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CHALLENGE TB

Challenge TB - India

Year 2

Quarterly Monitoring Report

April-June 2016

Submission date: July 29, 2016

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



"I survived MDR TB. Now I want to support others like me who may need help and advise to fight this disease"

#indiavsTB

For TB Free India
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Deepti was just 16 when she discovered she had Multi Drug Resistance (MDR) TB. She was appearing for her board exams and could not stop coughing. At first she thought it was just a viral and went to her family GP who prescribed her medicines for cough.

It was only a month later that she was diagnosed with TB. It took six years of medication and continuous hospital visits for Deepti to be cured of MDR TB. It should have ideally taken two years for her treatment.

Deepti was a fighter right from the beginning, she had just one aim and that was to defeat TB.

TB Harega, Desh Jeetega! #IndiaVsTB #TBfreeIndia

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Cover photo:

Call to Action conducted a training and empowerment workshop on, 'Community voices on TB' with 30 cured TB patients from across the country in the last quarter. The initiative empowered cured TB patients to come forward and share their stories widely in media, advocacy forums and social media. (Photo credit: The Union).

This report was made possible through the support for Challenge TB provided by the United States Agency for International Development (USAID), under the terms of cooperative agreement number AID-OAA-A-14-00029.

Disclaimer

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.

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Acronyms

AIDS	Acquired Immun Deficiency Syndrome
APW	Agreement for Performance of Work
ART	Antiretroviral Therapy
AVP CSR	Associate Vice President, Corporate Social Responsibility
BCPL	Bramhaputra Cracker and Polymer Limited
BDQ-CAP	Bedaquiline Conditional Access Program
CBCI	Catholic Bishops Conference in India
CCL	Central Coal Fields Limited
CII	Confederation of Indian Industries
CINI	Child in Need Institute
CME	Continuing Medical Education
CRS	Catholic Relief Services
CTA	Central Tibetan Authority
CTB	Challenge TB
CTD	Central TB Division, MoHFW
DHFL	Diwan Housing Finance Corporation
DLF	Delhi Land and Finance
DRD	Deputy Regional Director
ECG	Electro Cardiogram
FIND	Foundation for Innovative New Diagnostics
GAIL	Gas Authority of India Limited
GMRVF	Gandhi Mallikajuna Rao Foundation Varalaxmi Foundation
GSMC-KEM	GS Medical Collage – King Edward memorial
HIV	Human Immunodeficiency Virus
HT	Hindustan Times
IAPPD	Indian Association of Parliamentarians for Population and Development
ICT	Information and Communications Technology
ICTC	Integrated Counselling and Testing Centres
IIHMR	Indian Institute of Health and Medical Research
IL & FS	Infrastructure Leasing and Financial Services
IOCL	Indian Oil Corporation Limited
J & J	Johnson & Johnson
KNCV	KNCV Tuberculosis Foundation
L & T	Larsen & Toubro
LC	Link Counselor
LOI	Letter of Intent
MDACS	Mumbai District AIDS Control Society
MDR-TB	Multidrug-resistant Tuberculosis
MoH	Ministry of Health
MoU	Memorandum of Understanding
NACO	National AIDS Control Organization
NFM	New Funding Model
NGO	Non-Governmental Organizations
NMU	North Maharashtra University
NRL	National Reference Laboratory
NTP	National TB Program
NTPC	National Thermal Power Corporation
PATH	Program for Appropriate Technology in Health
PPIA	Private Provider Interface Agencies
PR	Principal Recipient
Rif	Rifampicin
RNTCP	Revised National Tuberculosis Control Program
RR-TB	Rifampicin Resistant Tuberculosis
RTs	Re-Tweets
SAATHI	Solidarity and Action Against the HIV Infection in India
SSF	Single Stream Funding
TA	Technical Assistance
TB	Tuberculosis
TCIL	Transport Corporation of India Limited
The Union	The Union Against TB and Lung Disease
USAID	United States Agency for International Development
WLC	World Lung Conference, The Union

1. Quarterly Overview

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

Most significant achievements:

Call to Action for a TB-Free India

The Union is implementing 'Call to Action for a TB-Free India' (Call to Action) to mobilize a wide range of stakeholders to build political will, leadership and partnerships to end tuberculosis (TB) in India and to increase visibility of TB.

Partnerships:

- Call to Action entered into a partnership with Rotary India to raise awareness among Rotarians (members of Rotary club) and the following key target group: schools, private health practitioners, and key populations on TB issues in selected Rotary districts. Rotary India with 3,500 clubs has a membership of approximately 125,000 members spread across India. As a result of the partnership, Rotary India National TB Control Committee will reach out to all clubs in the Rotary districts in India and conduct sensitization meetings with stakeholders and awareness generation activities in partnership with the National TB program and The Union.
- Medanta – The Medicity, a well-known super-speciality corporate hospital partnering with the Call to Action, launched intensive rounds of Mobile van intervention for TB diagnosis in six districts, namely Mewat, Gurugram, Palwal, Faridabad, Jhajjar and Rewari covering approximately 29% of the total population of Haryana. Medanta operates a mobile van fitted with digital x-ray and a team lead by a pulmonologist which visits peripheral health centres based on a pre-scheduled roster. The project thereby provides free chest x-ray services, close to the homes of presumptive sputum smear-negative patients who would otherwise be unable to avail of such services

Increased visibility:

- Call to Action engaged the parliamentarians to advocate with policy makers in Rajya Sabha. Two parliamentarians raised questions on TB during the budget session of the parliament. Mr. Harish Chandra Meena (parliamentarian from Dausa, Rajasthan) and Mr. Rahul Kaswan (parliamentarian from Churu, Rajasthan) sought clarification from Government of India about the status of TB treatment and research in India.
- In the popular monthly radio broadcast of the Prime Minister of India (Mann ki Baat), Shri Narendra Modi spoke about TB, commenting, "Compared to the world we have a large number of TB patients in India. We have to defeat TB in India."
- 30 cured TB patients were part of "Community Voices on TB", a training and empowerment initiative. As a result, five cured TB patients shared their stories at various advocacy forums and in social media (On facebook, total fans added: 8,932 and total engagement viz. likes, shares, comments, clicks etc. increased to 94,203). TB survivors Jyoti, Vinod, Anil, Deepti and Prabha shared their stories on their personal battle with the disease. These stories have broken the silence regarding TB and motivated people to fight the stigma associated with it. They also give hope that TB is curable and preventable. Weblinks to the videos and social media campaign are:

<https://www.facebook.com/ForTBFreeIndia/videos/626662054174346/>
<https://www.facebook.com/ForTBFreeIndia/photos/a.580972785409940.1073741828.569145766592642/615307101976508/?type=3&theater>

Assessment of TB services in Tibetan Settlements:

The report of the 'Assessment of TB services in Tibetan Settlements in India' was finalized following a series of discussions with the Tibetan Department of Health of the Central Tibetan Administration (CTA) and the Tibet Fund. Given the high burden of both drug-sensitive and drug-resistant TB in these populations, interventions aimed at early diagnosis and treatment through active case finding and contact tracing, following diagnostic algorithms that allow for using GenXpert as the first line diagnostic test needs to be scaled up. Airborne infection control measures at the facility and community level are another priority, given the fact that half of the population lives in congregate settings, such as monasteries, nunneries and hostels. Other recommendations include capacity building of all cadres of health staff on various aspects of MDR-TB management with specific modules in the Tibetan script, adoption of uniform diagnostic and treatment algorithms, recording and reporting system, and improved linkages with local RNTCP facilities

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 (Delhi, Kolkata, Hyderabad, Chennai) the project has now been extended to additional 3 cities (Vizag, Surat and Nagpur) and likely to be extended to 2 more cities (Bangalore and Guwahati) in July 2016. The project reports:

- A 24% increase in enrolment of children with TB symptoms from the previous quarter was noted with 8702 suspects tested between April-June 2016 compared to 7,039 suspects between January-March 2016.
- A total of 9,439 specimens were tested from the above mentioned 8702 pediatric TB symptomatic, of which 56.7% (5350) of specimens tested were non-sputum specimens. Of these, 3807 were gastric aspirate/lavage, 543 cerebrospinal fluid, 316 pleural fluid, 221 broncho-alveolar lavage and 140 pus specimens.

Of the total children presumptive for TB, 7.6% (665/8702) were diagnosed with TB, of which 8.3% (55) were found to be Rifampicin resistant. It may be noted that there has been a significant increase in the project uptake in every successive quarter, with more children tested, accompanied with an incremental yield of TB and Rif resistant TB cases in every successive quarter

Period	Oct -Dec'15	Jan-Mar'16	April-June'16	Total
Pediatric suspects enrolled	5184	7039	8702	20925
TB cases detected	396	560	665	1621
TB Positivity	7.64%	7.96%	7.64%	7.75%
Rif Resistant cases detected	41	48	55	144
% of Rif resistance cases	10.35%	8.57%	8.27%	8.88%

- Treatment was initiated in more than 79% (483/610) of TB cases (First Line treatment) and 75% (41/55) of RR- TB cases (Second line treatment). The proportion initiated on treatment may be higher once complete treatment

initiation information, particularly those diagnosed towards the last two weeks of the reporting quarter becomes available. This was not available at the time of report compilation.

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

Under CTB, PATH was able to expedite the field operations to cover 95% (23 out of 24) of its targeted private facilities to implement HIV testing and linking services for TB patients. In this quarter (Q3), PATH covered 85% (1329 out of 1600) of its total annual target of screening TB patients for HIV test in private hospitals as a result of combined efforts in the field and strategic planning.

The second most important achievement was quick admission of private sector TB patients in ICTCs (Integrated Counselling and Testing Centers) due to collaboration with the local government and Mumbai District AIDS Control Society. Out of 23 HIV positive patients, 21 patients reached the ICTC for confirmation. Also, the turn-around time for the confirmation of HIV status is 20-25 minutes. This has enabled private sector TB patients to have access to quality services at public ICTC and ART centres. Therefore, such collaborative efforts between public and private sector will result in establishing sustainable service delivery platforms for TB patients.

Technical/administrative challenges and actions to overcome them:

- The Steering Committee for Call to Action envisaged to be formed and led by the Ministry of Health and Family Welfare is unlikely to happen. Since many of the planned activities have been implemented, we no longer see the need for it.
- The budgets assigned to the Call to Action Summit and media buying are being reprogrammed as per discussion with India mission.
- Despite proactive engagement from FIND and NTP (Central TB Division), administrative delays (at the level of state authorities) caused significant delays in initiating activities at two sites, Agra and Lucknow, of Uttar Pradesh. In view of this, NTP has requested FIND to take up alternate cities, namely Bangalore and Guwahati, covering a population of approximately 12 million. The state authorities in these cities have assured prompt action and support to ensure speedy launch of the project; likely to be initiated in the month of July, 2016.
- PATH was able to network 23 out of 24 private facilities successfully for providing free HIV screening test to TB patients. However, at one private facility, sub-contracting process was challenging due to which engagement was delayed. Continued efforts are being made to overcome these administrative issues and services at these facilities are expected to begin by the end of July 2016.

2. Year 2 activity progress

Sub-objective 1. Enabling environment								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-Jun 2016	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			
Assessment report: Availability of TB services in Tibetan settlements in India	1.1.5				Report	The 'Assessment of TB services in Tibetan Settlements in India' was completed in five Tibetan settlements of the country viz. Dharamshala & Bir (Himachal Pradesh), Mundgod & Byllakuppe (Karnataka), and Dekyiling (Uttarakhand).	Met	The findings of the study and recommendations were shared with the Tibetan Department of Health of the Central Tibetan Administration (CTA), and the Tibet Fund. Main recommendations are summarised in the key achievement section of this report.

Sub-objective 2. Comprehensive, high quality diagnostics								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-Jun 2016	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			
Operations of the rapid diagnostics (FIND)	2.4.1	All field staff for the five sites hired				Recruitment of staff completed at three of the five new sites	Partially met	Due to administrative delays at two sites at the level of State government activities at these two sites have not started; NTP has recommended changing these 2 sites with alternate sites (Bangalore and Guwahati);
Equipment (FIND)	2.4.2		10 GX machines procured, renovations of five labs			5 GX machines procured; Renovations completed at 3 of the 5 labs	Partially met	NTP has recommended changing 2 sites with alternative new sites. Renovations of new labs will take place once 2 new

			completed					sites are launched
Laboratory preparatory activities including A/C, UPS and upgradation (FIND)	2.4.3	Laboratory preparatory works for 5 new sites completed				Preparatory work has been completed at 3 of the 5 sites	Partially met	Same as above
Laboratory consumables, ancillary equipment, and other (FIND)	2.4.4		26,580 GX cartridges procured			Supplies so far met with alternate funding sources; Cartridge procurement initiated; likely to be delivered in July.	Met	Cartridges are being procured from different sources. Only 26580 cartridges have been budgeted against the requirement of > 42000 cartridges. We have utilized alternate supplies before tapping the CTB budget for the same
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 436 to 575, representing a 27% increase 13 CMEs were organized which were attended by 861 (Male 502 + Female 359). Additionally 523 providers were approached through one to one meetings. This has also resulted in 24% increase in referrals during this reporting period as 	Met	

						compared to previous quarter (7039 in Q1, 16 vs. 8702 in Q2,16).		
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	A total of 20,925 children with presumptive TB have been offered upfront access to Xpert testing. An incremental uptake of the project services has been observed in each successive quarter. As such we are on track of achieving the project targets by 31st Dec, 2016	Partially met	

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	32 (75%)	
Jan-Mar 2016	50	39(76%)	
Total (Jan 2015-March 2016)	184	152 (82.6%)	
Apr-Jun 2016	55	41(75%)	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 treatment3. Patient-centered care and treatment3. Patient-centered care and treatment								
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-Jun 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	23	Partially met	23 out of 24 facilities were networked and HIV screening has begun. Due to challenges faced in sub-contracting one private facility is still on hold. It is expected to get cleared and services at this hospital will begin by July end. PATH team will make full efforts to cover up the targets from this particular facility.
Reimburse the cost of Rapid Diagnostic Test (RDT) to the facilities on a monthly basis (PATH)	3.1.2					1329 TB patients were screened for HIV from October 2015-June 2016. 23 out of 1329 were reactive on first test. All 23 patients were counselled and linked to the ICTCs for further management. PATH facilitates monthly reporting to MDACS from 23 private facilities to share the number of cases screened with disaggregation of age, sex, result and the linked ICTC	Met	The screening started on 28 March 2016 in a phase-wise manner, and the facilities were engaged on an as and when basis. Operations on the field were effectively supported with full field team and leadership in Mumbai.
Establish MIS systems in private hospitals as per Maharashtra District	3.1.3					Data management plan was communicated to the	Met	This activity resulted in establishing information sharing on HIV screening

AIDS Control Society (MDACS) guidelines (PATH)						23 sub-contracted private facilities and MIS is established as per MDACS format and requirement in these networked facilities. PATH has facilitated sharing of monthly reports with MDACS for March, April, May and June.		from the private facilities to Government of India (MDACS in Mumbai) under existing national private sector engagement guidelines.
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 March 1-2, 2016, 36 (Female: 22 and Male: 14) participants were trained. The second training session, March 8-9 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	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 2 trainings in Q4.

						NGOs.		
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/field staff (3F and 3M) were allotted to respective 23 hospitals/laboratories. Each counselor visits the engaged facility on a weekly 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. The counselors facilitated linking and posttest counselling of the positive cases to the ICTC.	Met	MDACS has linked 23 facilities to 18 stand-alone ICTC for smooth referral. CTB 'link' counselling platforms are established with the ICTC counselors for confirmation of private sector TB patients and further linkages to ART centres.
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. The first and second visits to 16 new private facilities were conducted to set up the testing and linking processes with the doctors, field staff and laboratory staff. Doctors were sensitized about screening of all TB patients for HIV. The third visit was to ensure operational efficiency. The remaining 7 facilities	Met	In Q3, the team continued to visit all 24 facilities twice to sign MoU with MDACS and PATH for the testing, referral & linking the patients to ICTC for confirmation of the diagnosis and initiation of treatment. Monthly visits are made at the ICTC to maintain the chain of linkages from private facilities to ICTCs and reduce the turn-around time for testing and registration. PATH's TB Technical Director, HIV/TB Global Program had a visit for

						<p>were visited weekly to streamline the processes and quality assurance.</p> <p>Weekly review meetings were organized with the LC and field staff. Review meeting were conducted with MDACS staff thus ensuring objectives of Model C (NACO guidelines for private facilities) are fulfilled.</p> <p>A monitoring visit was conducted by TB Technical Director, HIV/TB Global Program from PATH's Washington DC Office.</p>		combined monitoring of Challenge TB and PATH's other existing projects.
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	<p>Challenge TB supported a meeting led by Central TB Division (CTD) to review preparedness of the six sites participating in the BDQ Conditional Access Program (BDQ-CAP) on 9 May in New Delhi.</p> <p>The Union signed MoUs with each of the 6 BDQ CAP sites to support the sites through (i) Provision of Medical officer, Site coordinator and</p>	Not met	<p>The first TA Mission planned for Q2, has been rescheduled for Q4</p> <p>Hiring of local staff and additional support for the BDQ sites were initiated. 4 staff have been recruited and will join from 1 July. Other recruitments are in process and will be completed by end of Q4.</p> <p>Recruitment of the PMDT consultants is delayed in view of the government circular limiting hiring of consultants based at the central government</p>

						Outreach worker, (ii) Supply ECG machines, (iii) Patient support costs (include essential special investigations which are not supported under the BDQ CAP), and (iv) Cost of transportation to the BDQ CAP site for follow-up and/or other purposes.		ministries and departments. Other options proposed to CTD are to hire consultants at the regional level or to place them at other locations in New Delhi. Final response from CTD is awaited.
Training for the BDQ initiative (The Union)	3.2.2		2 Training sessions on BDQ roll-out completed			Dr S Chadha (DRD, The Union) and Dr N Arora (Technical Officer - CTB) participated in the Challenge TB organized workshop on 'Regimens with Bedaquiline for drug-resistant tuberculosis (DR-TB)'. This was held on 16 - 18 June 2016 at The Hague.	Partially met	The 2 nd training will happen in the next quarter.

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	Oct 2015-Jun 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	This is being reprogrammed. A Call to Action symposium at the World Conference on Lung Health in Liverpool in October 2016 is planned and it will disseminate the achievements of the Call to

								Action to the global TB community and highlight new partnerships achieved through the Call to Action.
Organize Civil Society/ Corporate/ Private Health Sector and Research & Academia Consultations and meetings	7.2.2	Consultancy /agreements in place with individuals /organizations				Consultations with: Media (Media roundtable, 10 May, 2016), Private Health Sector (April 6, 2016) , Civil society (May 10, 2016), Parliamentarians (May 11, 2016) were held.	Met	<p>10 journalists (6F, 4M) were sensitized. This resulted in 12 articles.</p> <p>Corporate leaders, Mr Vivek Prakash, AVP CSR, Jubilant Lifesciences and Mr Chander Agarwal, Joint MD, Transport Corporation of India Limited (TCIL) talked about their commitment in media.</p> <p>Medanta launched intensive rounds of their TB project in six districts viz. Mewat, Gurugram, Palwal, Faridabad, Jhajjar and Rewari covering approximately 29% of the total population of Haryana.</p> <p>Letter of Intent with Rotary National TB Committee has been signed. The partnership brings Rotary's commitment to work towards TB free India through the Rotary clubs.</p> <p>Civil society organizations, that is, Citizen Foundation, Help Age India, Catholic Bishops' Conference of India (CBCI), Humana People to People India, Child in Need Institute</p>

								(CINI), in full SAATHI, and Catholic Relief Services (CRS) have expressed interest in partnering with the Call to Action.
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		Digital Campaign :Photo stories of Cured TB patients Video testimonials capturing Cured TB patients fight against TB Graphic Illustrations & animated GIFs were used to spread awareness on issues of TB. Advocacy materials : Factsheet on TB	Met	The materials are ready and have been shared on social media and with partners and the Mission. But this is an ongoing activity as the campaign will continue till Q4. Facebook April to June 2016 <ul style="list-style-type: none"> Total engagement (Likes, shares, comments, clicks) – 94,203 Total reach – 820,500 Twitter April to June 2016 <ul style="list-style-type: none"> Total engagement (RTs, likes, comments, link clicks) - 1,597 Total impressions – 166,800
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, 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. 27 cured TB patients (18 M, 9 F) were trained through the initiative, 5 have actively participated in social media, radio	Met	

						campaigns, and in various advocacy forums and media.		
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.		

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	Oct 2015-Jun 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			Not met	The Steering Committee for Call to Action, envisaged to be formed and led by the Ministry of Health and Family Welfare, is unlikely to happen. Since many of the planned activities have been implemented, we no longer see the need for it. The Union proposes that this budget allocation be reprogrammed to 7.2.3.
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	The Union proposes that this budget allocation be reprogrammed in 7.2.3.
Partnership with corporates, civil society and Private	8.1.3		MoU/ Letters of Intent	Consultative meetings		Total Letters of intent (LOI) signed during Apr-Jun 2016: 14	Met	Meetings were held with IIHMR, NTPC, TCI, DLF, J & J , Jubilant, Medanta,

health sector associations formalized and implementing a model of engagement			finalised for partnerships in all 4 sectors	within the formed associations.		LOIs signed in Q2 : 2		IAPPD, NMU and Radio Mirchi.
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Sub-objective 11. Human resource development								
Planned Key Activities for the Current Year	Activity #	Planned Milestones				Milestone status Oct 2015-Jun 2016	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			
Technical supervision, meetings/ visits for meetings with partners and stakeholders (The Union)	11.1.1	At least 15 meetings per quarter	21 Meetings held with Corporates (Ambuja Cement, GAIL, BCPL, IOCL, Mc Leod Russel, IL & FS, CII, GMRVF, Tata Power, Hindalco, Jindal steel & power, CCL, Essar Power, Usha Martin, Prabhat Khabar, HT, Crompton Greaves, L& T, Lupin, DHFL)	Met	<p>Visit to Mumbai was conducted to discuss possibility of LOIs with Lupin, Crompton Greaves, L&T and DHFL, Ambuja Cement to finalize contents of LOI.</p> <p>Preparatory visit to Ranchi for a regional corporate consultation for mining industries was organized in June.</p> <p>Preparatory visit to Assam was organized to understand TB scenario among tea workers and tribal population. Possibilities of corporate led response are being explored for TB prevention and care activities in tea gardens and nearby villages.</p>			

Training of project staff	11.1.2	No. of training sessions conducted - 2	No. of training sessions conducted - 1			Total 55 laboratory and supporting staff (Female: 35 and Male: 20) were trained from 22 private laboratories, 5 public hospitals and 2 NGOs.	Partially met	PATH will conduct the remaining 2 trainings in Q4.
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3. Challenge TB's support to Global Fund implementation in Year 2

Current Global Fund TB Grants

Name of grant & principal recipient (<i>i.e.</i> , TB NFM - MoH)	Average Rating*	Current Rating	Total Approved/Signed Amount**	Total Committed Amount	Total Disbursed to Date	Total expensed (if available)
Providing universal access to DR-TB control and strengthening civil society involvement-NFM (2015) - World Vision India	B1	A2	\$13 million	\$8 million	\$7.8 million	
Providing universal access to DR-TB control and strengthening civil society involvement-NFM (2015) - The Union	A2	A1	\$52 million	\$37 million	\$35 million	
Consolidating and scaling up the revised national tuberculosis control program (RNTCP) –NFM (2015) - Central TB Division	B1	B1	\$491 million	\$337 million	\$312 million	

Source: Global Fund website <http://www.theglobalfund.org/en/portfolio/find/> accessed on 26 July 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 continue till 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.

Challenge TB is exploring possibilities to add MDR-TB component in the ongoing GF project implemented by The Union. Possible interventions could include offering GeneXpert testing for patients in the private sector at high risk for DR-TB, improving treatment outcomes for DR-TB patients through counselling, use of ICT tools to remind patients to take their medicines, attend follow-up visits, and respond to their concerns and queries.

4. Success Stories – Planning and Development

Planned success story title:	Community Voices on TB: an empowerment initiative under Call to Action	
Sub-objective of story:	8. Comprehensive partnerships and informed community involvement	
Intervention area of story:	1.2. Demand side: Community empowered, especially among risk groups	
Brief description of story idea:	<p>Call to Action conducted a training and empowerment workshop on 'Community voices on TB' with 30 cured TB patients from across the country in the last quarter. The initiative empowered cured TB patients to come forward and share their stories widely in media, in advocacy forums and in social media. As a result, five cured TB patients shared their stories at various advocacy forums organized by Call to Action with relevant stakeholders and in social media. Ms. Jyoti, Mr. Vinod, Mr. Anil, Ms. Deepthi and Ms. Prabha shared the stories of their personal battle with the disease. Sharing his feedback, one cured patient said "...I learnt from everybody's experiences in this empowerment initiative.. I was able to share my experience as well and got more awareness about TB. I will try to support everybody who is surviving from TB". Another cured patient shared her experience and said, "I got the opportunity to know more about TB, this awareness program brought change in my thinking. I would like to support those who are suffering from TB and will share my story with them. These stories break the silence regarding TB and fight the stigma associated with it".</p> <p>On Facebook, the number of followers of the 'For TB-Free India' page increased from 312 to 8,932 and with the total reach increasing to 820,500. Total instances of engagement also increased to (Likes, shares, comments, clicks) to 94,203 during the three months duration post-launch in March 2016.</p> <p>Weblinks: https://www.facebook.com/ForTBFreeIndia/videos/626662054174346/ https://www.facebook.com/ForTBFreeIndia/photos/a.580972785409940.1073741828.569145766592642/615307101976508/?type=3&theater</p>	
Status update:	CTB will continue to highlight patient voices in social and mass media and in advocacy forums and meetings.	

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:	With beginning of services on the field, PATH conducted synchronized program activities to achieve 85% of its target in 3 months thus covering for the lost quarter and a half. In addition, in 2 out of 23 engaged facilities, out of all TB patients who visited the doctor, 95% were screened which shows, with very minimal drop out. A team of 6 field officers counseled and linked 21 out of 23 positive patients. These were linked at the nearest ICTC where they were confirmed by sequential testing within a span of 20-30 minutes which indicates reduced waiting time.
Status update: PATH team will continue to make efforts to cover the targets under project area.	

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	4,221	3,384	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). <i>Updated data for 2015. Source: RNTCP Annual Report 2016.</i>
Total 2012	17,253	14,059	
Total 2013	23,289	20,763	
Total 2014	25,652	24,073	
Total 2015	28,876	26,966	
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			Delamanid is not available through RNTCP. BDQ is now available through RNTCP in six hospitals under conditional access program. All 6 sites have done the preparatory activities and are conducting liquid culture and SLDST. Two sites initiated treatment for 2 eligible case on BDQ-containing regimen during the quarter.
Total 2015			
Jan-Mar 2016	0	0	
Apr-Jun 2016	2	0	
Jul-Aug 2016			
To date in 2016	2		

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)

		Reporting period					Comments
		Oct-Dec 2015	Jan-Mar 2016	Apr-Jun 2016	Jul-Sept 2016	Cumulative Year 2	
Intervention (setting/population/approach)							
Children (0-14)	CTB geographic focus for this intervention	<i>Delhi, Hyderabad, Chennai and Kolkata (only for Xpert pilot for children; FIND)</i>					
	TB cases (all forms) notified from this intervention	396	556	665			
	All TB cases notified in this CTB area (denominator)	Not yet available	Not yet available	Not yet available			
	% of cases notified from this intervention	Not yet available	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)
			Q 1	Q 2	Q 3	Q 4					
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			Will be reprogrammed to the Call to Action Symposium at the World Lung Conference in Oct 2016 in Liverpool. 10 participants from India will attend. Travel and other logistical arrangements will be made in Q4.
2	UNION	2 Tibetan doctors	X				MDR-TB training at Bangkok for 2 Tibetan doctors	Pending	11-15 th April 2016	7 days	Only one Tibetan doctor attended the training during April 11-15 th 2016. The second doctor will attend the course in November 2016.
3	UNION	Amitabh Bachchan and Ratan Tata	X				Mr Bachchan / Mr Tata will be invited to attend the 2015 (South Africa) Union World Lung Conference	Cancelled			Due to other important personal commitments, Mr Bachchan / Mr Tata were unable to attend the WLC.
4	UNION	Country Directors meetings at The Hague			X		Challenge TB country directors Meeting travel-3 travels	Complete	20-25 th June, 2016	6 days each	Kavita Ayyagari, Project Director Lopamudra Paul, M&E Officer.
5	UNION	WLC Travel- Year 2015	X				4 participants each for the 2015 WLC from CTB team, RNTCP, MoH, other TB champions	Complete	1-6 th December 2015	6 days each	

6	UNION	International travel for other international conferences/courses			X		4 - attend other trainings or conferences (e.g, PMDT, Communications etc)	Complete	4-8 th April 2016 16-18 th June 2016	5 day each 5 day each	Mohd. Shadab – 4-8 th April 2016 Dr. Neerja Arora – 16 – 18 th June 2016 Dr. Sarabjit Chadha 16-18 th June 2016 1 travel is pending
7	PATH	International Travel by Dr. Lal	X				2 travels for technical assistance from PATH HQ office	Complete	20-25 th June, 2016	6 days	There is only 1 travel planned by Dr Lal for TA. The other travel have been changed to Travel for Shibu Vijayan, PATH who attended Country Director's meet at The 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			Dr Fraser Wares will be visiting India in August 2016 to discuss the BDQ CAP and facilitate a workshop on new drugs and regimen (instead of Agnes Gebhard)
10	KNCV	D'Arcy Richardson & Maarten van Cleeff		X			Two KNCV participants for the Call to Action Summit	Cancelled			Cancelled due to cancellation of summit
11	KNCV	D'Arcy Richardson	X				TA for development of campaign strategy	Complete	8-16 th March 2016	8 days	D'Arcy Richardson's visit to India, along with Ersin Topcuoglu for workplan development and meeting CTB partners and USAID Mission.
Total number of visits conducted (cumulative for fiscal year)								13			
Total number of visits planned in approved work plan								32			
Percent of planned international consultant visits conducted								40%			

7. Quarterly Indicator Reporting

Sub-objective:	1. Enabling Environment					
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
1.1.5. Assessment report: Availability of TB services in Tibetan settlements in India		Annually		The Report	Completed.	

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	None	Annually	Not Applicable (RNTCP has its own	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	Comments
microscopy network standards met			certification)			
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% (655/8702) Apr-Jun 2016	
2.4.4. Rifampicin resistance rate of Xpert test results (among paediatric presumptive TB case in FIND project sites)	None	Quarterly	9%	8%	8.3% (55/655) Apr-Jun 2016	
2.4.5. % unsuccessful Xpert tests (among paediatric presumptive TB case in FIND project sites)	None	Quarterly	1.20%	1.00%	0.15% Apr-Jun 2016	
2.4.6. #/% of new TB cases diagnosed using GeneXpert (among paediatric presumptive TB case	None	Annually	0 (will be available in Oct 2015)	3500	1621 (cumulative CTD year 2)	46% of target achieved

Sub-objective:		2. Comprehensive, high quality diagnostics				
Performance indicator	Disaggregated by	Frequency of collection	Baseline (timeframe)	End of year target	Results to date	Comments
in FIND project sites)						
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%	79% (483/610)	
2.4.10. INDIA SPECIFIC: # of referring health facilities linked per diagnostic centre	None	Quarterly	216	500	575	
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 Day	1 day (Apr –Jun. 2016)	
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% (8702/8702)	

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
3.1.4. Number of MDR-TB cases	None	Quarterly and	National level(Annually):	National Level (Annually):	National Level (Annually):	PATH project sites : At all 24 PATH sites the MDR

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
detected		Annually	Total no. of MDR-TB cases detected in 2014= 24073. Source: Annual report RNTCP 2015 (Note: information on bacteriologically diagnosis is not available) PATH project sites: 329 (July-Sept 2015)	Not Available(NSP targets only for cases tested and initiated on treatment)	Measured annually Refer to Table 5.1 PATH project sites (Quarterly): 681 (Apr-Jun 2016 only)	cases diagnosed under the Private Provider Interface Agency (PPIA) program have been considered from April to June 2016. In PPIA, clean and verified data for June is received in end-July and hence these numbers may not be totally representative of the actual operations and may change. The June numbers have been calculated arbitrarily based on daily reports and monthly averages of MDR cases. <i>For baseline:</i> Number of MDR cases detected by PPIA in 24 listed facilities from July 2015 to September 2015 is considered (<i>Source: PPIA report</i>)
3.1.5. #/% health facilities implementing intensified case finding (i.e. using SOPs)	Private Health care Facility	Annually	Not Available	24	Measured annually	
3.2.1. Number and percent of TB cases successfully treated (all forms) by setting (i.e. private sector, pharmacies, prisons,	None	Annually	National level(Annually): No. TB cases successfully treated (all form) = 1084185	National level(Annually): 88% (RNTCP NSP target)	National level(Annually): measured annually	

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
etc.) and/or by population (i.e. gender, children, miners, urban slums, etc.).			(88.3%); Source: RNTCP annual report 2015.			
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	2	
3.2.26 INDIA SPECIFIC (new as of Q2): Number of TB patients tested for HIV		Quarterly	N/A	End year targets for HIV testing in 24 private facilities under CTB-PATH: PATH project sites: By gender: Male=770 Female= 830	Number of TB cases screened for HIV in 24 private facilities under CTB-PATH: By gender: Male=589 Female= 739 By Age: 0-5 years=2 5-9 years=7	PATH project sites (Quarterly): On PATH sites, the HIV test screening operations have begun in phase wise manner considering the operational steps in sub-contracting the private hospitals for reimbursements. Thus by third quarter PATH team sub-contracted 23 out of 24 private laboratories/hospitals where testing and linking

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
				<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>10-15 years=72 15-19 years=247 20 and above=1001</p> <p>HIV status: HIV positive=23 HIV negative=1306</p> <p>Total TB patients tested for HIV: 1329</p>	services were implemented. The remaining one hospital will be sub-contracted in this last quarter and the services will be expedited in that facility. Total 1329 patients from 23 engaged facilities were notified during the period of March 28-June 30 that is, since the operations began the through 23 facilities on the field.

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)	Media celebrity appears for Free. Estimated time cost of Mr Bachchan - \$650,000 Budget : \$69056.46 Leveraged : \$ 3,362,000 Cost share achieved : 97.9%	
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	The summit has been cancelled
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: 482 (electronic:22; Print: 120; Magazine:2; Online:307) Apr-Jun 2016= 43 (Print: 2; Online=41)	
7.2.10. INDIA SPECIFIC: # of content/ materials developed and	by type (TVC/PrintAd/AV/websites/social)	Quarterly	0 (NIL)	10	Total:55 (Apr-Jun=38)	This includes: Flier=10 (CTB, Union at a Glance, Corporate sector, Private Health Sector dialogue,

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
disseminated with Challenge TB support that are in line with the campaign strategy	media/knowledge products)					Medanta-TB-Free Haryana, Parliamentarian meet, Research & Academia, NASSCOM, Civil society, Media) CTB One pager=1 Fact sheet=1 Post Card=1 Digital Illustration= 20 Animated GIF's=2 Photo Stories=7 Video Testimonials=5 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 canceled and reprogrammed

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		
8.1.4. % of local partners' operating budget covered by diverse non-USG funding sources	None	Annually		NA	Measured annually	

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
8.2.1. Global Fund grant rating	None	Annually	B1	B1	Refer to section 3 of the report.	

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	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	Comments
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	Comments
11.1.3. # of healthcare workers trained, by gender and technical area	None	Quarterly	NA	20	Measured Annually Total No. of person trained: 82 (M:38, F:44)	Total No. of person trained: 82 Q2 (Jan-March) Laboratory staff (PATH):55 (M:20, F:35) Q3 (Apr-Jun) TB Champion (The Union): 27 (M:18, F:9)
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	