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CHALLENGE TB



Challenge TB - India

Year 2

Quarterly Monitoring Report

October-December 2015

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Cover photo: Mr. Amitabh Bachchan, Ambassador Mr. Richard Verma, and Dr. Naresh Trehan enter the mobile van to mark the launch of TB-Free Haryana on November 20, 2015 at Medanta the Medicity, Gurgaon, Haryana. (Photo Credit: The Union South-East Asia Office)

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The authors' views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

1. Quarterly Overview

Country	India
Lead Partner	The Union
Other partners	PATH, KNCV, FIND (Sub-Recipient)
Work plan timeframe	October 2015 – September 2016
Reporting period	October - December 2015

Most significant achievements:

Call to Action for a TB-Free India

Challenge TB (CTB) is implementing the Call to Action to mobilize a wide range of stakeholders to build political will and leadership to end tuberculosis (TB) in India and to increase the visibility for TB. In this quarter, the project was successful in engaging the Private Health Sector to commit action on TB and Parliamentarians to build political will and leadership for tackling TB in India.

Advocacy efforts with the private health sector resulted in the launch of “Mission TB-Free Haryana” by Medanta the Medicity (a well-known large corporate sector multi-specialty hospital) in partnership with USAID, The Union, The Government of Haryana and Mr. Amitabh Bachchan, a TB champion and Bollywood celebrity. Two ‘TB-Free Haryana mobile vans’ equipped with digital X-ray machines and to be staffed with a doctor, nurse and an X-ray technician were flagged off by the dignitaries present on 20 November 2015 at the premises of the Medanta hospital in Gurgaon, Haryana. This initiative resulted from The Mumbai Dialogue, where US Ambassador Mr. Richard Verma, Mr. Ratan Tata, Mr. Amitabh Bachchan and Director General of Health Services, Dr. Jagdish Prasad appealed to corporate representatives for committing resources for TB care and prevention. Dr. Naresh Trehan, a noted cardiologist and Managing Director of Medanta, has emerged as a Champion for TB. Dr Trehan announced the scale up of the mobile van pilot from 1 district to 5 districts this year and to 21 districts in the coming years. The mobile vans will visit the government’s peripheral health centres where x-ray facilities are not available to further evaluate presumptive sputum-smear negative TB cases identified at these facilities. Those diagnosed with TB are initiated on treatment by the same health centres, as they also serve as DOT centres. This initiative provides X-ray services to patients closer to home and is expected to increase overall case detection and notification by the Revised National TB Control Program (RNTCP) program in the State. After the launch, CTB along with the US Centers for Disease Control and Prevention (CDC) and United States Agency for International Development (USAID) met with the Medanta team and advocated for scaling up this initiative to all of Haryana State, as well as for introducing rapid diagnostics, such as GeneXpert. CTB also facilitated meetings of Medanta with Cepheid, the manufacturers of GeneXpert, and other partners who are working to improve access to affordable quality diagnostics so that GeneXpert can be integrated into the model, leading to increased and earlier detection of TB. The above partnership received wide coverage in 200 national and international media publications. It is hoped that this initiative will inspire other corporations and provide a good model for public-private partnership for TB care.

CTB was able to build political commitment and will amongst Members of Parliament (MPs) by partnering with the Indian Association of Parliamentarians on Population and Development (IAPPD). To bring more attention to TB in parliament, the CTB team reached out to MPs during the winter session of the Parliament. The team successfully brought together 14 parliamentarians and one legislator from different political parties in a “Parliamentarians Meet Towards a TB-Free India” on 21 December 2015 in New Delhi. The participating MPs were sensitized on the TB situation in India and the urgent need for action to end TB. The consultation came up with several ways MPs could be engaged to support TB care and prevention in India including (i) Advocate for provision of financial support for TB patients and their families; (ii) Adopt villages and make them TB-Free; and (iii) Organize free medical check-up camps to raise awareness on TB and proactively screen people with TB symptoms in their respective constituency. The media reported this event extensively with 40 articles. In the coming months, the CTB team will be closely working with the MPs to translate some of these commitments into action.

CTB organized consultations and meetings in covering all four sectors (Civil society/ Private Health Sector/Corporate/Research & Academia) identified as important stakeholders. CTB established partnership with with the Indian Institute of Health Management and Research (IIHMR) and the Indian Association of Parliamentarians for Population and Development (IAPPD) during this quarter. A Letter of Intent (LoI) was signed

with IIMR on 15 December 2015 to encourage more research on TB amongst students and staff through lecture sessions and student papers, while the IAPPD organized an event to sensitize Members of Parliament on TB (described above) and will follow-up with the MPs to urge action. In addition, CTB organized a consultation with the corporate leaders on 5 November 2015 in New Delhi, which was attended by six representatives of pharmaceutical industries, eight Public Sector Undertakings (PSUs), and 19 other corporates. The Joint Secretary from the Ministry of Health & Family Welfare (MoHFW) led the discussions and appealed to them to commit resources for a TB-Free India and partner with the Ministry of Health. As a result of the advocacy effort, several participants expressed their interest and commitment and proposed possible means through which they could support TB prevention and care efforts in India. A full list of potential commitments can be found on page 8 (Activity #7.2.2). The CTB team will be following up to ensure commitments get translated into action in the coming months.

Improving the diagnosis of children with TB. CTB is supporting a project offering upfront access to Xpert MTB/Rif (Xpert) testing for the diagnosis of paediatric TB in four major cities of India. In the first year of the project, the approach emerged as a successful model with the potential for replication to other cities. The focus of the second year of the project is to broaden the provider base, thereby extending the benefit of the project interventions to a larger population of children; organize several sensitization meetings and continued medical education (CME) meetings for the dissemination of project data; and further streamline specimen collection and referral processes. The following results were achieved during this reporting quarter:

- The number of providers and hospitals linked to the Xpert laboratories increased from 267 to 349, representing a 31% increase.
- A total of 5,184 presumptive pediatric TB and rifampicin-resistant TB (RR-TB) patients were investigated using Xpert test and a total of 396 (7.6%) children were diagnosed with TB including 41 (10.4%) RR-TB cases.
- The project has successfully demonstrated the utility of Xpert testing for diagnosis of TB in non-sputum specimens. In the reporting quarter, of the total 5,907 specimens tested, 59.4% (3,507/5,907) were non-sputum specimens, including 2,529 (43%) gastric aspirate/lavage, 384 (7%) cerebrospinal fluid, 176 (3%) pleural fluid, 121 (2%) broncho-alveolar lavage and 101 (1.7%) pus specimens.
- Treatment was initiated in more than 70% (250/355 TB cases and 29/41 RR- TB cases—based on incomplete treatment initiation data that will be updated) of the diagnosed TB cases, thereby suggesting rapid treatment initiation among the diagnosed cases under the project. This proportion initiated on treatment may be higher once treatment initiation information, particularly those diagnosed towards the last two weeks of the quarter, is updated.

Technical/administrative challenges and actions to overcome them:

- Steering Committee for the Call to Action, envisaged to be led by the Ministry of Health, is yet to be formed. Other options, including formation of an India TB coalition on the lines of other public health alliances are being explored. This may be hosted outside the Ministry of Health & Family Welfare (MoHFW) and could have representatives from the MoHFW, development partners, technical agencies, corporate leaders, private health sector, media, civil society and other experts. CTB is exploring the advantages and disadvantages of this alternative.
- Sub-award to a creative agency is delayed due to prolonged negotiations around the standard CTB terms and agreement that the identified agency (Ogilvy & Mather) had objections to from a legal standpoint. Negotiation with Mudra Communication, the next shortlisted company was initiated and is expected to be completed in the next quarter. The services of Ad Factors (PR Agency) had to be terminated due to poor performance and contracting with Edelman India was done this quarter. This involved negotiating the costs of Edelman down to meet the budget allocation.
- Related to the pediatric TB project, expansion to five additional sites planned for Oct-Dec 2015 has been delayed largely because we underestimated the process and timeline involved when scheduling the activity—approval of Year 2 workplan, approval of subcontract with FIND, and signing of the agreement between The Union and FIND took longer than anticipated. This is now planned for the next quarter.

2. Year 2 activity progress

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Operations of the rapid diagnostics (FIND)	2.4.1	All field staff for the five sites hired				Field staffs for four existing sites are in place, recruitment for the five new sites will be done in the next quarter.	Partially met	Delay mainly because we underestimated the time involved in the sub-award approval when scheduling the activity. Approval of Year 2 work plan, approval of subcontract with FIND, and signing of the agreement between The Union and FIND took longer than anticipated.
Equipment (FIND)	2.4.2		10 GX machines procured, renovations of five labs completed			Not due for reporting this quarter	N/A	
Laboratory preparatory activities including A/C, UPS and upgradation (FIND)	2.4.3	Laboratory preparatory works for 5 new sites completed				Preparatory work for new lab delayed for the same reason cited in #2.4.1	Not met	See above (2.4.1)
Laboratory consumables, ancillary equipment, and other (FIND)	2.4.4		26,580 GX cartridges procured			Not due for reporting this quarter	N/A	
Advocacy meetings / CMEs and press briefings (FIND)	2.4.5				Increase referral sites from 216 to	<ul style="list-style-type: none"> The number of providers and hospitals linked to the Xpert laboratories increased from 267 to 349, representing a 31% increase 	Partially met	Ongoing activity. Targets are for year end.

					500	<ul style="list-style-type: none"> Four sensitization workshops attended by 336 participants (224 males: 112 Females) and 178 one to one advocacy meetings were conducted. This has resulted in increase in referrals from private sector from 536 referrals in the previous quarter (Q3 2015) to 706 referrals during this reporting period. 		
Access, operation and utilization of rapid diagnostics (i.e. Xpert) ensured for priority populations and Expedient laboratory specimen transport and results feedback system operational (FIND)	2.6.1				Upfront Xpert MTB/Rif testing for 42,000 children with presumptive TB	<ul style="list-style-type: none"> During current reporting period, focus was given in increasing suspect enrolment at each lab by accelerating involvement of various providers. Intensified TB case finding efforts were undertaken, which included contact tracing of adult TB cases diagnosed under RNTCP for pediatric suspects. More number of referring doctors were contracted and linked to the facilities. These efforts have resulted in increase in suspect testing at each of the sites, the results of which are summarised in the achievement section (page 4).The number of children diagnosed with RR-TB in the project site has increased from 21 in Jan-Mar 2015 to 41 in Oct-Dec 2015 (see table below) Under the project, a decentralised lab is established with linkages with multiple referring facilities. It was important to ensure timely transportation, testing and reporting of results to the respective provider. During the current reporting period, 95% of the specimens were transported on the same day of collection and 98% of the specimens were tested on the same day of receipt of specimen in the lab. Almost all the results (99.3%) were communicated on the same day of testing 	Partially met	Targets are for Year end.

RR-TB cases detected and initiating second line treatment in the pediatric TB project sites (four cities)

Quarter	Number of RR-TB cases detected	Number of RR-TB cases put on treatment	Remark
Jan-Mar 2015	21	18 (86%)	There is increase in number of Rif-Resistant TB (RR-TB) diagnosed and initiated on treatment. Though the proportion of cases initiated on treatment this quarter looks lower than other quarter, we expect this to increase to the same levels as in previous quarters once treatment initiation information, particularly those diagnosed towards the last two weeks of the quarter, is updated (data is closed on 4th of a given month to allow adequate time for reporting by the 15th of the subsequent month). It might be more useful to report the treatment initiation information with a gap of one quarter, so that more complete information is reported.
Apr-Jun 2015	41	35 (85%)	
Jul-Sep 2015	31	28 (90%)	
Oct-Dec 2015	41	29 (71%)	
Total 2015	134	110 (82%)	

Sub-objective 3. Patient-centered care and treatment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status		Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015	Milestone met? (Met, partially, not met)	
Engage private facilities to provide free HIV screening test to TB patients (PATH)	3.1.1	24 facilities	24 facilities	24 facilities	24 facilities	24 facilities were identified and process for engaging facilities was initiated.	N/A	Initial communication with 24 identified facilities was started. CTB team has held discussions regarding legal contract between facilities and PATH for reimbursement process. Expected to start in next quarter
Reimburse the cost of Rapid Diagnostic Test (RDT) to the facilities on a monthly basis (PATH)	3.1.2					The activity is linked with the facility engagement which is expected to be on board by next quarter.	N/A	Facilities are yet be subcontracted and all the activities are expected to begin in the next quarter by mid-February
Establish MIS systems in private hospitals as per Maharashtra District AIDS Control Society (MDACS) guidelines (PATH)	3.1.3					Assessment plan prepared	Not met	Collaborative meeting with MDACS was conducted to identify data flow, data sources, and requirement for additional tools to capture data. Awaiting approval and sharing of Management Information System (MIS) guidelines from MDACS.

Capacity building of providers on TB - HIV screening Guidelines (PATH)	3.1.4	Number of trainings conducted-2	Number of trainings conducted-2			Collaborative talks with MDACS for preparation of training calendar was completed	Not met	Training calendar has been prepared and trainings would be conducted in next quarter.
Establish appropriate counseling and referral services at engaged private hospitals (PATH)	3.2.6					Job descriptions for the link worker was prepared and selection process was finalized	N/A	On-boarding of the Link worker will be conducted in the next quarter.
Establish monitoring mechanisms to track program development (PATH)	3.2.7	3 visits per facility per quarter 1 Review meeting organized	3 visits per facility per quarter 1 Review meeting organized	3 visits per facility per quarter 1 Review meeting organized	3 visits per facility per quarter 1 Review meeting organized	One visit to the facilities completed for initial communication with the private facilities to assess patient screening process Facilities are yet to be engaged.	Partially met	In this quarter only one visit to each of the facilities was conducted as a part of preparation and initial communication with the doctors. The second visit was lined up for signing the contract with the listed facilities and third visit after the contract is signed. This activity will be conducted in the second quarter. PATH's approval came in the mid-November 2015 which led to delay of activities in the first quarter. Efforts will be made to achieve these activities in the next quarter. The review meetings will be conducted once the HIV screening is rolled out in all the 24 listed facilities.
PMDT quarterly review meetings & introduction TA on Bedaquiline (BDQ) from KNCV (The Union & KNCV)	3.2.1		TA Mission by KNCV		TA Mission by KNCV	Not yet due for implementation during this reporting period	N/A	
Training for the BDQ initiative (The Union)	3.2.2		2 Training on BDQ roll-out completed			Not yet due for implementation during this reporting period	N/A	

Sub-objective 7. Political commitment and leadership								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Organise a National Summit for Call to Action for TB-Free India with celebrity and media engagement	7.2.1		National summit organized			Planned for next quarter – around World TB Day in March 2016. A date has been sought from the MoH and the Union Health Minister Shri Nadda and Mr Amitabh Bachchan, National TB Ambassador on their availability as the presence of these dignitaries is of essence.	Not met	
Organise Civil Society/ Corporate/ Private Health Sector and Research & Academia Consultations and meetings	7.2.2	Consultancy /agreements in place with individuals /organizations				CTB organized consultations and events involving all four sectors to sensitize stakeholders on TB. <ul style="list-style-type: none"> Research & Academia: A Letter of Intent was signed with the Indian Institute of Health Management and Research (IIHMR) on 15 December 2015 to encourage more research on TB amongst students and staff through lecture sessions and student papers. Civil Society: Indian Association of Parliamentarians for Population and Development (IAPPD) sensitized its member parliamentarians on TB care and prevention and requested them to take action by talking about TB issues in their parties/ constituencies and asking more parliamentary questions and investing their 	Met	The corporate consultation held on 5 November 2015 in New Delhi was attended by 6 pharmaceutical companies, 8 public sector undertakings (PSUs), and 19 other corporates. Suggestions and comments from some of the participants, in response to the appeal by the Ministry of Health to partner with them, are summarised below: <ul style="list-style-type: none"> PSU's from the oil ministry proposed to pool resources and implement a consolidated intervention in their respective sites/ factories. Through this intervention, a very large workforce could be reached. Eicher proposed interventions in Indore city of Madhya Pradesh State, with a population of nearly 2 million people to achieve a "TB-Free Indore". Eli-Lilly will consider adopting prisons and supporting interventions to make them TB-

					<p>local area funds for TB. 14 parliamentarians and one legislator attended the event held on 21 December in New Delhi. Reported in more detail as a success story (section #4)</p> <ul style="list-style-type: none"> • Private health sector: Medanta the Medicity announced its partnership with USAID and The Union and Government of Haryana and launched Mission TB Free Haryana (Corporate / Private Health Sector) on 20 November 2015 in Gurgaon, Haryana. Reported in more detail as a success story (section #4) • Corporate sector: Consultation meeting held with Corporate and Industries targeting pharmaceuticals, large public sector undertakings (PSUs), transport and construction sectors that employ high risk/vulnerable populations. 33 corporates were represented at this event held on 5 November 2015 in New Delhi. • CTB successfully advocated with the Federation of Indian Chambers of Commerce and Industry (FICCI), an apex association of business organizations in India, to include discussion on TB during the FICCI Summit and Awards event on 24 November 2015. CTB was invited as a panelist to speak on the issue of TB in India and how 	<p>free.</p> <ul style="list-style-type: none"> • Other PSUs (Indian Oil Corporation, Oil & Natural Gas Corporation, and Gas Authority of India Ltd.) offered to incorporate TB messaging in their corporate communications. • Johnson & Johnson proposed to take forward its initiative: "TB-Free Chennai" a city of 8.6 million people. • Lupin shared its scale-up strategy in Mumbai with the Brihanmumbai Municipal Corporation and proposed making available physicians/ doctors for counselling in Mumbai. • Transport Corporation of India (TCI) suggested a 'Health passport for TB' for truckers & transport workers. • Coal India proposed awareness building and screening of employees for TB. - • Delhi Metro proposed to help in dissemination of TB-related messages through available platforms in the Delhi metro. The rail network is used by an estimated 3 million passengers per day. <p>CTB Team is following up to ensure that these welcome commitments will be translated into action in the coming quarters.</p>
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						corporate India could complement the government's efforts through corporate social responsibility (CSR). Subcontract with Samhita Social Ventures signed. They will help with corporate outreach and in development of a corporate engagement strategy.		
TB-Free India Campaign conceptualized , materials developed and campaign launched in Media	7.2.3	APW for partnership models done	Materials for TB-Free India developed and the campaign launched	The materials disseminated to the State level and cascade model initiated through other USAID partners		CTB awarded the APW to Edelman India to advocate with media for increased visibility and reporting on TB, to highlight voices of champions and patient advocates and showcase efforts of CTB in engaging other stakeholders. Advocacy materials developed for each stakeholder group (fliers for corporate/ private health sector/ parliamentarians/research & academia). In addition, project brief and standees on the Call to Action which are used in all events have been developed. Twitter handle @forTBfreeIndia launched for increasing visibility of TB and issues on social media.	Partially met	Two APWs with creative and digital agencies are under financial and legal negotiations and will be signed in Q2. 150 tweets have been sent to date with 97 followers in this quarter. @forTBFreeIndia has achieved major success by being mentioned in tweets by Amitabh Bachchan, TATA trusts, US Ambassador, USAID, Medanta and Influencers and journalists.
TB Champions/ advocates trained and empowered and represent campaign in Media, Summits and Consultations.	7.2.4	APW for trainers of TB champions/ advocates done	Training of TB champions/ advocates completed at National Level	Training of TB champions/ advocates completed in selected state level	Continued mentoring of the trained TB champions/ advocates.		Met	Former TB patients are provided important speaking roles in most of the events conducted. TB activist and patient advocate, Ms Blessina Kumar has been awarded the task of training TB Champions. A list of potential champions comprising of health professionals, corporate leaders, patient advocates, media personalities and sports icon, has been prepared. The identified persons are being

								approached for their TB advocacy role.
Developing Knowledge products for advocacy on thematic areas and documenting project processes/ successes and sharing of the project story at National/ international conference/forum	7.2.5				All reports, white papers and knowledge products done.	Not due for implementation during this reporting period	N/A	

Sub-objective 8. Comprehensive partnerships and informed community involvement

Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Steering committee and Action groups for TB-Free India Formed	8.1.1	Consultative meeting for deliberation on formation of groups	Steering committee and action groups formed	Consultative meetings of steering committee and action groups			Not met	Proposed terms of reference (TOR) for the steering committee was shared with the MOHFW in June 2015, and followed up in our regular meetings with the Central TB Division. Given the slow progress, one of the ideas being explored is to establish a TB Coalition on the lines of other public health alliances. This may be hosted outside the Ministry of Health & Family Welfare (MoHFW) and could have representatives from the MoHFW, development partners, technical agencies, corporate leaders, private health sector, media, civil society and other experts and fulfill the function of the steering committee. CTB is exploring the advantages and disadvantages of this alternative.

4 Meetings with Central and State Ministry of Health and concerned Departments	8.1.2		Meeting for formation of the central and state ministry groups	Consultative meetings of all concerned departments held.		Suggest deleting this row – this was initially planned but omitted during the Y2 workplan review process. It was agreed for CTB to focus on national level activities with state level interactions and events left for another project (local USAID partner for Call to Action) to pursue	N/A	
Partnership with corporates, civil society and Private health sector associations formalized and implementing a model of engagement	8.1.3		MoU finalised for partnerships in all 4 sectors	Consultative meetings within the formed associations.		Not due for implementation during this reporting period	N/A	

Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status	Milestone met? (Met, partially, not met)	Remarks (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct-Dec 2015		
Technical supervision, meetings/ visits for meetings with partners and stakeholders (The Union)	11.1.1	At least 15 meetings per quarter	At least 15 meetings per quarter	At least 15 meetings per quarter	At least 15 meetings per quarter	More than 15 meetings held	Met	
Training of project staff (project link workers) on counselling patients (PATH)	11.1.2	No. of training sessions conducted - 2	No. of training sessions conducted - 1				Not met	Will be conducted next quarter

3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (i.e., TB NFM - MoH)	Average Rating	Current Rating	Total Approved Amount	Total Disbursed to Date	Total expensed (if available)
Providing universal access to DR-TB control and strengthening civil society involvement- 2011 -World Vision India	B1	A2	\$12.7 million	\$7.3 million	
Providing universal access to DR-TB control and strengthening civil society involvement- 2011- The Union	A2	A1	\$51.8 million	\$31.6 million	
Consolidating and scaling up the revised national tuberculosis control program (RNTCP) – 2011-Central TB Division	B1	B1	\$282.9 million	\$282.9 million	

Source: Aidspace website, <http://www.aidspace.org/country/108> accessed on 18 January 2016.

In-country Global Fund status - key updates, current conditions, challenges and bottlenecks

India has submitted a joint TB-HIV concept note for funding under the Global Fund's New Funding Model to cover the period from October 2015 to December 2017. It has already been approved and the grant was signed during this quarter.

Challenge TB is collaborating with the Principal Recipients (The Union and World Vision) and Sub-Recipients of the TB grant in relation to civil society response and actions for a TB-Free India.

Challenge TB & Global Fund - Challenge TB involvement in GF support/implementation, any actions taken during this reporting period

The Union is one of the Principal Recipients (PR) for the Global Fund TB grants in India, and CTB is in regular contact with the Global Fund country team. CTB will identify opportunities for collaboration when the Global Fund's New Funding Model becomes operational in the next quarter.

4. Success Stories – Planning and Development

Planned success story title:	Mission TB- Free Haryana – a shining example of private-public partnerships
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	2.1. Access to quality TB diagnosis ensured
Brief description of story idea:	<p>Challenge TB helped organize the launch of Mission TB-Free Haryana by <i>Medanta the Medicity</i>, a large corporate sector multi-specialty hospital. Dr Naresh Trehan, eminent cardiac surgeon who is also the Chairman and Managing Director of Medanta emerged as a champion taking the lead to provide access to X-ray services through the launch of two mobile vans equipped with digital X-ray machines and requisite staff (pulmonologist, nurse and X-ray technician). The mobile vans will visit the government’s peripheral health centres where x-ray facilities are not available, to further evaluate presumptive sputum-smear negative TB cases identified at these facilities. Prior to this intervention, sputum smear-negative cases may have been missed due to lack of access to a chest X Ray. This initiative provides X-ray services to patients close to their homes and is expected to increase overall case detection and notification by the RNTCP program in the State. .</p> <p>This partnership was the result of CTB’s corporate outreach done at Mumbai – The Mumbai Dialogue Towards a TB Free India- held on September 10, 2015 in which US Ambassador Mr Richard Verma, Mr Amitabh Bachchan, Mr Ratan Tata and the DGHS, Dr Jagdish Prasad appealed to corporate companies to join the Call to action for a TB-Free India. Dr Trehan attended the Mumbai Dialogue and showcased a mobile van pilot that had been initiated in one district of Haryana for diagnosing sputum-smear negative TB cases. After the dialogue, CTB, US-CDC and USAID met with Dr Trehan to develop a technical proposal for scaling up of this model for expansion to additional districts and including more sensitive and rapid diagnostic tools, such as the GeneXpert. Dr Trehan has announced that he would expand this pilot through a partnership with the USAID, The Union and The State Government of Haryana and corporate companies by launching it in five districts this year and eventually scaling it up to all districts of the state covering a population of 25 million people over the next 5 years. He has also been successful in getting corporate companies to pool resources to strengthen this initiative with Phillips and Oriental Bank of Commerce donating the digital X ray machines and the vehicles for this initiative.</p> <p>On November 20, 2015, two ‘TB- free Haryana Vans’ equipped with chest X-ray machines and other diagnostic facilities were flagged off by Shri Manohar Lal Khattar, Haryana Chief Minister; Shri Amitabh Bachchan, noted Bollywood actor; Shri Richard Verma, US Ambassador to India; Shri Rao Narbir Singh, Minister of State, Haryana; Dr. Naresh Trehan; and Shri Anshu Prakash, Joint Secretary, Ministry of Health and Family Welfare.</p> <p>CTB successfully brought together the stakeholders from different sectors, including the Government, Media, Private Health sector and International NGOs for the launch of Mission TB-Free Haryana. This is an important step towards achieving the goal of TB-Free India. The partnership was covered widely in the media generating 200 articles with a national reach. CTB also facilitated meetings of Medanta with Cepheid and the Clinton Health Access Initiative (CHAI) to discuss possibilities for procuring the GeneXpert platforms at a negotiated price for high-burden countries.</p>
Status update:	Phase 1 of the initiative is currently being implemented in the 5 districts of Haryana. CTB will continue to provide technical support to Medanta the Medicity.

Planned success story title:	Parliamentarians for TB- Free India
Sub-objective of story:	7. Political commitment and leadership
Intervention area of story:	7.2. In-country political commitment strengthened
Brief description of story idea:	<p>In order to target policy measures on TB care and prevention and bring TB to the attention of the highest policy makers, Members of Parliament (MPs) who are a part of the Rajya Sabha (the Upper House), the Challenge TB team partnered with Indian Association of Parliamentarians on Population and Development (IAPPD). The partnership is expected to promote and facilitate the role of parliamentarians, legislators and Panchayati Raj Institutions in addressing health and development issues. So far, the focus of IAPPD has been on population issues, including mostly HIV. The focus has excluded TB.</p> <p>The CTB team engaged with Mr Manmohan Sharma, Secretary IAPPD and talked about the increased TB burden in India and emergence of drug-resistant TB requiring the highest level of political commitment to address the challenges of TB prevention and care. CTB sought support from the IAPPD to sensitize MPs on TB so that they could advocate amongst party leaders and policy makers, monitor TB interventions in their constituencies, demand increased resource allocation for TB, raise questions on TB- related issues in the parliament, demand accountability from the RNTCP, and invest their Local Area Development (LAD) and SAGY (Saansad Adarsh Gram Yojana) Funds on TB prevention and care.</p> <p>On December 21, 2015, a meeting for the MPs was organized to reach out to them during the Winter Session of the Parliament to drive political, administrative and technical solutions to address specific barriers affecting TB prevention and care in India. At this meeting, Dr P J Kurien, Chairperson IAPPD, Smt Viplove Thakur, Vice-Chair, Manmohan Sharma, Secretary IAPPD, DDG-TB, Dr Sunil Khaparde and the CTB team sensitized MPs across the party lines on the alarming TB situation in the country and the urgent need for action. Thirteen MPs and one state legislator attended the meeting. The media reported this event extensively with 40 articles.</p>
Status update:	<p>Prominent MPs across the party lines, Anurag Thakur from BJP, Majid Memon from Congress and Baishnab Parida from BJP spoke about taking the commitments forward in their constituencies. This was reflected in the local / regional media in their native states. There were 40 news articles highlighting the MPs commitment towards TB-Free India. Challenge TB proposes further work and follow up with the IAPPD to ensure these commitments will be implemented.</p>

Planned success story title:	Timely Diagnosis and Treatment Initiation for MDR patient
Sub-objective of story:	2. Comprehensive, high quality diagnostics
Intervention area of story:	2.1. Access to quality TB diagnosis ensured
Brief description of story idea:	<p>A nine year old girl, the daughter of an auto-rickshaw driver, suffered with symptoms of cough, cold and fever. The father took his child to a nearby private practitioner, who prescribed a 15-day antibiotic course to the child; however, the condition of the child worsened. As the girl's mother had a history of TB and had been on medication for 8 months, the doctor suspected pulmonary TB for the child and on the basis of chest X-ray started her on anti-TB treatment. Nothing worked for the child, and her condition was deteriorating day by day. The girl was admitted to Institute of Child Health, a facility linked with a GeneXpert laboratory in Kolkata under the CTB project. Doctors from the hospital sent her sample for Xpert diagnosis and the girl was diagnosed with rifampicin-resistant TB. Immediately, the child was referred to a DOTS centre where after pre- treatment evaluation, she started second-line anti-TB treatment. She developed side effects with initiation of the treatment. The child was admitted in the hospital for close supervision and discharged after she started responding to treatment.</p> <p>Now the child is doing fine. She is taking her medicines regularly, with no side effects reported. She visits the hospital for regular follow up and has gained weight and resumed her school. She and her father are very thankful to the team at Kolkata, who has guided them during diagnosis,</p>

	treatment initiation and follow-up time.
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Status update: Will continue to monitor the story and revise.

5. Quarterly reporting on key mandatory indicators

Table 5.1 MDR-TB cases detected and initiating second line treatment in country (national data)

Quarter	Number of MDR-TB cases detected	Number of MDR-TB cases put on treatment	Comments:
Total 2010	2967	2178	CTB's formal request to the RNTCP to provide quarterly data on MDR-TB was declined in the absence of a MoU for data sharing with CTB. As advised, we will report on the data that is published in the annual report by RNTCP (usually in March for the previous year).
Total 2011	4221	3384	
Total 2012	17253	14059	
Total 2013	23289	20763	
Total 2014	25652	24073	
Jan-Mar 2015			
Apr-Jun 2015			
Jul-Sep 2015			
Oct-Dec 2015			
Total 2015			

Table 5. 2 Number and percent of cases notified by setting (i.e. private sector, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach (CI/ACF/ICF)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas	TB cases (all forms) notified per CTB geographic area <i>(List each CTB area below - i.e. Province name)</i>						
	Delhi, Hyderabad, Chennai and Kolkata (only for Xpert pilot for children)						
	TB cases (all forms) notified for all CTB areas						
	All TB cases (all forms) notified nationwide (denominator)						
% of national cases notified in CTB geographic areas							
Intervention (setting/population/approach)							
Children (0-14)	CTB geographic focus for this intervention	Delhi, Hyderabad, Chennai and Kolkata					
	TB cases (all forms) notified from this intervention	396					
	All TB cases notified in this CTB area (denominator)						
	% of cases notified from this intervention						
Reported by private providers (i.e. non-governmental facilities)	CTB geographic focus for this intervention	0					The HIV test screener activities will begin the next quarter
	TB cases (all forms) notified from this intervention	0					
	All TB cases notified in this CTB area (denominator)	0					
	% of cases notified from this intervention	0					

6. Challenge TB-supported international visits (technical and management-related trips)

#	Partner	Name of consultant	Planned quarter				Specific mission objectives	Status (cancelled, pending, completed)	Dates completed
			Q1	Q2	Q3	Q4			
1	UNION	The Union staff-London-1, Paris-1, Jose,,6 int expert-US & Europe		X			10 international participants for the National Call to Action summit	Pending	
2	UNION	2 Tibetan doctors	X				MDR-TB training at Bangkok for 2 Tibetan doctors	Pending	
3	UNION	Amitabh Bachchan and Ratan Tata	X				Mr Bachchan or Mr Tata will be invited to attend the 2015 (South Africa) Union World Lung Conference	Cancelled	
4	UNION	Country Directors meetings at The Hague			X		Challenge TB country directors Meeting travel-3 travels	Pending	
5	UNION	WLC Travel- Year 2015 and 2016	X				4 participants each for the 2015 WLC from CTB team, RNTCP, MoH, other TB champions	Complete	1-6 th Dec 2015
6	UNION	International travel for other international conferences/courses			X		To attend other trainings or conferences (e.g, PMDT, Communications etc)	Pending	
7	PATH	International Travel by Dr. Lal	X				2 travels for technical assistance from PATH HQ office	Pending	
8	KNCV	D'Arcy Richardson				X	Field visit to India	Pending	
9	KNCV	Agnes Gebhard		X			2 STTA missions for BDQ access program	Pending	
10	KNCV	D'Arcy Richardson & Maarten van Cleef		X			Two KNCV participants for the Call to Action Summit	Pending	
11	KNCV	D'Arcy Richardson	X				TA for development of campaign strategy	Pending	
Total number of visits conducted (cumulative for fiscal year)							4		
Total number of visits planned in approved work plan							30		
Percent of planned international consultant visits conducted							13%		

7. Quarterly Indicator Reporting

Sub-objective:	2. Comprehensive, high quality diagnostics				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
2.1.2. A current national TB laboratory operational plan exists and is used to prioritize, plan and implement interventions.	none	Annually	2 (Lab operational plan available)	Not Applicable (CTB is not working on this area)	Measured annually
2.2.6. Number and percent of TB reference laboratories (national and intermediate) within the country implementing a TB-specific quality improvement program i.e. Laboratory Quality Management System	None	Annually	100% (33/33) per RNTCP LQMS. National LQMS does not involve use of GLI/SLMTA scoring system. There are 6 NRLs and 27 NRLs. Lab quality control guide line is available at http://tbcindia.nic.in/pdfs/RNTCP%20Lab%20Network%2	Not Applicable	Measured annually

Sub-objective:	2. Comprehensive, high quality diagnostics				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
(LQMS).			OGuidelines.pdf		
2.2.7. Number of GLI-approved TB microscopy network standards met	None	Annually	Not Applicable (RNTCP has its own certification)	Not Applicable	Measured annually
2.3.1. Percent of bacteriologically confirmed TB cases who are tested for drug resistance with a recorded result.	None	Annually	34% (248341/724422) in 2013* Numerator: Cases tested for RR/MDR-TB = 248,341 Denominator: Pulmonary, bacteriologically confirmed TB cases = 724,422 (621762 among new + 102 660 among relapse cases) *Source: WHO Global TB report 2014	Not Applicable (No target set by RNTCP)	Measured annually
2.4.3. MTB positivity rate of Xpert test results (among paediatric presumptive TB case in FIND project sites)	None	Quarterly	8%	8%	7.6%
2.4.4. Rifampicin resistance rate of Xpert test results (among paediatric presumptive TB case in FIND project sites)	None	Quarterly	9%	8%	10.4%
2.4.5. % unsuccessful Xpert tests (among paediatric presumptive TB case in FIND project sites)	None	Quarterly	1.20%	1.00%	0.1%
2.4.6. #/% of new TB cases diagnosed using GeneXpert (among paediatric presumptive TB case in FIND project sites)	None	Annually	0 (will be available in Oct 2015)	3500	397/5184 (7.6%) in Oct
2.4.8. INDIA SPECIFIC: % of TB patients diagnosed using GeneXpert residing within project area, initiated on treatment	None	Quarterly	0 (will be available Oct 2015)	85%	70.5% (279/396)
2.4.10. INDIA SPECIFIC: # of referring health facilities linked per diagnostic centre	None	Quarterly	216	500	349
2.6.1. Average turnaround time from specimen collection/submission to delivery of result to the patient (stratified by microscopy, Xpert, culture, DST)	None	Quarterly	3 days	1 Days	1 day
2.6.2. % of laboratory results disseminated via m-health or e-health systems to the provider	None	Quarterly	100% in existing project sites	100%	99.3%

Sub-objective:	3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
3.1.1. Number and percent of cases notified by setting (i.e. private sector, pharmacies, prisons, etc.) and/or population (i.e. gender, children, miners, urban slums, etc.) and/or case finding approach	Sector	Quarterly and Annually	<p>National level(Annually): Total TB cases notified in 2014: 1,443,942</p> <ul style="list-style-type: none"> • Of total, cases notified by private sector = 106,414 (7%) • Of total, cases notified by public sector outside of RNTCP=9,900 (0.7%) <p>Number (%) of pediatric cases out of all new cases = 72,307 (6%)</p> <p>Source: RNTCP annual report 2015</p> <p>PATH project sites: 1486 (July-Sept 2015)</p>	<p>National Level (Annually): 1,650,000 (RNTCP NSP target)</p> <p>PATH project sites: By gender: Male=770 Female= 830</p> <p>By Age: 5-9 years=15 10-15 years=97 15-19 years=130 20 and above=1358</p> <p>HIV status: HIV positive=82 HIV negative=1518</p>	0
3.1.4. Number of MDR-TB cases detected	None	Quarterly and Annually	<p>National level(Annually): Total no. of MDR-TB cases detected in 2014= 24073. Source: Annual report RNTCP 2015 (Note: information on bacteriologically diagnosis is not available)</p> <p>PATH project sites: 329 (July-Sept 2015)</p>	<p>National Level (Annually): Not Available(NSP targets only for cases tested and initiated on treatment)</p> <p>PATH project sites: 160</p>	<p>National Level (Annual) Measured annually</p> <p>PATH project sites (Quarterly) 0</p>
3.1.5. #/% health facilities implementing intensified case finding (i.e. using SOPs)	Private Health care Facility	Annually	Not Available	24	Measured annually PATH project sites: 0
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons, etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).	None	Annually	<p>National level(Annually): No. TB cases successfully treated (all form) = 1084185 (88.3%); Source: RNTCP annual report 2015.</p> <p>PATH project sites: 5476 (Sept 2014-May 2015)</p>	<p>National level(Annually): 88% (RNTCP NSP target)</p> <p>PATH project sites : 565</p>	<p>National level(Annual) measured annually</p> <p>PATH project sites: 0</p>
3.2.4. Number of MDR-TB cases initiating second-line treatment	None	Quarterly and Annually	<p>National level(Annually): Total No. of MDR-TB</p>	<p>National level(Annually): 30,000 (RNTCP NSP</p>	<p>National level(Annual) Measured Annually</p>

Sub-objective:	3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
			cases initiated treatment in 2014= 24073. Source: RNTCP annual report 2015. PATH project sites: 206	target) PATH project sites : 112	PATH project sites: 0
3.2.7. Number and percent of MDR-TB cases successfully treated	None	Annually	3486/7289 (48%) Source: RNTCP annual report 2015.	55% (RNTCP NSP target)	Measured Annually
3.2.5. # health facilities w/ PMDT services	None	Annually	127. Source: RNTCP Annual Report 2015	NA	Measured Annually
3.2.35 INDIA SPECIFIC: # of sites offering BDQ to DR TB Patients	None	Quarterly	0	6	Not Available

Sub-objective:	5. Infection control				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
5.2.3. Number and % of health care workers diagnosed with TB	None	Annually	Data Not Available	Not Available	Measured Annually

Sub-objective:	6. Management of latent TB infection				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
6.1.11. Number of children under the age of 5 years who initiate IPT	None	Annually	Data Not Available	Not Available	Measured Annually

Sub-objective:	7. Political commitment and leadership				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (Oct-Dec 2014)	End of year target	Results to date
7.2.3. % of activity budget covered by private sector cost share, by specific activity	None	Annually	Not applicable	25% of cost for TV commercials (Media celebrity appears for TB-Free India TV commercials on pro-bono basis)	Not Applicable
7.2.8. INDIA SPECIFIC: % of planned organizations represented in the project steering committee (at least 1 each from donor, private sector, civil society, technical agencies, professional associations)	Sector	Annually	0	60%	Not applicable
7.2.9. INDIA SPECIFIC: # media events/stories covering the campaign and the Call to Action Summit	by medium (TV/Print/online)	Quarterly	0 (NIL)	250	Total: 405 (electronic:2 Magazine:2; Online:25 (Oct-Dec 2015=240)

Sub-objective:	7. Political commitment and leadership				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (Oct-Dec 2014)	End of year target	Results to date
7.2.10. INDIA SPECIFIC: # of content/ materials developed and disseminated with Challenge TB support that are in line with the campaign strategy	by type (TVC/PrintAd/AV/websites/social media/knowledge products)	Quarterly	0 (NIL)	10	Total:10 (Oct-Dec 2015)
7.2.11. INDIA SPECIFIC: % of Call to Action Summit invitees who attend the summit		Annually	0 (NIL)	75%	Not Applicable

Sub-objective:	8. Comprehensive partnerships and informed community involvement				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
8.1.3. Status of National Stop TB Partnership	None	Annually	0= No National Stop TB Partnership exists	Steering Committee for TB-Free India formed	Not formed
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	None	Annually		NA	Measured Annually
8.2.1. Global Fund grant rating	None	Annually	B1	B1	Measured Annually

Sub-objective:	9. Drug and commodity management systems				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
9.1.1. Number of stock outs of anti-TB drugs, by type (first and second line) and level (ex, national, provincial, district)		Annually	Data not available (not published in RNTCP reports)	No media report of drug stock outs	Measured Annually

Sub-objective:	10. Quality data, surveillance and M&E				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
10.1.4. Status of electronic recording and reporting system	None	Annually	Indicator value=3, In India it is known as 'Nikshay'. Source: RNTCP annual report 2015	Indicator value=3	Measured Annually
10.2.6. % of operations research project funding provided to local partner (provide % for each OR project)	None	Annually	0 (no OR funding provided to local partners)	Not Applicable (not planned)	Measured Annually
10.2.7. Operational research findings are used to change policy or practices (ex, change	None	Annually	Not Applicable (no OR done)	Not Applicable (not planned)	Measured Annually

Sub-objective:	10. Quality data, surveillance and M&E				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
guidelines or implementation approach)					
10.2.1. Standards and benchmarks to certify surveillance systems and vital registration for direct measurement of TB burden have been implemented	None	Annually	No (RNTCP has no plans for certification of surveillance system)	No (RNTCP has no plans for certification of surveillance system)	Measured Annually

Sub-objective:	11. Human resource development				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date
11.1.3. # of healthcare workers trained, by gender and technical area	None	Annually	NA	20	0
11.1.5. % of USAID TB funding directed to local partners	None	Annually	0	22% of total obligated budget in year 2 (for media agencies)	In process

