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CHALLENGE > **TB**

Challenge TB - India

Year 2

Quarterly Monitoring Report

January-March 2016

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**CALL TO ACTION
FOR A TB-FREE INDIA**

I had TB. I defeated it.
I believe, we all have
a role to play to make
India TB Free.

#IndiaVsTB **TB Harega. Desh Jeetega.**

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Cover photo: Call to Action launches social media campaign featuring messages by well-known actor Mr Amitabh Bachchan as a TB survivor. (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	January- March 2016

Most significant achievements:

Call to Action for a TB-Free India

The Union 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 launching a radio and social media campaign featuring Mr Amitabh Bachchan, a Bollywood star and TB survivor and raising corporate commitments from five big industry/ business houses for a TB Free India.

- Shri Amitabh Bachchan lent his voice to the radio campaign by sharing his personal story as a TB survivor and giving messages on recognising symptoms, completing treatment to prevent drug-resistant TB, and urging stakeholders to join the TB-Free India campaign. The campaign was conceptualized by The Union-Challenge TB team and Mr Bachchan provided his services *pro bono*. The radio messages are playing nationally across India on Radio Mirchi, Radio City, Radio One, Fever, AIR FM Gold and AIR Rainbow through the first week of April. The Government of India spent 350,000 US dollars to promote this campaign in March- April 2016 and plans to take this further. The messages have also been played by community radio channels. The total leveraged value for Mr. Bachchan's time and airing is estimated to be approximately 1 million US dollars.
- A Facebook page for TB Free India was also launched on World TB Day - <https://www.facebook.com/ForTBFreeIndia>. By 17 April, 2016, the page has attracted 337 likes.
- Five corporate houses - National Thermal Power Corporation, DLF Foundation, TCI Foundation, Jubilant Bhartia and Johnson & Johnson announced their commitment to implement workplace interventions and support TB prevention and care efforts as a part of their corporate social responsibility (CSR) initiatives. They will be implementing programmes targeting miners, prisoners, truck drivers, migrant workers, urban slum dwellers, construction workers and rural communities, committing resources worth an estimated 3 million US dollars.
- Both the media campaign and the corporate commitment were announced at the World TB Day event by the Ministry of Health and Family Welfare in the presence of the Minister of Health and Family Welfare, Shri J P Nadda. At the event, the Minister also launched several new initiatives under the Revised National TB Control Program. These included expanding drug-resistant TB diagnostics (500 CBNAAT machines), launch of Bedaquiline and third line antiretroviral treatment (ART) regimens for people living with HIV.

Improving the diagnosis of children with TB (FIND)

CTB is supporting a project offering upfront access to Xpert MTB/Rif (Xpert) testing for the diagnosis of paediatric TB with FIND as the implementing partner. Following the success of the initial project in four cities, it is being expanded to five additional cities in APA2. The project reports:

- A 35% increase in enrolment of children with TB symptoms from the previous quarter was noted, i.e. 7,040 children tested from Jan-March, 2016, up from 5,184 tested in Oct-Dec, 2015.

- Of the total children presumptive for TB, 7.9% (556/7040) were diagnosed with TB, of which 9% (50) were found to be rifampicin resistant. It may be noted that while there was a 35% increase in the children enrolled under the project, there was no decline in the positivity. The TB positivity in Q1, 2016 was 7.9% vs. 7.6% in Q4, 2015.
- 59.2% of 7,753 specimens tested were non-sputum specimens. Of these 42.8% were gastric aspirate/lavage, 5.5% cerebrospinal fluid, 3.5% pleural fluid, 2.4% broncho-alveolar lavage and 1.6% pus specimens.
- Treatment was initiated in more than 75% (379/506) TB cases (first line treatment) and 76% (38/50) RR- TB cases (second line treatment as per national guidelines, along with referral for C/DST).

HIV screening and referral of patients diagnosed with TB in the private sector in Mumbai

PATH is the implementing partner under Challenge TB for this work, which builds on other private sector work being funded by the Bill and Melinda Gates Foundation. It focuses on providing universal access to HIV counseling and testing for TB patients diagnosed in the private sector, an identified programmatic gap.

- Fifty five private laboratory technicians (20M, 35F) were trained on National AIDS Control Organization (NACO) guidelines for laboratory technicians on 1-2 March and 8-9 March 2016 in Mumbai at training sessions organized by PATH with technical support from the national reference laboratory (NRL) and Mumbai District AIDS Control Society (MDACS). Participants got an overview of HIV/AIDS and risk of HIV infection in TB patients, sequential testing methods and importance of screening, counselling and referral to the public sector for confirmation, along with stock and record keeping. The laboratory technicians were also exposed to the Management Information System (MIS) to be maintained and shared which will help to achieve the Challenge TB (CTB) outcome of linkages from private to public sector for confirmation and treatment of people with TB and HIV.
- The second important achievement was linkages and collaboration with the 26 Integrated Counselling and Testing Centers (ICTC) staff from 18 ICTCs across Mumbai, which ensures smooth referral and testing of the patients screened in private hospitals and is essential to PATH's ability to successfully achieve its targets and deliverables as it will allow for long term engagement/interaction.. as the model of CTB in Mumbai includes linking the patient from the private sector to the public sector, it is essential to have a formal relationship with the local government authorities to complete the movement of the patient for testing and treatment. This review meeting was presided over by the Joint Director (JD) and Additional Project Director (APD) of MDACS.
- The third important achievement under this piece of the CTB project was collaboration between the private hospitals/laboratories and MDACS as per the national guidelines of NACO for private sector engagement for smooth referral and linkages of the screened patients. This has not been achieved before and will increase case notification, improved quality of patient support, and better tracking of patients.

Technical/administrative challenges and actions to overcome them:

- Plans to recruit five consultants to be seconded to the unit for Programmatic Management of Drug-resistant TB (PMDT) at the Central TB Division in Delhi are on hold in view of a government circular limiting hiring of consultants paid through foreign funds. This will be initiated if and when Central TB Division (CTD) obtains necessary approval so it remains uncertain at this time. As this is an urgent need for the program and CTB, the Union, in consultation with the PMU and BDQ core project lead, is exploring all other possibilities, including hiring the consultants at the regional/ state level or outside of CTD but with regular visits to CTD. A proposal for alternatives will be submitted to USAID for discussion by mid-May.
- The Steering Committee for the Call to Action, envisaged to be led by the Ministry of Health, is still pending. The Additional Secretary, Ministry of Health, has shown an interest in the proposed concept note. The CTB team has met with him to provide updates and will continue to problem-solve around this issue in collaboration with USAID.
- The Technical Officer and Communication Officer working on the Call to Action project resigned during the quarter, partly due to the uncertainty of project funding beyond APA2 at that time. Replacing these positions proved challenging given the short tenure of the contract. Now that the project is likely to be extended till APA3, we are more confident of replacing these positions with strong candidates in the next quarter.
- Procurement of GeneXpert through WHO is no longer feasible. Direct procurement from Cepheid will have to be undertaken by the FIND team, which will affect costs and cause time delay. FIND was given an approval from CTB regarding procurement from Cepheid in India at the quoted prices. In this regard, five Xpert

machines have already been procured and are being dispatched to three of the sites. The rest of the systems will be procured as and when remaining two sites are ready and considering the daily work load.

- PATH activities to engage with private hospitals/laboratories were delayed due to administrative issues in work plan approval. PATH has planned to accelerate screening TB patients for HIV in the next quarter to cover for the time lost in previous quarters.

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 (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Oct 2015-Mar 2016		
Operations of the rapid diagnostics (FIND)	2.4.1	All field staff for the five sites hired				Recruitment for the five new sites will be done in April 2016.	Partially met	Interviews for the new upcoming sites are planned in April 2016. This delay in the interviews was mainly because of the delay in release of funds & MOU, and also in view of challenges in procurement of GeneXpert machines.
Equipment (FIND)	2.4.2		10 GX machines procured, renovations of five labs completed			Preparatory work is underway. Main delay is on the account of challenges in procurement of GX machines as detailed above.	Partially met	Renovations of the lab are underway. We are facing challenges in the procurement of GX machines (as detailed above), for which approval from CTB has been requested. Also there is some delay from the State authorities with respect to two of the five upcoming sites. This issue has been flagged with the NTP for early resolution.
Laboratory preparatory activities including A/C, UPS and upgradation (FIND)	2.4.3	Laboratory preparatory works for 5 new sites completed				Site visits have been made to all 5 sites.	Partially met	Sites are expected to be ready by second half of April 2016. For this, procurement of ACs, UPSs and other equipments at 3/5 sites has been initiated.
Laboratory consumables, ancillary equipment, and other (FIND)	2.4.4		26,580 GX cartridges procured			Cartridges are in place at 7 of the 9 sites	Partially met	For the importation of GeneXpert equipment and Xpert MTB/Rif cartridges, FIND had been relying on the logistics support of WHO office, and all the shipments from Cepheid were being handled by WHO on compassionate basis. This arrangement was put in place as WHO is exempt from different regulatory requirements

								(import license) and taxes. During our recent discussions with WHO, they have communicated their reluctance to continue this support to FIND for its shipments. Hence we are forced to revisit our procurement strategy and FIND would procure GeneXpert equipment and cartridges directly from Cepheid India office, albeit at a subsidized price. This subsidized price (including import tax and Value Added Tax (VAT)) price per test and equipment will be higher than the amount budgeted. The additional cost burden will be addressed by procuring fewer cartridges and other supplies than originally budgeted and covering the balance cartridges from alternate sources.
Advocacy meetings / CMEs and press briefings (FIND)	2.4.5				Increase referral sites from 216 to 500	<ul style="list-style-type: none"> The number of providers and hospitals linked to the Xpert laboratories increased from 332 to 436, representing a 31% increase 12 CMEs were organised which were attended by 535 (Male 291 + Female 244). Additionally 928 providers were approached through one to one meetings. This has also resulted in 35% increase in referrals during this reporting period as compared to previous quarter (5184 in Q4, 	Met	We are on track to meet and overshoot the year end milestone.

						15 vs. 7040 in Q1.16).		
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. More number of referring doctors were contacted 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 is increasing every quarter (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, with 	Not met	<p>Total number of suspects who were offered upfront Xpert testing under the project was 7,040. This represents a 35% increase in the number of suspects reached out to this quarter as compared to the last reporting quarter (suspects tested in Oct-Dec, 15: 5184). Despite the increase in pediatric TB suspects & advocacy efforts undertaken by the project we are still far from the target which is primarily due to delays in finalizing of year 2 MOU & fund release. We are confident that we would be able to achieve the target by the end of December, 16, approval of which has been secured from CTB PMU.</p> <ul style="list-style-type: none"> Of the 7,040 suspects tested under the project this quarter, 556 (7.9 %) were bacteriologically positive for TB. Of these, 50 (9.0%) were diagnosed with Rifampicin Resistance. It may be noted that while there was a 35% increase in the children with symptoms enrolled under the project, there was no decline in the positivity. Positivity of the sputum sample is 7.9% in Jan-March, 16 and the positivity in non-sputum samples is 7.95% in Jan-March. Of the total of 7,753 specimens tested (in Q1, 16), 59.2% (4587/7,753) were

						<p>regards to TAT for specimen transportation, diagnosis and reporting for all the sites was one day for 99%, 94% and 100% of the suspects, respectively. Overall, 92% of the test results were available & communicated to the provider within 24 hours of specimen collection</p>		<p>non-sputum specimens. Of the 4587 non-sputum specimen, there were 3,315(42.8%) gastric aspirate/lavage, 430(5.5%) cerebrospinal fluid, 277(3.5%) pleural fluid, 192 (2.4%) broncho-alveolar lavage and 124 (1.6%) pus specimens.</p> <ul style="list-style-type: none"> • Treatment was initiated in more than 75% (379/506) of TB cases and 76% (38/50) of RR- TB cases—based on treatment initiation data available so far. The proportion initiated on treatment may be higher once complete treatment initiation information, particularly those diagnosed towards the last two weeks of the quarter, is available. • With increase in overall testing of suspects, diagnostic and reporting Turn-around time (TAT) has marginally increased. Overall, 92% (as compared to 98% in Oct-Dec, 15) of the test results were available & communicated to the provider within 24 hours of collection. This is primarily due to the fact that one of the sites had reached the peak capacity of the workload. This has now been addressed by providing additional diagnostic capacity. • Issues with the CTB MOU, GeneXpert procurement, and scale-up to additional sites that delayed activities by almost two quarters have been sorted out and we
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								expect rapid increases in testing in the next two quarters, with the goal of reaching the set target by December 2016.
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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%)	
Apr-Jun 2015	41	35 (85%)	
Jul-Sep 2015	31	28 (90%)	
Oct-Dec 2015	41	31 (75%)	
Total 2015	134	110 (82%)	
Jan-Mar 2016	50	38(76%)	In this reporting quarter the number of Rif Resistant TB (RR-TB) cases detected and initiated on treatment has increased compared to the previous quarter. Moreover, the percentage of the cases initiated on treatment this quarter has increased slightly in comparison to the preceding quarter. We anticipate these numbers to further increase as soon as information on treatment initiation of the last two weeks of the quarter gets updated (given that data is closed on 4th of a given month to allow adequate time for reporting by the 15th of the subsequent month). We have also updated treatment initiation data for the previous quarters.

Sub-objective 3. Patient-centered care and treatment

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 2015-Mar 2016		
Engage private facilities to provide free HIV screening test to TB patients (PATH)	3.1.1	24 facilities	24 facilities	24 facilities	24 facilities	7 facilities	Partially met	The contracting and testing in 24 facilities has been delayed due to delay in hiring staff. Although only 7 facilities have been contracted and started HIV testing of TB patients, all the 24 facilities have been sensitized and trained for the program (CTB). HIV testing will begin immediately after the contracts are signed and facilities are

								formally engaged. All the facilities are expected to be engaged and be active by mid-April 2016.
Reimburse the cost of Rapid Diagnostic Test (RDT) to the facilities on a monthly basis (PATH)	3.1.2					41 TB patients were tested for HIV in the last 4 days of Q2. No cases were referred to the ICTCs since all the cases tested for HIV were negative. However, PATH facilitates monthly reporting to MDACS from every private facility to share the number of cases screened with disaggregation of age, sex, result and the linked ICTC	Partially met	The testing started on 28 March 2016 in a phase-wise manner, as and when the facilities were engaged. In this quarter, the activities for the last 4 are recorded. PATH plans to engage the remaining facilities and reach out to maximum number of TB patients during the next two quarters to meet the targets.
Establish MIS systems in private hospitals as per Maharashtra District AIDS Control Society (MDACS) guidelines (PATH)	3.1.3					Assessment plan was communicated to the 7 sub-contracted private facilities and MIS is established as per MDACS in these networked facilities	Met	A meeting with the MDACS officials, including the joint director and additional project director, with the counselors of 18 Integrated Counselling and Testing Centers was conducted to complete this activity. During this meeting, the mechanism of referral and data sharing with MDACS from the private facilities was established. PATH was represented by the field staff, project director, project manager and finance manager. Monthly reports following the NACO format will be sent to MDACS by all the 24 private facilities from 13 wards of Mumbai.
Capacity building of providers on TB - HIV screening Guidelines (PATH)	3.1.4	Number of trainings conducted-2	Number of trainings conducted-2			Two training sessions for the laboratory technicians were conducted at GSMC KEM hospital and the national reference laboratory (NRL) under NACO which was facilitated by MDACS. In the first training session,	Partially met	Out of the four planned training sessions in the first two quarters, two (50%) trainings have been conducted in Q2. Since Q1 (Oct-Dec 2015) mainly consisted of preparatory activities and collaboration with MDACS, no training sessions were conducted. PATH will conduct the remaining

						36 (Female: 22 and Male: 14) participants were trained. The second training session included 19 laboratory staff (Female: 13 and Male: 6) from various private laboratories in Mumbai, local NGOs, and F-ICTC of public sector. Total 55 laboratory and supporting staff (Female: 35 and Male: 20) were trained from 22 private laboratories, 5 public hospitals and 2 NGOs.		2 trainings in Q3 and 4.
Establish appropriate counseling and referral services at engaged private hospitals (PATH)	3.2.6				All link counselors in the project are recruited and trained for the linkage and referral	The counselors (3F and 3M) were allotted to respective hospitals/laboratories which included seven engaged facilities. Each counselor visited the engaged facility on a daily basis to sensitize the doctor who prescribes the test and to maintain the records at the laboratory for accurate follow up and linkages of the patient.	Met	MDACS has linked each of these seven engaged facilities to a stand-alone ICTC for smooth referral. The CTB 'link' counselors (LC) were introduced to the respective ICTC counselors. A referral system has been established: patients who test reactive on the HIV (Rapid) test at private facilities will receive a referral slip to the nearest ICTC. The 'link' counselor will seek an appointment on behalf of the patients from the counselor at the ICTC over phone. Further, the LC accompanies the patient to the center and the necessary information is passed on to the patient by the ICTC counselor. Also, the patients with the referral slips from the private sector are promised quicker testing and counseling to minimize the waiting time at the center with an aim to reduce the drop outs. In this quarter, there were no positive cases and no referrals

								were initiated. In case of patients who do not arrive at ICTC within 2 days of the referral, the LCs make telephone call to the TB patient inviting him/her to visit the center. It is believed that this sort of a system will minimize the number of people referred who do not ultimately get tested.
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	Three visits per facility were conducted during this quarter. Two visits were conducted in all 24 facilities for engaging with MDACS. And total 4 visits were conducted to the 7 sub contracted facilities for starting HIV testing services for TB patients and for sensitization of the treating doctors. One review meeting was organized during the training session with the laboratory staff of all 24 facilities.	Met	In Q2, the initial 2 visits were conducted at each of the 24 facilities to sign MoU with MDACS for the referral services and linking the patients to ICTC for confirmation of the diagnosis and initiation of treatment. During these visits, the model for testing and linkages was reinforced and the processes for testing and record keeping for reimbursements at each of the hospitals/ laboratories were explored and understood. The third and the fourth visits to the 7 sub contracted facilities included initiation of testing services and sensitization of the treating doctors through communication materials. During the review meeting various processes on testing and record keeping at the private hospitals were discussed. Based on the existing process, the model for reimbursements at the hospitals and data sharing with MDACS was decided for each hospital.
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	RNCTP has identified six sites which will implement the BDQ conditional access program (BDQ CAP) with direct donation of 600	Partially met	TA has been provided for finalization of the BDQ guidelines and training of trainers by the Union in addition to the representation on the DSM

						<p>treatment courses from Janssen Therapeutics.</p> <p>RNTCP has prepared the BDQ CAP guidelines and conducted training of trainers at the National TB Institute in Bangalore in Jan 2016. A drug safety monitoring (DSM) committee for BDQ-CAP was constituted in Feb 2016. Dr Chadha represents The Union in the DSM committee, and has contributed to the preparation of the BDQ guidelines and training in Bangalore.</p> <p>In meetings with CTD, the project has continued to offer support if needed.</p>		<p>Committee.</p> <p>Hiring of local staff and additional support for the BDQ sites has been initiated and will be completed in Q3 by the six sites. Other support from the project includes recruitment of 5 PMDT consultants to be seconded to the CTD in Delhi. Recruitment of the PMDT consultants is on hold in view of a government circular limiting hiring of consultants paid through foreign funds. Alternatives are being explored as described in the section on quarterly overview.</p>
Training for the BDQ initiative (The Union)	3.2.2		2 Training sessions on BDQ roll-out completed			<p>One training of trainers completed by RNTCP. The training was organized by the programme while Union representative was one of the facilitators for the training.</p>	Partially met	<p>Additional training was not required in Q2. RNTCP launched the BDQ initiative on 21 March 2016 and enrollments are likely to start in May/June 2016 in the 6 sites.</p>

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 (<i>reason for not meeting milestone, actions to address challenges, etc.</i>)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Jan- March 2016		
Organize a National Summit for Call to Action for TB-Free India with celebrity and media engagement	7.2.1		National summit organized				Not met	The Union proposes to convert the Summit into a Media partnership with a summit event hosted with the Media. Media partnership will be initiated in Q3 and therefore, the summit is now

								planned in Q4 of Y2.
Organize Civil Society/ Corporate/ Private Health Sector and Research & Academia Consultations and meetings	7.2.2	Consultancy /agreements in place with individuals /organizations				<p>CTB organized consultations and meetings (a total of five sessions) on TB focusing on corporate sector, civil society, private health sector, research institutions and academia, and media.</p> <p>In the corporate sector, a meeting with businesses that are likely to commit resources for CSR interventions in TB was held on 16 March 2016 with the MoH.</p> <p>CTB also organized a plenary session on TB at the NASSCOMM Foundation on CSR Leadership meetings were held on 2 February in Bangalore and 9 March 2016 in New Delhi to reach out to the IT industry. These sessions were attended by 150 participants. Disaggregated data for M/F is not available as this was organized by Nasscomm Foundation and thus data are not available.</p> <p>CTB met with 7 parliamentarians (7 male) through Center for Legislative Research and Advocacy (CLRA) and Global Coalition Against TB (GCAT) and signed a letter of intent with Indian Association of Parliamentarians for Population and Development (IAPPD).</p> <p>Private Health Sector: CTB signed the Letter of intent with AAPI (American Association of Physicians of Indian origin) to work together on improving notifications and increasing advocacy efforts for TB on 3 January 2016 during the Global</p>	Met	<p>CTB organized consultations and meetings on TB focusing on the corporate sector:</p> <p>A meeting was organized on 16 March 2016 in New Delhi with selected corporate leaders. Shri Anshu Prakash, Joint Secretary and Dr Sunil Khaparde, Deputy Director General-TB from the Ministry of Health & Family Welfare chaired the meeting, presenting the challenges and opportunities for corporations to support TB care and prevention efforts in India. 13 corporates attended the meeting. Five of them-- NTPC, Jubilant Bhartia, TCI Foundation, DLF Foundation and Johnson & Johnson-- have announced commitments and workplace/ CSR interventions for TB. These interventions will reach miners, prisoners, migrant workers, truckers, construction workers and rural and urban slum communities.</p>

					<p>Annual conference in New Delhi.</p> <p>CTB organized a TB Symposium on Call to Action showcasing PPM models – Medanta, PPIA – Patna and Apollo –Eli Lilly , Hyderabad during the Annual National Conference of TB Association of India on 20-21 February 2016.</p> <p>CTB entered into partnership with Radio Mirchi, a private FM Radio channel for raising awareness and increasing visibility of TB.</p> <p>CTB supported the reception hosted by the US Ambassador for World TB Day on 7 March 2016. This was attended by all stakeholders engaged through Call to Action, including Mr Bachchan and Dr Trehan and cured TB patients Deepti Chawan and others.</p> <p>CTB partnered with North Maharashtra University (NMU) to sensitize research and academic students on TB. NMU signed the letter of intent with CTB to launch health interventions on TB in 5 adopted villages near the university and make them TB Free.</p>		
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	<p>Radio and social media campaign conceptualized by CTB featuring Mr Bachchan was launched on World TB Day by the Minister of Health and family Welfare.</p> <p>Social media link: https://www.facebook.com/ForTBFreeIndia</p> <p>Shri Amitabh Bachchan lent his voice</p>	Partially met	<p>While the target on radio, social media and PR campaign has been met / launched, the TV campaign and the digital campaign (website/ blog) is still pending and will be done in Q3.</p> <p>Communication materials developed for the Campaign: 3 Radio Ads : 4 Facebook page : 1</p>

				USAID partners		to a radio campaign by sharing his personal story as a TB survivor and giving messages on recognizing symptoms and completing treatment to prevent drug-resistant TB. The radio messages are playing on Radio Mirchi, Radio City, Radio One, Fever, AIR FM Gold and AIR Rainbow till April first week. The messages are also being played by community radio channels as well.		The Financial Express carried an Opposite the Editorial Page (OPED) on the Call to action for a TB-Free India by Jamie Tonsing, Regional Director, The Union South East Asia office and Kavita Ayyagari, Project Director, Challenge TB-The Union. http://www.financialexpress.com/article/healthcare/happening-now/call-to-action-for-a-tb-free-india/228314/
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 .	Community voices on TB, a training and empowerment initiative, was organized to bring forward stories of survival and hope, empower cured TB patients to share their journeys, and identify issues in TB prevention and care. The meeting was jointly organised by International Union Against Tuberculosis and Lung Disease (The Union) with TB Alert, Global Coalition of TB Activists (GCTA), Partnership for TB Care and Control (PTCC) and German Leprosy Relief Association (GLRA) India. The training in New Delhi was organized on 31 st March – 1 st April and was attended by 30 cured patients (18 M , 12 F). The training and empowerment initiative will help raise community voices on TB, and improve participation of cured TB patients in advocacy forums and in media.	Met	
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.	Starting in Q2, CTB has been sharing with all stakeholders : <ul style="list-style-type: none"> Daily TB news alert with news from media on TB Month in a wrap: monthly update on Call to Action 	N/A	The Knowledge Management Officer is responsible for this dissemination - Daily TB News alerts and Month in a wrap

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 (reason for not meeting milestone, actions to address challenges, etc.)
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Year end	Jan – March 2016		
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		Proposed terms of reference (TOR) for the steering committee were shared with the MOHFW in June 2015, and followed up in our regular meetings with the Central TB Division.	Not met	The Additional Secretary, Ministry of Health has shown an interest in the proposed concept note. The CTB team has met with him and updated him. As an alternative, a Coalition for TB Free India is also being explored outside of the Government. It is anticipated that this activity could be completed by the last quarter.
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.			Not met	Another USAID project (local C2A) will focus on state level interactions and events, so this activity will be deleted from the work plan in the future.
Partnership with corporates, civil society and Private health sector associations formalized and implementing a model of engagement	8.1.3		MoU/ Letters of Intent finalised for partnerships in all 4 sectors	Consultative meetings within the formed associations.		Total No. of LOIs signed= 12 LOIs signed in Q2=10	Met	Total Letters of intent (LOI) signed during July-Sept 2015 Private health sector: 1 (IMA) <i>Oct-Dec 2015:</i> Research & academia : 1 (IIHMR) Total Letters of intent (LOI) signed during Jan-Mar 2016: Corporates : 5 (NTPC, TCI, DLF, J&J, Jubilant Bhartia) Private Health Sector : 2 (AAPI, Medanta) Civil Society : 1 (IAPPD) Media: 1 (Radio Mirchi) Research & academia : 1 (NMU)

Sub-objective 11. Human resource development								
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	Jan-Mar 2016	Milestone met? (Met, partially, not met)	
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	Meetings held with Corporates (NTPC, Medanta, Maruti, TCI Foundation, DLF Foundation, J& J,Jubilant, Faridabad Industries Association, IMA, NMU, IIHMR, Radio Mirchi, Sehgal Foundation, ZMQ, IAPPD, CLRA, GCAT for partnership for TB Free India in the call to action)	Met	
Training of project staff	11.1.2	No. of training sessions conducted - 2	No. of training sessions conducted - 1				Partially met	Already reported by PATH in 3.1.4

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- SSF (2011), NFM (2015) - World Vision India	B1	A2	\$13 million	\$7 million	
Providing universal access to DR-TB control and strengthening civil society involvement- SSF (2011), NFM (2015) - The Union	A2	A1	\$52 million	\$32 million	
Consolidating and scaling up the revised national tuberculosis control program (RNTCP) – SSF (2011), NFM (2015) - Central TB Division	B1	B1	\$491 million	\$312 million	

Source: Global Fund website <http://www.theglobalfund.org/en/portfolio/find/> accessed on 8 April 2016.

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

Global Fund's New Funding Model (NFM) grant started in October 2015 and will cover the period to December 2017. Grant performances rating of the principal recipients has improved or remained at the previous levels. There have been delays in grant signing and initiation of new activities proposed under the NFM which the projects are hoping catch up in the coming months.

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. Since the PMDT unit set up is closely linked with GF implementation, CTB will be in touch with them and update USAID regularly.

4. Success Stories – Planning and Development

The success stories below are in process and are not complete at this time. Further work will be done over the next two quarters to finalize the stories with data, photographs, etc.

Planned success story title:	Domestic commitment for TB Free India increased through corporate partnerships
Sub-objective of story:	8. Comprehensive partnerships and informed community involvement
Intervention area of story:	3.1. Ensured intensified case finding for all risk groups by all care providers
Brief description of story idea:	<p>The objectives of the Call to Action for a TB-Free India are to increase visibility of TB and domestic commitment to end TB in India. The CTB team had organized the Mumbai and Delhi Dialogues to sensitize corporates and obtain commitments for TB prevention and care in India. These consultations were followed rigorously with one-on-one meetings with the heads of the corporates' social responsibility teams and resulted in 5 corporate/ business houses announcing large CSR interventions in TB prevention and care. These interventions are expected to reach the marginalized and hard-to-reach populations and complement the services of the National TB program. These interventions are targeted at high risk, economically weak and vulnerable populations; to raise awareness, actively find TB cases and link them with Government facilities/ DOTS centers for treatment. The CTB team (Union) together with the Central TB Division will be providing technical assistance for project framework and implementation.</p>
Status update:	<p>The above commitments amounting to approximately US\$3,000,000 were announced on the World TB Day 2016. CTB-The Union team will engage with these corporates and CTD, MOHFW to facilitate their implementation on the ground.</p>

Planned success story title:	Leveraged domestic resources through celebrity engagement and created a cascade effect for increasing visibility on TB
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>Amitabh Bachchan, a high-profile Bollywood star and a TB survivor, pledged his support for the TB Free India campaign when he attended the Mumbai Dialogue in September 2015. CTB- The Union conceptualized a radio and social media campaign with messages for identifying symptoms of TB, importance of treatment completion and calling on stakeholders to join the campaign. The team then approached Mr Bachchan and requested him to lend his voice to the campaign. Mr Bachchan agreed to do this <i>pro bono</i>. The radio campaign was launched on the World TB Day by the Minister of Health and Family Welfare and was aired nationwide. Mr Bachchan also participated in the World TB day reception hosted by The US Ambassador to India Mr Richard Verma, an event attended by many stakeholders, including those who were newly engaged through Call to Action for a TB-Free India.</p> <p>The radio campaign created in Mr Bachchan's distinctive voice has been aired by the Government of India on FM Radio Channels nationwide. They have spent US\$350,000 on this so far on Radio One, Radio City, Fever, AIR FM Gold and Rainbow. The CTB- The Union team also shared these campaign messages with community radio channels. Ten community radio channels played these messages on a <i>pro bono</i> basis during the World TB Day week. DLF Foundation sponsored an exclusive TB supplement in the Times of India as a result of our partnership on World TB Day. CTB – The Union team also helped design the half page print advertisements put out by the government to announce four new initiatives launched by them in 2016. The cascade effect resulted in increased visibility of TB in media. The campaign has been well received by the community as well as outreach workers. An ASHA worker from Haryana said, "When a person like Amitabh Bachchan speaks, people believe him. During my community visit, I was surprised to receive queries about TB. Many of them wanted to</p>

	<p>know more about its <i>Lakshan</i> (symptoms) and repeatedly referred to radio messages from Amitabh Bachchan.”</p> <p>Total value leveraged by the media campaign is estimated to be USD 1 million.</p>
<p>Status update: CTB –The Union team plans to translate the campaign messages into major Indian languages to ensure further dissemination by State Governments. A TV campaign is also planned.</p>	

Planned success story title:	Linkages with the local government for referral and notifications under the national systems
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	<p>During this quarter, PATH built strong partnership and collaboration with the local government, Mumbai District AIDS Control Society (MDACS).</p> <ul style="list-style-type: none"> An MoU was formalized between the 24 private facilities and MDACS on the basis of Model C of the NACO guidelines for Facilitated Integrated Counseling and Testing Centers (F-ICTC). As a result of this collaboration, each of the private facilities will notify the number of cases screened in the private sector with disaggregation on age and sex to MDACS. This helped in better surveillance in private sector and successful notification in the national systems – Strategic Information Management System (SIMS) leading to an important public-private partnership. This collaboration came as a special request from the local government (MDACS) which was not a part of the work plan and PATH was able to achieve this due to good networking with the private sector. However this activity has immensely helped in streamlining the patient flow and also data sharing with public sector.
<p>Status update:</p>	

Planned success story title:	Linkages with the local government for referral and notifications under the national systems
Sub-objective of story:	3. Patient-centered care and treatment
Intervention area of story:	3.2. Access to quality treatment and care ensured for TB, DR TB and TB/HIV for all risk groups from all care providers
Brief description of story idea:	<p>During this quarter, PATH was able to progress with the Challenge TB activities significantly thanks to two important activities which led to partnership and collaboration with the local government, Mumbai District AIDS Control Society (MDACS). These included:</p> <ul style="list-style-type: none"> MoU between the 24 private facilities and MDACS on the basis of Model C of the NACO guidelines for Facilitated Integrated Counseling and Testing Centers (F-ICTC). Under this, each of the private facilities will notify the number of cases screened in the private sector with disaggregation on age and sex to MDACS. These numbers which are notified from private sector will thus reflect on the national data systems - SIMS leading to an important public-private partnership for data sharing. PATH facilitated the signing of MoU between MDACS and private hospitals under the model C (data sharing) of national guidelines for F-ICTC for engaging private sector. Twenty two facilities have signed the MoUs for the referral and data sharing with MDACS while the remaining two will collaborate in the next quarter. Private sector integration with the stand alone ICTC under MDACS for smooth referral: For CTB project in Mumbai this was one of the most crucial steps as it enables patients from the private sector to be linked to the ICTC after the screening in private hospitals for further confirmation. During this meeting, 18 stand-alone ICTC centers were represented by 26 counselors and supervisors. It enabled an interface between the CTB program staff and the ICTC staff to facilitate referral of the screened patients from the private hospitals to the nearest ICTC.



	<p>The Joint Director (JD) of Basic Services division and the Additional project director (APD) of MDACS presided over the meeting by presenting an overview of the MDACS activities in the cities. They also advocated the need for treating the patients from private hospitals at the respective ICTC with utmost priority in order to minimize the defaulters. This was ensured by giving each patient a referral slip to reach the stand alone ICTC and by a rapport between the ICTC counselors and the project's link counselors. This would also ensure that the patient is not lost in the transit between the private hospital and the ICTC since the distance and time were made to minimize. Further, the CTB Link Counselor accompanies the patient to the center and the necessary information is passed on to the patient by the ICTC counselor. Also, the patients with the referral slips from the private sector are promised quicker testing and counseling to minimize the waiting time at the center with an aim to reduce the drop out. This has led to further discussion for future linkages between the private hospitals and MDACS through mechanisms like 'link' Anti Retroviral Treatment centers which would be explored during the next year's operations.</p>
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Status update:	
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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 RR-TB or MDR-TB cases detected (3.1.4)	Number of MDR-TB cases initiating second-line treatment (3.2.4)	Comments:
Total 2011	4221	3384	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). Updated data for 2015. Source: RNTCP Annual Report 2016.
Total 2012	17253	14059	
Total 2013	23289	20763	
Total 2014	25652	24073	
Total 2015	28876	26966	
Jan-Mar 2016			
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.2 Number of pre-/XDR-TB cases started on bedaquiline (BDQ) or delamanid (DLM)(national data)

Quarter	Number of pre-/XDR-TB cases started on BDQ nationwide	Number of pre-/XDR-TB cases started on DLM nationwide	Comments:
Total 2014			Data not available.
Total 2015			
Jan-Mar 2016			Delamanid is not available through RNTCP. BDQ will become available through RNTCP in six hospitals under conditional access program that is likely to start in May/June 2016.
Apr-Jun 2016			
Jul-Aug 2016			
To date in 2016			

Table 5.3 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) (3.1.1)

Note that CTB is working in limited geographic areas and with limited specific populations. FIND is working on pediatric TB in the four cities of Delhi, Hyderabad, Chennai, and Kolkata at present. PATH works with the private sector in selected areas of Mumbai, but the current intervention supported is only for HIV counseling and testing of diagnosed TB patients, so no relevant variables are present in this table.

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Overall CTB geographic areas: <i>Delhi, Hyderabad, Chennai and Kolkata (only for Xpert pilot for children; FIND)</i>	TB cases (all forms) notified for all CTB areas	396	556				
	All TB cases (all forms) notified nationwide (denominator)	Not yet available	Not yet available				
	% of national cases notified in CTB geographic areas	Not yet available	Not yet available				
Intervention (setting/population/approach)							
Children (0-14) (FIND)	CTB geographic focus for this intervention	Delhi, Hyderabad, Chennai and Kolkata					
	TB cases (all forms) notified from this intervention	396	556				
	All TB cases notified in this CTB area (denominator)	Not yet available	Not yet available				
	% of cases notified from this intervention	Not yet available	Not yet available				

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	Duration of visit (# of days)	Additional Remarks (Optional)
			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			CTB will host summit with media partner in Q4.
2	UNION	2 Tibetan doctors	X				MDR-TB training at Bangkok for 2 Tibetan doctors	Pending			The training has been shifted for April 2016 in Jakarta.
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 December 2015	6 days	
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			There is only 1 travel planned by Dr Lal for TA. The other travel has been changed to Travel for Shibu Vijayan to attend Country Director's meet at Hague
8	KNCV	D'Arcy Richardson				X	Field visit to India	Pending			
9	KNCV	Agnes Gebhard		X			2 STTA missions for BDQ access program	Pending			PMDT support required from KNCV is still under discussion. Would be provided by alternate staff if required, as

											Agnes is now posted to Indonesia as Country Director.
10	KNCV	D'Arcy Richardson & Maarten van Cleeff		X			Two KNCV participants for the Call to Action Summit	Pending			Postponed due to postponement of Summit.
11	KNCV	D'Arcy Richardson	X				TA for development of campaign strategy	Complete	8-16 th March 2016	8 days	D'Arcy visit to India, along with Ersin
Total number of visits conducted (cumulative for fiscal year)								5			
Total number of visits planned in approved work plan								20			
Percent of planned international consultant visits conducted								25%			

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	Comments
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 (LQMS).	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%20Guidelines.pdf	Not Applicable	Measured annually	
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%	7.89%	Of the total 7,040 suspects tested, 556 (7.89%) were diagnosed as Xpert positive
2.4.4. Rifampicin	None	Quarterly	9%	8%	9%	Of the total 556 Xpert positive cases,

Sub-objective:	2. Comprehensive, high quality diagnostics					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
resistance rate of Xpert test results (among paediatric presumptive TB case in FIND project sites)						50 (9.0%) were diagnosed with Rifampicin Resistance
2.4.5. % unsuccessful Xpert tests (among paediatric presumptive TB case in FIND project sites)	None	Quarterly	1.20%	1.00%	0.06%	97.84% of the suspects got valid result on 1st test. Of the remaining 2.6% (152) of test failure, retesting was done on 149 (98.02%) and valid results were obtained for 138 (90.78%) of the suspects. Only 4 (0.06%) suspects could not get valid results.
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	952 (396 in Q4, 15 and 556 in Q1,16)	
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%	75% (417/556)	
2.4.10. INDIA SPECIFIC: # of referring health facilities linked per diagnostic centre	None	Quarterly	216	500	446	In this reporting quarter, the number of referring facilities increased to 446. This increase in numbers shows increased access of the project interventions and awareness on the project.
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%	100%(7040/7040)	

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date (October 2015 to March 2016)	Comments
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>	National Level (Annually): 1,650,000 (RNTCP NSP target)	Refer to Table 5.3.	
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 (Annually): Measured annually</p> <p>PATH project sites (Quarterly): 192</p>	<p>PATH project sites : AT all 24 PATH sites the MDR cases diagnosed under the Private Provider Interface Agency (PPIA) program have been considered from January to March 2016.</p> <p>In PPIA, clean and verified data for March is received in end-April and hence these numbers may not be totally representative of the actual operations and may change. The march numbers have been calculated arbitrarily based on daily reports and monthly averages of MDR cases.</p> <p><i>For baseline:</i> Number of MDR cases detected by PPIA in 24 listed facilities from July 2015 to September 2015 is considered (Source: PPIA report)</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 (October 2015 to March 2016)	Comments
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:	PATH project sites: In this quarter, all the activities related to sub-contracting the hospitals and training of the laboratory staff (As per NACO) were conducted and the testing services under CTB PATH India began during the end of quarter 2
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	National level(Annually): No. TB cases successfully treated (all form) = 1084185 (88.3%); Source: RNTCP annual report 2015.	National level(Annually): 88% (RNTCP NSP target)	National level(Annually): measured annually	
3.2.4. Number of MDR-TB cases initiating second-line treatment	None	Quarterly and Annually	National level(Annually): Total No. of MDR-TB cases initiated treatment in 2014= 24073. Source: RNTCP annual report 2015.	National level(Annually): 30,000 (RNTCP NSP target)	National level(Annually): Refer to Table 5.1	
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	0	Six sites expected to begin offering BDQ under the conditional access program in April 2016
3.2.26 INDIA SPECIFIC (new as of Q2): Number of		Quarterly	N/A	End year targets for HIV testing in 24	Number of TB cases screened for HIV in 24 private facilities under	PATH project sites (Quarterly): On PATH sites, the HIV test screening

Sub-objective:		3. Patient-centered care and treatment				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date (October 2015 to March 2016)	Comments
TB patients tested for HIV				<p>private facilities under CTB-PATH:</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> <p>Total TB patients tested for HIV: 1600</p>	<p>CTB-PATH:</p> <p>PATH project sites: By gender: Male=15 Female= 26</p> <p>By Age: 5-9 years=0 10-15 years=3 15-19 years=9 20 and above=29</p> <p>HIV status: HIV positive=0 HIV negative=41</p> <p>Total TB patients tested for HIV: 41</p>	<p>operations have begun in 7 out of 24 private laboratories/hospitals. The remaining hospitals/laboratories are yet to be sub contracted and operations are expected to expand to all the 24 facilities by end of April.</p> <p>Total 41 patients from 7 engaged facilities were notified only during the period of March 28-March 31 that is, since the operations began in the seven facilities.</p> <p>For baseline- refer to QPR- Quarter 1.</p>

Sub-objective:		5. Infection control				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
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	Comments
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	Comments
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)	<p>Cost share: Corporate/ Private sector commitments: \$3,000,000 CTB budget for initiative corporate/ private sector commitments: \$3132.12 GOI Radio Airtime: \$350,000 Amitabh Bachchan time cost: \$650,000 CTB share on radio Campaign Development: \$5079.147 Radio Mirchi: \$10000 CTB share on Radio Mirchi partnership: \$58529.7 NASSCOMM Foundation CSR Leadership conference: \$2000 CTB budget for initiative NASSCOMM commitments: \$2315.494</p> <p>Corporate/private sector and NASSCOMM cost share = 99.82% $\{(3000000+2000/3003137+4315.494)*100\}$Media cost share: 94.08% $\{(10000+350000+650000)/(10000+350000+650000+5079.147+5829.7)*100\}$</p>	
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	MoHFW is yet to approve formation of the committee and its membership
7.2.9. INDIA SPECIFIC: # media events/stories covering the campaign	by medium (TV/Print/online)	Quarterly	0 (NIL)	250	Total: 439 (electronic:22; Print: 118; Magazine:2; Online:266)	This includes following events: <ul style="list-style-type: none"> Research and academia dialogue at NMU (7 articles)

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	Comments
and the Call to Action Summit					Jan- Mar 2016= 34 (Print: 22; Online 12)	<ul style="list-style-type: none"> • NAACOM-Bangalore (5 articles) • NATCON- Lucknow (12 articles) • NASSCOM-Delhi (10 Articles)
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:17 (Jan- March - 7)	This includes: Flier=8 (CTB, Union at a Glance, Corporate sector, Private Health Sector dialogue, Medanta-TB-Free Haryana, Parliamentarian meet, Research & Academia, NASSCOM) CTB One pager=1 Message Map: TB context in India=1 Twitter handle @forTBfreeindia=1 Radio Messages=5 Facebook page=1
7.2.11. INDIA SPECIFIC: % of Call to Action Summit invitees who attend the summit		Annually	0 (NIL)	75%	Not Applicable	The Summit, as originally planned, is being rethought. We are exploring a high visibility media summit in partnership with a media house, instead of a big conference with participation of national and international TB experts and champions.

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	Comments
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	MoHFW is yet to approve the formation of the committee and its membership
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	Comments

Sub-objective: 9. Drug and commodity management systems						
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
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	Comments
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 guidelines or implementation approach)	None	Annually	Not Applicable (no OR done)	Not Applicable (not planned)	Measured Annually	
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	Comments

Sub-objective:	11. Human resource development					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	None	Annually	NA	20	Quarter Jan to March 2016 Total: 55 Male: 20 Female: 35	Data pertains to the two trainings for lab technicians organized by PATH in March 2016
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)	Measured Annually	