Integrated Pediatric TB and Technology-enabled Active Case Finding

The Global Fund GC-7 : Apr 2024- Mar 2027

GC-7 PR Desk Review: SAATHII

18 June 2026

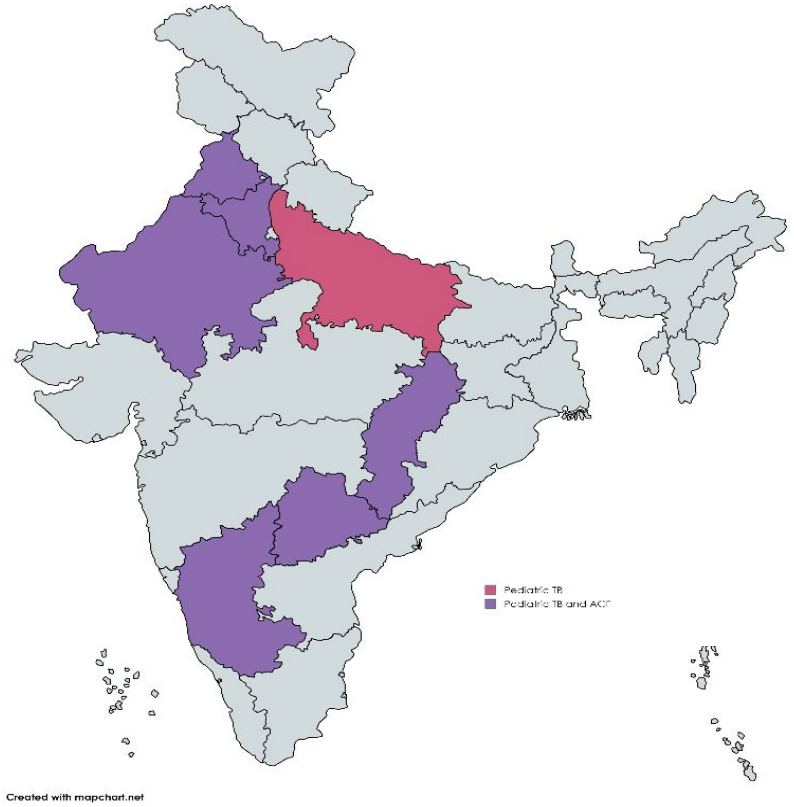
Action Taken
Feedback: April – June 2025 progress report

S No.	Component	Observation / Recommendation of the OC	Action Taken by PR
1	Pediatric TB	TB Program underperformed in Pediatric case notifications	• Across 7 project states, Pediatric TB notifications improved in Y2 (65,365) with 13% increase from Y1 achievement (58,058) • Focused approach is done with (a) engaging private providers, (b) strengthening sample collection and diagnostic procedures at public facilities for CXR, GA & IS and (c) referrals of vulnerable children from community
2	ACF	Underperformed in Handheld X-ray utilization	• Handheld X-ray devices are available in all 42 districts, and are functional and operationalised in all districts after getting AERB registration certification and other necessary approvals. • CXR screening has improved from 70% of presumptive TB during Apr-Sept 2025 to 84% during Oct 25-Mar 26. This has resulted in achieving the targets, from 59% in Y1 to 108% in Y2. Since Apr 26, 95-100% of camp attendees are screened
3		SAATHII to document their efforts and value addition to the Program in their quarterlyreports.	• The project has documented the changes in the process and output indicators and reported in the quarterly reports

Action Taken: CCM Feedback (Nov'25 review)

S No.	Component	Observation/ Recommendation of the OC	Action Taken by PR
1	Pediatric TB	Training of health care providers (HCP) status to be shared	• All 7 state level ToTs, with 71% districts (182 of 258, 425 participants) completed, with additional batch of ToT pending (UP) • No. of health care providers (MOs/staff nurses from sub-district CHC level facilities) trained on pediatric TB, in priority districts (Intense and Lite districts) is improved, from 69% (1073) in Y1 to 84% (1306) of public sites with trained HCP in Y2 • Under the recent reprogramming approval from GF-CT, project will complete the training of remaining health care providers
2	Pediatric TB	TB Champions in Pediatric TB component – Updates to be provided	• State level TB Champion training is completed in all seven states under the guidance of CTD & STC • TB Champion has sensitized 10,182 community members through various meetings, supported reverse contact training for 1209 pediatric TB cases and covered 774 child contacts – either through home visits or phone calls

Project Components and Implementation Geography



Ped TB+ACF

Ped TB

Pediatric TB in 7 states

Chhattisgarh, Haryana, Karnataka, Punjab, Rajasthan, Telangana, and Uttar Pradesh

- Total districts: 258
- Intense: 20 districts
- Lite: 64 districts
- TA model: 174 districts

Proportion of ped TB notification (at project initiation)

- Intense:9%, Lite:40%,TA:51%

ACF in 6 states

All pediatric TB states, except Uttar Pradesh

- 42 selected districts

SRs and SSRs details

			Pediatric TB (Intervention Model wise)				ACF
	State	SR Name	# Intense Districts	# Lite Districts	# TA Districts	# Total Districts	# Districts
1	Chhattisgarh	LEPRA Society	2	7	24	33	11
2	Haryana	World Health Partners	2	5	15	22	7
3	Punjab		2	4	17	23	4
4	Karnataka	SVYM	3	10	18	31	9
5	Rajasthan	Mamta-HIMC	4	11	26	41	4
6	Telangana	TB Alert	2	6	25	33	7
7	Uttar Pradesh	World Health Partners	5	21	49	75	0
	# Total Districts		**20**	**64**	**174**	**258**	**42**

267 districts has been changed to 258, as 9 districts have been merged in Rajasthan with the administrative revision from 50 to 41

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
ACF	596,209	440,884	**74%**	12,93,571	667,851	**52%**	1,108,735	**59%**	
Pediatric TB	2,549,839	1,684,066	**66%**	23,02,516	1,566,193	**68%**	3,250,259	**67%**	
Total	**3,146,048**	**2,124,950**	**68%**	**35,96,088**	**2,234,044**	**62%**	**4,358,994**	**65%**	

ACF: Under utilisation is due to

- Global fund guidance on 30% travel reduction for Apr-Sept 25
- During Apr-Dec 2025, the non-hiring of X-ray technicians in 22 out of 42 districts and their travel
- Savings has been reprogrammed to scale-up to additional 22 ACF districts, awaiting GF approval

Note: Total expenditure:
Year 1: USD 1,534,521 and Year 2: USD 2,423,629

Pediatric TB: Under utilisation is due to

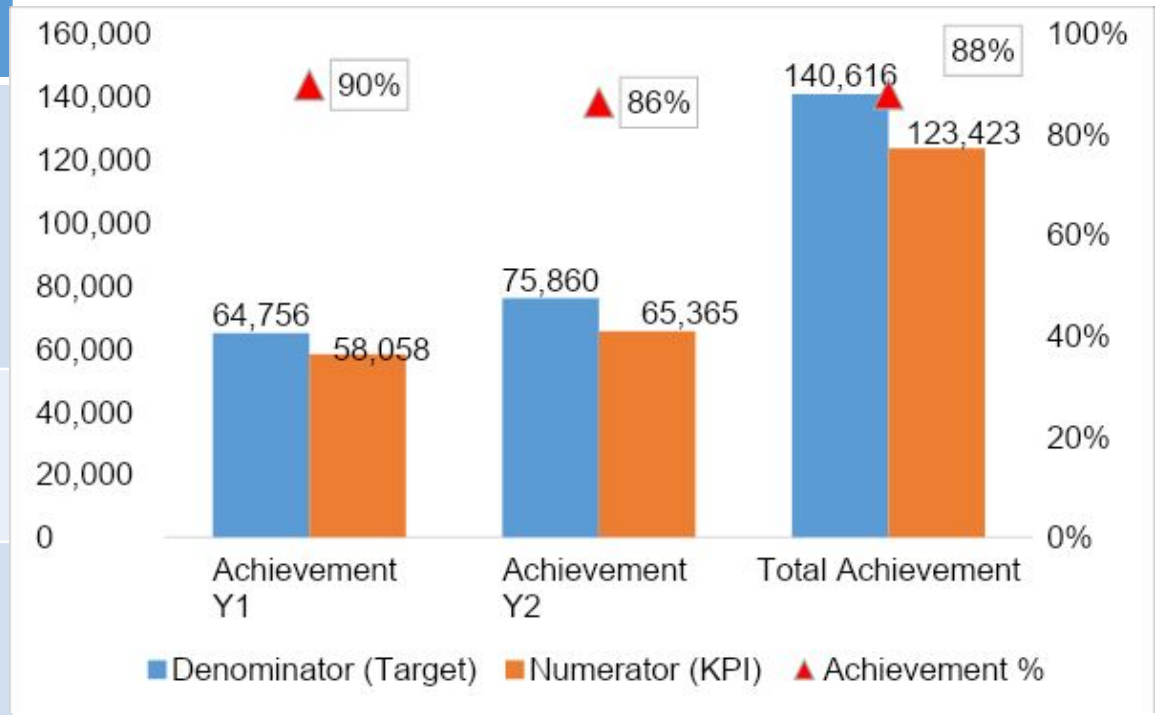
- Global fund guidance on 50% travel reduction and pause in state and national level activities (Apr-Sept 25)
- Initiation of the national and state level activities by mid-Oct 2025. Few state level activities could not be completed by March' 26 and have been carried forward.
- Staff turnover at SR-state and districts with resultant lesser travel
- Savings reprogrammed and approved for Lite and top 5 TA districts

Pediatric TB Interventions*

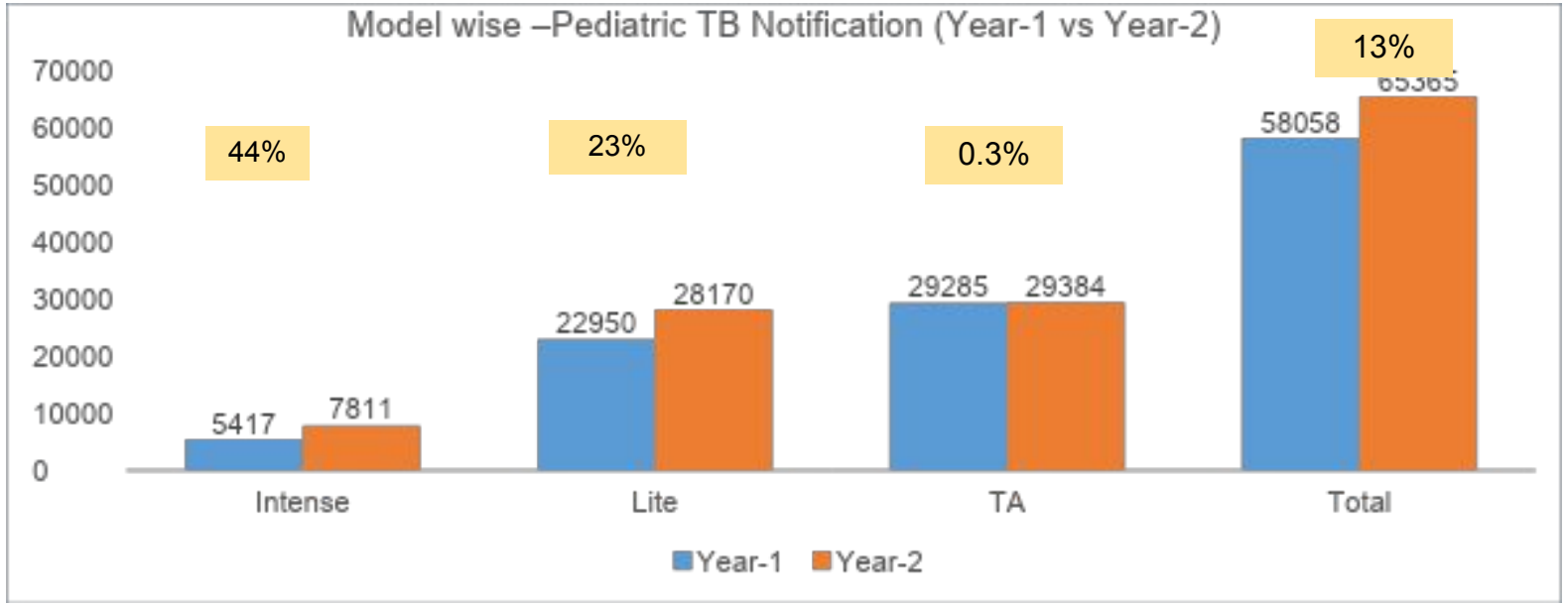
GC7 Coverage Indicator 1: No. of children with TB (all forms) notified

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	58,058	65,365	1,23,423	• **Against target of 17% increase in Ped TB notification compared to Y1, 13%** increase in Y2 achieved • Model wise increase: Intense-**44%**, Lite-**23%** and TA-**0.3%** • Among 84 Intense and Lite districts, **54** districts had above 17% increase • Among 174 TA districts, **30** districts had above 17% increase	Nikshay
Denominator (Target)	64,756	75,860	1,40,616		
Achievement %	90%	86%	88%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1.	• State level ToT • State Ped TB Consultation • State Oversight Committee • State ECHO /State Task Force • Additional state level trainings	• Seven state ToTs completed (UP: one more pending) • Consultation: 5 out of 7 states completed • SOC: 3 out of 7 states completed • State ECHO in 6 out of 7 states completed • Two state level RBSK and MO trainings (CG, TG)
2	• 84 Intense and Lite: Budgeted trainings of HCP, child health (RBSK, WCD), frontline workers • TA districts	• Most of the district level budgeted activities completed in 84 direct intervention districts • In Punjab and Haryana: TA districts trainings • 30 TA districts visited in last 6 months
3	• Sensitisation of IAP members • Collaboration with PPSAs	• Collaborated with National & State IAP nodal persons (all state support letters, 3 state level activities began) • Collaborated with PPSA in 58 districts • Sensitised all IAP chapters of 84 direct intervention districts



GC7 CI Part 6- No. of pediatric TB cases (Model wise, disaggregated by Public and Private)

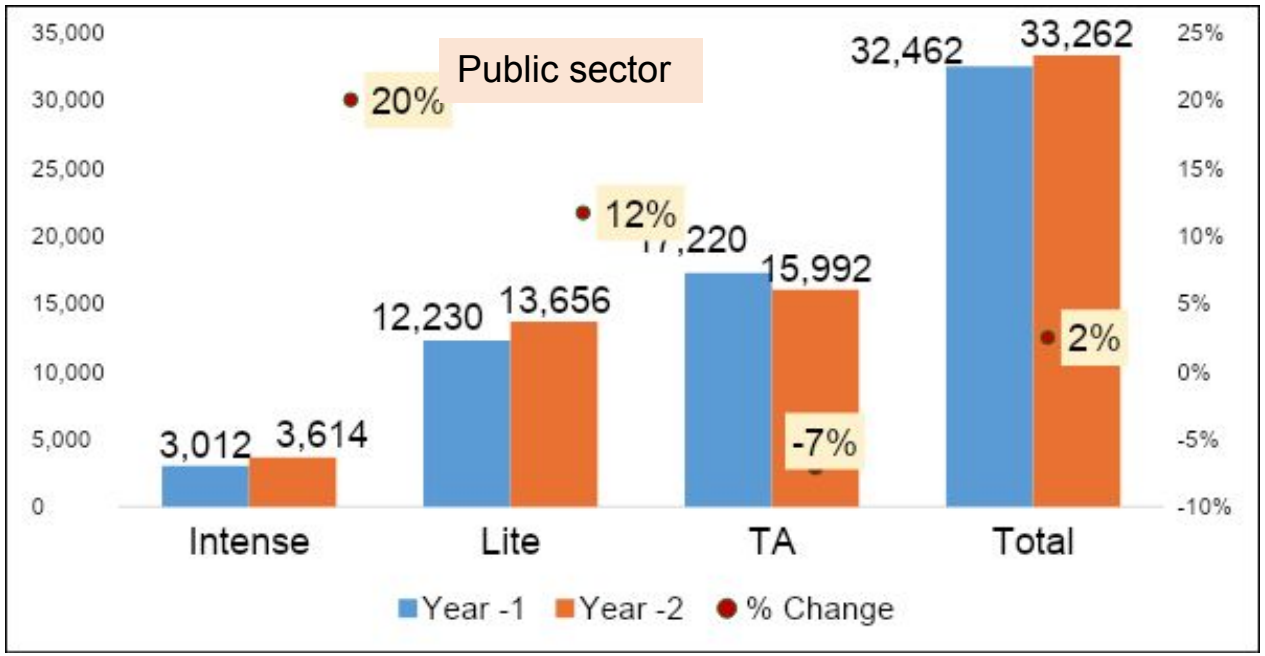


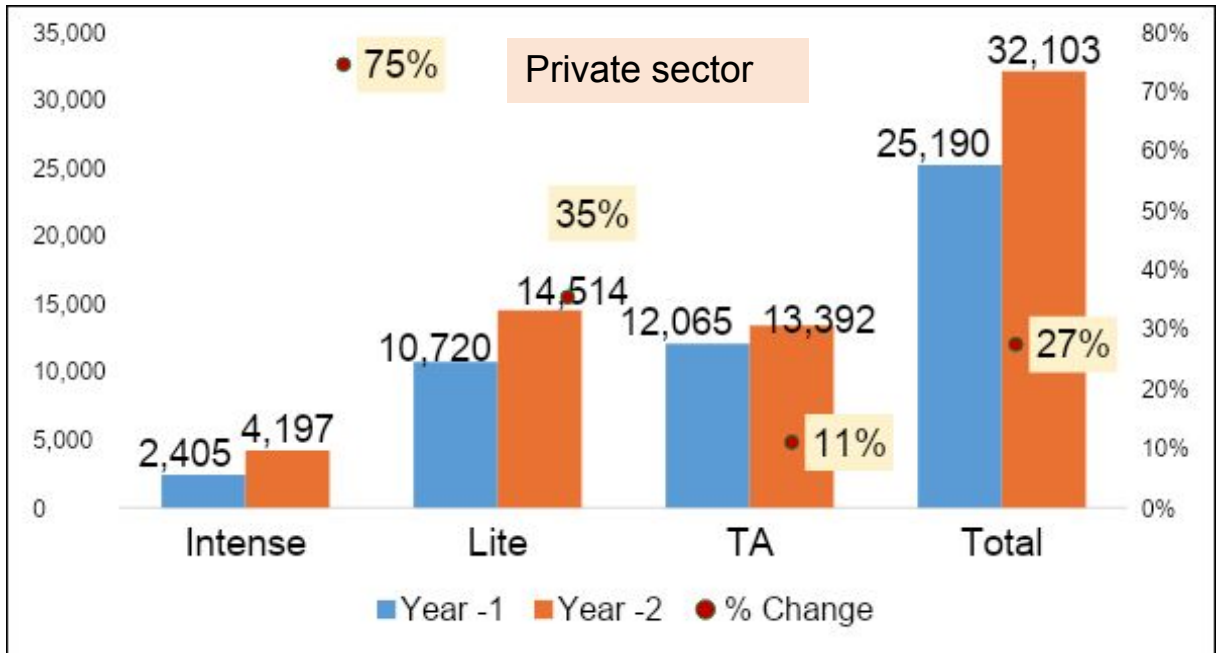
Year-2 (N-65365)
•Public: 51% Private: 49%

Age groups:
•0-5: 21.5%
•6-10: 18.3%
•11-15: 60.2%

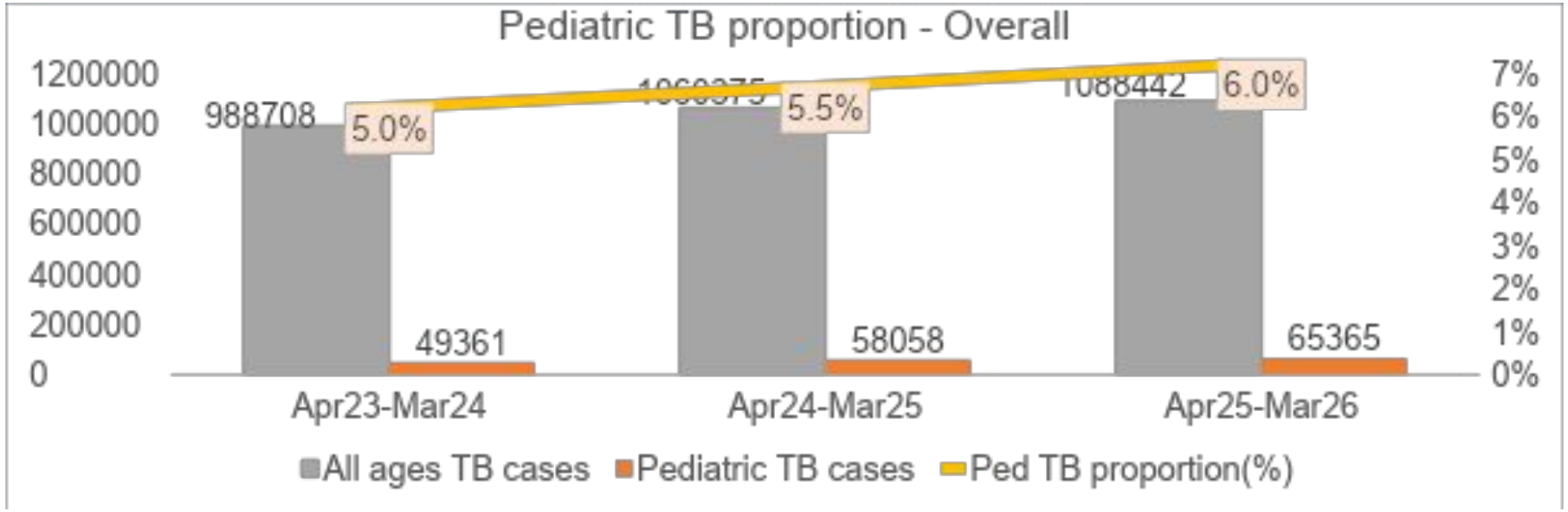
Model-wise Proportion:
•Intense:12% Lite: 43% TA: 45%

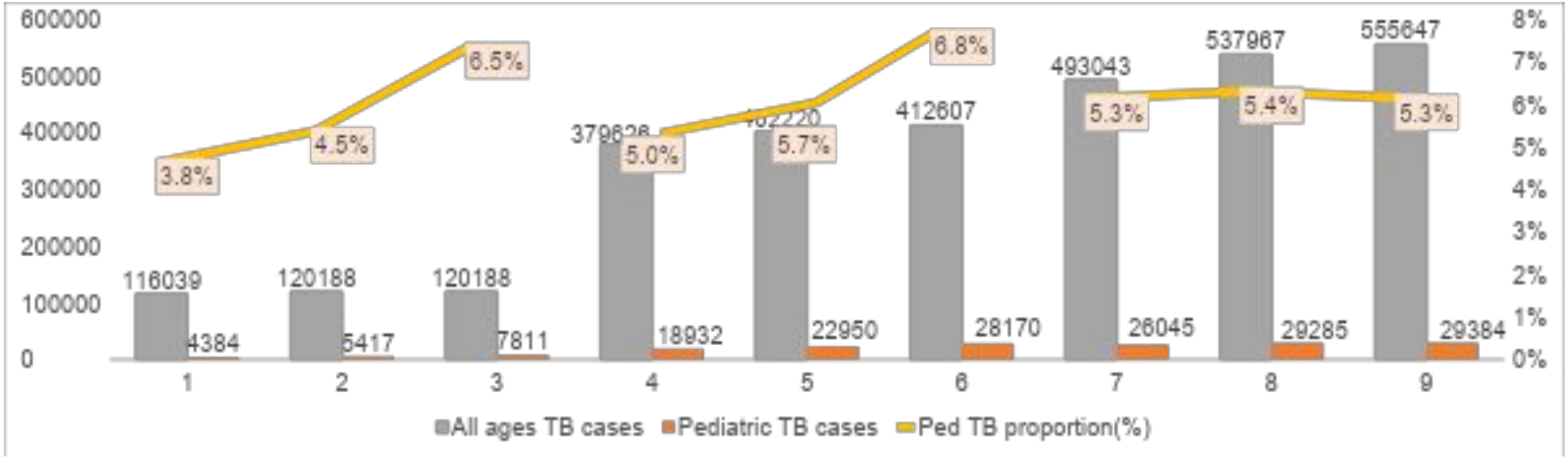
•Clinical diagnosis-72%, microbiological-28%



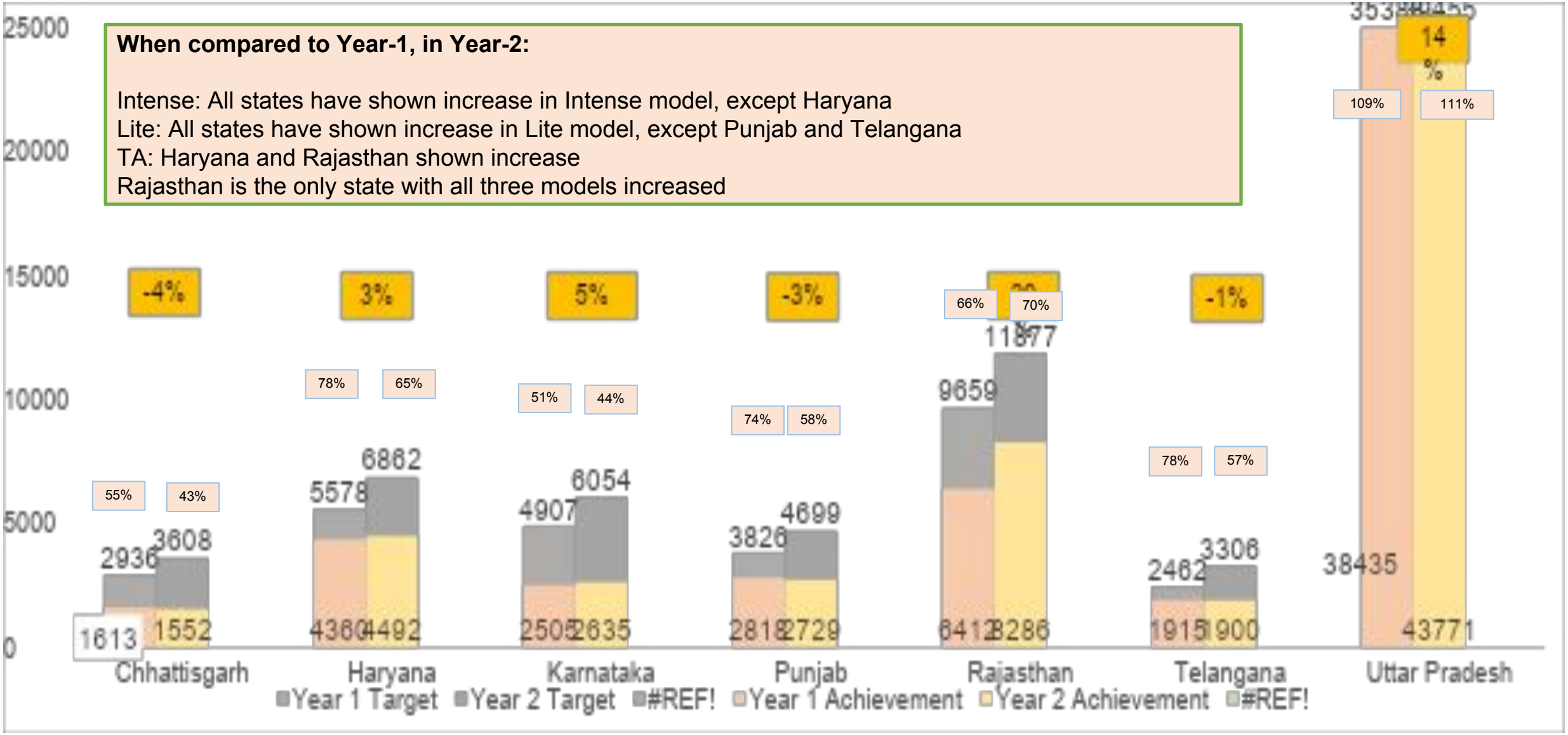


All states overall: All TB cases vs pediatric TB - (Last three years Baseline, Year-1 and Year-2)





State wise- Pediatric TB Target and Notification



GC7 CI Part 1: No. of pediatric TB patients started on treatment

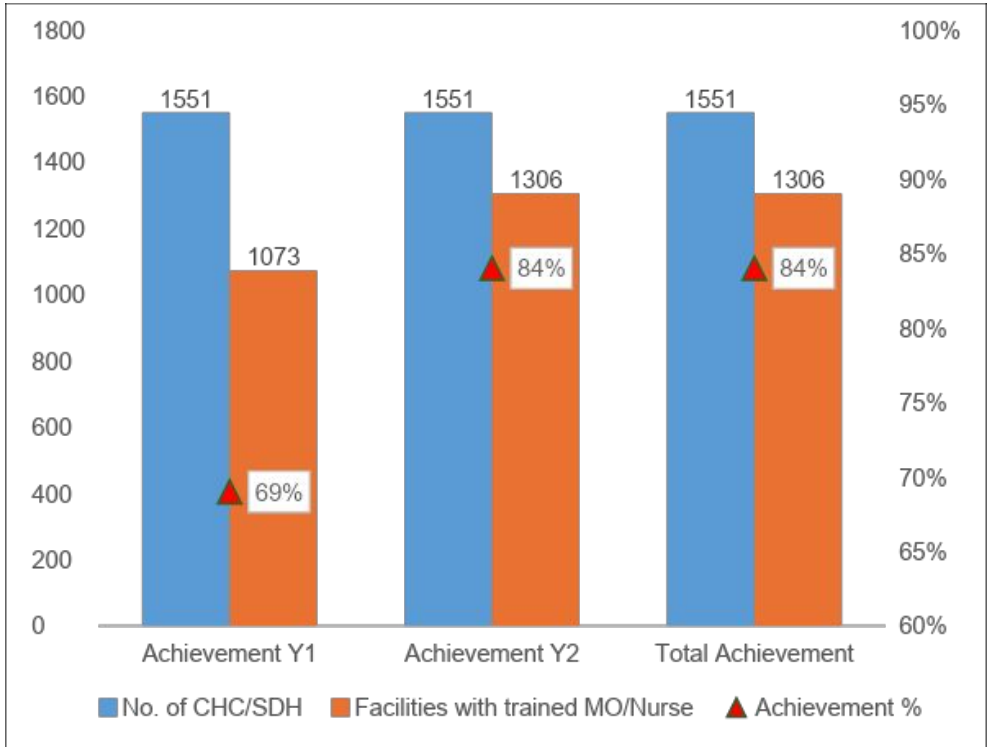
Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	56,316	62,804	1,19,120	Variance is mainly due to challenges with Nikshay updation in few districts (Rajasthan-91% and Telangana -88%)	Nikshay
Denominator (Target)	58,058	65,365	1,23,423		
Achievement %	97%	96%	96.5%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Technical support to NTEP to mitigate gaps in treatment initiation through continuous sharing of linelist with NTEP and PPSA staff.	Ongoing Challenges in few districts due to lack of timely updation is being addressed

GC7 CI Part 2: No. of health care providers (MOs/staff nurses from sub-district CHC level facilities) trained on pediatric TB, in priority districts (Priority are Intense and Lite districts)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	1073	1306	1306	All the MOs could not participate due to work load at the facilities. Remaining sites will be covered in catch up training (recently approved in Mar 26)	Project MIS
Denominator (Target)	1551	1551	1551		
Achievement %	**69%**	**84%**	**84%**		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Training of doctors and nurses from sub-district facilities in Intense and Lite models	● All 84 district trainings completed in intense and lite, 2777 doctors (1508) and nurses (1269) were trained

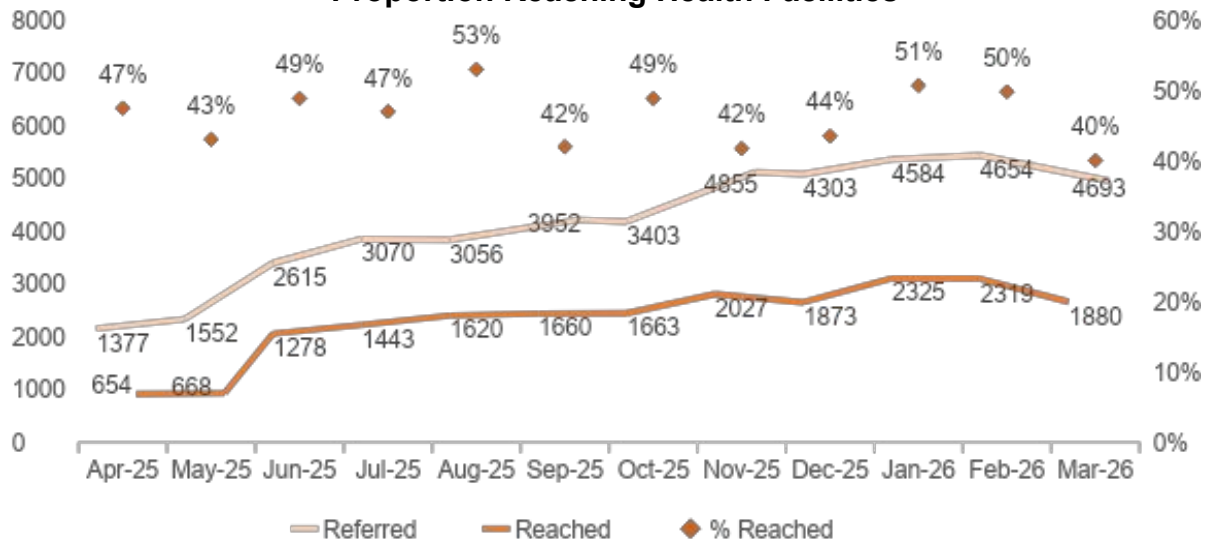


GC7 CI Part 3: No. of frontline workers sensitised on Pediatric TB, by priority districts (Priority are Intense and Lite)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	10224	42363	42363	• Block ToT was earlier not budgeted in lite districts. • Now with recent GF and CTD approval, plan is to cover all high priority blocks in Lite districts • 538 out of 948 blocks (57% blocks) referred cases atleast once in Year-2 (Intense – 179, Lite – 359) • In PU-4, 26,462 referrals, representing a 70% increase in referral volumes compared to PU-3 (15,597 referrals).	Project MIS
Denominator (Target)	67219	89236	89236		
Achievement %	15%	47%	47%		

Activities which were planned to be conducted with respect to this KPI	Status
District consultation; district ToT for child health stakeholders	• District trainings and consultations completed in all 84 districts: 12262 participants
Block ToT and cascade training of frontline workers at AAM/PHC/Community	• 47% of blocks, 18535 participants trained at Block level ToT • Training of 42363 FLWs s at AAM/PHC

Referrals of Presumptive Pediatric TB Cases by Frontline Workers and Proportion Reaching Health Facilities



- Target calculated year-2 as 50% in intense and 15% in Lite district of the total RBSK and FLWs (3,77,687 RBSK MOs, ASHA, AWW and CHOs) in 84 direct intervention districts (intense and lite) for current period. Cascade training will be conducted in high TB burden blocks, so 100% will be completed in PU-5

GC7 CI Part 4- No. of TB Champions engaged in pediatric TB activities (Intense districts)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	0	175	175	Few of TB Champions left after the training, State team has initiated the hiring under the guidance of DTOs.	Project MIS
Denominator (Target)	0	200	200		
Achievement %	0%	88%	88%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	State level Training of TB Champions	Completed for all seven states
2	Community Awareness & Stigma Reduction	All Active TB Champions are travelling to villages (VHND/VHSNC/PRI/any health events or camps) to conduct sessions focused on Pediatric TB awareness. Participate in **ASHA/AWW/CHO monthly review meetings** to engage the frontline health workers
3	Ensure treatment adherence & Outcome for Blanks cases, Wrongly diagnosed & Treatment not initiated)	TB Champions are doing follow up of those Pediatric TB cases whose treatment outcome is not documented (Blanks, Treatment not initiated & Wrongly diagnosis)
4	Reverse Contact Tracing	Identification of Child contacts of index pediatric TB case, Currently on treatment & their screening(Reverse contact tracing) through phone & Home visits.

TB Champions have sensitized 10,182 community members through various meetings,
supported reverse contact training for 1209 pediatric TB cases and
covered 774 child contacts – either through home visits or phone calls

GC7 CI Part 5- No. of private pediatric sample collection hub facilities signed partnership MoUs (funded and non-funded partnerships), by priority districts (Intense districts)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	0	0	0	• This activity was paused during GF budget reprioritization and also considering the need to saturate the private sector, and the lesser interest from private sites for partnerships • 68 high volume facilities in intense and 316 high volume facilities in Lite in 2025 are followed-up regularly.	Project MIS
Denominator (Target)*	100	0	0		
Achievement %	0%	0%	0%		

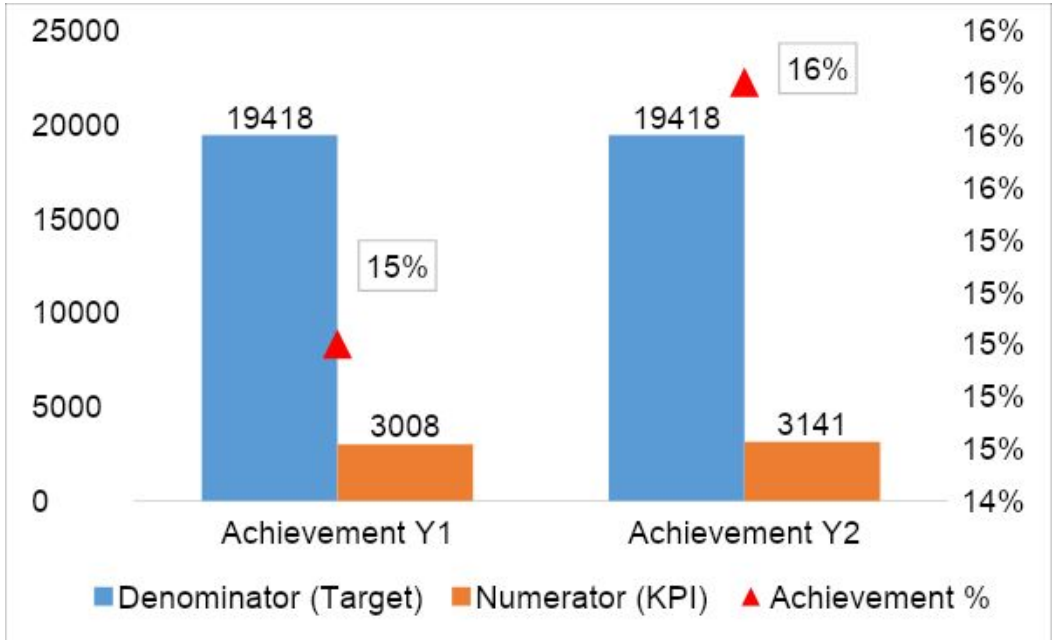
S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Assessment of private hub facilities and identification of potential hubs	Completed
2	Completion of procurement for selection of private hubs in intense districts	Stopped

*Note: * 5 private hub sites per district (with financial MoUs) will be established in 20 Intense districts*

GC7 CI Part 6- No. of public health facilities reporting pediatric TB cases (All three models)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	3008	3141	-	• Intense: 2% increase in facilities (Year-1: 313 and Year-2-320) • Lite:7% increase in facilities (Year-1: 1020 and Year-2-1096) • TA: 3% increase in facilities (Year-1: 1675 and Year-2-1725)	Nikshay
Denominator (Target)	19418	19418	-		
Achievement %	15%	16%	-		

S No.	Activities which were planned to be conducted with respect to this KPI	Status (Cumulative)
1	Onsite sensitisation, and supportive supervision by project staff.	• 1331 sites, 21,222 site staff sensitised • 1162 sites covered through 3446 supportive supervision visits
2	Mentorship visits by Nurse Mentors	• 460 sites covered through 1006 nurse mentorship visits and
3	Mentorship visits by Expert mentors (need-based)	• 107 sites were covered under pediatrician mentorship visits
4	Ensuring availability of consumables for sample collection via advocacy	• Ongoing (Two states Punjab and Haryana issued directives for local purchase of consumables)

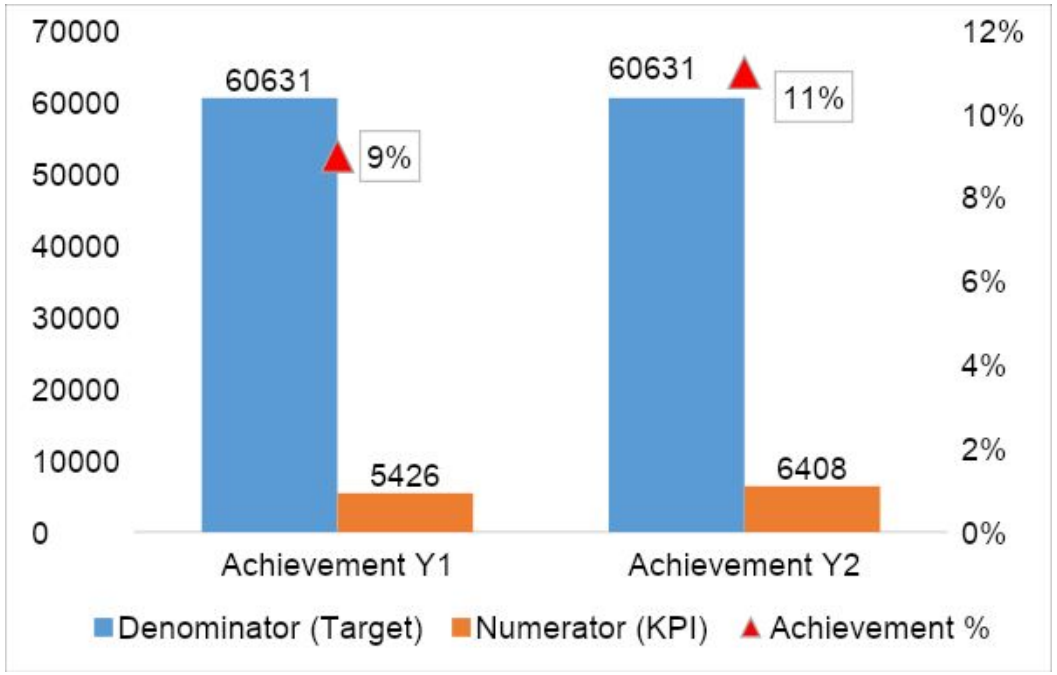


**Out of 75090 public facilities registered in Ni-Kshay, 19418 facilities are secondary and tertiary facilities, and the rest are primary level facilities.*
***Y1 and Y2 achievement data includes only unique facilities that have reported at least one pediatric TB case in the year; the data of each quarter has not been totalled.*

GC7 CI Part 7- No. of private health facilities reporting pediatric TB cases (All three models)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	5426	6408	-	• Intense: 37% increase in facilities (Year-1: 625 and Year-2-854) • Lite:21% increase (Year-1: 2448 and Year-2-2959) • TA: 10% increase (Year-1: 2353 and Year-2-2595)	Nikshay
Denominator (Target)	60631	60631	-		
Achievement %	9%	11%	-		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Mapping of private pediatric facilities	• Mapped around 14800 private pediatric facilities in 84 districts
2	IAP sensitisation; collaboration with PPSA and STSUs (Y1) for engaging pediatric care providers	• Budgeted IAP CME is completed in all 20 intense districts, • Team is utilizing IAP chapters meeting in lite districts for project support. • Got support letter from State IAP nodal for TA districts (two states)
3	Meetings with PPSA in 58 districts(Wherever PPSA is functioning) (31 out of 84 direct intervention and rest 27 in TA)	• Periodic meetings and joint visits to 861 facilities including high volume and those inactive facilities that reported earlier



Y1 and Y2 achievement data includes only unique facilities that have reported at least one pediatric TB case in the year; the data of each quarter has not been totalled.

GC7 CI Part 8- No. of pediatric presumptive TB cases evaluated with either CXR or NAAT or both

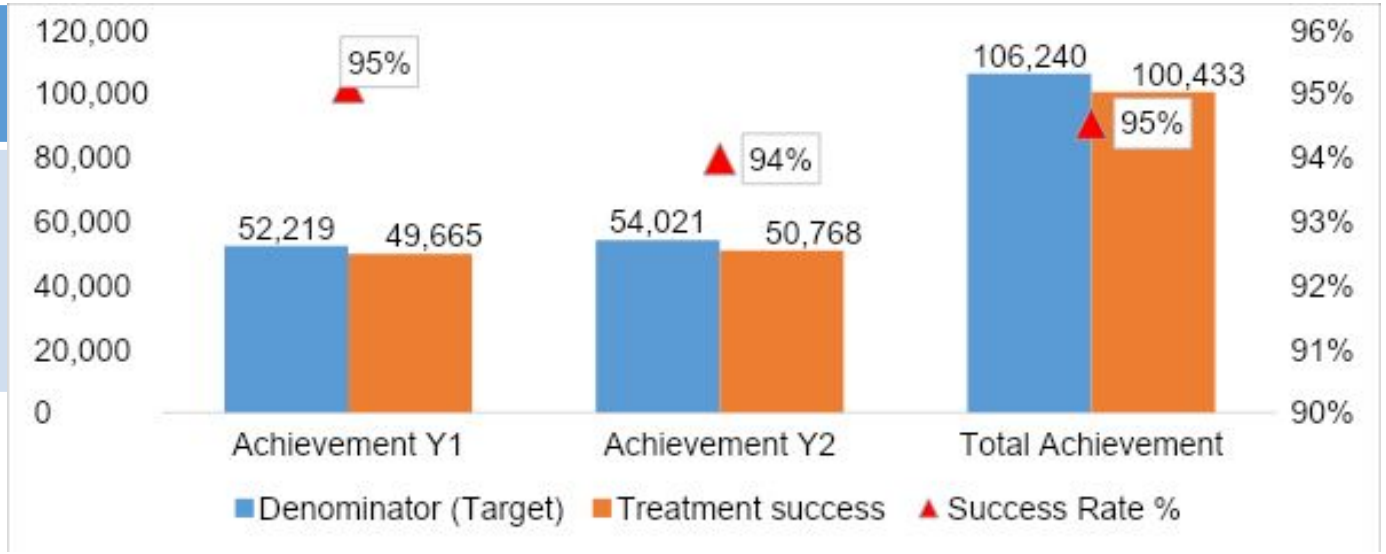
Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	355841	236026	591867	Data updation in Ni-Kshay	Nikshay
Denominator (Target)	892133	1006466	1898599		
Achievement %	40%	23%	31%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	CXR interpretation by experts through district specific WhatsApp groups	Across all the districts
2	Catch up training budget approved under Reprogramming	Approved across all the districts in Mar 2026 Focus is on presumptive case evaluation and hands-on training of Nurses
3	Targeted support to facilities for improving sample collection (mentorship visits by experts, and Nurse mentors)	By end of year-2, in 84 intense and lite, 71% (523/738) of hub facilities with pediatrician conducting GA/IS and 46% (371/813) of non-pediatrician facilities conduct GA/IS (Cumulative)
5	District level ongoing technical support through master trainers, and ECHO sessions	Initiated in three districts (two in Haryana and one in Punjab)

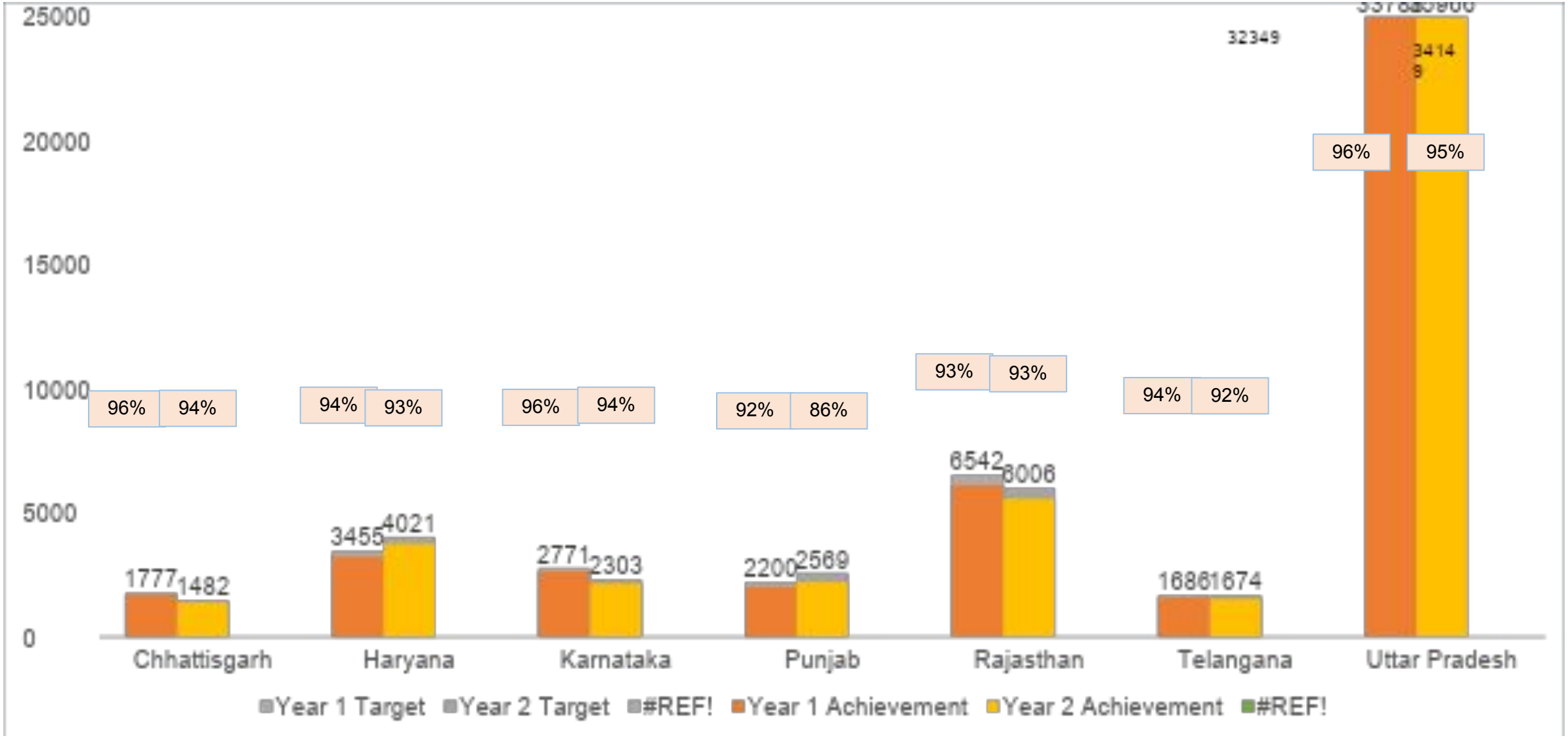
GC7 Coverage Indicator 2- Treatment success rate- all forms: % of pediatric patients with all forms of TB successfully treated

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	95% (49665/52219)	94% (50768/54021)	94.5% (100433/ 106240)	Treatment success: 94.5% has been achieved. The remaining cases including: • Died- 1.4% • LFU – 0.5% • Regimen changed – 0.3% • Migrated – 0.1% • Treatment status blank – 3.5%	Nikshay – Notification register (Current facility – previous cohort)
Denominator (Target)	91%	92%	92%		
Achievement %	104%	103%	104%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Technical support by sharing the line list of those treatment not completed;, sample phone calls and home visits for the learnings	Ongoing



State wise Pediatric TB Treatment Success

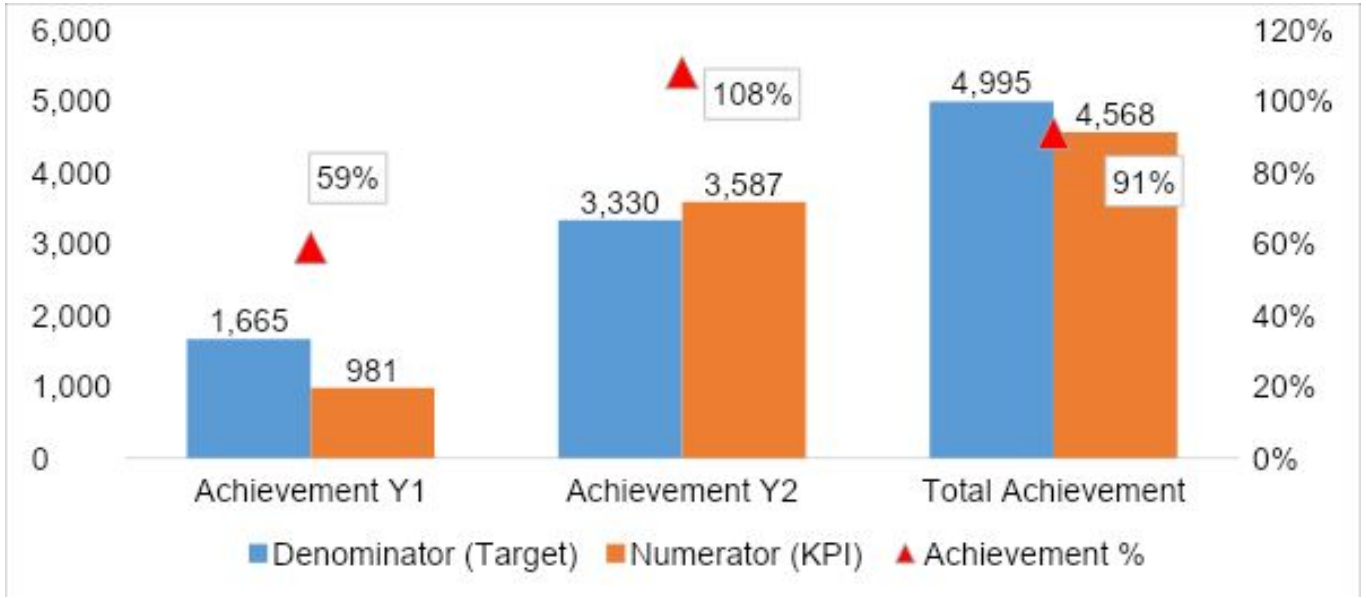


All states, except Punjab, have achieved 92% and above

GC7 Coverage Indicator 3- Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	981	3587	4568	• Project has achieved the target in Y2 with improved micro-planning & camp execution at high risk villages. • In Year-1, 58085 screened and 981 TB positives (1689 TB per lakh screened); in Year-2, 319810 screened and 3587 TB positives (1122 TB per lakh screened) • During PU-4 (Oct 25-Mar 26), 6260 children were CXR screened in 1765 camps, 16% (N=1011) abnormal, 40 (4% of abnormal CXR and 0.6% of screened) identified positive	Nikshay
Denominator (Target)	1665	3330	4995		
Achievement %	59%	108%	91%		

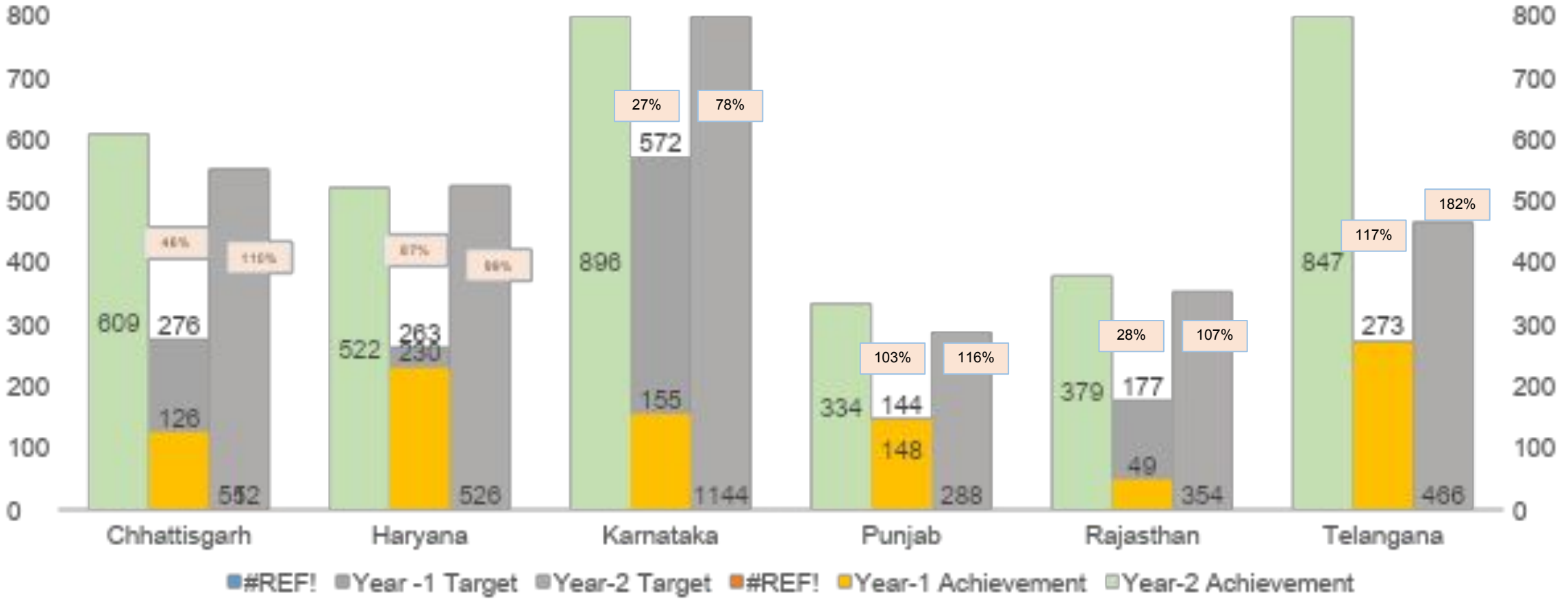
S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Organising atleast 10 camps in a month per district	11 camps per district in a month during PU-4 (Oct 25-Mar 26)
2	CXR based screening in all districts	CXR based screening started in 42 districts by end of Year-2, when the Hh CXR devices were available in all districts by Dec-25



Active Case Finding

S No.	State	SR	Total districts in the states	No. of ACF districts
1	Chhattisgarh	LEPRA	33	11
2	Haryana	World Health Partner	22	7
3	Karnataka	SVYM	32	9
4	Punjab	World Health Partner	23	4
5	Rajasthan	MAMTA	41	4
6	Telangana	TB Alert India	33	7
			184	42

GC7 Coverage Indicator 3- Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners)-State wise



- All states have achieved the targets, except for Karnataka.
- Karnataka has higher per-district target than other states due to higher baseline.
- Karnataka has notified the highest number of TB cases (896), followed by Telangana (847)

1- No. and Proportion screened among the mapped Key Vulnerable Population (KVP)

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	58085	319810	377895	Reason for Variance: Project has achieved the target in Y2 with Handheld CXR device availability • Improved micro-planning and camp execution • Total camps increased from 1598 (Y1) to 6130 (Y2) and average attendees per camp increased from 37 to 49 (56 in PU-4)	Project MIS
Denominator (Target)	126000	252000	378000		
Achievement %	46%	127%	100%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Mapping of Key vulnerable population	18.7 lakhs population mapped from congregate and work place settings. Leveraging the health system KVP from general population
2	Organising camps among KVP	Average of 11 camps per district per month (7728 camps for 17 months in 42 districts)

Camp coverage in villages based on risk type	High-risk villages	Moderate-risk villages	Low-risk villages	Total Villages/Camps
Total No. of villages as per CTD vulnerability risk matrix* in 42 districts	6783	11932	6648	25363
No. of ACF camps conducted in these villages (Oct ‘24 to Mar ‘26)**	4291	1912	701	6904

**Source: Ni-kshay, **Source: Project MIS*

2- No. and Proportion of presumptive TB identified among screened

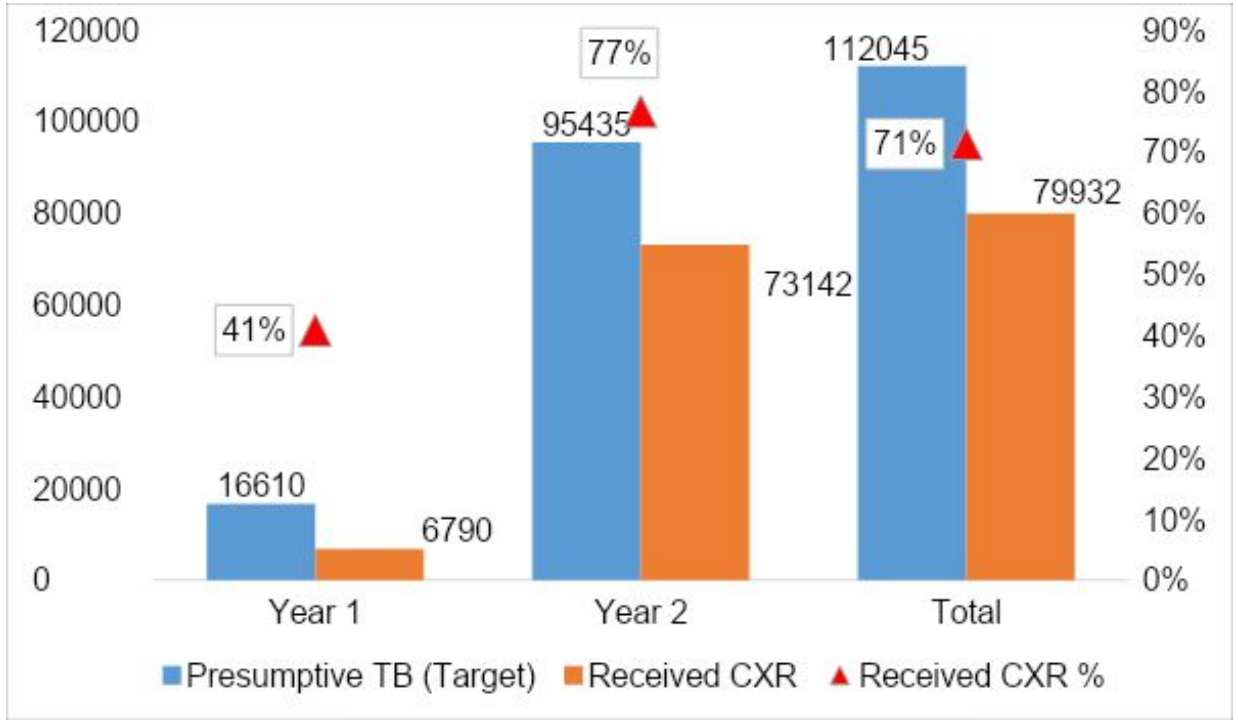
Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	16,610	94,987	1,11,597	Presumptive TB include symptomatics (where X-ray is not there) and those with abnormal CXR.	Project MIS
Denominator (Target)	58,085	3,19,810	3,77,895		
Achievement %	29%	30%	30%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Screening of vulnerable population in camps in various settings including household screening. Camp-wise documentation and reporting of screening to diagnosis data	ACF camp conducted as per NTEP 10-symptom screening guidelines and use of Hh CXR device in 42 districts All ACF camp data from sample collection to diagnosis are reported in Ni-Kshay

3- No. and Proportion of presumptive TB who received Chest X-ray

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	6,790	73142	79932	PU-3: 33847 (70%) who received CXR PU-4: 39296 (84%)who received CXR	Project MIS- Camp data
Denominator (Target) Presumptive	16,610	95435	112045		
Achievement %	41%	77%	71%		

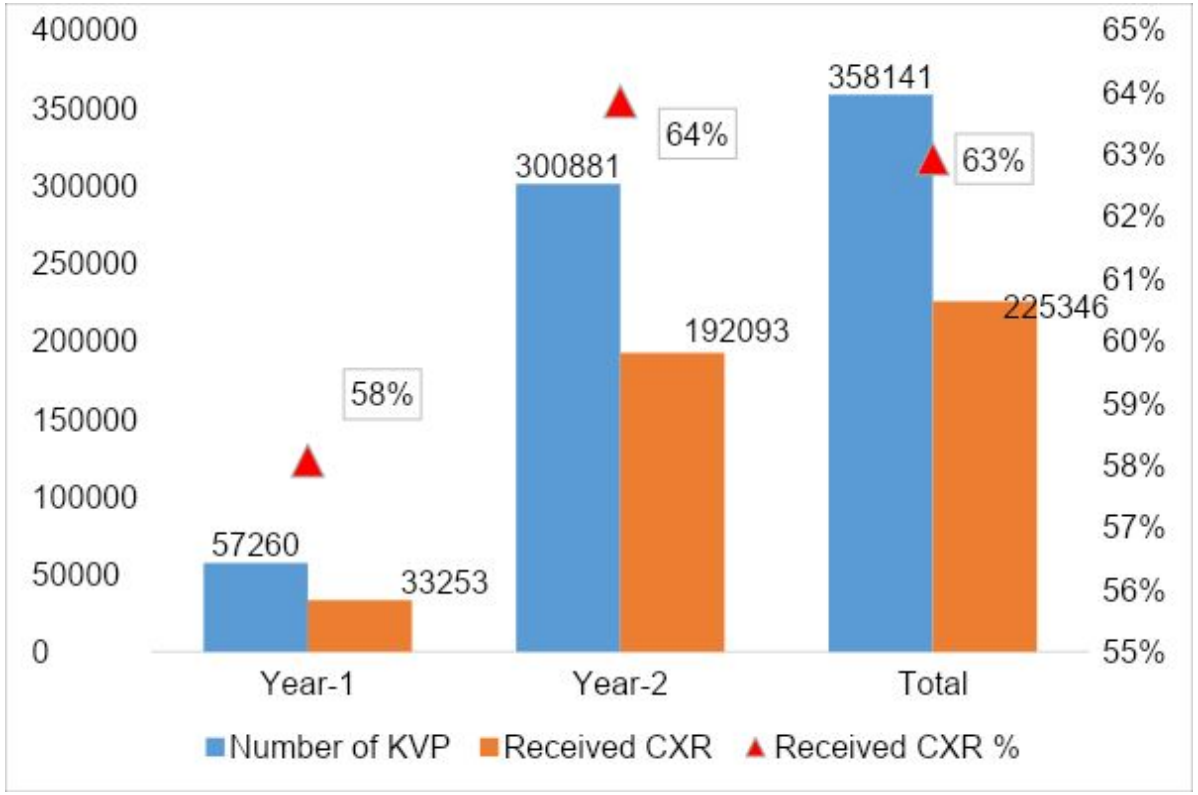
S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Use of handheld X-ray device at camps	Usage in 32 districts and now in all 42 districts from Mar-Apr 2026 onwards
2	Establishing partnerships with private X-ray centres where Hh x-ray device is not available, and/or transportation support to nearest CXR centre	16 private partnerships , 3726 CXRs taken



4- No. and Proportion of KVP who received Chest X-ray

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	33,253	192093	225346	• Mainly due to non-availability of Hh CXR till Dec 2025. • From Mar-Apr 2026, near 100% CXR screening has been initiated • 93% of those screened are KVP (3.58 lakhs out of 3.77 lakhs)	Project MIS
Denominator (Target)	57260	300881	358141		
Achievement %	58%	64%	63%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Use of handheld X-ray device at camps	Usage in 32 districts and now in all 42 districts from March 2026 onwards
2	Establishing partnerships with private X-ray centres where Hh x-ray device is not available, and/or transportation support to nearest CXR centre	16 private partnerships , 3726 CXRs taken (Now stopped when Hh-CXR device is available)



5- No. and Proportion of presumptive TB with abnormal CXR evaluated with either NAAT/microscopy

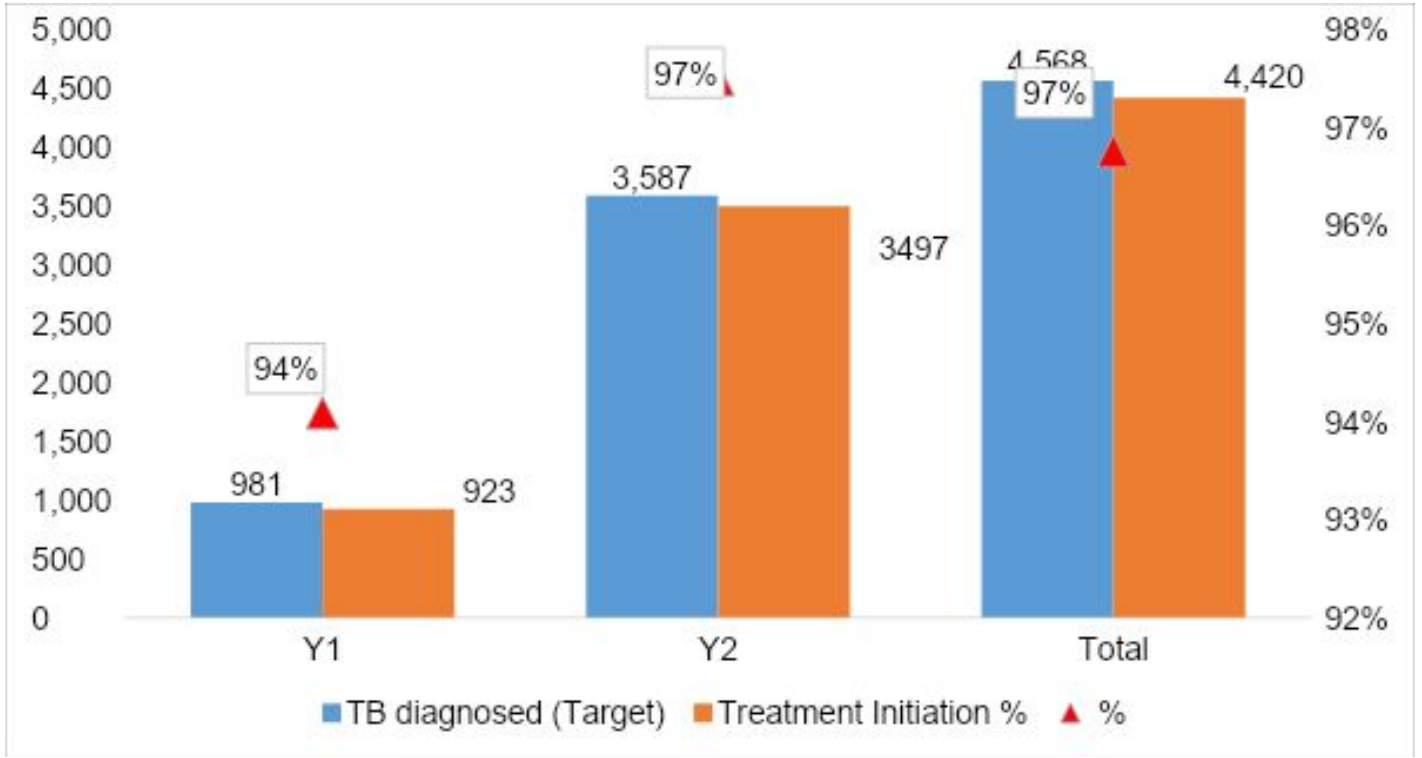
Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	4190	18973	23163	• Cartridge shortage for 2-3 months across the states • Challenge in on-the-spot collection • Among those with abnormal CXR, 78% samples collected among symptomatic, 33% among asymptomatic	Project MIS Ni-Kshay
Denominator (Target)-(Abnormal CXR)	6794	33572	40366		
Achievement %	62%	57%	57%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Sample collection for those with abnormal CXR	Before camp, distribution of sputum cups at household level. After camp, sharing the linelist of abnormal CXR with ASHAs for sample collection
2	Community Mobiliser	Recently approved by GF, it will support in home visits & sample collection

6- No. and proportion of those TB diagnosed started on TB treatment

Key Performance Indicator	Achievement Y1	Achievement Y2	Total Achievement	Reason for Variance	Source of Data
Numerator (KPI)	923	3497	4420	Treatment initiated immediately by NTEP, in coordination with STS	Ni-Kshay
Denominator (Target)	981	3587	4568		
Achievement %	94%	97%	97%		

S No.	Activities which were planned to be conducted with respect to this KPI	Status
1	Linelist sharing and follow-up by project staff and ASHA along with STS	Ongoing



Key Issues, Challenges and Accomplishments in Y1 & Y2

No.	Description	Timeline for Resolution/Overcoming
1	The project is designed to **integrate pediatric TB** services by **leveraging NTEP and health system** budgets in all three intervention models, and especially in the **TA districts**. Non-availability of the budget for dedicated pediatric TB trainings and other activities.	• Following **continuous advocacy**, two of the states have initiated and completed **training** in **TA districts** using the **NTEP budget**. • Now with the approval from GF under Reprogramming, project will complete the public & Private sites trainings and sensitisation meetings in top 5 TA districts • These top 5 TA districts inclusion will increase the ped TB intervention coverage from 50% to 75% of pediatric TB burden in 7 states
2	Lite districts demonstrate a slower pace of change compared to Intense districts • Primarily due to limited staffing (one district staff) • Lower number of budgeted activities	• GF has approved the Lite district activities to complete the training of health care providers, block level sensitisation of child health stakeholders, and IAP CMEs • This will increase the health system coverage of health care providers in Lite to atleast 80% and frontline workers to atleast 25%
3	Increasing the referrals of vulnerable children through sensitisation of all FLWs in Intense and Lite	• Project is completing the catch up training involving inclusion of PHC MOs, so that they conduct the down training of all FLWs at AAM/PHCs, thereby improve the Pediatric TB screening and increase the referrals to public sites/ACF camps
4	Children screening in ACF camps	• Project team has advocated at state level with STC and WCD to share the aggregate numbers of malnourished children and child contacts block-wise, so as to increase the CXR screening at ACF camps and CHCs • Advocacy with WCD for sharing of malnourished children for CXR screening
5	Staff motivation declining due to pausing the annual salary increment	• Continuous team building, appreciation and acknowledgement

Activity and Timeline for the next 6 months

S No.	Activity	Timeline
	Pediatric TB	
1	Completion of all budgeted activities at the district level for Pediatric TB for Lite and TA districts (that were recently approved by GF under Reprogramming)	By July – Sept 2026
2	State level consultations, and UP-State ToT for Pediatric TB	By July – Sept 2026
3	Engagement of State IAP Nodal for joint visit to challenging districts	By Aug 2026
4	Sensitisation of FLWs through Down training thereby increase the referrals (Focus on high TB burden blocks)	Completion by Sept 2026
5	State level ECHO and District level Medical College led technical sessions (Focus on challenging districts)	Ongoing
6	Improve the joint reviews at state level of STC with child health departments (formal and informal SOC meetings) (share good practices, acknowledge positive changes and advocate for scale-up in TA districts)	Ongoing

Activity and Timeline for the next 6 months

S No.	Activity	Timeline
	ACF	
1	Increase the coverage of X-ray screening of vulnerable populations at high risk villages	Apr – Sept 2026
2	Improve the quality of ACF – TB cascade services through Community mobilisers	By July – Aug 2026
3	Increase the ACF intervention in 22 additional districts (after approval from GF)	July 2026 onwards

Success stories, Value additions (if any)

- Compared to the pre-intervention baseline of 2023-2024, pediatric TB notifications increased by 18% in Year 1 (from 49,361 to 58,058). In Year 2, notifications grew a further 13% over Year 1 (from 58,058 to 65,365).
  - Cumulatively, this reflects an overall growth of 31% across the two-year period
  - 3 districts have achieved 10% of pediatric TB out of total TB notification and four more districts achieved above 9%
- Supported operationalization and smooth functioning of the State Pediatric Nodal Centre (KGMU, with support from STC and ECHO)
  - Regular ECHO sessions supported the involvement of Pediatrician & MOs, thereby improve the identification of pediatric presumptive TB case.
- In Dhamtari district, Chhattisgarh, the project's District Coordinator has successfully facilitated the creation of over 100 Nikshay Mitras through continuous coordination with private healthcare facilities and key stakeholder.

Thank You