

Record of Discussions

Desk Review of the Principal Recipient KHPT by the Oversight Committee for GC7 Grant

Date: 19th June 2026

Time: 12:00 PM- 01:00 PM

Mode: Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, KHPT, for the GC7 Grant was held on 19th June 2026. The meeting was attended by the members of the Oversight Committee (OC), the India Secretariat, Program Divisions and representatives from the Non-Governmental Principal Recipient (NGPR), KHPT for the GC7 Grant, as per the attendance list enclosed in **Annexure 1**. The objective of the review was to assess the implementation of the GC7 Grant up to April 2026 and evaluate the performance of the Principal Recipient based on their Key Performance Indicators.

KHPT delivered a presentation which was broadly based on the format shared by the India CCM Secretariat and can be found enclosed **Annexure 2**.

Major Discussion Points/Action Points are as follows:

Sl no.	Comments/Suggestions	Response/Discussions	Further action to be taken
1	KHPT presented the action taken report of the previous meeting in detail which is appreciated.		
2	Budget utilization is adequate with 80 % of the budget spent.		
3	Details of actual activities conducted under the KPI of gram panchayats awarded with Tb MukT status were sought specifically tracking of indicators, facilitation processes etc. It is noted that generic remarks are conveyed like continued support.	Quantification of the process indicators is required.	KHPT to provide details.
4	Regarding the indicator: Number of State level district nodal officers trained on TB MukT Gram panchayat under state level ToTs, performance is 60 %	Administrative issues are said to be the cause of variance	CTD may take up the matter with states to sort out the issues.
6	Regarding the indicator "Coverage Indicator 4- Number of NTEP staff trained from eight selected cadres" Overall Coverage Y-1 & Y-2" the performance is about 47 %.	KHPT indicated that this would be the focus area in Y3.	
7	Regarding the indicator WPTM-2: Strengthening the coverage of key DBT schemes (Ni-kshay Poshan Yojana/ NPY), performance is low.	Ongoing SNA Sparsh integration has been mentioned as a limitation.	
8	The OC requested the PR to clearly highlight the geographical areas of work, as AS/MD (NHM) seeks clear evidence of value addition. KHPT was asked to prepare a consolidated write-up of the districts where it is working and where it is not, along with existing infrastructure, and similar details	KHPT noted the feedback.	KHPT to revert with the complete report. The annual reports of year 1 and 2 are also to be sent by two weeks.

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	for gram panchayats. Where work is limited to part of a state, this should be clearly stated		
9	The OC sought clarification on budget utilization.	In response, KHPT clarified that the available budget is lower than the initial allocation and that about 78% of the allocated amount has been spent, with the savings taken up for reprogramming. A major set of reprogrammed activities has been proposed and approved by the Global Fund and is now under implementation.	
10	The OC enquired about the TB Vijetas who were identified in Year 1 and whether there has since been any work improvement among them. The OC also asked how many AAMs currently have TB Vijetas in the areas covered by KHPT	It was explained that there are 150 AAMs, and in that particular PU from October 2024 to March 2025 only 49% could be achieved. In PU3, with more training, engagement increased to 73%, and by October 2025 to March 2026, after training more people, 121% were engaged.	A detailed report with these figures and further breakdown will be shared.
11	The OC stated that, taking treatment completion as an indicator, they want to know how much improvement has occurred and how the TB Vijetas are contributing to this, including a comparison with areas where Vijetas are not working.	In response, KHPT explained that there is a challenge because they currently have data only from their own MIS and do not have access to Nikshay data for states where they are not working, which makes impact interpretation difficult.	CTD and the SPO (TB) are to get necessary data from Nikshay and prepare a comparative report.
12	The OC observed that KHPT is making substantial efforts to engage, train, and deploy TB Champions at the PHC level. They further noted that, for credible outcome reporting, data sources must be authentic and aligned with CTD, and any assessment of changes in NGPR-supported geographies should ideally rely on Nikshay data to reflect changes in case detection, treatment outcomes, and other key indicators	In response, KHPT appreciated the feedback and said they would keep this in mind going forward	
13	The OC expressed interest in the pan-India capacity-building component being implemented through TISS, noting that it is distinct from other activities and ask whether any mechanism is being put in place to capture behaviour change among participants. The OC requested KHPT to share the concept note so that they could ask CTD to consider taking up this activity in suitable areas	KHPT explained that a qualitative study had been proposed under reprogramming with a dedicated budget, as it could not be undertaken by TISS or KHPT alone. However, other priorities were given precedence, and the budget was not secured. A concept note for the assessment has been developed, and KHPT will explore resubmission for approval. They also noted the feedback and suggestions and will act on them soon	Concept note to be conveyed soon.
14	The OC asked KHPT to ensure that the report includes detailed information on all activities planned and carried out under each indicator, along with the methodology used, and to document these aspects thoroughly. The OC also suggested that, when describing	KHPT to prepare and share a consolidated write-up on the value addition of	

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	activities for the next six months, KHPT should mention any anticipated challenges and discuss these with CTD to seek their support.	KHPT under the project.
15	KHPT has identified the issues and challenges in a constructive way which is appreciated.	CTs and state governments may support KHPT in solving the issues.

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List of Participants:**Annexure 1**

S No.	Name	Designation	Organization
1	Dr. Ravi Kumar	Member	OC
2	Dr. Mohan P S Kohli	Member	OC
3	Dr. Sunita Upadhyaya	Member	OC
4	Mr. Ramesh Babu	Member	OC
5	Dr. Rita Prasad	Member	OC
6	Mr. Ningthoujam Roshan	Member	OC
7	Mr. Shridhar Pandey	Member	OC
8	Mr. Samir Kumar	Member	OC
9	Mr. Atul	Member	OC
10	Dr. Rehana Begum	Project Director IMPACT	KHPT
11	Mr. Rajiv Ranjan	M&E Lead	KHPT
12	Mr. Dharma Rao	National Level Lead(Tech Asst)	KHPT
13	Mr. Vipin Joseph	Prog Implementation Lead	KHPT
14	Mr. Raghuv Singh	Finance Manager	KHPT
15	Mr. Binoy		KHPT
16	Dr. Karthikeyan	Tech Advisor-TB	KHPT
17	Mr. Mohan		KHPT
18	Ms. Gitanjali Mohanty	Coordinator	ICCM
19	Ms. Vera Sapu	Program Officer	ICCM
20	Ms. Chander Pal	Admin Asst	ICCM

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