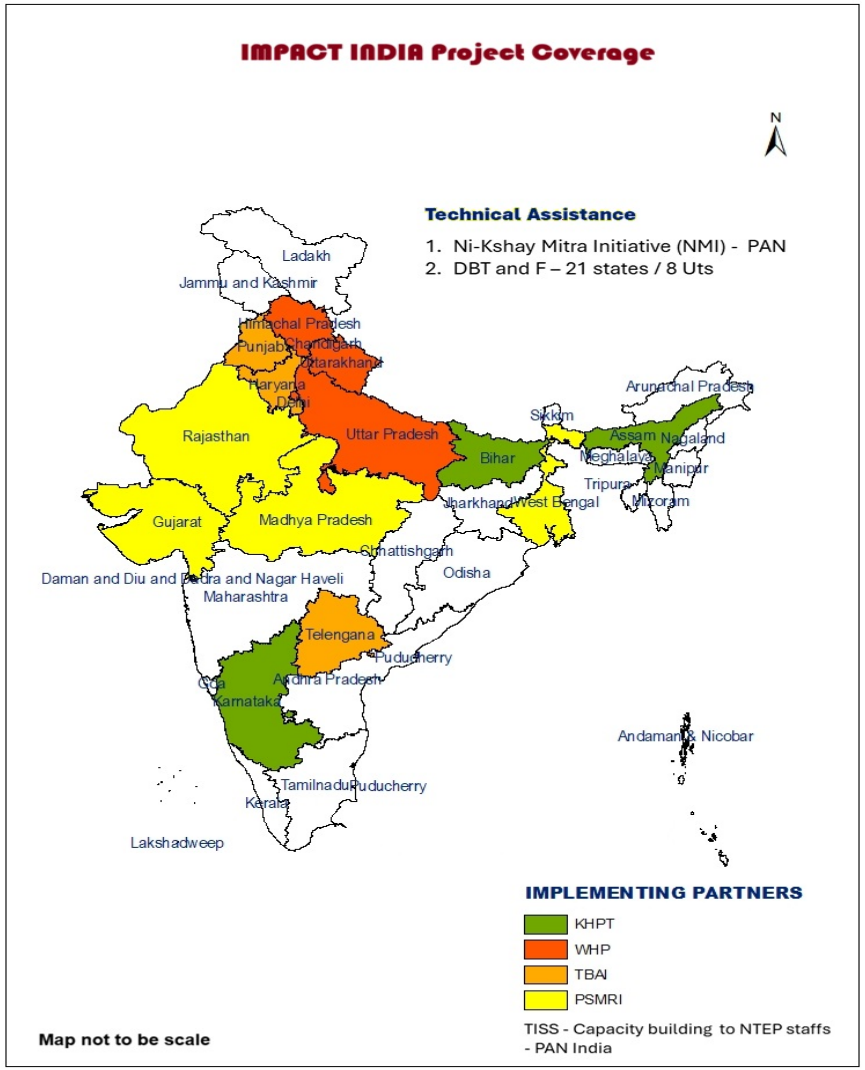
(GC7 OC JH Visit)

S No.	Facility Name/ Component	Observation of the OC	Recommendation of the OC	Action Taken by PR

S No.	Activities which were planned to be conducted with respect to the OC recommendations	Status
1	Nikshay Mitra Initiative: Despite increased registrations and food basket distribution, TB patient coverage under Nikshay Mitra support remains suboptimal,	Response submitted on 19th of May 2026- Letter attached
2	Technical Assistance DBT: Persistent challenges related to SNA-SPARSH implementation, payment delays, OTP issues, bank account validation failures, and transaction rejections continue to affect timely DBT disbursement.	OC Committee ATR Report_19th May 2026 (1).docx

Geographical Coverage

Thematic Area/ All core component under GC-7 Grant	Geographical Coverage
COMMUNITY ENGAGEMENT	
TB MUKT GRAM PANCHAYAT	13 states: One district from each State; 5187 Gram Panchayats
TB VIJETA ENGAGEMENT	14 States; 99 Districts and 1 UT, including PRI Districts; 15500 AAMs (31000 TB Vijetas)
TECHNICAL ASSISTANCE	
DBT & FINANCE	21 States & 8 UTs Additional virtual support in remaining states
PMTBMBA	PAN INDIA
CAPACITY BUILDING - SOFT SKILL COUNSELLING TO NTEPs STAFF	PAN INDIA (TISS); 18000 NTEP Staff



Geographical Coverage: States/ districts

Name of State	# of Districts	Districts
Bihar	7	Muzaffarpur, Patna , Purnia, Gaya, Darbhangha, Saran and Sitamarhi
Assam	6	Chirang , Bongaigaon, Dhubri, Goalpara, Kokrajhar, Udalguri
Karnataka	5	Mysuru, Bengaluru Rural-, Mandya, Ramanagara, Tumakuru
Gujarat	9	Dahod, Anand, Kheda, Panch Mahals, Ahmedabad, Narmada, Mahesana Surat, Banas Kantha
Madhya Pradesh	12	Vidisha , Chhatarpur, Morena, , Panna , Guna, Gwalior, Damoh, Rajgarh ,Jabalpur, Sagar, Ratlam, Khandwa (East Nimar)
Rajasthan	9	Karauli , Jaipur, Bhilwara, Kota, Jaisalmer, Sirohi, Baran, Ajmer, Dholpur
West Bengal	8	Birbhum, , Purba Bardhaman, Malda, Purulia, Hooghly, South 24 Parganas, Murshidabad and North 24 Parganas
Chandigarh	1	Chandigarh
Punjab	5	Moga, Ludhiyana, Fierozpur, Jalandhar and Patiyala
Haryana	5	Amabala, Hisar, Nuh, Jind and Kurushetra
Telangana	5	Karimanagr, Siddipet, Jagitial, , Peddapalli, Rajanna Sircilla
Delhi	5	North East, North West, Shardra, South Delhi, and West Delhi
Himachal Pradesh	2	Shimla and Kangra
Uttar Pradesh	15	Unnao , Hamirpur, Auraiya, Bareilly, Saharanpur, Basti, Ghazipur, Jhansi, Azamgarh, Bahraich, Etah, Pilibhit, Mirzapur, Varanasi, Gorakhpur
Uttarakhand	5	UdhamSing Nagar, Haridwar, Dehradun, Pauri and Naintal
Total	**99**	

SRs and SSRs on-boarding Status

SN	State/UTs	SRs	Districts	SSR	Reason for delay in on-boarding (if any)
1	Assam	DI-KHPT	6	NA	April 2024
2	Bihar	DI-KHPT	7	NA	
3	Karnataka	DI-KHPT	5	NA	
4	Gujarat	PSMRI	9	NA	08-07-2024 (Onboarding process, due diligence process)
5	Madhya Pradesh	PSMRI	12	NA	
6	Rajasthan	PSMRI	9	NA	
7	West Bengal	PSMRI	8	NA	
8	Chandigarh	TBAI	1	NA	10-06-2024 (Onboarding process, due diligence process)
9	Punjab	TBAI	5	NA	
10	Haryana	TBAI	5	NA	
11	Telangana	TBAI	5	NA	
12	Delhi	WHP	5	NA	19-06-2024 (Onboarding process, due diligence process)
13	Himachal Pradesh	WHP	2	NA	
14	Uttar Pradesh	WHP	15	NA	
15	Uttarakhand	WHP	5	NA	
16	PAN INDIA	TISS	ALL	NA	Onboarded 14-06-2024 (w.e.f. April)

PSMRI – Piramal Swasthya Management and Research Institute: TBAI - TB Alert India, WHP - World Health Partners; TISS: Tata Institute of Social Sceince

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 Disbursed Y1&Y2 (USD)	Total Utilization % Y1 &Y2	Reason for variance
TB MUKT GRAM PANCHAYAT	1,01,626	1,01,626	100%	4,24,294	2,33,313	55%	3,34,939	64%	Out of the 13 project implementation states, State-Level Training of Trainers (ToTs) have been completed in 9 states. Among these, two states did not utilize project funds for conducting the ToT, as UP conducted the training virtually and Haryana leveraged the budget of the PRI Department for conducting this activity
TB VIJETA's ENGAGEMENT	15,35,462	15,35,462	100%	32,39,844	27,46,907	85%	42,82,370	90%	The temporary pause in project activities led to delays in the completion of training programmes, which subsequently affected the timely engagement of TB Vijetas. Since the incentive payments were linked to the reporting and engagement of TB Vijetas, the reduced period of engagement resulted in lower expenditure than originally budgeted.
TA-DBT & FINANCE	1,30,847	1,30,847	100%	2,00,685	1,85,156	92%	3,16,003	95%	We have achieved the satisfactory utilization in year 2.
TA-PMTBMBA	1,52,717	1,52,717	100%	3,51,653	2,77,592	79%	4,30,309	85%	Few review meeting/workshop has not been conducted in year 2 and re-schedule for year 3, which result in under utilization.

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 Disbursed Y1&Y2 (USD)	Total Utilization % Y1 &Y2	Reason for variance
CAPACITY BUILDING - SOFT SKILL COUNSELLING TO NTEPs STAFF	4,43,509	4,43,509	100%	6,74,024	4,35,484	65%	8,78,994	79%	Due to the pause in standard activities, several training sessions were conducted virtually. Travel restrictions, cost-saving measures, and general travel suspensions also contributed to underspending at the SR level. Consequently, SR-TISS expenditure remains below of the allocated budget, primarily driven by actual unit costs being lower than initially anticipated.
Study-General & Human Rights	70,192	70,192	100%	19,283	9,077	47%	79,269	89%	The intervention research and the Gender and Human Rights study are included under this cost input. The intervention research and activities related to the Gender and Human Rights study have been extended through Year 3 Accordingly, the allocated budget for this study remains underutilized.
CTD	-	-	0%	19,03,483	10,93,772	57%	10,93,772	57%	Delay in on-boarding of HR positions result in under utilization.
Total	**24,34,353**	**24,34,353**	**100%**	**68,13,267**	**49,81,302**	**73%**	**74,15,655**	**80%**	

Note: The above presentation is based on revised approved budget.

Coverage Indicator 1:
TB Mukt Gram Panchayat

GC7 Coverage Indicator 1- % of Gram Panchayat in the project districts successfully awarded with "TB Mukt" status by NTEP

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	1,149	*1,665	Non-Cumulative Indicator	High TB Notification; challenges in timely DBT payment to TB patients	District NTEP & PRI signed document regarding final declaration of TB Free Panchayats
Denominator (Target)	1,555 (30% of 5,183 Total GPs)	1,815 (35% of 5,187 Total GPs)			
Achievement %	**74%**	**92%**			

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1.	Training of Gram Panchayats on TB Mukt Panchayat initiative	5,044/5,187 GPs are trained through project support
2.	Regular tracking of GP-wise TB Mukt Panchayat Indicators progress and focused support to low-performing GPs	Continued support through IMPACT INDIA project in all 13 PRI project districts/states
3.	Facilitate involvement of district administration, joint program review meetings by NTEP & PRI departments, GP coordination meetings using existing PRI platforms and targeted TB screening in low-coverage GPs.and Villages	Continued support through IMPACT INDIA project in all 13 PRI project districts/states

GC7 Coverage Indicator 1- % of Gram Panchayat in the project districts successfully awarded with "TB Mukt" status by NTEP

TBMP 2025 District Wise TBMP Information as shared by DTO (Annexure 2)				
Sl No	**Name of State/UT**	**Name of District**	**Total Number of Panchayats in the District**	**Total Number of TB Mukt Panchayats for 2025 after verification**
1	Assam	Chirang	61	35
2	Bihar	Muzaffarpur	373	86
3	Gujarat	Dahod	635	6
4	Haryana	Ambala	400	191
5	Himachal Pradesh	Shimla	412	141
6	Karnataka	Mysore	256	147
7	Madhya Pradesh	Vidisha	577	259
8	Punjab	Moga	340	132
9	Rajasthan	Karauli	240	88
10	Telangana	Karimnagar	318	163
11	Uttar Pradesh	Unnao	1035	150
12	Uttarakhand	Udham Singh Nagar	373	229
13	West Bengal	Birbhum & Rampurhat	167	38
			5187	**1665**

Source: CTD

GC7 Process Indicator 1.1- Number of State level district nodal officers trained on TB Mukt Gram panchayat under state level ToTs

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	65	197	262	Administrative issues in four project states (WB, KA, BR, GJ)	State Govt. Order and State ToT reports submitted by the respective SR
Denominator (Target)	434	434	434		
Achievement %	**15%**	**45%**	**60%**		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1.	DO letter from MoHFW ensuring Janbhagidari, role & engagement of panchayat in TB elimination efforts including the training component	Two letters issued from ASMD & Secretary (Health), GoI
2.	Follow up communication from CTD for planning and organizing the State ToT	Done with all project states
3.	Advocacy with State NTEP & PRI for DPROs training on TB Mukt Panchayat initiative	Done in consultation with CTD nodal officer

GC7 Process Indicator 1.2- Number of GP/Panchayat representatives trained in the project geography on their roles responsibilities

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	1,946	3,098	5,044	In Telangana, multiple GPs governed by secretary level officers, and few GPs couldn't turn up for training. However, it is planned one to one training to fulfill this gap.	Training Register & PRAGMA
Denominator (Target)	2,600	2,587	5,187		
Achievement %	**75%**	**120%**	**97%**		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	DO letter from MoHFW ensuring Janbhagidari, role & engagement of panchayat in TB elimination efforts including the Gram Panchayat capacity building	Two letters issued from ASMD & Secretary (Health), GoI
2	Advocacy at state & district levels for PRI members training on TB Mukt Panchayat	Approval and govt. letter issued in all 13 PRI districts
3	Utilized the GP Coordination meeting platforms to orient the GP members on TB Mukt Panchayat initiative	Orient the absent and non interested GPs on TB program and TBMP indicators in alignment to CTD directives
4	Progress review and in-person visit by NPMU team members to respective districts	Regular as per the SR meeting calendar

Coverage Indicator 2:
Community Engagement leveraging TB Champions

GC7 Coverage Indicator 2- % of Ayushman Arogya Mandir/Peripheral Health Institution in the project districts with at least one TB Vijeta engaged through the project

Key Performance Indicator	Achievement Y1		Achievement Y2		Reason for Variance	Source of Data
	Apr-Sept 2024	Oct'24-Mar'25	Apr-Sept 2025	Oct'25-Mar'26		
Numerator (KPI)	0	1,738	8498	14,113	AAMs engagement have been overachieved as per the given target till end of Y2 (121%).	TB Vijeta Diary/ PRAGMA
Denominator (Target)	1,240	3,565	11,625	11,625	Achievement exceeded primarily due to completion of TB Vijeta training across the project geographies and effective coordination.	
Achievement %		**49%**	**73%**	**121%**	And, placement of minimum two Vijetas in most of the AAMs.	

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Intensified efforts to strengthen engagement across all Ayushman Arogya Mandirs (AAMs) through close collaboration with Community Health Officers (CHOs)	The project team has been oriented and draft transition plan is in process

GC7 Process Indicator 2.2- Number of TB Vijetas trained on Family care giver model under the project

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	11,729	19,420	31,149	Successful completion of TB Vijeta trainings across project-supported geographies.	Training Register & PRAGMA
Denominator (Target)	12,400	18,600	31,000		
Achievement %	**95%**	**104%**	**100%**		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	To Identify and train 31000 TB Vijeta's by the end of Sept 2025 under the project.	Training of TB Vijeta have been successfully completed.

GC7 Process Indicator 2.2- Number of TB Vijetas trained under the project

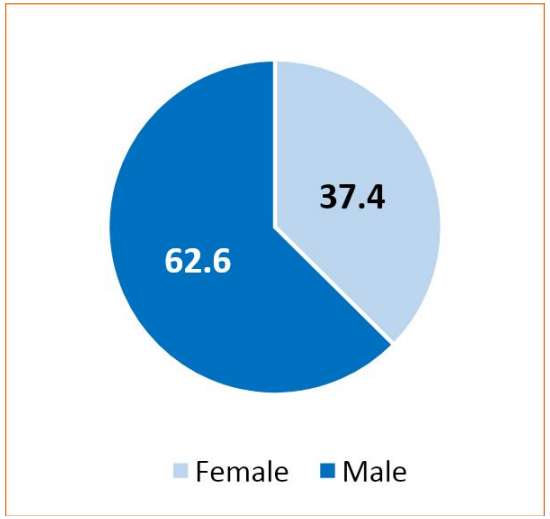
desegregated data as per age, gender and states/geographies.

Proportion of female and male TB Vijeta are 37% and 63%

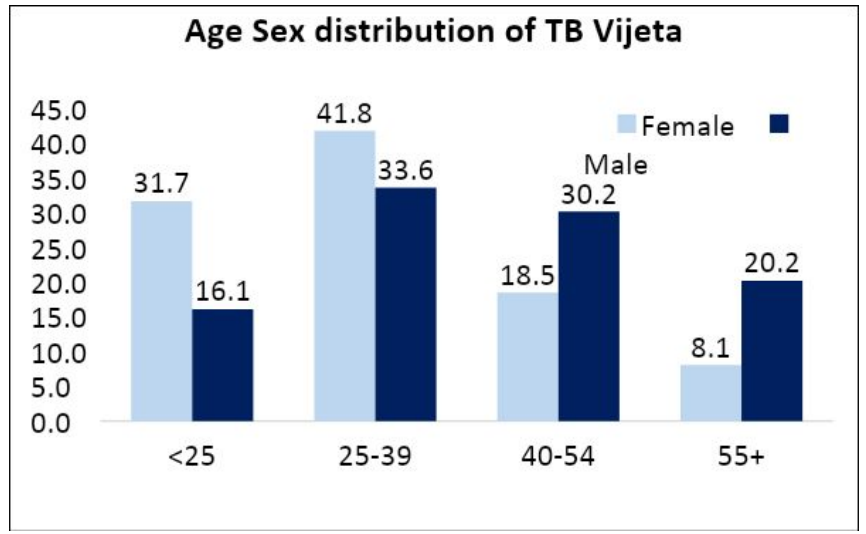
State	Female	Male	Prefer not to say
Assam	29.64%	70.36%	0.00%
Bihar	40.90%	59.10%	0.00%
Chandigarh	55.97%	44.03%	0.00%
Delhi	72.87%	27.13%	0.00%
Gujarat	27.42%	72.58%	0.00%
Haryana	39.53%	60.41%	0.07%
Himachal Pradesh	42.14%	57.86%	0.00%
Karnataka	27.14%	72.86%	0.00%
Madhya Pradesh	36.27%	63.73%	0.00%
Punjab	49.03%	50.97%	0.00%
Rajasthan	27.37%	72.63%	0.00%
Telangana	32.14%	67.86%	0.00%
Uttar Pradesh	43.38%	56.59%	0.04%
Uttarakhand	48.86%	51.14%	0.00%
West Bengal	30.70%	69.30%	0.00%
Grand Total	**37.39%**	**62.60%**	**0.01%**

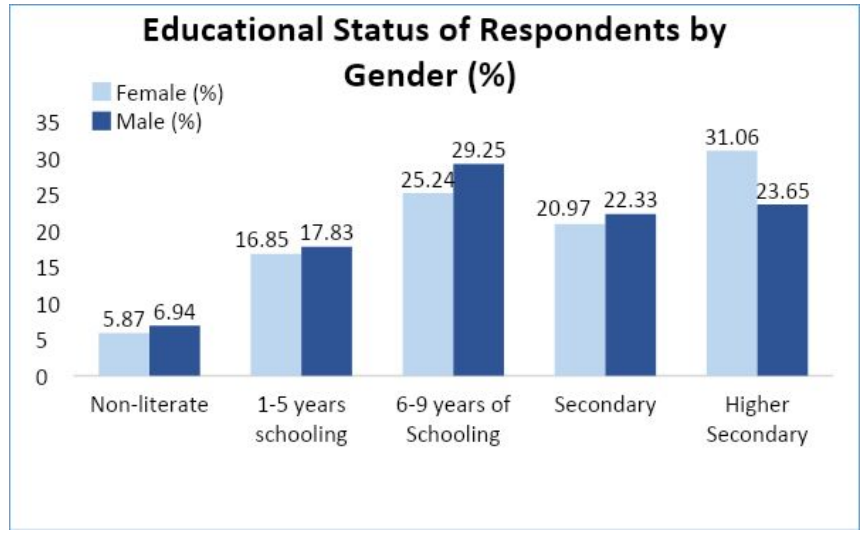
In urban settings districts proportion of female TB Vijeta is comparatively higher

Mean age of TB Vijeta;
M= 40.5 : F= 32.8



Proportion of female TB Vijetas are comparatively higher in Delhi & Chandigarh





Coverage Indicator 4:
Capacity Building – NTEP Staffs

GC7 Coverage Indicator 4- Number of NTEP staff from eight selected cadres Overall Coverage Y-1 & Y-2

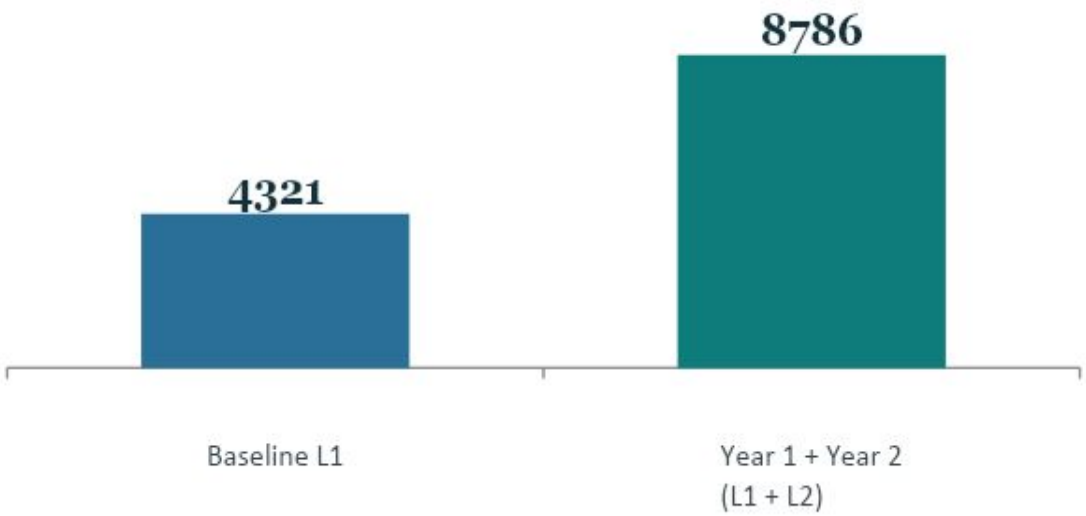
14,173
In-place NTEP staff

4,321
L1 trained at baseline

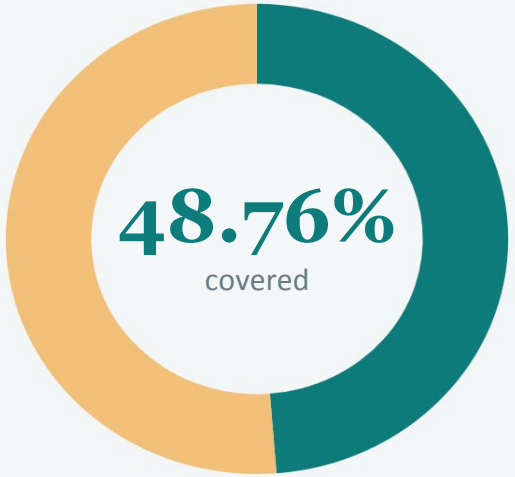
8,786
L1 + L2 trained (Y1+Y2)

3,746
Pending for L1

Trainings delivered: baseline vs. programme



Total coverage of trained NTEP Staff out of Target (18000)



8786(IIP) of 18020(Target)

in-place staff have completed L1 training across baseline and the programme period(IIP).

51.24%

of staff remain pending — the focus area for the next Year 3.

GC7 Coverage Indicator 4- Number of NTEP staff from eight selected cadres who completed refresher or induction training

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	3,445	5,341	8,786	This cumulative achievement was overall accomplished by several factors like delayed commencement of the IIP implementation phase (beginning in June 2024 with the first batch), followed by a 100-day campaign from December 2024 to April 2025 in Year 1. In Year 2, Quarter 5, a halted activity was adopted owing to budgetary limits imposed by the funding agency. Nevertheless, Saksham utilized this interval productively by enhancing the programs, finances, and data. Furthermore, district-level training plans were devised for L1 and L2 trainings. Additionally, certain L2 trainings that could not be conducted in person were delivered through virtual sessions, which were created during the activity pause period.	NTEP Training register, & Pragma
Denominator (Target)	5,640	5,660	11,300		
Achievement %	**61%**	**94%**	**78%**		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	The high load states viz Tamil Nadu and UP as well as Assam will be focused on to achieve the targets.	In this coming quarter.
2	Undertaking L2 training for the participants trained in this year as well as last phase will help us achieve the desired target. Sates focused like – Maharashtra, Andhra Pradesh, Kerala & Gujarat.	In this coming quarter.

GC7 Process Indicator 4.2- Number of NTEP staff from eight selected cadres who completed induction training

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	2,876	3,396	6,106	The outstanding 10% accomplishment was attributable to the 100-day campaign and the NTEP staff's pre-training commitments, which hindered their attendance.	NTEP Training register / Pragma
Denominator (Target)	3,384	3,230	6,780		
Achievement %	**85%**	**95%**	**90%**		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	The focus is on completing L1 in all the states and special focus will for remaining states like Tamil Nadu, Assam, and Arunachal Pradesh and completing L1 in Bihar, Jharkhand and Uttar Pradesh.	Efforts were made to complete the activities within the next two quarters

Assumption: 60% L1 training & 40% L2 training has to be conduct

GC7 Process Indicator 4.1- Number of NTEP staff from eight selected cadres who completed refresher training

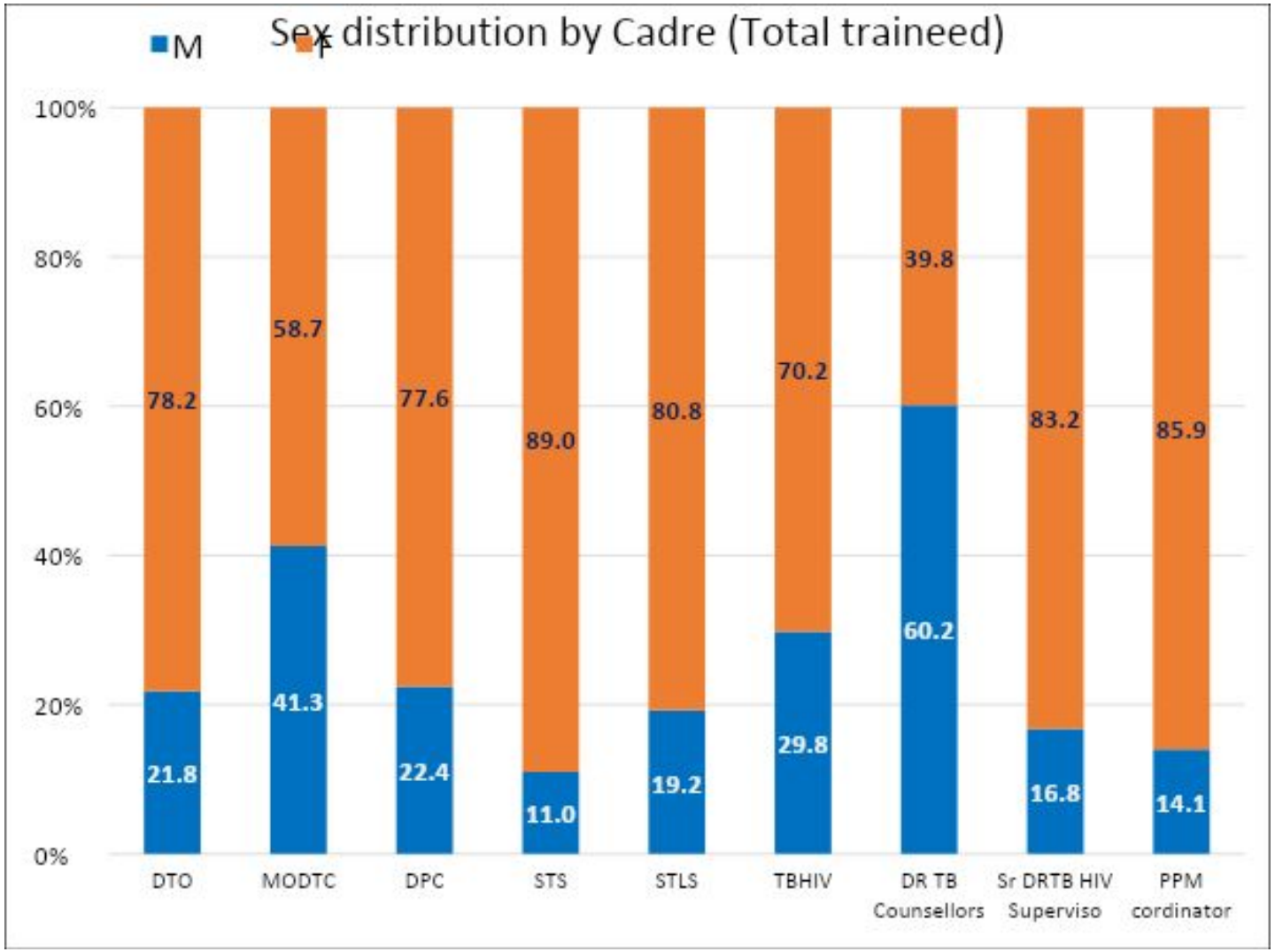
Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	569	2111	2680	In keeping with the andragogy, the training was sequenced with Level 1 (L1) preceding Level 2 (L2). Our initial focus was therefore a full-scale rollout of L1, with L2 running in parallel on a limited scale. In this third year of the IIP project, we are scaling up L2 training. Following the budget revision, L2 has been shifted from offline to online mode. Several states have been reluctant to accept the online format, which has required us to deliver trainings at the district level — introducing considerable logistical and operational constraints for the Saksham team. We would also like to flag that a few states currently have lower coverage across both L1 and L2 — namely Assam, Tamil Nadu, Arunachal Pradesh, Tripura, Andaman & Nicobar, Puducherry, and Mizoram. We are preparing focused plans to strengthen coverage in these states.	NTEP Training register / Pragma
Denominator (Target)	2256	2264	4520		
Achievement %	**25%**	**83%**	**59%**		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	We will focus on completing L2 to those participants who has received L1 one year back, with special focus on states like Maharashtra, Gujarat, Andhra Pradesh Kerala.	Saksham is undertaking microplanning with the states and very close monitoring to ensure that the targets are met per quarter. In this present quarter there was challenges which led to stop of training due to 100 days. And additional efforts will be put forward to achieve the backlog in this coming quarter.

Assumption: 60% L1 training & 40% L2 training has to be conduct

GC7 Process Indicator 4.1- Number of NTEP staff from eight selected cadres by cadre and by sex

Cadre	L1	L2	Total
DTO	110	0	110
MODTC	63	0	63
DPC	316	5	321
STS	2,209	1,244	3,453
STLS	1,760	267	2,027
TBHV	1,084	1,001	2,085
DR TB Counsellors	47	71	118
Sr DRTB HIV Supervisor	336	81	417
PPM cordinator	181	11	192
Total	**6,106 (69%)**	**2,680 (31%)**	**8786**



WPTM

GC7 WPTM 1: Assessment of human rights and gender-related barriers for TB care services to cover all target populations and areas completed

Key Performance Indicator\	Achievement Y1	Achievement Y2	Reason for Variance	Source of Data
Numerator (KPI)	Implementation of studies to assess human rights and gender related barriers for TB care services to cover all target populations and areas and to develop implementation plan for TB care interventions with clear outcome indicators on reducing human rights barriers	Report submitted on 10 Sept 2025	Formal feedback from CTD is awaited, following which the report will be revised and the updated version shared. Meanwhile, revisions to the report structure have been initiated to improve clarity and alignment. Upon finalization, a workshop will be organized to develop an implementation plan for TB care interventions with defined outcome indicators to address human rights-related barriers.	Primary and second ary
Denominator (Target)				
Achievement %	Completed	Advance		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Implementation plan developed through a stakeholder workshop	Final report approval awaited

GC7 WPTM-2: Strengthening the coverage of key DBT schemes (Ni-kshay Poshan Yojana/ NPY)

Key Performance Indicator	Achievement Y1		Total Achievement Y-1	Achievement Y2		Total Achievement Y-2	Reason for Variance	Source of Data
	Apr-Sept 2024	Oct'24-Mar'25		Apr-Sept 2025	Oct'25-Mar'26			
Numerator (KPI)	**9,14,836**	**7,95,939**	**17,10,775**	3,95,288	3,95,288	**7,90 576**	Ongoing SNA Sparsh integration	Nikshay
Denominator (Target)	**13,45,213**	**13,19,545**	**26,67,758**	**13,51,783**	**13,51,783**	**27,03,566**		
Achievement %	68%	60%	**64%**	29%	29%	**29%**		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
	Integration of Nikshay with SNA-SPARSH is currently under process. Coordination among State NHMs, Finance Departments, NIC, and PFMS teams.	As of March 2026, IFMIS–Ni-kshay integration has gone live in eight States — Assam, Punjab, Madhya Pradesh, Rajasthan, Sikkim, Tamil Nadu, Uttarakhand, and Haryana covering all districts. Andhra Pradesh, Kerala, and Karnataka have completed User Acceptance Testing (UAT), while final go-live is pending due to API and production credential issues,

*Source: * Received from CTD: Year 1 &2 achievement are adding of last two reporting period*

GC7 WPTM-2: Strengthening the coverage of key DBT schemes (tribal)

Process indicators	Achievement Y1		Total Achievement Y-1	Achievement Y2		Total Achievement Y-2	Reason for Variance	Source of Data
	Apr-Sept 2024	Oct'24-Mar'25		Apr-Sept 2025	Oct'25-Mar'26			
Numerator	**72562**	**59357**	**131919**	24893	5415	**30308**	On going SNA Sparsh integration	Nikshay
Denominator (Target)	**99881**	**96616**	**196497**	**95460**	**80151**	**175611**		
Achievement %	73%	61%	**67%**	26%	7%	**17%**		

*Source: * Received from CTD: Year 1 &2 achievement are adding of last two reporting period*

GC7 WPTM3- Number of Patient Support Centers with sensory corners established under the project (Activity Paused)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)					
Denominator (Target)					
Achievement %					

S No.	Activities which were planned to be conducted with respect to this KPI	Status

Process Indicators
(for activities not covered by KPIs)

S No.	Process Indicator	Target (total Year 1)	Achievement	Target (total Year 2)	Achievement	Achievement %
1	Number of PwTB received food basket*	345,000	711,630 (206%)	19,32,000	11,43,392	59%
2	Number of one on-one advocacy/engagement meetings conducted with Potential NMs (Corporates, PSUs)			1,992	2,196	110%
3	Number of one on-one advocacy/engagement meetings conducted with existing NMs or the support expired NMs (Corporates, PSUs)			1,547	1,088	70%
4	Number of Corporates/PSUs supported for food baskets/ psychosocial support/vocational training/capital goods, etc			681	561	82%
5	Number of review meetings attended to monitor the TBMBA progress at State and district level			1,309	1,251	96%
6	Number of handholding meetings facilitated to ensure the data entry in Ni-kshay portal			1,460	1,503	103%
7	Number of field visits done to ensure : 1. Completeness of reporting 2. Food basket distribution process 3. Hand holding meeting 4. meeting held with community members (GP, Political leaders,FBO)			990	768	78%

** Achievement figure are received from CTD: SN 2-7 are program data*

Key Issues, Challenges and Accomplishments in Y1 & Y2

S No.	Description	Timeline for Resolution/Overcoming
PRI		
1	Lack of support from State PRI department in organizing State ToT in Bihar, Karnataka, Gujarat and West Bengal	July-August 2026
2	Code of conduct due to PRI elections and delay in on-boarding of elected PRI members badly affected the timely execution of GP Training in the project districts (UK, GJ, HP, BR, PB, WB)	Training completed in April 2026
3	Lack of interest by Pradhan/Sarpanch in TB inclusion under GPDP	Regular advocacy and coordination is being done at all levels (national, state & district) Facilitation of processes by the project
TB Vijeta		
4	Inadequate availability of TB-related IEC materials at Ayushman Arogya Mandirs and Gram Panchayats, resulting in low visibility of TB interventions.	Disseminate CTD-approved IEC materials and promote social media engagement within next three months. Improve social media engagement by TB Vijetas & AAMs
5	Integration of TB Vjetas into the present system	Q3 Year 3
6	Processing reporting incentives for the engaged TB Vjijetas on a monthly basis and rural banking issues	April- Sept 2026 (

Key Issues, Challenges and Accomplishments in Y1 & Y2 (NMI)

S No.	Description	Timeline for Resolution/Overcoming
1	Delays in CSR approval processes and decision-making by corporate partners.	All existing pendencies are targeted to be resolved by the end of December 2026. Any new pendencies arising thereafter will be reviewed and addressed on a monthly basis during January, February, and March 2027.
2	Frequent turnover of corporate focal persons requiring repeated engagement	"This is a limitation that falls within the purview of the CSR HR function. However, the team should continue to follow up on a monthly basis to monitor progress and facilitate timely resolution."
3	Challenges in converting initial interest into confirmed support commitments	"The process takes time, as CSR budgets are generally finalized in January each year. Therefore, support requests are pursued based on special requests received from District Collectors and the National Health Mission (NHM). These requests are regularly followed up by the concerned SPO in coordination with the State NTEP team. In addition, the SPO provides continuous technical support to the District Ni-kshay Mitra Nodal Officer to facilitate engagement and timely action."
4	Delays in beneficiary mapping and portal updates	Frequency: Monthly *Beneficiary mapping is conducted on a monthly basis, and the corresponding Excel database is updated accordingly. The details of registered beneficiaries are also updated on the portal at regular intervals to ensure data accuracy and timeliness.*
5	Limited availability of district staff for field monitoring activities.	"It depends upon the requirements and priorities of the district authorities. The NMI SPO undertakes district visits based on specific needs and also conducts independent visits to provide technical support and facilitate programme implementation."
6	Geographic and logistical challenges in conducting field visits across remote districts	"Due to geographical constraints and climatic conditions, field visits to tribal and remote locations are sometimes limited."
7	Variability in awareness and engagement levels among potential Ni-kshay Mitras	"This is an ongoing process, and the registration of Ni-kshay Mitras has been integrated across all programme components."
8	Competing priorities within district health systems affecting review and monitoring activities	"The SPO provides technical support at the state level. However, responses and implementation may sometimes be delayed due to competing priorities and multiple programme responsibilities at the state level."

Key Issues, Challenges and Accomplishments in Y1 & Y2 (DBT)

S No.	Description	Timeline for Resolution/Overcoming
1	**Incomplete Ni-kshay–IFMS Integration**	Integration between the Ni-kshay portal and IFMS has not been completed across all States/UTs, leading to delays and inconsistencies in processing DBT payments. However this will be fully functional in the next 3 months.
2	**Prioritisation of NPY over Private Provider (PP) Payments**	States are prioritising Ni-kshay Poshan Yojana (NPY) payments over incentives to Private Providers (PPs), resulting in delays in disbursement of private sector incentives.
3	**Aadhaar Face Authentication**	As processing DBT is mandatory through AADHAAR based only, face authentication failures due to poor network coverage, lighting conditions, camera quality, or changes in facial appearance. The process is on-going and might be complete by next 3 months.
4	**Authentication-Related Hesitation in Private Sector Payments**	There is hesitancy at state and district levels in releasing payments to private sector PwTB due to authentication challenges and concerns related to verification and compliance.

Key Issues, Challenges and Accomplishments in Y1 & Y2 (NTEP Training)

S No.	Description	Timeline for Resolution/Overcoming
1	**To consolidate the gains of Year1 and Year 2 and address the backlogs, the following actions are proposed:**	• **Close residual backlog (2,514 cumulative backlog and 232 from PU-4):** Cluster carry-over states into 4 – 6 catch-up batches in Q7/PU5(April 2026 to September 2026) by prioritising district level trainings as in offline or online mode of training. • **Scaling up in low-coverage States/UTs:** High load states for L1 pending and awaiting L2 training include Assam, Tamil Nadu, Rajasthan, Uttar Pradesh, Chhattisgarh, and Maharashtra. Consequently, an assertive follow-up and meetings with senior officials have been initiated to commence the training sessions.
2	**Field Level Challenges**	• The implementation of trainings in certain states, such as Bihar, Assam, and Chhattisgarh, has posed financial and logistical challenges, as these states have expressed a preference for conducting trainings in hotel-based venues, since they don't have domestic funding. Such arrangements require additional administrative processes, including the initiation of Requests for Proposals (RFPs) and subsequent approvals through the TISS administration, which often results in delays. Furthermore, in Assam, frequent changes in leadership have created coordination challenges, making the planning and execution of trainings further difficult.

Key Accomplishments in Y1 & Y2 (PRI)

S No.	Description	Timeline for Resolution/Overcoming
	In Year 2; *3 of 13 PRI districts (Muzaffarpur, Karimnagar and Ambala) ranked 1st for the highest number of TB-Free Gram Panchayats in the state*	Calendar Year 2025
	Regular GP Engagement Strategies 1. **GP/PRI representatives registered** *as Ni-kshay Mitra (TB Patient Friend)* 2. **GPs supported** *TB Awareness/IEC through own budget such as wall paintings, posters, banners, SBCC etc.* 3. **GPs prioritized** *for TB screening camps* 4. **GPs developed** *TBMP Micro plan*	 *2729 GPs (52%)* *2660 GPs (51%)* *2212 GPs (43%)* *1375 GPs (27%)*

Activity and Timeline for the next 6 months

S No.	Activity	Timeline
PRI		
1	**Organize State ToT:** Follow up to conduct training in Karnataka, Bihar, West Bengal and Gujarat.	July-Aug 2026
2	**Engage PRI Departments:** Orientation to Panchayat Secretary, facilitate TB integration under GPDP 2026 (sputum transport, wall paintings & IEC, Ni-kshay Mitra registration, nutrition support to TB patients & families etc.)	On-going
3	**Develop GP TBMP Micro Plans:** Assist Gram Panchayats in creating TB-Free Panchayat Micro Plans with PRI-led monitoring.	On-going
4	**Drive Community Advocacy:** Mandate **TB awareness and stigma reduction** as core agenda items in Gram Sabha meetings.	On-going
5	**Model GPs:** Introduce the "Model GP" concept for project visibility, showcase best practices, learnings and scale up to other districts. (5 model GP in each PRI districts)	By end of Sept 2026
Community Engagement		
6	Provide support to Partners (SRs) for preparedness of Project Transition Plan involvement of TB Vijetas and AAM Engagement. Initiate planning and execution of activities as agreed for transitions	Six months
7	Capture Best Practice on Community Engagement and develop various successful model on community engagement	3 months
8	Re-visit existing capacity building tools for Community Engagement. Prepare the revised training module for TB Vijeta	3 months
9	Identification of BEST TB Vijeta in all project district in consultation with SRs and District Team and share the same with CTD	2 months

Activity and Timeline for the next 6 months

S No.	Activity	Timeline
NMI		
1	• Prioritization of potential Ni-kshay Mitras. •SPO wise review with regard to their target achievement, field visits • Refresher training/meeting/orientation for NMI SPOs	April–May 2026
2	• Region wise NMI review with STOs, SPOs enhance the component •Intensive advocacy meetings with corporates and PSUs. • Follow-up with support-expired Ni-kshay Mitras for renewal. • Strengthening data quality and portal, TBMB Application based reporting through handholding sessions.	June–July 2026
3	• District-level review meetings and progress assessment. • Field monitoring visits to supported districts. • Documentation of success stories and best practices.	August 2026
4	• Mid-year performance review. • Gap analysis against annual targets and Development of corrective action plans for low-performing districts. • Expansion of engagement with new CSR partners and local philanthropists.	September 2026
NTEP Training		
1	Number of NTEP staff from eight selected cadres who complete refresher or induction training For L1 & L2: Prospective Batches **L1:** East - 13 L1, West - 13 L1, North - 27 L1, South - 10 L1 **L2:** East - 17 L2, West - 31 L2, North - 13 L2, South - 20 L2	On Going Planning to complete by end of December 2026
2	STDC Meetings	For ongoing l1 and L2 Meeting.

Activity and Timeline for the next 6 months

S No.	Activity	Timeline
DBT		
1	**Aadhar face Authentication And Aadhar base DBT Payment**	April-June 2026
2	**Completion of Integration of Ni-kshay & IFMIS**	May and July 2026
3	**Training/Capacity Building:** To guide field staff on the complete DBT process—from beneficiary registration to payment—while supporting them in troubleshooting issues and understanding DBT/finance reports for effective payment tracking and record management.	By end of Sept-2026
4	**Supporting Transition:** Knowledge management- Preparation of DBT & Resolve DBT Grievance 90%.	By end of Dec-2026

Success stories, Value additions - PRI

Wall that Speak: PRI-Led Wall Writing Campaign for TB-Free Panchayat

Intervention

Wall writings were carried out at prominent public spaces such as Panchayat buildings, community centers, and other high-footfall areas. Messages focused on:

TB awareness and prevention

Promoting the vision of TB-Free Panchayats

Encouraging collective community responsibility

Messages were written in the local language using simple, motivational slogans aligned with national TB elimination goals.

Wall writing campaign at Gram Panchayat promoting TB-Free village messaging.

Gram Panchayat is Change Agent by becoming Ni-kshya Maitra, Kahsipur, Udhamsingh Nagar, Uttrakhand

Ensuring Gram Pradhan involvement as Nikshay Mitra and adopting TB patients and providing Nutrition Kits will remove stigma and develop bond between local community and local community leaders

काशीपुर विकासखंड में 'टीबी मुक्त पंचायत' का संकल्प

(संवाददाता प्राईम काशीपुर)

काशीपुर। प्रधानमंत्री टीबी मुक्त भारत अभियान के अंतर्गत पंचायती राज विभाग, NTEP एवं WHP (इम्पैक्ट इंडिया प्रोजेक्ट) के संयुक्त सहयोग से "टीबी मुक्त पंचायत" का संकल्प लिया गया। मुख्य चिकित्सा अधिकारी डॉ. केके अग्रवाल के मार्गदर्शन तथा जिला क्षय रोग अधिकारी डॉ. एमके जायसवाल और सीएमएस काशीपुर डॉ. चंद्रा पंत के निर्देशन में प्रशिक्षण एवं अध्ययन कार्यक्रम आयोजित किया गया।

खंड विकास अधिकारी की उपस्थिति में ग्राम प्रधानों से "निक्षय मित्र" के रूप में आगे आकर टीबी रोगियों को पोषण पोटली उपलब्ध कराने की अपील की गई। कार्यक्रम में संसाधन व्यक्ति (Resource Person) के रूप में ब्लॉक प्रमुख चंद्र प्रभा, खंड विकास अधिकारी कमल किशोर पांडे, बीपीडीओ सुनील कुमार सागर, प्रधान संघ अध्यक्ष जसपाल सिंह जस्सी, MO काशीपुर डॉ. नसीम अहमद, WHP (इम्पैक्ट इंडिया प्रोजेक्ट) से मोहित (KHPT), स्टेट लीड विवेकानंद पांडे, जिला लीड पंकज जोशी, कम्युनिटी कोऑर्डिनेटर पुनीत कुमार एवं अक्षय प्रताप सिंह तथा NTEP कार्यक्रम से एसटीएस दिलशाद अहमद उपस्थित रहे। इस अवसर पर सभी ग्राम प्रधानों ने प्रधानमंत्री टीबी मुक्त भारत अभियान के अंतर्गत अपनी पंचायतों को "टीबी मुक्त" बनाने का सामूहिक संकल्प लिया। इस मौके पर इंपैक्ट इंडिया प्रोजेक्ट वर्ल्ड हेल्थ पार्टनर पुनीत कुमार बसु ने सभी प्रधानों का प्रशिक्षण कराया।

Gram Pradhan got motivated post receiving training and showed interest to become Nikshay Mitra and adopt TB patients to their Gram Panchayat area. This showed Gram Pradhan an opportunity to get closely associated with their panchayat patients which will remove stigma and highlight Pradhan name

Success stories, Value additions - CE

Best Practice on community engagement particularly involvement of TB Vijetas and activities carried out Ayushman Aarogya Mandir (AAMs) was presented during the National Conclave, Delhi

Folk Singers; Voice Leads Kundola Towards TB Awareness and Action, Birbhum, West Bengal

In Kundola Gram Panchayat, low treatment success and high TB positivity signaled the need for stronger community-led interventions. To address this, the project identified and trained Mr. Adhir Das—a local folk singer and TB survivor—as a TB Champion.

The power of folk music, Mr. Das now raises awareness on early testing, treatment adherence, and stigma reduction during GP meetings and community events. His culturally rooted approach has significantly improved community engagement, helping shift local attitudes and strengthening the Panchayat's efforts toward TB elimination.

Success stories, Value additions - NMI

NMI

Advancing TB Diagnostic Access through Strategic CSR in Karnataka

Gokaldas Exports, a prominent corporate entity, has emerged as a model CSR partner under the Niksahy Mitra Initiative in Karnataka. In alignment with national TB elimination goals and in response to a technical proposal as part of the advocacy efforts made by Impact India project SPO in the state, the company extended critical support by procuring and donating two handheld X-ray machines **valued at ₹60 lakhs.**

Front line worker says:We used to refer patients 50 km away for X-rays. Now we can screen at their doorstep. This machine is a lifesaver

This collaboration illustrates how well-aligned CSR can directly strengthen public health infrastructure. Building on this momentum, the State TB Cell has submitted an additional proposal to Gokaldas Exports for further support, including two CBNAAT machines and an autoclave

BEST PRACTISE - NMI

Political Leadership Driving TB Care in Unakoti District, Tripura

Exemplifies how committed political leadership can accelerate the objectives of the TB Mukt Bharat Abhiyaan through active community engagement and ownership. In the district, three elected representatives—two Hon'ble Ministers and one MLA—adopted more than 80% of Persons with Tuberculosis (PwTB) in their constituencies as Nikshay Mitras, providing consistent nutritional and social support to enhance treatment adherence and outcomes.

Ni-kshay Mitra certificate handover and food basket distribution by
Shri Sudhangshu Das, Hon'ble Minister, Fatikroy Constituency ,
Shri Tinku Roy, Hon'ble Minister, Chandipur Constituency,
Shri Bhagaban Das, MLA, Pabiachhara Constituency

Success stories, Value additions - DBT

Implementation of centralized DBT payment system , Chattisgarh

KHPT team Support to the state of Chhattisgarh for the Implementation of centralized DBT payment system at the state level, launched during the state-level event for the TB-Mukt Bharat Abhiyaan 100-day campaign by CM Chhattisgarh

In March 2024, Chhattisgarh decided to transfer the approval authority for DBT payments from the district to the state level, following mutual agreement with the State MD and Director of Tuberculosis. The implementation was delayed due to some administrative decision. Together with the state team, KHPT consultant and state team-initiated discussions with the MD-NHM and CTD for the state-level DBT payments. As a result, the state-level DBT payment system was officially launched during the TB-Mukt Bharat Abhiyaan 100-day campaign by Honourable Chief Minister Shri Vishnu Deo Sai. This change aims to reduce delays in Nikshay Poshan Yojana fund transfers to PwTB, eliminate unused funds at the district level, minimize the number of approvers, and improve overall state-level performance. KHPT DBT consultants under Impact India Project supported the entire implementation process, coordinating with the CTD, Nikshay, State Finance, and PFMS teams to ensure smooth execution. Now the payment was started.

Success stories, Value additions – NTEP Training

A perspective and response from a participant of the NTEP in Odisha regarding the Saksham Soft skill training.

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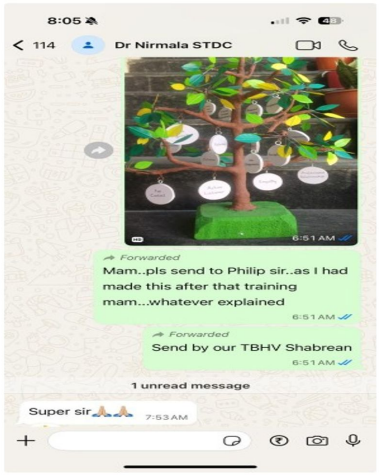
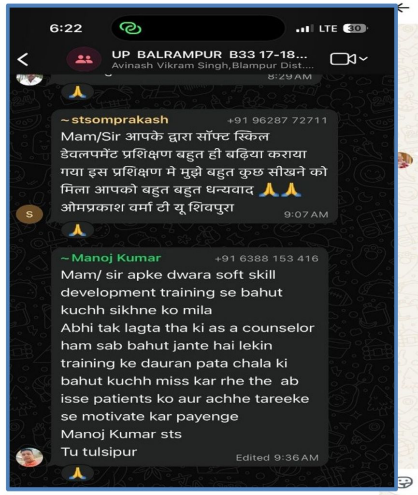
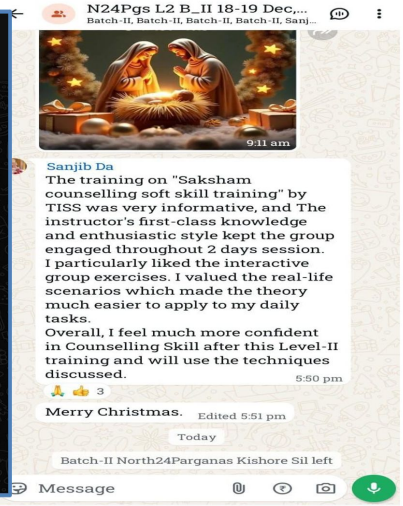


Participant from Gujarat who has printed the soft copy handouts we provide during the Level 1 and carried it with him for the level 2 training stating that those are precious material and he keeps referring to them during his work with patients



Feedback from Uttar Pradesh , appreciating Saksham and acknowledging the role of counselling micro skills and enhancing his motivation in helping NTEP staff to deal with patients effectively



Feedback from Howrah , West Bengal appreciating Saksham and acknowledging the role of counselling micro skills in helping NTEP staff to deal with patients effectively.

Growing Recognition and Positive Feedback for Saksham Level 1 Trainings

A notable achievement was the external recognition these trainings received. Local newspapers featured the sessions, highlighting their relevance in improving patient care and acknowledging the project's effort to build compassion-driven TB services. This media coverage provided evidence of the programme's growing visibility and credibility within the community.

Success stories, Value additions (if any)

NEW DELHI TUBERCULOSIS CENTRE
State TB Training & Demonstration Centre

Ref No....STDC/TB/2/2014 Dated.....15/4/26.....

Letter of Appreciation

We would like to extend our sincere congratulations and appreciation to Saksham, TISS for successfully completing all Level 1 and Level 2 trainings on Counselling Soft Skills for the NTEP staff of Delhi. The trainings were highly enriching and well-structured. The use of experiential training methodologies facilitated greater engagement, interactive learning, and meaningful practical exposure for the participants. We recommend organizing such trainings at regular intervals of 6–12 months for all NTEP Staff, to ensure the continuous strengthening of counselling capacities within the NTEP Staff. Participants have also shared positive feedback regarding the practical and interactive approach adopted during the sessions, which has significantly enhanced their ability to engage effectively with TB patients and their families at the field level. Furthermore, these sessions have contributed to addressing workplace challenges and reducing mental stress among NTEP staff, thereby strengthening both individual capacity and overall program effectiveness. We sincerely wish Saksham continued success and hope that it will keep empowering the NTEP workforce and spreading positivity through such impactful initiatives.

Dr. Sanjay Rajpal
Director (Interim)

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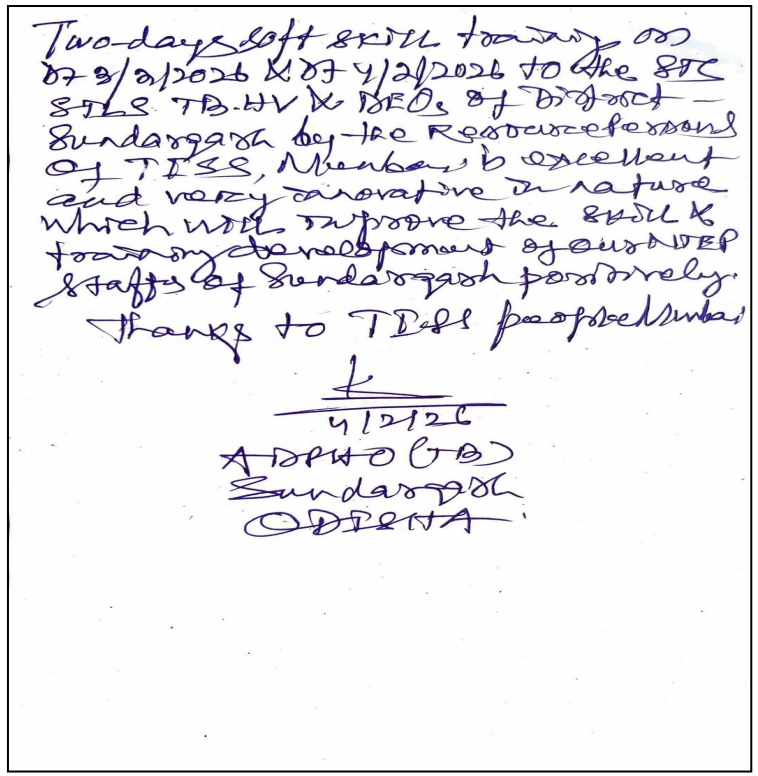
Website : www.ndtbc.com

A Letter of Appreciation from New Delhi, in the current quarter, acknowledges that the Saksham training is very beneficial and completion of overall trainings for Levels 1 and 2 in New Delhi.



Two-days soft skill training on 07/3/2026 & 07/4/2026 to the STC staff, TB-HV & DEOs of District Sundargarh by the Resource persons of TISS, Mumbai, is excellent and very innovative in nature which will improve the skill & training of the beneficiaries of our NTEP staffs of Sundargarh positively. Thanks to TISS for providing such

7/4/26
ADPHO (TB)
Sundargarh
ODISHA

Key highlight of the quarter was the positive recognition and feedback of the Saksham training delivered to NTEP staff. So, a written feedback was given from DTO Sundargarh, Odisha.

Participant from Gujarat who has printed the soft copy handouts we provide during the Level 1 and carried it with him for the level 2 training stating that those are precious material and he keeps referring to them during his work with patients

Thank you

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