

Record of Discussions

Desk Review of the Principal Recipient SAATHI by the Oversight Committee for GC7 (TB) Grant

Date: 18th June 2026

Time: 3:30 PM- 04:30 PM

Mode: Virtual Meeting

A virtual desk review of the Non-Government Principal Recipient, SAATHI, for the GC7 Grant was held on 18th 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), SAATHI 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.

SAATHI 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	Budget utilization is suboptimal.	GF guidance on travel reduction and non-hiring of X-ray technicians are the main reasons. Reprogramming has been done.	Intense activities to be undertaken and reported.
2	Regarding Coverage Indicator 1: No. of children with TB (all forms) notified, it is noted that notification has improved in Y2.	The process indicators of state level consultation and oversight are not performed as expected.	Compliance to be reported
3	Regarding the indicator No. of frontline workers sensitised on Pediatric TB, by priority districts (Priority are Intense and Lite), the performance is suboptimal at 47 % achievement.	Block level trainings need to be enhanced. However it is noted that reporting of pediatric cases by frontline workers has improved.	Reports required.
4	Though the sensitization of staff at the public health facilities has been done in significant number, the reporting of paediatric cases has happened in only 16 % of facilities. Same situation in private health facilities too.	Intensive follow up is required	STO (TB) have to supervise and monitor the activities better.
5	Regarding the indicator i.e. No. of pediatric presumptive TB cases evaluated with either CXR or NAAT or both, the performance is quite low.	Data updation in Nikshay is said to be the main reason.	There is need to ascertain why this activity is lacking in intensity.
6	No. and Proportion of KVP who received Chest X-ray continues to be low. NAAT testing is even worse.	Non availability of chest Xray facilities in the early part of the year is said to be the main reason.	Intensive use of hand held Xrays is required.
7	The OC questioned why Punjab has not been able to replicate the model being followed in Uttar Pradesh and other high-	SAATHI stated that the intense and lite components contributed significantly to	Follow up action is to be reported

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	performing states. The OC sought an explanation of the barriers to adopting similar strategies in Punjab.	target achievement in Uttar Pradesh, and similar activities have been implemented in Punjab. However, the increase in Punjab has not been comparable due to paediatric TB being treated as a last-resort area and the need for multiple approvals for training health workers. Given Uttar Pradesh's higher prevalence and population size in the intense and lite areas, SAATHI acknowledged that the TA model also needs to be strengthened in Punjab and Haryana	
8	The OC sought clarification on the data source	SAATHI stated that Nikshay data is used to calculate performance, particularly for the three core indicators, while the project MIS is used for the process indicators. Notification data across the TB cascade is drawn from Nikshay, training-related process indicators come from the project MIS, and village-level data is sourced from CTD for planning camp activities	Follow up action is to be reported
9	The OC addressed SAATHI regarding the implementation of the Intense, Lite, and TA models, questioning the specific progress made in case detection. Given that the Intense model is demonstrating the highest success rate, the OC sought strategic recommendations for the program's next steps. Furthermore, the OC highlighted that larger states are solely deploying the TA model; if this model fails to show significant improvement over the baseline, the OC questioned how SAATHI plans to effectively influence policy based on these results.	SAATHI attributed the success of the Intense and Lite models to two to three key factors. First, dedicated budget and district-level manpower are essential for planning, tracking, and training in paediatric TB activities. Second, joint reviews at district and state levels have driven improvement. The TA district approach initially slowed in some states due to the requirement to first demonstrate results in Intense and Lite areas before expansion. A phased approach was found to be more practical than simultaneous saturation. Based on these learnings, CTD and the Global Fund have approved activities in five additional TA districts in each state, and Intense and Lite project teams can now support nearby TA districts, which is expected to drive further improvement	Follow up action is to be reported

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List of Participants:

Annexure 1

S No.	Name	Designation	Organization
1	Dr. Naresh Goel	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. Sathish		SAATHI
11	Ms. Lakshmi Ramakrishnan		SAATHI
12	Mr. Anupam Hazra		SAATHI
13	Mr. Christopher		SAATHI
14	Mr. Lalit		SAATHI
15	Dr. Shreeram		SAATHI
16	Dr. Mayur		SAATHI
17	Mr. Shekhar		SAATHI
18	Mr. Biswa		SAATHI
19	Dr. Ganesh		SAATHI
20	Mr. Amrit		SAATHI
21	Ms. Gitanjali Mohanty	Coordinator	ICCM
22	Ms. Vera Sapu	Program Officer	ICCM
23	Ms. Chander Pal	Admin Asst	ICCM

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