

General Grant Information

Country	India				
Grant Number	IDA-405-G06-H	Component	HIV/AIDS	Round	4
Grant Title	Accessing the Antiretroviral treatment to HIV/AIDS infected persons in six high prevalence States and NCT Delhi				
Principal Recipient	The Department of Economic Affairs of the Government of India				
Total Lifetime Budget	\$ 140,878,118	Phase 1 Grant Amount	\$ 21,672,559	Phase 2 Grant Amount	\$ 100,996,078
Grant Start Date	01 Sep 2005	Phase 1 End Date	31 Aug 2007	Phase 2 End Date	31.Aug.10
Disbursed Amount	\$ 65,328,795	% of Grant Amount	53%	Latest Rating	A2
Time Elapse (at the end of the latest reporting period)	37 months	% of Grant Duration	62%	Proposal Lifetime	60 months

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1. Program Description and Contextual Information

1.1. Program Description Summary

The grant is currently in Phase 2. The program implementation is being accelerated by 5 months. The proposed end date of Phase 2 is 31 March 2010. The Implementation Letter introducing these changes is currently being issued by the Secretariat.

The program is being implemented by the National AIDS Control Organization (NACO) in six high prevalence states and Delhi to reduce morbidity and mortality associated with HIV/AIDS. These six high prevalence states are: Tamil Nadu, Maharashtra, Karnataka, Tamil Nadu, Nagaland and Manipur. NACO works in partnership with the NGO consortium led by the Population Foundation of India. Combined population of the six high prevalence states and Delhi is 305 million people. The National Capital Territory (NCT), Delhi draws mobile and migrant people from across the country, and particularly from the low prevalence neighboring states of Haryana, Uttar Pradesh, Punjab, Bihar and Himachal Pradesh in search of livelihood and for care and treatment. This migrant population is also covered under this program. The program aims at strengthening the capacity of both the public and private sectors to deliver, care and provide antiretroviral treatment (ART) by improving and expanding high quality clinical training and follow-up, increasing access to quality voluntary counseling and testing (VCT), improving diagnostic capability, augmenting quality assurance systems, consolidating and renewing communications strategies, and ensuring more effective referral linkages across the prevention-to-care continuum. The intervention includes treatment (including ART), care, and support through the public and the private sectors. During the first two years, over 1200 health professionals received ART training and 50 CD4 machines were procured to expand the capacity of ART centers. Two kinds of public private sector partnerships are being implemented. The first relates to public sector partnership with private sector networks of health centers, blood banks, and laboratories to increase access to screening, testing, and monitoring PLWHA. Second partnership is with NGO consortium to improve involvement of the PLWHAs, community-based care and support and expanded partnerships with grassroots level NGOs. This is a major phased scale up of ARV treatment in India through an enhanced partnership with the NGO and the private sectors. Over a five year period, 137,000 PLWHAs will receive ART and over 2.8million people will be tested. The program complements existing donor funded programs in 138 districts and 50 major teaching medical hospitals.

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
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

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1.3. Comments on Key Discrepancies between Approved Proposal and Grant

None

1.4. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Overall	x	
Procurement and Supply Management	x	
Institutional and Programmatic	A2	Autonomous societies have already been registered at the national and state level. The system of monitoring at the state level has be strengthened.
Financial Management and Systems	B1	<ul style="list-style-type: none"> - NACO follows the government system of accounting which has its own checks and balances. The budget approval is made by the MoH&FW and all disbursal are made as per the budgetary allocations. Also, separate records are maintained for each project. - The financial management at the state and district level needs to be improved. NACO will use its own resources to improve the state level performances. A Finance Officer is recommended for NACO. - The system of monthly reviews over the first 6 months by LFA and the travel cost depending on where the review meetings take place. In any case a few site visits would be desirable and essential. - The infrastructure and some capacity have been improved during the execution of the current World Bank funded NACP-II which is similar in nature and objectives. - Procurement is handled through an independent agency and payment is made to supplier after due verification at the recipient end. Procurement is made directly by the NACO and supplies are distributed to the implementation partners <p>Disbursement to the societies is done on the basis of the budget allocation. A monthly Receipt and Payment Account and the expenditure statement is received from the societies on a monthly basis.</p> <p>LFA was informed that the stock record of the drugs and commodities is verified by NACO staff while conducting field visits. The tracking system of ground level activities of the implementation partners and state/district level societies needs to be strengthened. The internal control over decentralized procurement is not effective. The requirement of obtaining 3 quotations was not followed in some cases. Also, the payment to some suppliers was made without obtaining acknowledgment for the receipt of the material.</p>

1.5. Conditions Precedent

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Evidence of the appointment of persons with the appropriate expertise and experience acceptable to the Global Fund required to serve in the positions of project director, finance manager, M&E officer and procurement officer in the NACO central office.			Yes	While the Project Director and Finance Officer are in position, an appointment offer has gone to an M&E Officer. NACO's procurement officer left for an overseas job and a recruitment process was initiated. A procurement officer will be appointed and all processes completed for this. Clinton Foundation was supposed to provide additional procurement staff support which NACO is yet to accept. The Govt. of India has made major changes in procurement management, centralising procurement under MOH with a department called Empowered Procurement Wing (EPW). This was done in consultation with the World Bank and other donors. In interest of harmonisation, the revised national procurement arrangement is also acceptable to us. EPW is headed by a full time Joint Secretary level Director. Therefore, this CP is met. Six consultants from Crown Agent are now providing technical assistance to the EPW.

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Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Evidence that NACO has completed capacity assessment of the State AIDS Control Society (SACS) in each of the six states and Delhi NCT and initiated capacity building initiatives for each SACS to address capacity issues raised in those assessments and to make improvements in existing auditing practices.			Yes	Capacity of NCT of Delhi and other SACS has been assessed and found to be satisfactory.
Evidence that NACO has enhanced its existing management policies and procedures by improving the existing management policies and procedures by improving the existing management information system (and related guidelines) which includes a computerised financial recording and reporting system that effectively tracks and manages the Sub-recipients activities and financial performance.			Yes	The action for installing a computerised financial recording and reporting system is already approved and some level of computerisation have been completed. However, during the national strategy development for NACPIII, it was decided with the World Bank and other donors to complete computerisation process under NACPIII which is expected to start from April 2007.
Delivery by the PR to GFATM. A procurement and supply management plan for procurement of health products and its approval by the Global Fund.			Yes	The PSM plan has been prepared and approved by GFATM.
Phase 2 CP: By no later than 31 December 2007, the PR shall, except as the Global Fund and the Principal Recipient may otherwise agree in writing, furnish to the Global fund, in form and substance satisfactory to the Global Fund, an operational M&E plan for the Program, taking into account the national operational M&E plan of NACPIII.	Other		Yes	
Before first disbursement in Phase 2 of the Program, PR shall except as the Global Fund and the PR may otherwise agree in writing, furnish to the Global fund, in form and substance satisfactory to the Global Fund, sufficient evidence that the financial audit reports covering Phase 1 of the Program have been finalized.			Yes	
Before second disbursement in Phase 2 of the Program, the PR shall, except as the Global Fund and the PR may otherwise agree in writing, furnish to the Global Fund, in form and substance satisfactory to the Global Fund, sufficient evidence that the financial managers of all Sub-recipients have received adequate training on appropriate financial management and reporting requirements for Grant funds.	Disbursement		In Progress	
The term of the Grant shall be from the Program Starting Date through the Program Ending Date. The Global Fund is committed to making disbursements at regular intervals during the first two years. The Global Fund shall provide funding from the Program Endings Date through the Proposal Completion date (i.e. after conclusion of the initial two years of project funding) provided that : (a) the Program demonstrates satisfactory progress as determined by the Global Fund set out in Article 3(d), (b) the Global Fund has funds available to continue funding the Proposal Completion Date, and (c) continued funding is consistent with the funding policies that may be set by the Global Fund Board.	Disbursement		Yes	
The Principal Recipient's representations under the taxes and duties provisions of Article 4(a) shall be limited to a representation that no Grant funds shall be used to finance any customs duties, tariffs, import taxes, or other similar levies and taxes associated with the import, manufacture, or sale of products or commodities, or the procurement of services for the Program assessed under laws in effect in the Host Country. In the event that such taxes or duties are levied, the Principal Recipient shall ensure that such taxes and duties are paid from sources other than Grant proceeds.	Disbursement		In Progress	

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Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
The Auditor selected by the Principal Recipient under the Article 7(b) shall be the Comptroller and Auditor General of the Government of India.	Other		In Progress	
For the purpose of Article 7(e) use of the term "audits" shall mean financial and programmatic review of accounts and records relating to the financial management and programmatic implementation of the Program.	Other		In Progress	
For the purpose of Article 7(f), the terms "books and records" shall mean those books, records, and other materials maintained by the Principal Recipient with respect to the financial management and programmatic implementation of the Program.	Other		In Progress	
The parties recognize that the purpose of Articles 10 (d) (2) (c) is to permit the LFA to perform "ad hoc" site visits as many be reasonably required to ensure sound management of the Program. The Global Fund will use its best efforts to ensure, however, that the LFA will coordinate these visits with the Principal Recipient as reasonably necessary and to the extent such coordination does not undermine the purpose of the visits.	Disbursement		In Progress	
Notwithstanding the language of Articles 10(d)(3) and 20, in the event the Global Fund decides to change the LFA, the Global Fund shall consult with the Country Coordinating Mechanism prior to selecting a new entity to serve as LFA.	Other		In Progress	
The Global Fund and the Principal Recipient commit to use their best efforts to resolve any issues related to procurement under the Program in a collaborative fashion	Procurement		In Progress	
The Department of Economic Affairs of the Government of India hereby confirms that the National AIDS Control Organization (NACO) of the Ministry of Health and Family Welfare will be the implementing agency for the purposes of this Agreement.	Other		In Progress	
The Principal Recipient shall be solely liable for the loss or theft of, or damage to, any and all items purchased under the Grant, and, immediately upon any such loss, theft or damage (as the case may be), shall replace such items at its own expense under the procurement procedures set forth in and agreed pursuant to this Agreement. In addition, the Principal Recipient shall be solely liable for the loss or theft of any Grant funds held in cash by the Principal Recipient or by any of its agents and shall replenish any such lost or stolen Grant funds at its own expense from other resources available to the Principal Recipient. The Principal Recipient shall have no recourse to the Global Fund for any loss or theft of, or damage to, items purchased under the Grant, not for any loss or theft of Grant funds held in cash.	Procurement		In Progress	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1	To improve the survival and quality of life of people living with HIV/AIDS and reduce HIV transmission in the high prevalence states and Delhi										
Impact indicator	% of adults aged 15-49 who are HIV infected									Baselines	
										Value	Year
										0.36%	2006
Outcome indicator	% of adults aged 15-49 who are HIV infected									Baselines	
										Value	Year
										78%	2007
	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			0.34								

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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.Sep.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	01.Jan.07 31.Mar.07	01.Apr.07 30.Jun.07	01.Jul.07 30.Sep.07
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	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	01.Jan.09 31.Mar.09	01.Apr.09 30.Jun.09	01.Jul.09 30.Sep.09
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
N/A	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	01.Jan.11 31.Mar.11	01.Apr.11 30.Jun.11	01.Jul.11 30.Sep.11

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To reduce morbidity and mortality associated with HIV/AIDS and the transmission of HIV in 6 prevalence States & NCT Delhi by combining care, treatment (including ART), prevention and support.

Treatment: Antiretroviral treatment and monitoring

Indicator 1.1 - Number of ART Centers established in high prevalence States and NCT Delhi

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	25	2005	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	35	40	45	50	65	90	105	120
Result	37	37	39	63	84	88	88	105
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	120	130	140	150	155	160	165	170
Result	Pending result	112	Pending result	135	138	Pending result		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	185	198						
Result								

Indicator 1.2 - Number of people currently receiving anti-retroviral therapy (ARVs) in high prevalence states and NCT Delhi

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	7333	2005	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	4,000	9,000	11,000	20,604	30,000	40,000	50,000	59,007
Result	16,670	20,785	26,012	32,000	44,933	50,469	63,822	79,390
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	70,007	80,007	90,007	100,007	1,250,007	150,000	175,000	195,000
Result	Pending result	105,914	Pending result	139,438	153,121	Pending result		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	210,000	225,000						
Result								

Indicator 1.3 - No of PLHAs receiving prophylaxis for OIs

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	40,000	2005	Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	22,500	50,000	62,000	74,702	90,000	120,000	150,000	237,559
Result	3,026	16,793	35,148	53,701	71,282	89,509	167,185	352,113
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	259,559	279,559	299,559	319,559	339,559	359,559	379,559	399,559
Result	Pending result	293,950	Pending result	342,983	366,032	Pending result		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	419,559	500,000						
Result								

Indicator 1.4 - Percentage of patients reporting that they took 95 % doses each month

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	85 %	2005	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	85%	85%	85%	85%	87%	87	90	90
Result	87%	87%	87%	87%	87%	87%	87	87
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: D: P: 90%	N: D: P: 90%	N: D: P: 90%	N: D: P: 90%	N: D: P: 90%	N: D: P: 90%	N: D: P: 92%	N: D: P: 92%
Result	N: D: P: %	N: D: P: 89%	N: D: P: %	N: D: P: 89%	N: D: P: 89%	N: D: P: %	N: D: P: %	N: D: P: %
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	N: D: P: 92%	N: D: P: 95%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
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: %

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Indicator 1.5 - Number of service deliverers trained in counselling, technical and attitudinal areas

	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	100	100	250	500	600	800	1,000	1,200
Result	370	450	450	612	726	864	864	1,129
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	1,250	1,300	1,350	1,400	1,500	1,600	1,650	1,700
Result	Pending result	1,224	Pending result	1,434	1,587	Pending result		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	1,800	1,880						
Result								

Indicator 1.6 - Number of health care facilities with laboratory capacity to conduct CD4 counts in high prevalence States and NCT Delhi

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	25	2005	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	35	40	40	40	40	50	50	50
Result	37	37	37	37	38	42	42	51
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	50	50	100	100	100	100	150	150
Result	Pending result	51	Pending result	95	95	Pending result		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	150	188						
Result								

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Supportive Environment: Monitoring and evaluation and operations research

Indicator 1.7 - No of operation research studies completed

	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	0	0	2	2	2	2	2	3		
Result	0	0	0	1	1	1	2	3		
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	3	4	4	4	4	4	5	5		
Result	Pending result	3	Pending result	2	2	Pending result				
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target	5	7								
Result										

Prevention: Counseling and testing

Indicator 1.8 - Number of people counselled and tested for HIV including provision of results in high prevalence states and NCT Delhi

	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
Level 3-People reached	100,000	2005							Y	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	50,000	100,000	175,000	250,000	350,000	450,000	550,000	625,000		
Result	265,914	561,177	784,384	1,236,192	1,744,130	2,247,529	3,186,679	4,068,929		
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	2,670,000	2,770,000	2,870,000	2,970,000	3,570,000	4,170,000	4,770,000	5,470,000		
Result	Pending result	5,270,458	Pending result	7,198,733	8,247,317	Pending result				
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target	8,300,000	8,470,000								
Result										

2.2.3. Cumulative Progress To Date

Latest reporting due period : 14 (01.Jan.09 - 31.Mar.09)

Objective 1 To reduce morbidity and mortality associated with HIV/AIDS and the transmission of HIV in 6 prevalence States & NCT Delhi by combining care, treatment (including ART), prevention and support.

SDA Treatment: Antiretroviral treatment and monitoring

Indicator 1.1 - Number of ART Centers established in high prevalence States and NCT Delhi

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	14	160	13	138						86%

Indicator 1.2 - Number of people currently receiving anti-retroviral therapy (ARVs) in high prevalence states and NCT Delhi

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	150,000	13	153,121						102%

Indicator 1.3 - No of PLHAs receiving prophylaxis for OIs

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	359,559	13	366,032						102%

Indicator 1.4 - Percentage of patients reporting that they took 95 % doses each month

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	N: D: P: 90 %	13	N: D: P: 89 %						99%

Indicator 1.5 - Number of service deliverers trained in counselling, technical and attitudinal areas

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	14	1,600	13	1,587						99%

Indicator 1.6 - Number of health care facilities with laboratory capacity to conduct CD4 counts in high prevalence States and NCT Delhi

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	14	100	13	95						95%

SDA Supportive Environment: Monitoring and evaluation and operations research

Indicator 1.7 - No of operation research studies completed

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	14	4	13	2						50%

SDA Prevention: Counseling and testing

Indicator 1.8 - Number of people counselled and tested for HIV including provision of results in high prevalence states and NCT Delhi

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	4,170,000	13	8,247,317						120%

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	60 months	Grant Amount	122,668,637 \$
% Time Elapsed (as of end date of the latest PU)	62%	% disbursed by TGF (to date)	53%
Time Remaining (as of end date of the latest PU)	23 months	Disbursed by TGF (to date)	65,328,795 \$
Expenditures Rate (as of end date of the latest PU)	104%	Funds Remaining (to date)	57,339,842 \$

2.3.2. Program Budget

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	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.Sep.05	01.Jan.06	01.Apr.06	01.Jul.06	01.Oct.06	01.Jan.07	01.Apr.07	01.Jun.07
Period Covered To:	31.Dec.05	31.Mar.06	30.Jun.06	30.Sep.06	31.Dec.06	31.Mar.07	31.May.07	31.Aug.07
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	530,250	6,277,621	6,937,371	7,534,083	12,534,083	17,534,083	19,534,083	21,672,559
Summary Period Budget:	530,250	5,747,371	659,750	596,712	5,000,000	5,000,000	2,000,000	2,138,476

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.Sep.07	01.Jan.08	01.Apr.08	01.Jul.08	01.Oct.08	01.Jan.09	01.Apr.09	01.Jul.09
Period Covered To:	31.Dec.07	31.Mar.08	30.Jun.08	30.Sep.08	31.Dec.08	31.Mar.09	30.Jun.09	30.Sep.09
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	33,228,311	44,784,063	45,377,694	45,971,325	354,577,455	663,183,585	975,426,005	1,287,521,143
Summary Period Budget:	11,555,752	11,555,752	593,631	593,631	308,606,130	308,606,130	312,242,420	312,095,138

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.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11	01.Apr.11	01.Jul.11
Period Covered To:	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11	30.Sep.11
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	1,306,533,901	1,325,546,659	1,336,315,015	1,347,083,371	1,347,083,371	1,347,083,371	1,347,083,371	1,347,083,371
Summary Period Budget:	19,012,758	19,012,758	10,768,356	10,768,356				

Expenditure Categories

Program Activities

Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

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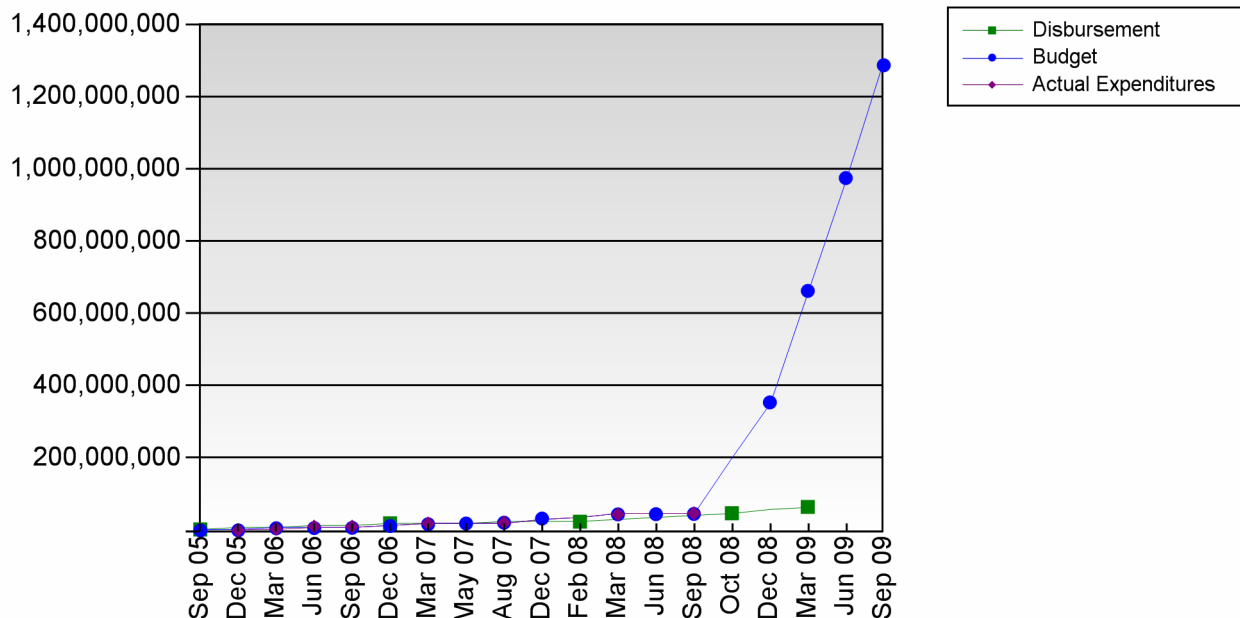
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Period PU8: 01.Apr.08 - 30.Sep.08	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
1. Total actual expenditures vs. budget	\$ 3,027,070	\$ 45,971,325	\$ 47,805,608	\$ -1,834,283	
1a. PR's Total expenditure	\$ 622,049		\$ 36,854,721		
1b. Disbursements to sub-recipients	\$ 2,405,021		\$ 10,950,887		
2. Health product expenditures vs. Budget (already included in "Total Actual" above)	\$ 688,766		\$ 38,582,667		
2a. Pharmaceuticals	\$ 37,442		\$ 34,648,309		
2b. Health products, commodities and equipment	\$ 651,324		\$ 3,934,358		

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	31.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

Progress Updates

Disbursement Information

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
0	01.Sep.05 -		N/A	1	01.Aug.05 - 31.Oct.05	6,277,621	2,972,000	\$ 2,972,000	02 Sep 2005
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
This is the first disbursement to the grant, and no progress update has yet been made available.				PR would be utilising USD 3,305,621 for procurement of drugs and other products during the first two quarters. Since PSM plan is yet to be approved this amount has been deducted from the amount requested.					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
1	01.Sep.05 - 31.Dec.05		B1	1	01.Jan.06 - 31.Mar.06	1,296,170			N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
6 out of 8 indicators have been fully met against the targets set. The other two indicators are currently under way and should be achieved by the end of the year.				N/A					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
2	01.Jan.06 - 31.Mar.06		B1	1	01.Apr.06 - 30.Jun.06	5,489,465			N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
Achievement continues to be on the upswing and positive. Again, achievement of six of the eight indicators have been fully met, with the other two expected to be met by year end				PR has submitted three DRs at the same time in October 2006. Therefore, LFA could not have made an earlier recommendation for disbursement. The DR being recommended takes care of expenditure up to June 2006 and the projections of expenditure for the following period.					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
3	01.Apr.06 - 30.Jun.06		B1	2	01.Jul.06 - 30.Sep.06	17,012,500	17,012,500	\$ 17,012,500	20 Dec 2006
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
Overall PR performance is B1. In all the last three quarters, the achievement has been positive and on track, resulting in 6 out of the 8 targets being fully met, with the other 2 expected by year end. Overall, performance has been steady and consistent for all the indicators. Considerable delay has been noted in receipt of the operational and financial data from the SRs. Additionally, issues are faced by PR in receiving complete and comprehensive information from the SRs. Various errors of misclassification and miscalculation were noted by LFA which have been reported in the "Expenditure Review Report".				N/A					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
4	01.Jul.06 - 30.Sep.06		B1	2	01.Oct.06 - 31.Mar.07				N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
Please refer to period 6 for the progress summary. These is linked to DR03.									

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
5	01.Oct.06 - 31.Mar.07		B1	2	01.Apr.07 - 31.Aug.07	2,548,427	1,688,059		N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Overall performance rating is B1.</p> <p>PR has achieved utilization rate of 91% in 19 months period ending March 31, 2007 (expended USD 19,705,778 against the total phase 1 budget of USD 21,672,559.) In view of this, LFA is of the opinion that PR will be able to utilize the balance budget of USD 1,966,781 in the remaining 5 months of Phase 1 i.e. April -August 2007. It is noted that 83% of the expenditure has been on drugs only i.e. out of the total expenditure of USD 19,705,778, expenditure on drugs amounts to USD 16,442,004. Consequently, utilization rates in other activities have been below the targeted levels. However, LFA was explained by PR that in activities other than drugs, efforts have been accelerated to achieve the Phase 1 targets as mentioned below: -Pending recruitments and training programmes are in the process. -ART centers that couldn't be established earlier are now being identified and established. -Failure of procurement of CD4 machines due to absence of qualified bidders have now being resolved by appointed the outside agency. -Robust networking system between PR and SACS is in the process of implementation, thus resulting in the effective monitoring and evaluation activities.</p> <p>PR has submitted SOEs with reasons of variance within the defined timelines. However, LFA observed the inaccuracy in the expenditure figures reported by PR in DR as the same were not matching with SOEs. Also, the reasons provided for variance were not mapped with the physical targets.</p> <p>LFA recommendations: PR should be further encourages to staff vacant posts so as to ensure that work is completed within the set timelines. PR to finalize and operationalize the computerized financial reporting and recording system at the earliest time.</p>									

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
6	01.Apr.07 - 31.Aug.07		A1	3	01.Sep.07 - 31.Mar.08	4,661,348	2,973,290	\$ 4,661,348	28 Feb 2008
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Overall performance rating is A.</p> <p>PR's performance (both financial and programmatic) have been good. PR has achieved utilization rate of nearly 100% at the end of Phase 1 (expended USD 21,662,776.45 against the total phase 1 budget of USD 21,672,559.06).</p> <p>It is also noted that activities had been accelerated in the current quarter to achieve the phase 1 targets. Thus, activities are in its full swing and shall carry on with the same momentum.</p> <p>PR has submitted the SOE's along with the reasons for variances within the stipulated time lines. LFA observed the inaccuracy in the budget and expenditure figures reported by PR in DR; same has been mentioned in the relevant sections. However, explanation/clarification were provided to LFA after a significant time gap. Often, Activity & SR wise budgets along with original SOEs are not provided at the time of the DR submission; resulting in delay in processing of DR.</p> <p>Program results have steadily improved and consistently been positive. PR could not share with LFA any success stories during this review period.</p> <p>LFA recommendations: PR should be further encouraged to staff vacant posts to ensure that work is completed within the set timelines. PR should be further encouraged to finalize and operationalize the computerized financial reporting and recording system at the earliest time.</p>					<p>The over-utilization is primarily because of procurement of drugs in bulk. LFA was explained since drugs are procured in bulk, PR procured drugs for Year 3 as well. It is noted that PR's budget amounts to USD 15,113,515 and not USD 15,113,888.25. Variance of USD 373 was not explained by PR.</p> <p>On pharmaceuticals, there is a variance of USD 4,844,540.07 due to drugs have been procured in bulk by the PR for Year 3 which has resulted in over utilization of funds.</p>				

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
7	01.Sep.07 - 31.Mar.08		A1	4	01.Apr.08 - 30.Sep.08	42,941,247	23,100,513	\$ 23,261,516	23 Oct 2008
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>Overall the grant is performing very well. The average performance for Top Ten indicators is 120% and for all indicators 105% giving the program an indicator rating of A1. 4 out of 8 indicators have exceeded their targets. These include three Level 3 (People reached) indicators: (1) People Living with HIV/AIDS (PLHAs) receiving ARV (132%); (2) PLHAs receiving prophylaxis for Opportunistic Infections (OI) (105%); and (3) People counseled and tested for HIV (150%). The number of PLHAs receiving ART continues to exceed set targets due to the continued stronger linkages and referrals from Integrated Counseling and Testing Centers (ICTCs). The achievement of two of the remaining indicators is also high (99% and 94%). Two indicators are slightly behind: "Number of ART Centers established" and "Number of operation research studies completed" with achievement rates of 86% and 75% respectively. This is largely due to administrative delays in the state of Karnataka which have now been addressed. After consultation with TGF the Government of India decided to accelerate program implementation in the third year. The accelerated plan will put more people on ARV treatment sooner, in order to meet the Universal Access targets. GOI expects to put 160,000 PLHAs on treatment by December 2008 as part of the national plan (currently 106'900). To meet increased demand from ART and ICTC centers, established under the program, advance bulk procurement of drugs and other commodities took place during the Progress Update period.</p>				<p>PR has requested UDS 42,713,004 and LFA has recommended USD 23,100,513. Certain expenditure have been identified by LFA which should not be financed. Further, deductions have been suggested from the forecasted expenditure as well. For details of the same please refer LFA Section 2.</p> <p>PR has achieved most of its targets and has been able to exhaust budget for the reporting period efficiently. Since PR has performed well and its activities are also in its full swing, LFA is confident that PR will be able to utilize the funds recommended as per the budget activities.</p>					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
8	01.Apr.08 - 30.Sep.08		A2	5	01.Oct.08 - 31.Mar.09	40,355,679	17,094,163	\$ 17,421,431	13 Mar 2009
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>Overall the grant is performing very well. The country is accelerating the program implementation by five months. The average performance for Top Ten indicators is 112% and for all indicators 102% giving the program an indicator rating of A1. 4 out of 8 indicators have exceeded their targets. These include three Level 3 (People reached) indicators: (1) People Living with HIV/AIDS (PLHAs) receiving ARV (139% achievement capped at 120% by the new rating methodology); (2) PLHAs receiving prophylaxis for Opportunistic Infections (OI) (107%); and (3) People counseled and tested for HIV (242% achievement capped at 120%). The number of PLHAs receiving ART continues to exceed set targets due to the continued stronger linkages and referrals from Integrated Counseling and Testing Centers (ICTCs). The achievement of two of the remaining indicators is also high (99% and 95%). Two indicators that are slightly behind include: "Number of ART Centers established" and "Number of operation research studies completed" with achievement rates of 90% and 50% respectively. This is largely due to administrative delays in the state of Karnataka which are now being addressed. After consultation with TGF the Government of India decided to accelerate program implementation in the third year. The accelerated plan will put more people on ARV treatment sooner, in order to meet the Universal Access targets. In line with higher than expected programmatic results, expenditures have exceeded the budget. There is therefore the possibility that the program will exhaust its budget before the end of year 5.</p>				<p>The PR is accelerating grant implementation. The occurred expenditures are in line with the higher than expected programmatic results. The PR's request for a disbursement of USD 40,355,679 does not take into account the USD 23,261,516 disbursement received from the Global Fund only days after the end of the Progress Update period. The regional team supports LFA recommendation to reduce the disbursement request by that amount. However, the LFA in its recommendation fails to take into account the effect that its own revised expenditure figures have on the PR's cash balance. Taking the LFA verified expenditure into account, the PR has an adjusted cash balance of USD (22,707,402). Forecasted amount of USD 17,975,545 is per Grant Agreement budget and includes USD 3,527,570 for Period 13 and 14 (1 Oct 2008-31 March 2009) and USD 14,447,975 for a buffer Period 15 (1 April-30 June 2009). Taking into account the LFA adjusted cash balance of USD (22,707,402), cash "in transit" of USD 23,261,516, and forecasted amount of USD 17,975,545, the Regional team recommends disbursement of USD 17,421,431. The issue of the Condition Precedent on training, where the PR has not provided sufficient information to confirm complete fulfillment, has been raised in the accompanying Management Letter.</p> <p>The Regional Team is of the opinion that this should not delay the current disbursement.</p>					

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Title	Explanatory Notes
Major changes in the nature of the epidemics	While there were no major changes in the nature of the epidemics, in 2007 the HIV/AIDS prevalence rate has been revised from 0.9 to 0.3%.
Major changes in the program supporting environment (e.g. changes in the partner relationships, introduction of new partners, etc.)	n/a
Significant adverse external influences (e.g. force majeure, change in government, natural disaster, etc.)	n/a
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).
Program management issues (e.g. changes in PR/sub-recipients, problems with data collection, quality assurance, etc.)	no major issues
Issues with the 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.
Other (National Programs, SWAPS, Corruptive Environment, etc.)	The program is part of the National AIDS Control Program (NACP III).
Additional Contextual Issues	<p>This is a major scale-up of ARV treatment in the country. Overall the grant is performing very well. The country is accelerating the program implementation by five months. The grant has been qualified for RCC. The RCC proposal is to be submitted by end of July 2009. As of 30 September 2008 data the average performance for Top Ten indicators is 112% and for all indicators 102% giving the program an indicator rating of A1. After consultation with TGF the Government of India decided to accelerate program implementation in the third year. The accelerated plan will put more people on ARV treatment sooner, in order to meet the Universal Access targets. In line with higher than expected programmatic results, expenditures have exceeded the budget. There is therefore the possibility that the program will exhaust its budget before the end of year 5.</p> <p>Technical support from WHO, CDC, Clinton Foundation, UNICEF and UNAIDS are an integral part of the national program. NACPIII, third national strategy, was developed with input from all major stakeholders. The national program has set ambitious targets which require major external resources. The institutional arrangements, capacity strengthening, technical support and monitoring and evaluation systems have been configured to support the interventions as part of NACPIII. These interventions are being delivered in collaboration with private sector, academic/research/training institutions, civil society organisations (CSO), and PLHA networks. NACP III envisages contracting private providers and civil society organisations in the provision of services through public-private partnership.</p> <p>Procurement initially faced major delays but has now been completed under an accelerated implementation plan. Distribution of drugs to states has taken place and people on ARV treatment is under accelerated plan. PR was strongly advised to adhere to the required timeframe for submission of such progress updates but the major problems seem to be difficult states like Manipur. NACO is closely following up on states which submit reports late. Considerable delay has been noted in receipt of the operational and financial data from the SRs. Various errors of misclassification and miscalculation were noted by LFA which have been reported. The corrective steps and capacity building have been discussed with NACO and additional steps are taken to improve implementation.</p> <p>The Government of India has launched the National Rural Health Mission from April 2005, which integrated the various National Disease Control Programs and the Family Welfare Programs at the executive level while maintaining individual identity at technical and financial level. The HIV/AIDS has also been included under this mission. This led to enhanced coordination within the Ministry of Health and Family Welfare GOI, resulting in effective implementation of health activities in the country. The state governments also benefit in terms of concerted strengthening of health management systems at state and district levels and most importantly increase fund flow from the federal government. Implementation at the district level is also better coordinated with existing health care services.</p>

2.6. Phase 2 Grant Renewal

Performance Rating	A. Expected or exceeding expectations	Recommendation Category	Go
Rationale for Phase 2 Recommendation Category			

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Program performance:

This grant Program shows good performance throughout its Phase 1, reaching, or nearly achieving, the targeted numbers of people with key services. These include:

- 50,469 people living with HIV/AIDS (PLWHA) receiving antiretroviral therapy (ART) in the public sector (126% of target);
- 89,509 PLWHA receiving prophylaxis for opportunistic infections (74% of target);
- 87% of patients have reported that they take 95% of their required dosage each month (100% of target); and
- 2,247,529 people have undergone counseling and testing (499% of target).

Capacity building activities have also progressed well with satisfactory numbers of health facilities providing ART services and CD4 testing services. Further to this, the training activity has exceeded its target with good absolute numbers trained (result 864, target 800). In light of this strong performance, the Principal Recipient (PR) has planned to increase targets for Phase 2; most significantly, an increase of the ARV treatment target from 137,000 PLWHA's on ART in the original proposal to 180,000 by the end of Year 5 of the Program.

Program management and governance:

The PR, the Department of Economic Affairs of the Government of India, has demonstrated its ability to manage successfully this large Program. A significant number of programmatic achievements of targets have been made and the PR has made continuous efforts to strengthen the capacity of its implementing partners, particularly the main implementing agency, the National AIDS Control Organisation (NACO). Additionally, NACO has recently adopted the third national strategy NACPIII in consultation with over 30 partners including donors, national, and international partners. NACPIII has been operational since 1 July, 2007 and is a five year \$2.5 billion national AIDS program. This Global Fund Program is part of the NACPIII.

Another key Sub-recipient, the Population Foundation of India is performing well and the coordination at the state level between NGOs and the State AIDS Control Societies (SACS) is reportedly very good. Regular coordination meetings are organized between NACO and other partners active in HIV/AIDS initiatives and regular Program review meetings with SACS Project Directors and Sub-recipients have showed to be effective in ensuring proper follow-up and coordination. This ensures a regular review of performance. Partners such as the Clinton Foundation have set up a national ARV training center for doctors in Chennai, and the US CDC (Center for Disease Control) is providing specific technical assistance at the state level. WHO has expanded its support to the Program with USAID and other donors. The US Government and EU have developed a technical assistance matrix for the CCM to strengthen its role, thereby focusing more specifically on CCM oversight development. Challenges continue in difficult states such as Manipur where insurgency and political instability create difficult conditions for implementation. NACO is closely monitoring the two north eastern states to improve their performance.

Additional capacity building is planned under NACPIII in Phase 2, most notably in financial management and monitoring and evaluation (M&E). This should further enhance the rate and quality of implementation.

The Secretariat classifies this Request as a "Go". In Phase 2, the PR should focus efforts on fulfilling the recommended time bound actions as stated on page 3 of this Grant Score Card.

Rationale for Phase 2 Recommendation Amount

In light of very good performance and sound grant management to date, the Secretariat concludes that the maximum Phase 2 amount of US\$100,996,078 is appropriate for continued funding. As there are no undisbursed Phase 1 funds available to partially fund this amount, the Secretariat recommends to the Board to commit the full US\$100,996,078 for this Program.

Time-bound Actions

Issues	Description of time-bound actions
1. Care and Support services for PLWHA were not conducted in Delhi NCT, as envisioned.	1. Prior to the signature of the Phase 2 extension, the PR shall put in place the Care and Support structures through the establishment of TCCs (Treatment Counseling Centers) and DLNs (District level networks) in Delhi NCT.

