

General Grant Information

Country	India				
Grant Number	IDA-304-G04-C	Component	HIV/TB	Round	3
Grant Title	Expansion of effective public and private sector intervention in HIV and TB prevention and treatment in India				
Principal Recipient	The Department of Economic Affairs of the Government of India				
Total Lifetime Budget	\$ 14,819,772	Phase 1 Grant Amount	\$ 2,667,346	Phase 2 Grant Amount	\$ 12,152,426
Grant Start Date	01 Jan 2005	Phase 1 End Date	31 Dec 2006	Phase 2 End Date	31.Dec.09
Disbursed Amount	\$ 13,238,306	% of Grant Amount	89%	Latest Rating	A1
Time Elapse (at the end of the latest reporting period)	45 months	% of Grant Duration	75%	Proposal Lifetime	60 months

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1. Program Description and Contextual Information

1.1. Program Description Summary

This grant is currently in Phase II. The grant is to be consolidated with Round 2 RCC proposal. The anticipated start of a consolidated proposal is 1 December 2009.

The overall goal of this component is reduction in TB-related morbidity in people living with HIV/AIDS while preventing further spread of HIV and TB in the rural population of six high HIV-burden states.

Objectives:
(i) To strengthen AIDS-TB programme collaborations at all levels (national, state, district and sub-district); (ii) To promote early diagnosis and treatment of TB in HIV infected persons at the sub-district level; (iii) To increase coverage of HIV prevention and care interventions; (iv) To increase demand for prevention, care and support for HIV and TB through community mobilization and capacity building at community level.

Broad areas of activities:

- (i) Establishing joint HIV/TB co-ordination committees and HIV/TB units at the National and State levels for close co-ordination, implementation and monitoring;
- (ii) Establishing strong referrals and linkages on sub district level between existing RNTCP infrastructure and the newly established sub-district level VCT which increases the reach of the NACP;
- (iii) Increasing capacity through infrastructure measures, recruitment, training of health care workers, provision of services in counseling, testing, condom promotion, treatment of opportunistic and sexually transmitted infections, establishing referral linkages with care, including home based and community care, and developing strategies for ART delivery at district level;
- (iv) Increasing demand for health services through awareness raising and mobilization of political leaders, NGOs, CBOs, private practitioners, women's organizations, PLWHAs and faith-based organizations and increasing capacities of communities to provide care

Expected results:

- (i) Improved monitoring and surveillance of the HIV/TB dual epidemic.
- (ii) Decreased TB related morbidity and mortality in people living with HIV/AIDS.
- (iii) Increased access to health services including voluntary counseling and testing, HIV prevention and care.
- (iv) Reduced social stigma and discrimination in rural communities. (v) Increased involvement and capacities of communities and civil society including PLWHA groups in health including TB and HIV prevention, treatment, care and support.

The immediate beneficiaries of the component are people with HIV/AIDS, people with TB and their families in rural areas of six high HIV prevalence states. There were an estimated 460,000 adults who were living with HIV in the rural communities of the six high burden states in 2001 who will be provided access to services under this component. Overall an estimated 80 million rural adult population will be targeted during the project period with IEC services and provided access to voluntary counseling and testing facilities.

People living with HIV and especially those co-infected with M. tuberculosis, have early access to TB diagnosis treatment, HIV counseling and testing, treatment of sexually transmitted infections and opportunistic infections, and care and support. Beneficiaries are involved in planning & coordination, service delivery, in IEC and community mobilization.

Cured TB patients and PLWA are further involved as outreach workers for home or community based care programs and in providing treatment support for TB and HIV and help in strengthening the links between the health centers and the community.

1.2. Country Latest Statistics

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Last Updated on: 21 September 2009

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
HIV/AIDS	Estimate	Year	Source
Adult HIV prevalence (%)	0.3	2007	UNAIDS. 2008 Report on the global AIDS epidemic (http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.as
People living with HIV/AIDS	2,400,000	2007	UNAIDS. 2008 Report on the global AIDS epidemic (http://www.unaids.org/en/KnowledgeCentre/HIVData/GlobalReport/2008/2008_Global_report.as
Estimated number of people receiving ARV therapy	158,000	2007	WHO. Towards Universal Access Progress Report 2008 (http://www.who.int/hiv/mediacentre/en/index.ht
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.

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

N/A

1.4. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Monitoring and Evaluation	B1	<p>-The M&E plan for HIV/TB program developed based on a pilot project carried out in Maharashtra needs to be clearly articulated and the modifications to the indicators need to be clearly spelt out.</p> <p>-It is proposed to implement the M&E system manually and not link the same with the existing CMIS. Considering the existing efficiency of the CMIS it is of concern if a manual run system will provide the level of efficiency desired. A micro plan for implementation with adequate checks therefore needs to be ensured for the efficient functioning of the system.</p> <p>-M&E Resource flow plans need more elaborate documentation as well as clarity.</p> <p>-M&E experts needs to be clearly spelt out as available within and as will be requisitioned from external sources.</p> <p>-A need for a Program Manager is vital and should be identified.</p> <p>-It should be specifically laid down as to how outputs from the data collected will be provided at regular periodicity to facilitate review of performance and support strategic program planning.</p> <p>-Non-availability of key M&E functionaries and staff as well as lack of availability of Job descriptions are of concern. The skill and competence profile of each of the key position should be drawn up for expeditious and right placement of the functionaries.</p> <p>-Reliability of data is of concern and it is for consideration to have independent Quality assurance teams for the same. The data collection efficiency and punctuality of receipt of the same is also very low at 60 to 65% thus not lending full reliability.</p> <p>The PR has submitted one progress report after 15 months. LFA noted that some earlier progress reports had been prepared by PR, but they were never formally provided to LFA. In view of this, LFA has only been able to review this one progress report, noting however that the national system does track performance on a regular basis. It is noted that while achievement for more than 80% indicators is satisfactory and even in excess of the target, there are some deficiencies in the system of data collection. In addition, there have been some problems in identifying state-level NGOs. PR has been advised to look into both these issues on an immediate basis and provide updated information in the next DR submission.</p>
Financial Management and Systems	x	<p>-The finance teams (particularly in Manipur and Andhra Pradesh) should be adequately staffed (as per NACO's guidelines) and provided with the latest version of all procedures, policies and guidelines. These Finance teams should undergo a formal and detailed process of training and induction. They should have a single point of reference for the Project's code of conduct, policies and procedures readily available with them and be completely familiar with the same.</p> <p>-It was recommended that preparation of ageing analysis of all advances, regular process of getting balances confirmations and consistency in adoption of financial period for all NGO's.</p> <p>-We recommend strict compliance and adherence with guidelines specified by NACO for storage, insurance, monitoring and physical verification of fixed assets.</p> <p>-Management letters need to be more value driven by focusing on control weaknesses, particularly in Manipur.</p> <p>Steps should be taken to rectify previously identified issues by the auditors and the same should also be followed up and reviewed upon by the auditors in their report for the following period.</p> <p>-It was recommended minimizing conflict of interests by not using the same firm that is used to prepare bank reconciliations, to conduct certifications, external audits and internal audits.</p> <p>This is the second disbursement. India follows a reimbursement system for donor funds and the GOI disburses own funds to the states which are reconciled later. The PR could not claim funds from the Global Funds because GF would not accept any financial reports which did not have verifiable Statement of Expenditures from all six states. This has taken several months of review at the state level because states are used to receiving funds from a number of sources and they did not have a good system to track expenditures separately for each source. financial management has improved considerably and additional emphasis by NACO is placed on both financial management and M&E improvement. The third disbursement request will be sent as soon as this amount is approved. The PR has negative cash balance.</p>

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Evidence that the PR has appointed a procurement officer who shall be solely responsible for procurement management and administration of Program Grant Funds	Disbursement	31.Mar.05	Yes	
Evidence that the PR has initiated sufficient capacity building initiatives with the State AIDS Control Societies, including but not limited to the appointment one Finance officer in each of the six states. Comment: With the exception of Maharashtra, Finance Officers are in position in five (5) states. Maharashtra is expected to hold interviews during this coming quarter and put in place person within three-month period.	Disbursement	31.Mar.05	Yes	
Evidence by means of an assessment or review of the Principal Recipient's procurement and supply management systems that it can satisfactorily undertake such procurement	Procurement	28.Feb.05	Yes	
A plan for monitoring the performance and sustainability of procurement and supply management systems (the monitoring plan to include tracking of procurement prices, distribution costs, additionally of Global Fund resources to domestic and other international sources, and other measures of procurement and supply system performance and sustainability).	Procurement	28.Feb.05	Yes	The plan is in place. It is said to be undergoing a few minor changes after there were reports that some irregularities took place in procurement under some program in late 90s.
The delivery of the completed self-assessment component of the Global Fund's Monitoring and Evaluation Strengthening Tool.	Disbursement	01.Jul.07	Yes	A self assessment M&E strengthening tool was completed in February 2007.
The delivery of an updated plan for monitoring and evaluation program activities ("Updated M&E Plan"), that incorporates the findings of the self-assessment component of the Global Fund's Monitoring and Evaluation Strengthening Tool.	Disbursement	01.Jul.07	Yes	An updated M&E plan is in place since February 2007.
The delivery by the Principal Recipient to the Global Fund of a updated plan for the procurement, use and supply management of the health products for the program.	Procurement	01.Jun.07	Yes	PSM plan has been submitted to GFATM in March 2007.
Written approval of the Global Fund of the updated PSM plan.	Procurement	01.Jun.07	Yes	Written approval of the updated PSM plan has been received from GFATM in March 2007.
Evidence that NACO has hired a person with suitable qualifications and experience to carry out the tasks of Monitoring and Evaluation officer.	Other	01.Jul.07	Yes	A Programme Officer, M&E is in place.
Training for Monitoring and Evaluation officers at the district level has been planned, pursuant to, and in conformance with, the documents mentioned in Article 3 a) and b) above. Such training shall be completed for all district level nodal officers designated by the NACO by 31 December 2007. Such training shall be planned in consultation with the World Bank in their role as co-funders of the National AIDS Program of India.	Other	01.Jul.07	Yes	
NACO has completed the training as per its financial management capacity building plan approved by the Global Fund.	Other	30.Sep.07	Yes	
NACO has hired a person with suitable qualification and experience to be responsible for coordinating national efforts to increase civil society involvement in program implementation.	Other	30.Sep.07	Yes	Programme Officer (mainstreaming) is in place.
NACO has completed a systematic review and quality assurance of all Monitoring and Evaluation data of the program.	Other	01.Jul.07	Yes	
PR shall deliver to the Global Fund evidence, in form and substance satisfactory to the Global Fundm that the recommended revisions to the Monitoring and Evaluation system have been implemented.	Other	01.Oct.07	Yes	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1 The overall goal of this component is reduction in TB related morbidity in people living with HIV/AIDS while preventing further spread of HIV and TB in the rural population of six high HIV burden states.

Impact indicator	% of HIV seroprevalence among all newly registered TB patients											
											Baselines	
											Value	Year
											5.2%	2004
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target	5.2%	5.15%	5.15%	5.10%	5%							
Result												

Impact indicator	% of adults aged 15-49 who are HIV infected											
											Baselines	
											Value	Year
											0.36%	2006
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target			0.36%	0.34%	0.34%							
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Impact indicator	Reduction in TB related morbidity among people living with HIV/AIDS in the rural community of high HIV prevalence States											
											Baselines	
											Value	Year
											50%	2004
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target					37%							
Result												

Impact indicator	Reduction in annual rate of increase of HIV infection among 15-24 year olds in the rural community of high HIV prevalence States											
											Baselines	
											Value	Year
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target					by 25%							
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.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	01.Apr.06 30.Jun.06	01.Jul.06 30.Sep.06	01.Oct.06 31.Dec.06
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	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	01.Apr.08 30.Jun.08	01.Jul.08 30.Sep.08	01.Oct.08 31.Dec.08
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
N/A	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	01.Apr.10 30.Jun.10	01.Jul.10 30.Sep.10	01.Oct.10 31.Dec.10

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To strengthen AIDS-TB program collaborations at all levels (national, state, district, and sub-district)

TB/HIV collaborative activities: Intensified case-finding among PLWHA

Indicator 1.2 - Number of sub-district health facilities offering both VCT and TB diagnosis and treatment services

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 0-Process/Activity Indicator	0	2005	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	329	329	329	329	329	329	329	329
Result	383	383	383	Pending result	383	Pending result	383	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	383	383	383	383				
Result	Pending result							

Objective 2 - To promote early diagnosis and treatment of TB in HIV infected persons at the sub-district level**Treatment: HIV/TB treatment**

Indicator 2.1 - No. of health center staff trained (2MOs, 1 lab technician and 1 counselor per health center)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained	0	2005	Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	200	400	600	800	800
Result				300	887	Pending result	11,182	11,480
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	11,500	11,500	11,600	11,700	11,800	11,900	12,000	12,000
Result	11,182	11,182	11,905	Pending result	11,905	Pending result	12,550	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	18,000	18,000	18,000	18,000				
Result	Pending result							

Indicator 2.3 - No. of cases of TB identified in clients attending HIV testing and counseling services, referred for TB diagnosis

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	0	2005	Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	156	208	313	625	1,375	2,375	3,750	5,625
Result	Pending result	Pending result	Pending result	1,562	10,523	Pending result	15,863	15,863
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	17,500	20,000	23,000	26,500	31,000	36,000	43,500	52,000
Result	25,346	28,345	31,112	Pending result	34,087	Pending result	49,245	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	57,000	62,000	68,000	75,000				
Result	Pending result							

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Indicator 2.4 - Number of people attending for HIV testing and counseling who were screened for TB symptoms (and referred to RNTCP)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	0 0	2005	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	20,000	25,000	30,000	36,000	42,000	50,000	65,000	80,000
Result	102,358	107,147	112,147	Pending result	151,230	Pending result	177,820	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	200,000	225,000	250,000	275,000				
Result	Pending result							

Indicator 2.5 - Number and % of newly diagnosed TB cases among PLWHAs receiving TB treatment (DOTS)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	0	2005	Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	3200/4571 (70%)	5200/4429 (70%)	N: 7,500 D: 10,000 P: 75%	N: 10,000 D: 13,333 P: 75%	N: 12,500 D: 15,625 P: 80%	N: 15,500 D: 18,235 P: 85%	N: 19,000 D: 21,111 P: 90%	N: 22,500 D: 25,000 P: 90%
Result	3,568	4,184	9,381	Pending result	N: 13,094 D: 15,625 P: 84%	Pending result	N: 20,985 D: 21,111 P: 99%	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	N: 26,000 D: 30,588 P: 85%	N: 29,000 D: 34,118 P: 85%	N: 32,500 D: 37,356 P: 87%	N: 38,000 D: 42,222 P: 90%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	Pending result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

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Objective 3 - To increase the coverage of HIV prevention, treatment and care interventions

Prevention: HIV/TB prevention

Indicator 3.3 - Number of TB patients receiving VCT at sub-district level

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	0	2005	Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	1,563	2,083	3,125	6,250	12,500	25,000	40,000	56,250
Result	Pending result	Pending result	Pending result	3,427	35,839	Pending result	60,924	60,924
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	60,000	70,000	85,000	100,000	120,000	150,000	180,000	225,000
Result	59,745	63,391	82,798	Pending result	108,040	Pending result	191,120	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	250,000	275,000	300,000	325,000				
Result	Pending result							

Indicator 3.9 - Number and % of diagnosed HIV positive TB patients who receive co-trimoxazole preventive therapy

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	0	2005	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	1,500	3,000	5,000	7,500	10,500	14,000	18,000	22,500
Result	560	621	1,185	Pending result	6,938	Pending result	13,590	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	N: 25,000 D: 30,864 P: 81%	N: 30,000 D: 34,091 P: 88%	N: 35,000 D: 37,634 P: 93%	N: 40,000 D: 42,105 P: 95%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	Pending result							

Objective 4 - To increase demand for prevention, care and support for HIV and TB through community mobilization and capacity building at community level.**Supportive Environment: Coordination and partnership development (national, community, public-private)**

Indicator 4.1 - Number of community outreach workers trained in TB/HIV related activities including care and support and follow up of coinfection patients on ART, CPT and DOTS.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained	0	2005	Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	12,500	25,000	37,500	50,000	75,000	100,000	125,000	150,000
Result	Pending result	Pending result	Pending result	7,500	16,200	Pending result	19,010	121,500
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	150,000	157,500	165,000	172,500	180,000	187,500	195,000	202,500
Result	131,946	144,069	150,065	Pending result	182,035	Pending result	194,850	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	203,500	205,000	207,500	210,000				
Result	Pending result							

Indicator 4.2 - No. of networks/partnerships involved with NGOs working with RNTCP/NACP to raise awareness and mobilize communities to access sub-district level HIV/TB services

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	0	2004	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	6	10	10	10	15	15	20	20
Result	Pending result	Pending result	Pending result	4	7	Pending result	22	22
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	20	25	25	25	30	30	30	30
Result	23	23	25	Pending result	32	Pending result	38	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	38	38	38	38				
Result	Pending result							

2.2.3. Cumulative Progress To Date

Latest reporting due period : 17 (01.Jan.09 - 31.Mar.09)

Objective 1	To strengthen AIDS-TB program collaborations at all levels (national, state, district, and sub-district)									
SDA	TB/HIV collaborative activities: Intensified case-finding among PLWHA									
Indicator 1.2 - Number of sub-district health facilities offering both VCT and TB diagnosis and treatment services										
	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	17	383	15	383						100%

Objective 2	To promote early diagnosis and treatment of TB in HIV infected persons at the sub-district level									
SDA	Treatment: HIV/TB treatment									
Indicator 2.1 - No. of health center staff trained (2MOs, 1 lab technician and 1 counselor per health center)										
	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	17	18,000	15	12,550						70%

Indicator 2.3 - No. of cases of TB identified in clients attending HIV testing and counseling services, referred for TB diagnosis										
	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	17	57,000	15	49,245						86%

Indicator 2.4 - Number of people attending for HIV testing and counseling who were screened for TB symptoms (and referred to RNTCP)										
	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	17	200,000	15	177,820						89%

Indicator 2.5 - Number and % of newly diagnosed TB cases among PLWHAs receiving TB treatment (DOTS)										
	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	17	N: 26,000 D: 30,588.2 P: 85 %	15	N: 20,985 D: 21,111 P: 99.4 %						117%

Objective 3	To increase the coverage of HIV prevention, treatment and care interventions									
SDA	Prevention: HIV/TB prevention									
Indicator 3.3 - Number of TB patients receiving VCT at sub-district level										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	17	250,000	15	191,120						76%

Indicator 3.9 - Number and % of diagnosed HIV positive TB patients who receive co-trimoxazole preventive therapy										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	17	N: 25,000 D: 30,864.2 P: 81 %	15	13,590						Cannot Calculate

Objective 4	To increase demand for prevention, care and support for HIV and TB through community mobilization and capacity building at community level.									
SDA	Supportive Environment: Coordination and partnership development (national, community, public-private)									
Indicator 4.1 - Number of community outreach workers trained in TB/HIV related activities including care and support and follow up of coinfection patients on ART, CPT and DOTS.										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 1-People trained	17	203,500	15	194,850						96%

Indicator 4.2 - No. of networks/partnerships involved with NGOs working with RNTCP/NACP to raise awareness and mobilize communities to access sub-district level HIV/TB services										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	17	38	15	38						100%

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2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	60 months	Grant Amount	14,819,772 \$
% Time Elapsed (as of end date of the latest PU)	75%	% disbursed by TGF (to date)	89%
Time Remaining (as of end date of the latest PU)	15 months	Disbursed by TGF (to date)	13,238,306 \$
Expenditures Rate (as of end date of the latest PU)	126%	Funds Remaining (to date)	1,581,466 \$

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.Jan.05	01.Apr.05	01.Jul.05	01.Oct.05	01.Jan.06	01.Apr.06	01.Jul.06	01.Oct.06
Period Covered To:	31.Mar.05	30.Jun.05	30.Sep.05	31.Dec.05	31.Mar.06	30.Jun.06	30.Sep.06	31.Dec.06
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	165,428	276,126	386,823	754,085	1,232,406	1,780,135	2,327,864	2,666,889
Summary Period Budget:	165,428	110,698	110,697	367,262	478,321	547,729	547,729	557,729

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.Jan.07	01.Apr.07	01.Jul.07	01.Oct.07	01.Jan.08	01.Apr.08	01.Jul.08	01.Oct.08
Period Covered To:	31.Mar.07	30.Jun.07	30.Sep.07	31.Dec.07	31.Mar.08	30.Jun.08	30.Sep.08	31.Dec.08
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	3,681,746	4,691,292	5,703,060	6,725,939	7,717,888	8,704,526	9,693,386	10,680,024
Summary Period Budget:	1,014,857	1,009,546	1,011,768	1,022,879	991,949	986,638	988,860	986,638

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.Jan.09	01.Apr.09	01.Jul.09	01.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10
Period Covered To:	31.Mar.09	30.Jun.09	30.Sep.09	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	11,717,966	12,751,160	13,786,353	14,819,547	14,819,547	14,819,547	14,819,547	14,819,547
Summary Period Budget:	1,037,942	1,033,194	1,035,193	1,033,194				

Expenditure Categories

Program Activities

Implementing Entities

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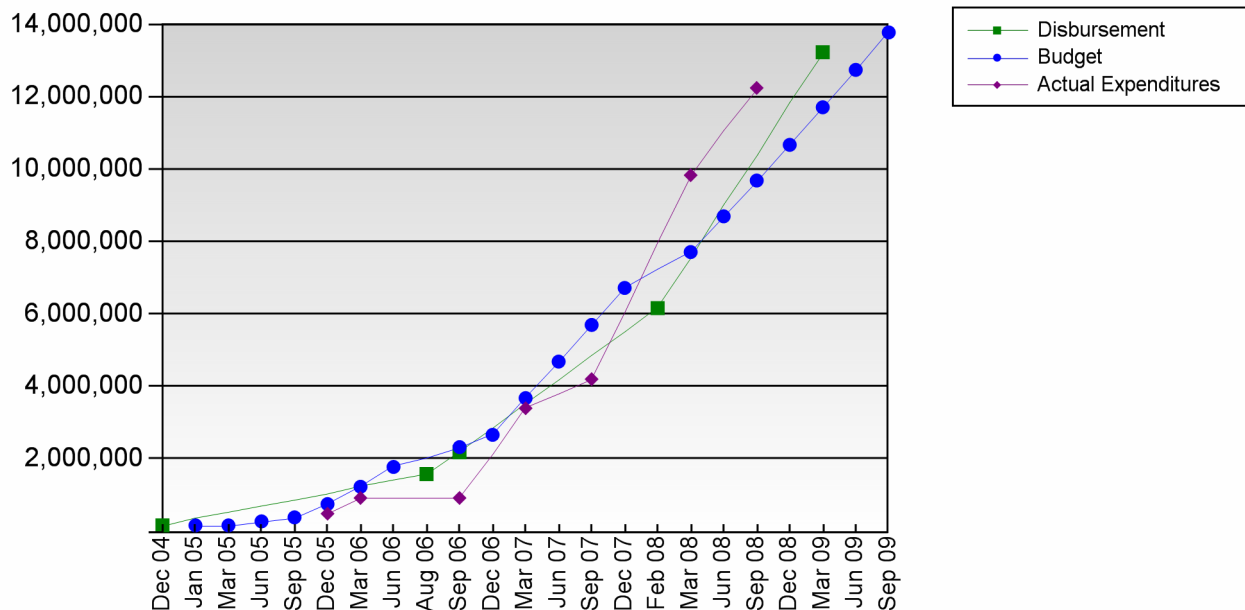
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- Comments and additional information

2.3.3. Program Expenditures

Period PU7: 01.Apr.08 - 30.Sep.08	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
1. Total actual expenditures vs. budget	\$ 2,410,507	\$ 9,693,386	\$ 12,251,670	\$ -2,558,284	The actual and cumulative expenditures have been adjusted as per LFA report p12 of PUDR for the period. The high utilization rate is mainly due to annual expenditure on procurement and advance salary payments (please refer to LFA report for more information).
1a. PR's Total expenditure	\$ 329,813		\$ 2,253,694		
1b. Disbursements to sub-recipients	\$ 2,080,694		\$ 9,997,976		
2. Health product expenditures vs. Budget (already included in "Total Actual" above)	\$ 334,870		\$ 1,954,997		
2a. Pharmaceuticals	\$ 114,711		\$ 1,529,499		
2b. Health products, commodities and equipment	\$ 220,159		\$ 425,498		

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



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

Date Received	21.Feb.08	Expected Date	
Period Covered From	01.Apr.06	To	30.Mar.07

Per audit findings, the financial statements give a true and fair view of the Sources and Application of Funds and financial position at March 31, 2007 of the State AIDS Control Societies under the grant. Audit for the fiscal year 1 April 2007-31 March 2008 is currently expected from the PR.

2.4. Progress Update and Disbursement Information

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

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Progress Updates					Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
0			N/A	1	01.Nov.04 - 31.Mar.05	165,425	165,425	\$ 165,428	23 Dec 2004	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
The grant agreement for HIV-TB under Round 3 with Govt. of India was signed in October 2004. Therefore, the disbursement period can begin only from 1st November, 2004.					No variance					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
1	01.Jan.05 - 31.Dec.05		B1	2	01.Jan.06 - 30.Jun.06	1,418,133	1,418,133	\$ 1,418,133	07 Aug 2006	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
It is interesting to note that PR is submitting the first progress report after 15 months: this too without any break up for different quarters. While achievement under more than 80% indicators is satisfactory and even in excess of the target, there are obvious deficiencies in the system of data collection. There have also been problems in identifying state level NGOs. PR has to step in to solve these issues. LFA is willing to help. This is the second disbursement. Communication must be improved to speed up operations. It is recommended that the PR should implement appropriate MIS to enhance the flow of information.					No variance					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
2	01.Jan.06 - 31.Mar.06		B1	3	01.Jul.06 - 30.Sep.06	2,020,044	601,912	\$ 601,912	13 Sep 2006	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
Overall performance continues to improve. 10 out of 14 indicators have exceeded the target.					Cash in transit was not deducted by PR					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
3	01.Apr.06 - 30.Sep.06		B1	4	01.Oct.07 - 31.Mar.08	4,117,389	3,981,213	\$ 3,981,213	08 Feb 2008	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
The overall performance is very good. The overall fund utilization is good. The Progress Update also covers Period 6. The progress update is linked to DR 4. DR 4 was made considering the Progress Updates for the Periods 6 to 11 (i.e. 1 April 2006-30 September 2007).					Since the two DRs are processed together, total amount recommended is a combination of both DRs and based on LFA analysis of actual funds needs.					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
4	01.Oct.06 - 31.Mar.07		B1						N/A	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
The overall performance is very good. The overall fund utilization is good. The Progress Update covers Period 8 and 9. The progress update is linked to DR 4. DR 4 was made considering the Progress Updates for the Periods 6 to 11 (i.e. 1 April 2006-30 September 2007).										

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
5	01.Apr.07 - 30.Sep.07		B1						N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
The overall performance is very good. The overall fund utilization is good. The Progress Update covers Period 10 and 11. The progress update is linked to DR 4. DR 4 was made considering the Progress Updates for the Periods 6 to 11 (i.e. 1 April 2006-30 September 2007).									

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
6	01.Oct.07 - 31.Mar.08		A1						N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
PR performance has been good both in programmatic results and budget utilization. The PU covers period 12 and 13. Please refer to Period 15 for more comments, as the PUDR is linked to DR 5 and covers Period 12-15 (i.e. 1 Oct 2007-30 Sep 2008)									

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
7	01.Apr.08 - 30.Sep.08		A1	5	01.Oct.08 - 31.Dec.08	8,284,886	8,106,557	\$ 7,071,620	25 Mar 2009
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
The grant performance is very good. Out of 9 indicators, 8 have an achievement rate of 100% or more. The average performance for Top Ten indicators is 101%. The average performance for all indicators is 107%. 177,820 people attending HIV testing and counseling were screened for TB symptoms and referred to Revised National TB Control Program (RNTCP) against the target of 65,000. This represented 274% achievement and was reflected at 120% in the Grant Performance Report. The number of TB referrals for people attending HIV testing and counseling has increased significantly due to the increase in the number of Voluntary Counseling and Testing centers. 49,245 new cases of TB were identified through TB screening in people attending VCT centers against the target of 43,500 representing 113% achievement. 191,120 TB patients received counseling at sub-district level against the target of 180,000 representing 106% achievement. The one indicator lagging slightly behind with an achievement rate of 76% is "Number of % of diagnosed HIV positive TB patients who receive co-trimoxazole preventive therapy". This is a new indicator under Phase 2 and the PR is confident that it will meet the target fully by the end of the next semester.				The PR disbursement request covers Period 16 (1 Oct -31 Dec 2008) and buffer Period 17 (1 Jan-31 March 2009). As the Performance Framework for Year 5 (i.e. Period 17-20) is still under negotiations with the country, the Regional Team recommends the disbursement for the period 1 Oct 2008-31 Dec 2008 only (i.e. budgeted and forecasted amount of USD 986,636). The outstanding amount budgeted and forecasted for Period 17 will be paid once the Performance Framework for Year 5 is finalized.					

2.5. Contextual Information

Title	Explanatory Notes
External financial issues (e.g. inflation, currency depreciation, etc.)	Significant fluctuations in the exchange rate of the rupee (between INR 39.27 to INR 50.52 for 1USD in 2008).
Issues with CCM (e.g. changes in membership, composition, etc.)	CCM is fully compliant with GF requirements. CCM membership was revised to ensure broader inclusion of the civil society. The CCM elections took place in April 2009.

Title	Explanatory Notes
Additional Contextual Issues	<p>The HIV/TB was a new component under the national AIDS program. Program start up was very slow due to problems of coordination between national TB program and National AIDS Control Organisation (NACO). These coordination challenges have been resolved. Accelerated implementation was initiated toward the end of 2005. Financial reconciliation was considerably delayed, thus, delaying the submission of second disbursement request. India uses its own funds to continue all health programs and seeks reimbursement. Overall program performance is very good. M&E and financial management have been strengthened.</p> <p>GF has agreed to comply with the national M&E systems of both National AIDS Control Program and Central TB Division. This is in effort to harmonise and align with the national system. Therefore, for both HIV/AIDS and TB programs, GF does not require separate M&E plans. Agreement has been reached with the World Bank to pursue and work closely on coordinating donor requirements and supporting the national systems for procurement, financial management, and M&E.</p> <p>The grant performance is very good. As of September 31, 2008 out of 9 indicators, 8 have an achievement rate of 100% or more. According to the new disbursement rating methodology the average performance for Top Ten indicators is 101%. The average performance for all indicators is 107%. 177,820 people attending HIV testing and counseling were screened for TB symptoms and referred to Revised National TB Control Program (RNTCP) against the target of 65,000. This represented 274% achievement and was reflected at 120% in the Grant Performance Report. The number of TB referrals for people attending HIV testing and counseling has increased significantly due to the increase in the number of Voluntary Counseling and Testing centers. 49,245 new cases of TB were identified through TB screening in people attending VCT centers against the target of 43,500 representing 113% achievement. 191,120 TB patients received counseling at sub-district level against the target of 180,000 representing 106% achievement. The one indicator lagging slightly behind with an achievement rate of 76% is "Number of % of diagnosed HIV positive TB patients who receive co-trimoxazole preventive therapy". This is a new indicator under Phase 2 and the PR is confident that it will meet the target fully by the end of the next semester.</p>

2.6. Phase 2 Grant Renewal

Performance Rating	B1. Adequate	Recommendation Category	Go
Rationale for Phase 2 Recommendation Category			
<p>The Secretariat classifies this renewal Request as a "Go".</p> <p>Program performance: Overall performance of the program has been satisfactory with some very good absolute numbers reached with key services. For example:</p> <ul style="list-style-type: none"> • 4,040 people with advanced HIV receiving antiretroviral (ARV) combination therapy after successful completion of TB treatment (230% of target); • 33,208 STI cases treated at sub-district level (265% of target); • 78,179 people have received HIV tests (781% of target); • 4,358 HIV positive and HIV/TB co-infected people on treatment for opportunistic infection (OI) at sub district level (316% of target); and • 208 health facilities offering both voluntary counseling and testing (VCT) and TB diagnosis and treatment services (208% of target). <p>However, performance in coordination and partnership development has been poor with less than 50% achieved in both indicators. Therefore, the Principal Recipient (PR) must focus efforts on strengthening this service delivery area (SDA) early in Phase 2.</p> <p>Additionally, as this program is part of the national program, the Secretariat would like to fully ascertain the Global Fund's contribution to the program in relation to other donors for Phase 2. Accordingly, greater transparency on this issue is to be reflected in the Phase 2 Budget and Work plans.</p> <p>Program management and governance: Overall, the implementing agent (under the PR, the Government's Department of Economic Affairs) the National AIDS Control Organization (NACO) has demonstrated satisfactory management of the program to date. Despite a slow start-up, implementation gathered pace particularly during Year 2, and the program is now demonstrating some solid programmatic achievement. Financial management has been adequate; however, training of all state level finance managers is required early in Phase 2 to ensure that the complex financial mechanisms of the program run smoothly in Phase 2. Training is also required at district level to strengthen monitoring and evaluation (M&E) systems. A number of concerns have been raised regarding data quality and the often cumbersome data collection system, which have prompted moves to improve M&E through training and strengthening the M&E team with additional staff for Phase 2.</p> <p>The CCM has strong multi-sectoral representation and has been actively engaged in grant oversight since the start of the Program.</p> <p>The Secretariat classifies this Request as a "Go". In Phase 2, NACO should focus efforts on improving the performance of the coordination and partnership development SDA.</p>			

Rationale for Phase 2 Recommendation Amount

At the time of Phase 2 review, the Global Fund had disbursed US\$2,185,472 (82% of funds available for Phase 1) to the PR. Of these funds, the PR has spent US\$17,000 and disbursed US\$1,579,000 to sub-recipients.

The latest verified PR cash balance stood at US\$589,472 on 31 August 2006. These funds along with additional Phase 1 disbursements of US\$481,874 will finance all remaining Phase 1 activities. Full utilization of the Phase 1 amount is anticipated.

In light of good overall performance and satisfactory grant management, the Secretariat concludes that the maximum Phase 2 amount of US\$12,152,426 is appropriate for continued funding. As there are no surplus Phase 1 funds to partially fund this amount, the Secretariat recommends to the Board to commit the full US\$12,152,426 for this program.

Time-bound Actions

Issues	Description of time-bound actions
<ol style="list-style-type: none"> 1. Data quality needs improvement. 2. Financial management issues. 3. NGO participation needs strengthening. 4. Targets and coverage to be negotiated to a reasonable increase over the Phase 2 period. 5. Global Fund contribution to this national program is not clear. 6. Audit Report not yet submitted. 	<p>1(a) By Q10 (July 2007) an additional M&E officer to be recruited in NACO.</p> <p>(b) The M&E system review is to include a systematic review and quality assurance of all data. This review of the M&E system is to be completed by NACO by Q10 (July 2007) so that recommended revisions to the system are in place by Q12.</p> <p>(c) M&E training to be organized for district level nodal officers and completed by Q12 December 2007. This to be done in consultation with World Bank - co-funders of the National AIDS Program.</p> <p>2(a) Prior to Phase 2 grant signing, a plan shall be submitted on how to improve the current financial management capabilities by NACO and the SACS to ensure accurate expenditures.</p> <p>(b) During the first two Quarters of Phase 2, additional training on financial management is to be carried out for all state level finance managers.</p> <p>3. NACO to hire an NGO Officer to coordinate national level efforts to increase civil society partnership in program implementation. This position should be filled by Q11 (September 2007).</p> <p>4. Prior to Phase 2 grant signing, the attachment should be revised to indicate increased targets where appropriate.</p> <p>5. Prior to Phase 2 grant signing, the Global Fund's contribution to the National HIV budget for at least Year 3 of the grant should be demonstrated through a high level review of the National Budget and planned contributions thereto.</p> <p>6. Prior to Phase 2 grant signing, the Audit Report is to be submitted, and any issues cleared to the satisfaction of the Global Fund.</p>

