

General Grant Information

Country	India				
Grant Number	IDA-202-G03-T-00	Component	Tuberculosis	Round	2
Grant Title	Expansion of the revised national tuberculosis control program to the "uncovered" 110 million population of Bihar and Uttar Pradesh and strengthening of DOTS in four urban areas				
Principal Recipient	The Department of Economic Affairs of the Government of India				
Total Lifetime Budget	\$ 240,498,480	Phase 1 Grant Amount	\$ 7,572,870	Phase 2 Grant Amount	\$ 40,965,707
Grant Start Date	01 Apr 2004	Phase 1 End Date	31 Mar 2006	Phase 2 End Date	31.Mar.15
Disbursed Amount	\$ 40,777,676	% of Grant Amount	84%	Latest Rating	A2
Time Elapse (at the end of the latest reporting period)	60 months	% of Grant Duration	45%	Proposal Lifetime	132 months

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1. Program Description and Contextual Information

1.1. Program Description Summary

The grant is currently in RCC-1 phase. The start date of RCC-1 is 1 April 2009. The RCC-1 total amount is USD 84,870,111. The final RCC amount is to be reflected in the GPR system upon completion of internal documentation.

Over the past four years, the Revised National TB Control Program (RNTCP) has expanded rapidly in coverage, from 18 million people in 1997 to about 650 million by May 2003. The RNTCP has covered the entire country by 2005. The program has assisted the national DOTS program expansion by covering an additional 110 million people in fifty six districts in two States, Bihar and Uttar Pradesh. It has strengthened the urban TB control services in slum areas by establishing 'patient-friendly' TB control programs by NGOs, in 4 major cities in India- Mumbai, Hyderabad, Indore and Varanasi. The program will seek to achieve at least 85% treatment success and 70% detection of new smear positive cases. Approximately, 600,000 TB patients will receive treatment. Capacity building of District TB Control Cells and sub-district service centers will be key focus of the program. Lessons learned from existing TB programs in other states will be used to design interventions to ensure greater private practitioners participation. Binocular microscopes (BM) and anti-TB drugs will be procured by the Central TB Department and distributed to the states. RNTCP is implemented by Central TB Department.

Main objectives of the program prior consolidation were:

1. To expand RNTCP to the "uncovered" population of 110 million in 56 districts of the States of Bihar and Uttar Pradesh to ensure nationwide coverage by 2005.
2. To achieve at least 85% successful outcome of treatment amongst registered new smear positive pulmonary TB cases.
3. To achieve a case detection rate of at least 70% of the estimated new smear positive pulmonary TB cases.
4. To establish model "Urban TB Control Projects" in 4 major cities of India by improving the quality and reach of RNTCP to special groups like slum dwellers and migrants, through "friendly" treatment observation, involvement of private and NGO sectors and IEC.

Expected Results for 2004-2009 were:

- More than 600,000 TB patients provided DOTS treatment
- About 108,000 lives saved
- Over 1,200,000 individuals spared from becoming infected with TB
- The community at large having access to free and uninterrupted high quality diagnostic and curative TB services.

This grant has been consolidated with grants IDA-405-G08-T and IDA-607-G09-T. The consolidated grant starts at period 21

The Consolidated RCC Grant will finance the expansion of activities that were previously financed under the expiring Global Fund Round 2 Grant. Specifically, the Consolidated RCC Program will expand on the provision of RNTCP DOTS services to previously uncovered districts of Bihar. Through public-private collaboration, it will build on the model 'Urban TB Control Projects', which were established under the Round 2 Program in four cities with large numbers of slum dwellers and migrant populations.

The Consolidated RCC Grant will also finance the continuation of activities that were previously funded under the Round 4 (IDA-405-G08-T) and Round 6 (IDA-607-609-T) grants. The consolidation of these grants will result in efficiency gains in program management and reporting. It will also allow for holistic reporting on the extension of RNTCP services in states that were previously covered under separate grants. Under the Round 4 Grant, RNTCP services were expanded in the states of Andhra Pradesh and Orissa serving a population of approximately 119 million people and ensuring high detection (70%) and successful treatment rates (85%). Under the Consolidated RCC Program, these activities will be continued and approximately 427,000 people will be registered for DOTS treatment annually and up to 1,100 patients at DOTS plus pilot sites will have access to free second-line drugs. In addition, to ensure improved partnership between national RNTCP program and NGOs from other sectors, the Consolidated RCC Program will build on a technical assistance project implemented in Orissa with the International Union Against TB and Lung Disease (IUATLD). It will also build on the First IMPACT project, which was initiated with the Catholic Bishops Conference of India (CBCI) to facilitate the involvement of all Catholic Health institutions in RNTCP in 11 Indian states.

Under the Round 6 Grant, the Global Fund has supported RNTCP services in the three newly created states of Chhattisgarh, Jharkhand and Uttarakhand, with a total population of approximately 62.3 million. The initial phase of DOTS implementation in these states, which included upgrading health care facilities, training of state and district health care workers and improving their management skills took place under a Round 1 Global Fund Program, which expired in September 2006. The Consolidated RCC Program will build on these efforts with the professional support of the Indian Medical Association (IMA) in an additional six states, which include Andhra Pradesh, Chandigarh, Haryana, Maharashtra, Punjab and Uttar Pradesh.

The Consolidated RCC Program also includes a scale-up of RNTCP services in the 8 remaining districts of Bihar (28 million) with the aim to streamline funding at state level and simplify program management and reporting. Support is also extended to the state of Haryana (24 million), subsequent to the gap created due to reprogramming of USAID funds away from DOTS implementation in Haryana to increased technical assistance to RNTCP.

Thus, the Consolidated RCC Program will cover a population of 362 million in 8 states of India. In addition, the Catholic Bishops Conference of India's (CBCI) public-private mix (PPM) project (continuation of Round 4 Program) and the Indian Medical Association (IMA) project (continuation of Round 6 Program) under the RCC Program will now target 16 and 19 states respectively.

Goal under Consolidated RCC:

To reduce the burden (morbidity and mortality) of TB in India by 2015, in line with the Millennium Development Goals, and eliminate TB as a public health problem in the country by 2050.

Target Groups/Beneficiaries under Consolidated RCC:

- Population of the states of Andhra Pradesh, Bihar, Chhattisgarh, Haryana, Jharkhand, Orissa, Uttarakhand and 27 districts of Uttar Pradesh;
- Private practitioners in 572 districts of 16 states (Andhra Pradesh, Bihar, Chandigarh, Chhattisgarh, Gujarat, Haryana, Jharkhand, Kerala, Maharashtra, Orissa, Punjab, Rajasthan, Tamil Nadu, Uttar Pradesh, Uttarakhand and West Bengal), trained in RNTCP DOTS through the network of 400 IMA branches; and
- Catholic health institutions in 19 states (Andhra Pradesh, Assam, Bihar, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, Orissa, Rajasthan, Uttar Pradesh, West Bengal, Kerala, Tamil Nadu, Gujarat, Maharashtra, Goa, Meghalaya, Manipur and Nagaland with their involvement in the RNTCP.

Objectives under Consolidated RCC:

- To achieve and sustain universal access to high quality diagnosis and patient friendly treatment under DOTS;

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- Expand and increase the reach of RNTCP to ensure equitable access to diagnostic and treatment services for TB/HIV and drug resistant TB;
- To consolidate efforts towards achieving the goal of TB control through sustainable and effective public-private partnership to involve all health care providers; and
- To contribute towards national efforts in measuring the impact of RNTCP in relation to the MDG TB targets.

Strategies under Consolidated RCC:

- Detect and treat tuberculosis patients, including new smear positive cases;
- Treat MDR-Tuberculosis patients and contribute to the establishment of DOTS Plus sites;
- Support the laboratory network for undertaking culture and drug susceptibility testing (DST);
- Offer Voluntary Counseling and Testing (VCT) services to tuberculosis patients, test tuberculosis patients in the high HIV prevalence state of Andhra Pradesh, and offer ART service linkages to the co-infected;
- Sign schemes for collaboration with NGOs and Private Practitioners to scale-up Public-Private-Mix DOTS under RNTCP in the states; and
- Undertake repeat TB prevalence surveys and repeat drug resistance surveys in Andhra Pradesh and Orissa.

Planned Activities under Consolidated RCC:

- Detecting and registering under DOTS new smear positive and other forms of TB cases;
- Supporting designated microscopy centers by providing maintenance, lab supplies and civil works;
- Retraining/ training key RNTCP staff (including district TB officers, medical officers of district TB centers, medical officers, senior TB treatment supervisors, Senior TB laboratory supervisors and lab technicians);
- Involving NGOs and private practitioners under the RNTCP DOTS program in the eight target states of Bihar, Uttar Pradesh, Andhra Pradesh, Orissa, Haryana, Chattisgarh, Uttarakhand and Jharkhand.
- Diagnosing and treating TB cases among PLWHA referred from VCT centers to RNTCP facilities;
- Providing DOTS Plus treatment for MDR-TB cases;
- Reaching private medical practitioners through Continuing Medical Education (CME);
- Training private providers in DOTS using the RNTCP Module for Private Practitioners and International Standard of Care guidelines; and
- Conducting TB survey and disseminating the survey reports.

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
(Total population (in 1000s	1,198,003	2009	:United Nations. World Population Prospects .The 2008 Revision
(Pop age 0-4 (in 1000s	126,894	2005	:United Nations. World Population Prospects .The 2006 Revision
(Pop age 15-49 (in 1000s	591,419	2005	:United Nations. World Population Prospects .The 2006 Revision
(\$GNI per capita, Atlas method (current US	950	2007	World Bank. World Development Indicators -database (http://devdata.worldbank.org/data query/) accessed on November 17, 2008
Income level	Lower middle income	2007	World Bank. World Development Indicators -database (http://devdata.worldbank.org/data query/) accessed on November 17, 2008
(Under-5 mortality rate (per 1000	76	2006	WHO. World Health Statistics 2008) http://www.who.int/whosis/whostat/EN_WHS08
(Physicians (number	645,825	2004	WHO. World Health Statistics 2008) http://www.who.int/whosis/whostat/EN_WHS08
(Nursing and midwifery personnel (number	1,372,059	2004	WHO. World Health Statistics 2008) http://www.who.int/whosis/whostat/EN_WHS08
(Total health expenditure per capita (USD	36	2005	WHO. World Health Statistics 2008) http://www.who.int/whosis/whostat/EN_WHS08
(Human Development Index (HDI	Medium	2006	UNDP. Human Development Indices: A statistical update 2008) http://hdr.undp.org/en/media/HDI_2008_EN_Co
Tuberculosis	Estimate	Year	Source
(TB prevalence, all forms (number	3,304,976	2007	:WHO. Global tuberculosis control epidemiology, strategy, financing: WHO report .2009
(TB incidence, all forms (number	1,961,825	2007	:WHO. Global tuberculosis control epidemiology, strategy, financing: WHO report .2009
(TB mortality, all forms (number	331,268	2007	:WHO. Global tuberculosis control epidemiology, strategy, financing: WHO report .2009
(TB incidence, smear-positive (number	872,514	2007	:WHO. Global tuberculosis control epidemiology, strategy, financing: WHO report .2009

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1.3. Comments on Key Discrepancies between Approved Proposal and Grant

PPTCT scaling up was much higher than proposal target.

1.4. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Background Analysis	x	Not required under round 2 grants.
Financial Management and Systems	A1	<ul style="list-style-type: none"> -Existing fund flow mechanism being used for international donors has been found to be satisfactory and there were no problems reported in the system. Therefore it is recommended that the existing system of fund flow be continued for the proposed GFATM grant. -Annual monitoring of situation resulting from fluctuation in currency exchange rate should be done. -Undertake capacity assessment of state and district level Societies. -Develop a plan for refresher training of accountants at STCS. -Appoint one Finance Officer (on contract) for exclusively managing funds from GFATM. The qualification and the background of the consultant could be the same as specified for the consultant to be hired for NACO. -Part time accountants to be hired in all the targeted districts shortly after the signing of the country agreement. -Internal audit (technical and financial) system should be institutionalized. -Computerized system of accounting-existing off-the-shelf software could be adapted for the purpose of this program. The implementation of the computerized system of accounting should be complete at the CTD and the state level within one year and the implementation of any such system in some states like Uttar Pradesh and Bihar. -Plans to be developed for refresher and induction training on newly developed computerized accounting system.
Institutional and Programmatic	A1	<ul style="list-style-type: none"> -PR is to review the tenure of the key staff at CTD to ensure continuity and capacity building. -A special account for transiting GFATM Fund should be opened and managed by the PR. -Strengthen relationships with and capacity of NGOs. -Assess the capacity of STCS and develop appropriate training modules for them. -Job description should be attached with the appointment letter of the consultants
Procurement and Supply Management	B1	<ul style="list-style-type: none"> -A National Essential Drug List was prepared by the Ministry of Health in the year 1996 and reviewed in March 2003 (approval awaited)-PR should provide a copy of the EDL for TB and HIV/AIDS drugs including drugs for STIs, OIs and ART. Although it must be noted here that all drugs under the program are being supplied free of cost and frequent training programs are being organized for the field staff. -PR should provide a copy of STG for TB treatment. -The mission was given to understand that harmonization of various EDL and STG has already taken place. It needs to be done on a continuing basis. -Ensure all the facilities have a copy of the EDL and STG and are familiar with the products and the principles behind the guidelines. -The PR needs to provide an organogram that describes the set up of the NACP and RNTCP and the key officials involved in managing the program, from an administrative and a technical perspective. -To make the distribution system more efficient PR needs to outsource the transport to reliable contracting agency/agencies to distribute TB drugs and products directly to the peripheral institutions from the manufacturers to avoid delay. -An appropriate monitoring system for reporting adverse drug reactions and development of resistance to these drugs, although in position needs to be strengthened.
Monitoring and Evaluation	A1	<ul style="list-style-type: none"> - Continue the system of review meetings of all STOs to be coordinated by CTD every six months - Prepare a separate M&E plan for GFATM assistance. - Hire a full time consultant for the CTD to look after the M&E tasks of GFATM assistance. - Training plan for training of personnel on the use of Computerized management information system to be developed. - District level officials need training on developing annual action plans and budgeting.

1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent: A detailed project implementation plan for the Project which includes a one-year detailed budget.				Yes	
	Condition Precedent: Evidence that it has appointed a finance officer who shall be solely responsible for financial management and administration of Program Grant funds.				Yes	
	The Central TB Division (CTD) will provide to the Global Fund, in form and substance satisfactory to the Global Fund, a detailed M&E budget, any proposed reprogramming of program funds to accommodate such budget and a detailed plan addressing necessary Monitoring and Evaluation capacity building in the two Program states		Disbursement		Yes	As was indicated under the last DR submission, M & E capacity building has been provided through training at the state and district level as well as through regular meetings to sensitize all involved. As was recommended by LFA earlier, while the CP has been met, additional capacity building and M&E at both state and district level should be further continued, so as to improve the general quality of the program.
	The Central TB Division (CTD) will provide to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that Program financial management systems development at the state and district level has developed to a level which ensures timely reporting of Program financial information.		Disbursement		Yes	Training has been completed in both states.
	The PR shall recruit a M&E officer solely dedicated to strengthening the M&E capacity of the Program			30.Sep.06	Yes	M& E Evaluation Cell was established by CTD, with a Chief Medical Officer overseeing its work and implementation of activities at the state level.
	The PR shall deliver to the Global Fund, a plan for financial management training for district and state-level officials involved in the program.			30.Sep.06	Yes	Plan has been completed, with training included therein.
	The PR shall make a plan to increase NGO organization and PP sector participation at the state level.			30.Sep.06	Yes	<p>As is evident, even in the last DR submission, this CP has also been met. In fact, the involvement of NGOs, particularly in the remote districts, has had a solid & positive impact and should be encouraged and further strengthened.</p> <p>State level sensitization of NGOs has been conducted and master plan for involvement of NGOs in signed schemes has been distributed to the districts. In Bihar, districts with poor health infrastructure are in the process of involving NGOs to function as DMCs and TUs. UP has conducted 2 workshops for involvement of PPs and NGO sensitization workshops are being planned. Many NGOs have now been involved in signed schemes in both states.</p>

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
	The delivery by the Principal Recipient to the Global Fund of an updated version of the Monitoring and Evaluation Systems Strengthening Tool (MESS Tool), which: (i) has been prepared by the Principal Recipient in consultation with relevant national and state government stakeholders and relevant non-government stakeholders (including but not limited to the non-government Sub-recipients) at a workshop facilitated by an independent consultant, as mutually agreed with the Global Fund; and (ii) includes a detailed description of the action that needs to be taken to strengthen monitoring and evaluation of Sub-recipient activities, with a timeline for such action;		Disbursement		No	
	The Global Fund's written approval of the MESS Tool.			15.Nov.09	No	
	The delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has complied with Article 14(a) of the Standard Terms and Conditions of this Agreement in the assessment of Sub-recipients; and			15.Nov.09	No	
	The delivery by the Principal Recipient to the Global Fund of an action plan for each Sub-recipient, which specifies any remedial actions and/or capacity building measures that will be undertaken to address any weaknesses identified in the capacity assessments of Sub-recipients (as described in Section B.1.c above) ("SR Capacity Building Plans");			15.Nov.09	No	
	The Global Fund's written approval of the SR Capacity-Building Plans.			15.Nov.09	No	
	The delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has conducted an analysis of the composition and calculation methodology of the overheads/management services fees charged by the non government Sub Recipients;			15.Nov.09	No	
	The delivery by the Principal Recipient to the Global Fund of a revised budget for the Program Term (the "Revised Program Budget") if the results of the analysis referred to in Section B.1.f necessitate amendments to the budget for the Program Term that was approved by the Global Fund with effect from the Consolidated RCC-I Starting Date;			15.Nov.09	No	
	The Global Fund's approval of the Revised Program Budget.			15.Nov.09	No	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
	a. the delivery by the Principal Recipient to the Global Fund of an updated plan for the procurement, use and supply management of the Health Products (the "PSM Plan"), which includes without limitation, measures to improve the storage arrangements and inventory control of Health Products in accordance with the recommendations made by the Office of the Inspector General of the Global Fund in its report dated September 2008;		Disbursement	31.May.09	In Progress	As informed by the PR, the GFATM- RCC proposal was recently approved (on 5th Aug'09) by Expenditure Finance Committee (EFC). The contracts with Non Government Sub Recipients (IMA & CBCI) have been signed under Rd 4 & Rd 6 and are valid till March 2010 and March 2012 for CBCI & IMA respectively. For the expansion activities under RCC, the revised contracts with Non Government Sub Recipients will be signed in the month of Sept'09 after the Cabinet Approval.
	the delivery by the Principal Recipient to the Global Fund of an updated plan for the procurement, use and supply management of the Health Products (the "PSM Plan"), which includes without limitation, measures to improve the storage arrangements and inventory control of Health Products in accordance with the recommendations made by the Office of the Inspector General of the Global Fund in its report dated September 2008;		Procurement		Yes	
	b. written approval of the Global Fund of the PSM Plan.			31.May.09	In Progress	
	a. the delivery by the Principal Recipient to the Global Fund of the Green Light Committee (GLC) of the World Health Organization's written approval of the Principal Recipient's application for the procurement of second-line anti-tuberculosis drugs for the treatment of MDR-TB;				No	
	b. the delivery by the Principal Recipient to the Global Fund of the annual MDR-TB patient registration targets approved by the GLC for the relevant twelve-month period and the price and quantities of the drugs that will be procured by the Principal Recipient in accordance with the application approved by the GLC;				No	
	c. delivery by the Principal Recipient to the Global Fund of revised budget for the Program Term, if the annual MDR-TB patient registration targets approved by the GLC necessitate amendments to the budget for the Program Term that was approved by the Global Fund with effect from the Consolidated RCC-I Starting Date ("Revised Program Budget"); and				No	
	d. The Global Fund's written approval of the Revised Program Budget.				No	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1	To achieve by 2005, nationwide coverage under RNCTP with DOTS strategy which focuses on establishing sustainable technical, managerial and organizational infrastructure. The project will continue to seek to achieve at least 85% treatment success and at least 70% detection of new smear positive cases in order to reduce morbidity, mortality and disability due to tuberculosis, so that TB ceases to be a significant public health problem.
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Impact indicator	NULLOEMPTY										Baselines	
											Value	Year
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target												
Result												

Impact indicator	Population coverage under RNTCP in the entire country										Baselines	
											Value	Year
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	600 million	2003
Target					>1,027 million							
Result												

Impact indicator	Proportion of smear-positive TB cases registered under DOTS successfully treated										Baselines	
											Value	Year
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	84%	2001
Target					>85%							
Result												

Impact indicator	Proportion of all estimated new smear-positive TB cases (existing in the entire country) detected and put on under DOTS										Baselines	
											Value	Year
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	35%	2001
Target					>70%							
Result												

Impact indicator	Proportion of all treatment units implementing DOTS in line with standard criteria for effective implementation										Baselines	
											Value	Year
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	60%	2003
Target					100%							
Result												

2.2. Programmatic Performance

2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
N/A	01.Apr.04 30.Jun.04	01.Jul.04 30.Sep.04	01.Oct.04 31.Dec.04	01.Jan.05 31.Mar.05	01.Apr.05 30.Jun.05	01.Jul.05 30.Sep.05	01.Oct.05 31.Dec.05	01.Jan.06 31.Mar.06
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	01.Apr.06 30.Jun.06	01.Jul.06 30.Sep.06	01.Oct.06 31.Dec.06	01.Jan.07 31.Mar.07	01.Apr.07 30.Jun.07	01.Jul.07 30.Sep.07	01.Oct.07 31.Dec.07	01.Jan.08 31.Mar.08
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
N/A	01.Apr.08 30.Jun.08	01.Jul.08 30.Sep.08	01.Oct.08 31.Dec.08	01.Jan.09 31.Mar.09	01.Apr.09 30.Jun.09	01.Jul.09 30.Sep.09	01.Oct.09 31.Dec.09	01.Jan.10 31.Mar.10

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To expand RNTCP to the uncovered population of 110 million in 56 districts of the states of Bihar and Uttar Pradesh and to achieve at least 85% successful outcome of treatment amongst the registered new smear positive pulmonary cases and detect at least 70% of such estimated cases.

Prevention: Identification of Infectious Cases

Indicator 1.1 - Number of new smear positive cases detected and put on treatment among the total estimated number of new smear positive TB cases per year in the areas covered under DOTS

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	0	Mar-04	Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	n/a	3,025	6,050	17,394	28,737	40,081	51,425
Result	n/a	n/a	461	2,828	6,231	10,404	14,614	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	62,009	72,594	83,178	93,763	106,075	118,387	130,699	143,012
Result	Pending result	43,460	Pending result	61,009	73,169	84,347	94,463	105,760
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	157,103	171,194	185,285	199,376				
Result	Pending result	133,845	Pending result	160,544				

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Indicator 1.2 - Number of microscopy centers established and supported

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	0	Mar-04	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	275	550	900	950	1,000	1,050	1,101
Result	n/a	572	741	771	954	1,144	1,144	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	1,105	1,110	1,115	1,116	1,126	1,136	1,146	1,157
Result	Pending result	994	Pending result	1,003	1,006	1,034	1,009	1,016
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	1,167	1,177	1,187	1,201				
Result	Pending result	1,039	Pending result	1,130				

Indicator 1.3 - Number of District TB Officers, Medical Officer-TB Control, Senior Treatment Supervisors, Senior TB Lab Supervisor, lab technicians trained in RNTCP

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained	0	Mar-04	Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	50	700	1,200	1,600	2,058	2,515	2,972	3,429
Result	n/a	651	1,142	1,142	1,625	2,967	3,155	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	3,529	3,155	3,520	3,795	3,881	3,967	4,054	4,141
Result	Pending result	3,598	Pending result	4,397	4,397	4,397	4,856	4,401
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	4,420	4,470	5,000	5,060				
Result	Pending result	4,401	Pending result	4,960				

Treatment: Timely detection and quality treatment of cases

Indicator 1.4 - Total number of patients put on DOTS (in 42 and 56 districts in the first and second half of the year respectively)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	Mar-04	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	n/a	4,150	16,600	46,600	76,600	107,250	137,900
Result	n/a	n/a	941	7,226	16,042	26,917	38,516	Pending result

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	159,069	180,238	201,407	222,576	247,200	271,824	296,449	321,073
Result	Pending result	100,106	Pending result	145,346	201,430	229,393	253,946	280,778

	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	349,255	377,438	405,620	433,802				
Result	Pending result	343,782	Pending result	400,153				

Indicator 1.5 - Percentage of new smear-positive TB cases registered under Directly Observed Therapy Short-Course (DOTS) who are successfully treated (cases which were registered in the corresponding quarter of the previous year)*

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	Mar-04	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		n/a	n/a	n/a	n/a	n/a	392/461 >85	
Result	n/a	n/a	n/a	n/a	n/a	n/a	361/461 78%	N: D: P: %

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	>85% (14785/17394)	>85% (24426/28737)	>85% (34096/40081)	N: 43,711 D: 51,425 P: 85%	N: 52,708 D: 62,009 P: 85%	N: 61,705 D: 72,594 P: 85%	N: 70,702 D: 83,178 P: 85%	N: 79,699 D: 93,763 P: 85%
Result	Pending result	79% (3310/4207)	Pending result	N: 15,928 D: 19,312 P: 83%	N: 22,748 D: 27,591 P: 82%	N: 30,401 D: 36,672 P: 83%	N: 6,931 D: 8,081 P: 86%	N: 45,196 D: 54,036 P: 84%

	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	N: 90,163 D: 106,075 P: 85%	N: 100,629 D: 118,387 P: 85%	N: 111,094 D: 130,699 P: 85%	N: 121,560 D: 143,012 P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	Pending result	N: 65,004 D: 76,975 P: 84%	Pending result	N: 83,866 D: 98,517 P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

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Indicator 1.6 - Number of health facilities (TU-Tuberculosis Unit stocking drugs and providing supervision for DOT services to a population of 250,000 to 500,000) established and supported.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	0	Mar-04	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	50	110	170	185	200	210	221
Result	n/a	121	153	182	222	222	Pending result	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	221	225	225	225	228	230	232	235
Result	Pending result	229	Pending result	231	231	238	232	231
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	238	240	242	245				
Result	Pending result	233	Pending result	242				

Indicator 1.7 - Number of NGOs and private health providers involved in Revised National Tuberculosis Control Program (RNTCP).

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	0	Mar-04	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	75	175	275	575	775	1,175	2,035
Result	n/a	0	45	45	89	109	Pending result	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	2,045	2,050	2,055	2,065	2,073	2,081	2,089	2,095
Result	386	612	860	1,423	1,678	1,997	2,075	2,134
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	2,140	2,145	2,150	2,160				
Result	Pending result	2,131	Pending result	2,153				

Objective 2 - To establish model 'urban TB control projects' in 4 major cities of India by improving the quality and reach of RNTCP to special groups like slum dwellers and migrants, through more patient-friendly treatment observation, involvement of private and NGO sectors and IEC

Treatment: Timely detection and quality treatment of cases

Indicator 2.5 - Number of new smear positive TB cases detected and put on treatment, in entire 4 districts where the NGOs are working in selected urban slum

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	11500	Jan-05	Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	n/a	n/a	n/a	3,288	6,576	9,864	13,151
Result	n/a	n/a	n/a	n/a	n/a	6,476	Pending result	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	16,505	19,858	23,212	26,565	29,949	33,333	36,718	40,102
Result	Pending result	19,846	Pending result	27,265	31,076	34,663	38,495	42,364

Indicator 2.6 - Total number of TB patients put on treatment under DOTS in entire 4 districts where the NGOs are working in selected urban slum

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	32000	Jan-05	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	n/a	n/a	n/a	8,883	17,766	26,649	35,532
Result	n/a	n/a	n/a	n/a	n/a	19,512	Pending result	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	44,651	53,771	62,890	72,010	81,213	90,415	99,618	108,821
Result	Pending result	59,492	Pending result	81,517	92,956	104,149	115,996	128,597

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Indicator 2.7 - Number and percentage of new smear-positive TB cases registered under DOTS who are successfully treated								
	Baseline						Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year						
Level 3-People reached	9770	Jan-05					Y	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	n/a	n/a	n/a	2723/3203 (85%)	5446/6406 85%	8169/9609 (85%)	10890/12812 (85%)
Result	n/a	n/a	n/a	n/a	n/a	87%	Pending result	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	11099/13058 >85%	13894/16346 >85%	16689/19634 >85%	19484/22922 >85%	N: 22,335 D: 26,276 P: 85%	N: 25,185 D: 29,630 P: 85%	28036/32984 >85%	N: 30,887 D: 36,338 P: 85%
Result	Pending result	Pending result	Pending result	22539/26093 (86%)	N: 25,620 D: 29,635 P: 87%	N: 28,407 D: 32,858 P: 87%	N: 3,163 D: 3,637 P: 87%	N: 28,407 D: 32,858 P: 87%
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	N: 25,456 D: 29,949 P: 85%	N: 28,333 D: 33,333 P: 85%	N: 31,210 D: 36,718 P: 85%	N: 34,086 D: 40,102 P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	Pending result	N: 34,816 D: 40,256 P: 87%	Pending result	N: 41,494 D: 47,957 P: 87%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Objective 3 - To achieve and sustain universal access to high quality diagnosis and patient friendly treatment under DOTS.**Improving diagnosis**

Indicator 3.1 - Number of Designated Microscopy Centres supported under RNTCP in the project states

	Baseline							Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year							
No Level	0	Mar04						N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	
Target									
Result									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	
Target									
Result									
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24	
Target					3,625	3,640	3,655	3,665	
Result					Pending result				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32	
Target	3,675	3,690	3,705	3,720	3,735	3,750	3,765	3,785	
Result									

Indicator 3.7 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy

	Baseline							Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year							
No Level								N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	
Target									
Result									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	
Target									
Result									
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24	
Target								3,115	
Result									
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32	
Target				3,199				3,293	
Result									

High Quality DOTSIndicator 3.2 -
Number of key RNTCP staff (DOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

Baseline-1 (if applicable)

Value
Rd-2: 0
Rd-4: 1395
Rd-6: 730
Haryana-214
Rd-2: 0
Rd-4: 0
Rd-6: 0
Haryana-1554
Rd-2: 0
Rd-4: 15298
Rd-6: 25000
Haryana-3266

Rd-2: 0
Rd-4: 0
Rd-6: 64000
Haryana-7608
Total-64000
Rd-2: 0
Rd-4: >85%
Rd-6: 87%
Haryana-85%

Rd-2: 100%
Rd-4: 100%
Rd-6: 100%
Haryana- 100%
"6114/28498
(21%)"
0

Rd-2: 0
Rd-4: 0
Rd-6: 0
Haryana-5
Rd-2: 0
Rd-4: 0
Haryana-0

Rd-2: 0
Rd-4: 112
Rd 6:326
Haryana-352

Rd-6-0
428/5686 (8%)
0

028/5686 (8%)

0
0
0

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High Quality DOTS RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

Number of key RNTCP st

	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									Y	Y
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					750	1,500	2,250	3,000		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	3,750	4,500	5,250	6,000	6,750	7,500	8,250	9,000		
Result										

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Indicator 3.3 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (cumulative/year)								
	Baseline						Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year					Y	N
No Level							Y	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target								
Result								
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target					85,562	135,640	180,353	41,136
Result					Pending result			
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32
Target	85,662	137,608	183,990	42,671	89,172	143,427	191,868	44,566
Result								

Indicator 3.4 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (non-cumulative)								
	Baseline						Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year					Y	N
No Level							Y	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target								
Result								
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target					Q1 2009: 42683 Q2 2009: 42924	50,078	44,713	41,136
Result					Pending result			
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32
Target	44,526	51,946	46,382	42,671	46,501	54,255	48,441	44,506
Result								

Indicator 3.5 - Number of TB cases (All forms) registered for treatment under RNTCP DOTS										
	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					221,888	324,735	419,354	102,410		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	221,888	328,566	426,709	102,410	221,888	328,566	426,709	106,957		
Result										

Indicator 3.6 - Number and percentage of new smear positive pulmonary TB cases registered in a specified period that are successfully treated										
	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level	0	04							Y	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					71,952	108,113	143,892	36,280		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	72,765	115,331	153,337	34,965	72,812	116,967	156,391	36,270		
Result										

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Procurement and Supply management								
Indicator 3.8 - Number of reporting units (districts) reporting no stock out of first line anti TB drugs								
	Baseline						Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year					N	N
No Level							N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target								
Result								
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target					191	191	191	191
Result					Pending result			
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32
Target	191	191	191	191	191	191	191	191
Result								

TB/HIV

Indicator 3.9 - Number and percentage of TB patients who had an HIV test result recorded (positive and negative) in the TB register (among all registered patients in Andhra Pradesh)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
No Level			Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target								
Result								
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target					13,156	21,657	30,512	9,311
Result					Pending result			
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32
Target	20,351	34,663	49,018	14,108	30,209	50,440	68,503	16,618
Result								

Indicator 3.10 - Number and percentage of HIV positive TB patients who receive at least one dose of cotrimoxazole preventive therapy during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in Andhra Pradesh)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
No Level			Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target								
Result								
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target					NA	NA	NA	NA
Result								
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32
Target	427	724	1,034	423	819	1,356	1,883	760
Result								

MDR-TB										
Indicator 3.11 - Number of lab-confirmed MDR-TB patients enrolled in second-line anti-TB treatment (DOTS Plus treatment)										
	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									Y	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					135	210	315	105		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	305	505	705	200	500	800	1,100	300		
Result										

Indicator 3.12 - Number and percentage of lab-confirmed MDR- TB patients successfully treated among those enrolled in second line anti-TB treatment (according to program guidelines) during a specified period of time										
	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									Y	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					NOT EXPECTED	NOT EXPECTED	NOT EXPECTED	NOT EXPECTED		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	NOT EXPECTED	NOT EXPECTED	NOT EXPECTED	NOT EXPECTED	NOT EXPECTED	21	46	52		
Result										

All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care)

Indicator 3.13 - Number of NGOs and Private Practitioners involved and supported (under signed MOU) under RNTCP DOTS Programme

	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					46	96	156	216		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	281	346	411	476	551	626	711	796		
Result										

Indicator 3.14 - Number of IMA members from the 15+1 project states/UTs who have signed an MoU under one of the RNTCP PPM schemes

	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					50	100	200	300		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	400	500	650	800	950	1,100	1,300	1,500		
Result										

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Indicator 3.15 - Percentage of diagnosed NSP TB patients receiving DOT from PPs in 10 districts conducting sentinel PPM documentation										
	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					8	8	9	9		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	9	9	9	9	10	10	10	10		
Result										

Indicator 3.16 - Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centres) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP										
	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					15	30	45	60		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	85	110	135	160	185	210	235	260		
Result										

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Indicator 3.17 - Number of Designated Microscopy Centres established and supported under RNTCP in the Catholic Health Facilities										
	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target					2	4	7	10		
Result					Pending result					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	12	14	17	20	22	24	27	30		
Result										

Indicator 3.18 - Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs										
	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
No Level									N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target										
Result										
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target										
Result										
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	9,000	18,000	38,000	45,000	63,000	81,000	102,000	126,000		
Result										

2.2.3. Cumulative Progress To Date

Latest reporting due period : 21 (01.Apr.09 - 30.Jun.09)

Objective 1	To expand RNTCP to the uncovered population of 110 million in 56 districts of the states of Bihar and Uttar Pradesh and to achieve at least 85% successful outcome of treatment amongst the registered new smear positive pulmonary cases and detect at least 70% of such estimated cases.
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SDA	Prevention: Identification of Infectious Cases
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Indicator 1.1 - Number of new smear positive cases detected and put on treatment among the total estimated number of new smear positive TB cases per year in the areas covered under DOTS

	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	20	199,376	20	160,544						81%

Indicator 1.2 - Number of microscopy centers established and supported

	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	20	1,201	20	1,130						94%

Indicator 1.3 - Number of District TB Officers, Medical Officer-TB Control, Senior Treatment Supervisors, Senior TB Lab Supervisor, lab technicians trained in RNTCP

	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 1-People trained	20	5,060	20	4,960						98%

SDA Treatment: Timely detection and quality treatment of cases

Indicator 1.4 - Total number of patients put on DOTS (in 42 and 56 districts in the first and second half of the year respectively)

	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	20	433,802	20	400,153						92%

Indicator 1.5 - Percentage of new smear-positive TB cases registered under Directly Observed Therapy Short-Course (DOTS) who are successfully treated (cases which were registered in the corresponding quarter of the previous year)*

	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	20	N: 121,560 D: 143,012 P: 85 %	20	N: 83,866 D: 98,517 P: 85.1 %						100%

Indicator 1.6 - Number of health facilities (TU-Tuberculosis Unit stocking drugs and providing supervision for DOT services to a population of 250,000 to 500,000) established and supported.

	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	20	245	20	242						101%

Indicator 1.7 - Number of NGOs and private health providers involved in Revised National Tuberculosis Control Program (RNTCP).

	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	20	2,160	20	2,153						100%

Objective 2	To establish model 'urban TB control projects' in 4 major cities of India by improving the quality and reach of RNTCP to special groups like slum dwellers and migrants, through more patient-friendly treatment observation, involvement of private and NGO sectors and IEC
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SDA	Treatment: Timely detection and quality treatment of cases
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Indicator 2.5 - Number of new smear positive TB cases detected and put on treatment, in entire 4 districts where the NGOs are working in selected urban slum

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	16	40,102	16	42,364					106%	

Indicator 2.6 - Total number of TB patients put on treatment under DOTS in entire 4 districts where the NGOs are working in selected urban slum

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	16	108,821	16	128,597					118%	

Indicator 2.7 - Number and percentage of new smear-positive TB cases registered under DOTS who are successfully treated

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	20	N: 34,086 D: 40,102 P: 85 %	20	N: 41,494 D: 47,957 P: 86.5 %					102%	

Objective 3 To achieve and sustain universal access to high quality diagnosis and patient friendly treatment under DOTS.

SDA	Improving diagnosis
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Indicator 3.1 - Number of Designated Microscopy Centres supported under RNTCP in the project states

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	3,625	N/A	Not Found					0%	

Indicator 3.7 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found					Cannot Calculate	

SDA	High Quality DOTS
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SDA

Baseline-I (if applicable)

Value

Rd-2: 0

Rd-4: 1395

Rd-6: 730

Haryana-214

Rd-2: 0

Rd-4: 0

Rd-6: 0

Haryana-1554

Rd-2: 0

Rd-4: 15298

Rd-6: 25000

Haryana-3266

Rd-2: 0

Rd-4: 0

Rd-6: 64000

Haryana-7608

Total-64000

Rd-2: 0

Rd-4: >85%

Rd-6: 87%

Haryana-85%

Rd-2: 100%

Rd-4: 100%

Rd-6: 100%

Haryana- 100%

"6114/28498

(21%)"

0

Rd-2: 0

Rd-4: 0

Rd-6: 0

Haryana-5

Rd-2: 0

Rd-4: 0

Haryana-0

Rd-2: 0

Rd-4: 112

Rd 6:326

Haryana-352

Rd-6-0

428/5686 (8%)

0

0

0

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SDA

High Quality DOTS

SDA

Indicator 3.2 -

Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

Baseline-I (if applicable)

Value

Rd-2: 0

Rd-4: 1395

Rd-6: 730

Haryana-214

Rd-2: 0

Rd-4: 0

Rd-6: 0

Haryana-1554

Rd-2: 0

Rd-4: 15298

Rd-6: 25000

Haryana-3266

Rd-2: 0

Rd-4:0

Rd-6: 64000

Haryana-7608

Total-64000

Rd-2: 0

Rd-4: >85%

Rd-6: 87%

Haryana-85%

Rd-2: 100%

Rd-4: 100%

Rd-6: 100%

Haryana- 100%

"6114/28498

(21%)"

0

Rd-2: 0

Rd-4: 0

Rd-6: 0

Haryana-5

Rd-2: 0

Rd-4: 0

Haryana-0

Rd-2: 0

Rd-4: 112

Rd 6:326

Haryana-352

Rd-6-0

428/5686 (8%)

0

0

0

Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

Number of key RNTCP st

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
No Level	21	750	N/A	Not Found					0%

Indicator 3.3 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (cumulative/year)

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
No Level	21	85,562	N/A	Not Found					0%

Indicator 3.4 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (non-cumulative)

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
No Level	21	Q1 2009: 42683 Q2 2009: 42924	N/A	Not Found					0%

Indicator 3.5 - Number of TB cases (All forms) registered for treatment under RNTCP DOTS

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
No Level	21	221,888	N/A	Not Found					0%

Indicator 3.6 - Number and percentage of new smear positive pulmonary TB cases registered in a specified period that are successfully treated

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	71,952	N/A	Not Found						0%

SDA Procurement and Supply management**Indicator 3.8 - Number of reporting units (districts) reporting no stock out of first line anti TB drugs**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	191	N/A	Not Found						0%

SDA TB/HIV**Indicator 3.9 - Number and percentage of TB patients who had an HIV test result recorded (positive and negative) in the TB register (among all registered patients in Andhra Pradesh)**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	13,156	N/A	Not Found						0%

Indicator 3.10 - Number and percentage of HIV positive TB patients who receive at least one dose of cotrimoxazole preventive therapy during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in Andhra Pradesh)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found						Cannot Calculate

SDA MDR-TB**Indicator 3.11 - Number of lab-confirmed MDR-TB patients enrolled in second-line anti-TB treatment (DOTS Plus treatment)**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	135	N/A	Not Found						0%

Indicator 3.12 - Number and percentage of lab-confirmed MDR- TB patients successfully treated among those enrolled in second line anti-TB treatment (according to program guidelines) during a specified period of time

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	NOT EXPECTED	N/A	Not Found						0%

SDA All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care)

Indicator 3.13 - Number of NGOs and Private Practitioners involved and supported (under signed MOU) under RNTCP DOTS Programme

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	46	N/A	Not Found						0%

Indicator 3.14 - Number of IMA members from the 15+1 project states/UTs who have signed an MoU under one of the RNTCP PPM schemes

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	50	N/A	Not Found						0%

Indicator 3.15 - Percentage of diagnosed NSP TB patients receiving DOT from PPs in 10 districts conducting sentinel PPM documentation

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	8	N/A	Not Found						0%

Indicator 3.16 - Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centres) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	15	N/A	Not Found						0%

Indicator 3.17 - Number of Designated Microscopy Centres established and supported under RNTCP in the Catholic Health Facilities

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	21	2	N/A	Not Found						0%

Indicator 3.18 - Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found						Cannot Calculate

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2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	132 months	Grant Amount	48,538,577 \$
% Time Elapsed (as of end date of the latest PU)	45%	% disbursed by TGF (to date)	84%
Time Remaining (as of end date of the latest PU)	72 months	Disbursed by TGF (to date)	40,777,676 \$
Expenditures Rate (as of end date of the latest PU)	84%	Funds Remaining (to date)	7,760,901 \$

2.3.2. Program Budget

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	01.Apr.04	01.Jul.04	01.Oct.04	01.Jan.05	01.Apr.05	01.Jul.05	01.Oct.05	01.Jan.06
Period Covered To:	30.Jun.04	30.Sep.04	31.Dec.04	31.Mar.05	30.Jun.05	30.Sep.05	31.Dec.05	31.Mar.06
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	400,000	800,000	1,200,000	1,600,000	2,970,000	4,340,000	5,710,000	7,080,000
Summary Period Budget:	400,000	400,000	400,000	400,000	1,370,000	1,370,000	1,370,000	1,370,000

Expenditure Categories

Program Activities

Implementing Entities

	Budget Period 9	Budget Period 10	Budget Period 11	Budget Period 12	Budget Period 13	Budget Period 14	Budget Period 15	Budget Period 16
Period Covered From:	01.Apr.06	01.Jul.06	01.Oct.06	01.Jan.07	01.Apr.07	01.Jul.07	01.Oct.07	01.Jan.08
Period Covered To:	30.Jun.06	30.Sep.06	31.Dec.06	31.Mar.07	30.Jun.07	30.Sep.07	31.Dec.07	31.Mar.08
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	8,786,967	10,452,545	12,212,015	13,928,874	15,474,543	17,572,941	19,512,941	21,452,941
Summary Period Budget:	1,706,967	1,665,578	1,759,470	1,716,860	1,545,669	2,098,398	1,940,000	1,940,000

Expenditure Categories

Program Activities

Implementing Entities

	Budget Period 17	Budget Period 18	Budget Period 19	Budget Period 20	Budget Period 21	Budget Period 22	Budget Period 23	Budget Period 24
Period Covered From:	01.Apr.08	01.Jul.08	01.Oct.08	01.Jan.09	01.Apr.09	01.Jul.09	01.Oct.09	01.Jan.10
Period Covered To:	30.Jun.08	30.Sep.08	31.Dec.08	31.Mar.09	30.Jun.09	30.Sep.09	31.Dec.09	31.Mar.10
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	23,364,797	25,276,652	27,188,508	29,100,000	35,187,079	41,411,674	47,676,824	53,941,974
Summary Period Budget:	1,911,856	1,911,856	1,911,856	1,911,856	6,087,079	6,224,595	6,265,150	6,265,150

Expenditure Categories

Program Activities

Implementing Entities

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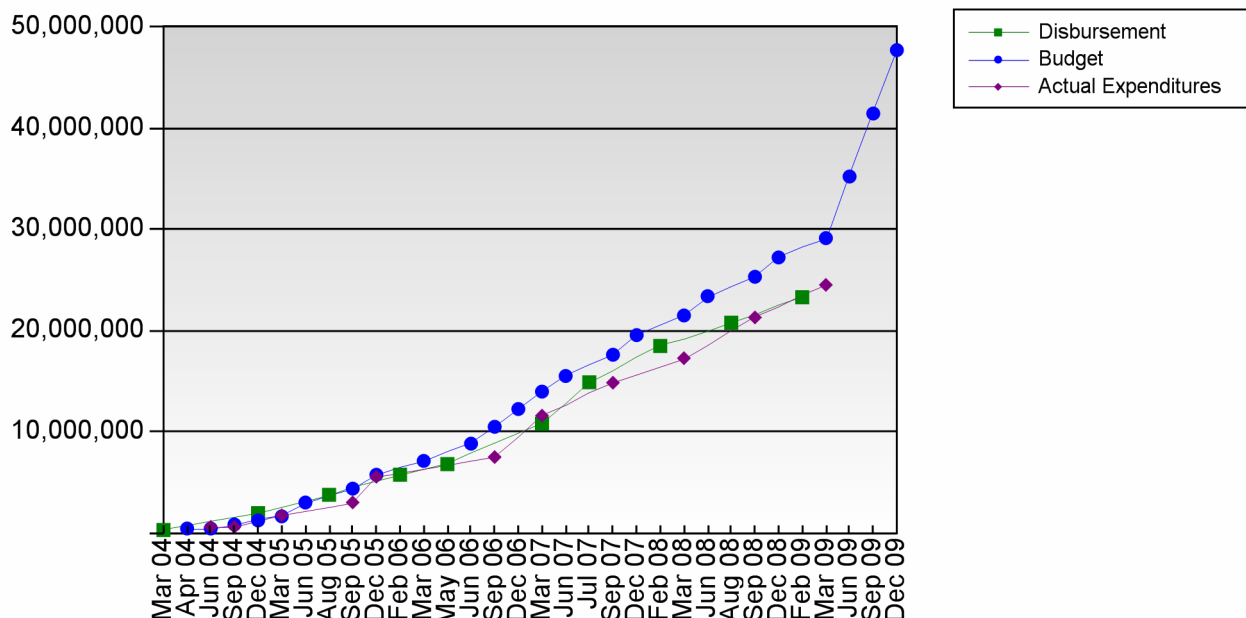
	Budget Period 25	Budget Period 26	Budget Period 27	Budget Period 28	Budget Period 29	Budget Period 30	Budget Period 31	Budget Period 32
Period Covered From:	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12
Period Covered To:	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	61,102,910	68,259,075	75,408,741	82,558,930	90,411,724	98,264,519	106,117,314	113,970,108
Summary Period Budget:	7,160,936	7,156,165	7,149,665	7,150,189	7,852,795	7,852,795	7,852,795	7,852,795

Expenditure Categories
Program Activities
Implementing Entities
- Comments and additional information

2.3.3. Program Expenditures

Period PU12: 01.Oct.08 - 31.Mar.09	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
1. Total actual expenditures vs. budget	\$ 3,213,424	\$ 29,100,000	\$ 24,475,169	\$ 4,624,832	
1a. PR's Total expenditure	\$ 1,697,100		\$ 20,587,965		
1b. Disbursements to sub-recipients	\$ 1,516,324		\$ 3,887,204		
2. Health product expenditures vs. Budget (already included in "Total Actual" above)	\$ 1,400,281		\$ 8,508,919		
2a. Pharmaceuticals	\$ 1,275,097		\$ 7,650,863		
2b. Health products, commodities and equipment	\$ 125,184		\$ 858,055		

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



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2.3.5. Summary of Financial Accountability Issues from PR Annual Audit Report

Date Received	30.Sep.05	Expected Date	
Period Covered From	01.Apr.04	To	31.Mar.05

No issues. The auditors certified that expenditure statement/financial statement read a true and fair view of the implementation (and operations) of the project for the year 2004-2005.

2.4. Progress Update and Disbursement Information

Rating	Description
A1	Exceeding expectations
A2	Meeting expectations
B1	Adequate
B2	Inadequate but potential demonstrated
C	Unacceptable

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
0			N/A	1	01.Apr.04 - 30.Jun.04	1,247,000		\$ 251,000	26 Mar 2004
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The PR has asked for funds of the order of USD 1.247 million for the first two quarters without assigning any reason. For administrative reasons, the PR would like quarterly releases to coincide with the calendar quarters. It has therefore been requested by the PR that the GFATM should consider releasing funds for the months of February and March, 2004 only against the first quarter and thereafter period beginning 1st April, 2004 be taken as the data of beginning of the second quarter.</p>					<p>According to the Grant Agreement, GFATM is to release funds only for one disbursement period plus one additional quarter. The PR would like to seek funds for the months of February and March, 2004 and then seek funds for the quarter beginning 1st April, 2004 and ending on 30th June, 2004. This being the first release, the LFA recommends release of funds only for the first five months and that comes to USD 251,000 as explained.</p>				

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
1	01.Apr.04 - 30.Jun.04		A	2	01.Jul.04 - 31.Dec.04	1,670,000		\$ 1,670,000	17 Dec 2004
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The first disbursement of USD 251,000 under Round 2 of Tuberculosis Control Program was made in April 2004. In the first quarter the pace of expenditure was rather slow. However, it has picked up considerably with the result that the expenditure so far is in excess of the funds already released. The PR has already met CP to second disbursement at B.2 and has appointed a Finance Officer who shall be responsible for financial management and administration. It is therefore recommended that amount of USD 1.67 million be released to PR. (NB.: 6 month periods)</p>					<p>PR has submitted progress report for the first 2 quarters. It appears that the progress during the 1st quarter was rather slow. However, project activities have since picked up. The SOEs available with the PR show that the expenditure already incurred is far in excess of the amount already released. It is also expected that procurement of health and non-health products would pick up. Therefore, the amount as asked for by the PR is recommended, after rounding off, for disbursement.</p>				

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
2	01.Jul.04 - 30.Sep.04		B1	3	01.Oct.04 - 31.Mar.05	1,810,000		\$ 1,810,000	31 Aug 2005
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Although total expenditure exceeds the disbursement made by GFATM, progress in Bihar has been slow and below expectations. The main reason was Elections in Bihar. The state is likely to face another Election after about 3 months. Therefore, PR has to monitor the program implementation in the state very closely. (NB.: 6 month periods)</p>					<p>No discrepancy</p>				

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PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Oct.04 - 31.Mar.05		4	01.Apr.05 - 30.Jun.05			N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Apr.05 - 30.Sep.05	B1	5	01.Jul.05 - 30.Sep.05	1,990,000	\$ 1,986,008	08 Feb 2006
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
<p>Because of two rounds of elections in Bihar, that state is lagging behind. Now that a stable Government has taken over, it should be possible for Bihar to show improved results. There appears no potential risk otherwise.</p>							

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
5	01.Oct.05 - 31.Dec.05	B1	6	01.Jan.06 - 30.Sep.06	1,171,132	\$ 1,041,678	31 May 2006
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
<p>The States of U.P. and Bihar are two of the most underdeveloped States in India. Additionally, Bihar had to go through two rounds of General Elections in 2005. during this period, all developmental activities had come to a standstill. Even though this was a factor beyond the control of PR and in financial terms, the expenditure incurred is well above the targets, the rating would continue to be only B1 till physical achievements are as per the target. The recently launched awareness campaign should go a long way towards improving this rating.</p>				<p>Overall performance is good, but there are variations between the budget and the actual expenditures.</p>			

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	01.Jan.06 - 30.Sep.06	B1	7	01.Oct.06 - 31.Mar.07	3,998,727	\$ 3,998,727	21 Mar 2007
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
<p>The overall achievement is good. Of the 14 indicators, 5 are low-performing. The low performance is directly linked to the state of Bihar, where the districts were brought under the program only recently.</p>				<p>No variance</p>			

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
7	01.Oct.06 - 31.Mar.07	B1	8	01.Apr.07 - 30.Sep.07	4,766,463	\$ 4,095,450	13 Jul 2007
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
<p>Overall performance is satisfactory. Due to problems of implementation in the state of Bihar performance in two indicators is lower than target. Of the 14 indicators, three indicators show underperformance due to low performance in Bihar. PR explained the steps initiated to improve implementation which includes additional monitoring and review processes, additional WHO technical support in the form of WHO consultants to assist poor performing districts, etc.</p>				<p>Overall performance is satisfactory and the pace of implementation in Bihar is now being further accelerated. PR has a negative cash balance and the amount recommended by the LFA is acceptable.</p>			

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
8	01.Apr.07 - 30.Sep.07		B1	8	01.Oct.07 - 30.Mar.08	3,077,634		\$ 3,588,632	20 Feb 2008
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
Overall performance is B1. PR has achieved most of the targets and has been performing well. There are no changes envisaged in the program. Quarterly progress reports and SOEs are submitted by the districts to the State TB Society. The State TB society consolidates the reports sent by all the districts and forwarded to Central TB Division. Upon receipt of these reports, PR releases funds to SRs. PR has taken steps to ensure that the SOEs are submitted by SRs at defined intervals. It was noted that error has been identified by LFA in the cash request prepared by PR.				Cash balance available with the PR amounts to USD 3,424,437. The budget for the subsequent semester amounts to USD 3,762,033. However, PR has wrongly taken the expenditure for the reporting i.e. USD 3,251,035.65 as the forecasted expenditure instead of USD 3,762,033.17. Additionally, PR (including SR) has a cash balance of USD 173,401.35. Consequently, the funds required (after adjusting the cash in hand) for the semester ending 31 March 2008 amounts to USD 3,588,631.82					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
10	01.Oct.07 - 31.Mar.08		A2	9	01.Apr.08 - 30.Sep.08	2,297,481		\$ 2,297,481	13 Aug 2008
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
The grant performance is very good. Out of the 13 indicators, 10 either exceeded the target or were very close to meeting it (98% or above). Efforts by the Central TB Division have led to improvements in the state of Bihar where working conditions have been very challenging. In addition, major flooding in the area during the Progress Update period has hampered progress. Low performing indicators have improved slightly over the period: "Number of new smear positive cases detected and put on DOTS treatment" (78%), "Total number of patients put on DOTS treatment" (91%).				N/A					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
11	01.Apr.08 - 30.Sep.08		A2	10	01.Oct.08 - 31.Mar.09	3,080,190		\$ 2,519,747	04 Feb 2009
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
The grant performance is very good. Of the 13 indicators, 10 indicators either exceeded the targets or are very close to meeting them (>98%). Major efforts by the Central TB Division (CTD) have led to steady improvements, especially in the state of Bihar where past neglect of the health systems and infrastructure have created challenging working conditions. Low performances in two indicators i.e. "Number of new smear positive cases detected and put on DOTS treatment" (74%) and "Total number of patients put on DOTS treatment" (87%) are due to a slow start in Bihar. However, PR has clearly demonstrated that it has managed to accelerate performance and the targets should be met in the coming quarters. Performance of "Number of microscopy centres established and supported" is at 88% because of recruitment and procurement delays which have now been corrected. CTD was also able to increase participation of NGOs and large private hospitals which should also help improve performance of this indicator. Since BCC programs are reaching many more people than planned, we expect to see increase in case detection, referrals, and eventual increase in the number of people put on treatment. The continued and effective involvement of the NGOs in the remote areas is also contributing to much more effective implementation.				The recommended amount is based on a cumulative budget of USD 3,635,708 minus PR cash balance of USD 1,338,227 as of March 31, 2008. PR has clearly demonstrated that it has managed to accelerate implementation and the targets for low performing indicators are expected to have high results in the coming quarters.					

Grant Performance Report

External Print Version

IDA-202-G03-T-00

Last Updated on: 25 September 2009

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
12	01.Oct.08 - 31.Mar.09		10	01.Apr.09 - 30.Sep.09	18,527,161		N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
<p>The performance of the PR on programmatic indicators has been satisfactory for the reporting period with majority of the indicators showing an achievement of over 90%. The financial progress is also reasonable as approximately 84% of the budget for the current reporting period has been spent. However, there were issues noted on data quality and reporting for the indicator "No. of NGOs and PPs involved in RNTCP", which indicates incomplete reporting from the districts.</p>							

2.5. Contextual Information

Title	Explanatory Notes
Monitoring and Supervision	<p>Regular review meetings are being held at all levels. The Peripheral Health Institutions (PHIs) and District Medical Centres (DMCs) are conducting weekly meetings with all staff involved in RNTCP. The MOTC formally reviews the activities of Senior Treatment Supervisor (STS)/Senior Treatment Laboratory Supervisor (STLS) fortnightly. The District TB Officer (DTO) reviews the activity reports of all Medical Officer TB Centres (MOTCs), STS & STLS on a monthly basis. The Chief Medical Officer (CMO) and District Magistrate (DM) also review the program on a regular basis. State level review meetings are being held at the end of each quarter, chaired by the Secretary. The STO reviews the monthly activity reports of DTOs. The CTD holds review meetings of State TB Officers (STOs) twice in a year, chaired by the Union Secretary, Health.</p> <p>The states conduct an internal evaluation of two districts per quarter.</p>
Quality Assurance of anti-TB Drugs	<p>The following steps have been undertaken to ensure the quality of all anti-TB drugs used under the RNTCP.</p> <ul style="list-style-type: none"> - Samples from each batch of anti-TB drugs are tested before being cleared for dispatch. - The GMSDs take random samples from their inventory for quality checks. - Central and state drug inspectors periodically test drug samples from the districts. - An independent laboratory has been selected for quality assurance testing of anti-TB drugs. Drug samples to be tested are collected by the program officials every quarter and sent to this laboratory via yet another independent channel.
Major changes in the nature of the epidemic	
Major changes in the program supporting environment (e.g. changes in the partner relationships, introduction of new partners, etc.)	
Significant adverse external influences (e.g. force majeure, change in government, natural disaster, etc.)	
External financial issues (e.g. inflation, currency depreciation, etc.)	Currency appreciated against US\$ but not major.
Program management issues (e.g. changes in PR/sub-recipients, problems with data collection, quality assurance, etc.)	
Issues with the CCM (e.g. changes in membership, composition, etc.)	CCM reform was completed in July 2006. CCM is now fully complied with Global Fund requirement. One pending area of NGO Representative selection will be completed by August 2006.

Additional Contextual Issues

The proposed program is implemented in two most difficult states of India, Uttar Pradesh and Bihar. Bihar is the most difficult and most backward state of India with frequent elections, poor health infrastructure, and poor governance. This state presented huge difficulties for the RNTCP program introduction. Lack of staff and difficulties of recruitment at the district level considerably slowed down progress in Bihar.

Achievements

By end of March 2005, 31 million population in 16 districts/ reporting units in the States of Bihar and Uttar Pradesh have been covered under RNTCP and have access to related services. 19 districts of UP and 6 districts of Bihar have started service delivery by July 2005. Five new districts have been appraised and expected to start implementation during the quarter.

7226 patients have been put on treatment during the fiscal year in GFATM Round 2 areas, of this 2828 were new smear positive cases.

More than 750 laboratories have been supported / established which are functioning as Microscopy centers under RNTCP.

182 Tuberculosis Units at sub-district level have been made functional. Supervisors have been appointed at sub-district level and have been provided two-wheelers to facilitate mobility in their areas.

District TB centres in all the implementing districts have been strengthened with office equipment and staff so as to enable them to undertake technical monitoring and managerial responsibility. This also includes electronic connectivity via e-mail.

The programme is being implemented through the existing public health care system. However, essential staff has been provided to strengthen the supervisory capacity of the districts and institutional strengthening of the project management units.

Funds are being disbursed to the Sub-Recipients (SRs) which are the State TB Control Societies through 6 monthly releases from the Central level for onward disbursement to the District TB Control Societies (DTCS) as per GOI guidelines. Expenditure incurred by STCS and DTCS are as per existing guidelines for these societies. Quarterly statements of expenditure are being submitted by the DTCS to the STCS, and from the STCS onto the central level. The DTCS and STCS accounts were audited annually by independent chartered accountants. The Central TB Division has been activity monitoring the financial management systems in the state.

It is expected that operationalisation of the External Quality Assessment (EQA) network would further improve the quality of sputum examination. Protocols have been developed based on lessons learned in the RNTCP and has now made more scientific and simple. Technical support from the STDC is required for the effective implementation of the protocols and thus the states have been requested to have functional STDCs at the earliest and necessary support is being provided.

Constraints

Lack of infrastructure and human resource in the districts; poor communication network within the states; problem of floods in some districts of Bihar and UP; poor involvement of general health facilities in the programme and the political environment in the state of Bihar has been an impediment towards effective implementation of RNTCP in the states. These issues have been taken at the highest political and administrative levels and efforts are being made to overcome and correct the deficiencies.

Financial Management

Monitoring of expenditure, budget utilisation and reimbursement has been carried out at the State and Central levels every quarter. The SOEs of the districts were consolidated by the States (in standard approved format, as per guidelines) and forwarded to Central TB Division and reported on the agreed format. Fund flow formats were devised and shared with the states. Communication was sent to all STOs to maintain books as per STCS guidelines and to follow up with recommendations of audit.

Public/Private Partnership(PPM):

There had been initial setback in the PPM project due to various administrative issues and external factors beyond the control of the PR

Additional Contextual Issues

and SRs. However, after initial problems the 4 NGOs have signed Memorandum of Understanding with the Ministry of Health & FW, GoI and thereafter funds as per agreed plans have been released. By the end of March 2005, two NGOs had started field activities whereas other two NGOs had started detailed planning for commencing activities. As per activity reports for quarter ending March 2005 submitted by the NGOs, 181 private practitioners have been trained compared to 140 planned for the period. 14 lab technicians from private sector have been trained using RNTCP modules (planned 12). The NGOs have facilitated involvement of 3 private facilities as DOT centres under the program.

Information on recent progress review: As per previous disbursement, the CCM has complied with GF requirements. Close coordination with DFID, USAID, World Bank, and WHO are common for this program. A recent review by legal advisor of the GF indicates additional improvements needed and GF will be sending a letter so that certain activities can be completed over next six months.

The Global Fund has agreed to accept national reporting system, align with national fiscal year, and participate in joint review missions of donors. global fund has also aligned itself to six monthly disbursements and accepted the national quarterly reports of the Central TB division. WHO has placed national consultants in all GF supported states and is now scaling up technical support.

Phase 2 review was completed and the Board provided a "conditional go" in 11 February 2006. The Phase 2 agreement was in August 2006. Very good performing grant. Excellent management capacity at the central and state level.

2.6. Phase 2 Grant Renewal	
Performance Rating	Recommendation Category
Rationale for Phase 2 Recommendation Category	
Rationale for Phase 2 Recommendation Amount	

Time-bound Actions	
Issues	Description

