

## General Grant Information

Country	India				
Grant Number	IDA-405-G07-M	Component	Malaria	Round	4
Grant Title	Intensified Malaria Control Project (IMCP)				
Principal Recipient	The Department of Economic Affairs, Ministry of Finance, Government of India				
Total Lifetime Budget	\$ 63,544,954	Phase 1 Grant Amount	\$ 30,158,833	Phase 2 Grant Amount	\$ 33,386,121
Grant Start Date	01 Jul 2005	Phase 1 End Date	01 Jul 2007	Phase 2 End Date	30.Jun.10
Disbursed Amount	\$ 47,705,431	% of Grant Amount	75%	Latest Rating	B1
Time Elapse (at the end of the latest reporting period)	42 months	% of Grant Duration	70%	Proposal Lifetime	60 months

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## 1. Program Description and Contextual Information

### 1.1. Program Description Summary

The Program is currently in Phase II.

It has the following 3 main activities:

- 1) Expanding NTP to uncovered areas (110M pop.) in two States,
- 2) Achieving cure rate of 85% and case detection rate of 70% in above areas, and
- 3) Establishing "Urban TB Control Project" for the urban poor.

The activities are additional to the existing programme. Government commitment is very clear.

The project aims to build capacities of the provincial health departments of the ten States of Assam, Arunachal Pradesh, Meghalaya, Mizoram, Manipur, Nagaland, Tripura, West Bengal, Jharkhand and Orissa. The population of the area covered by this Program represents about 10% of the total population of the country but represents 25% of the total malaria cases in the country and 47% of all deaths due to malaria in the country. The main components are:

- (i) training of existing laboratory technicians in the public, private and voluntary sectors to improve access to diagnosis and treatment;
- (ii) use of Rapid Diagnostic Test (RDT) kits in remote or sparsely populated areas where laboratory services are not available;
- (iii) supply of anti-malarial drugs and bed nets, and insecticides for bed net treatment;
- (iv) provision of artemisinin combination therapy (ACT) in drug resistant areas;
- (v) promotion and use of larvivorous fishes; (vi) establishment of a community-based drug distribution mechanism;
- (vii) selective insecticidal residual spray, and (viii) conducting malaria control awareness and education programs.

These interventions are done through the public health sector as well as in partnership with the civil society organizations. Confederation of Indian Industries (CII), Associated Chambers of Commerce and Industry of India (ASSOCHAM), medical professional bodies, NGOs/CBOs, and Women Self Help Groups (WSHG) are involved.

The Program scales up existing successful interventions currently funded under the World Bank's Enhanced Malaria Control Program (EMCP).

### 1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	1,134,403	2005	United Nations. World Population Prospects: The 2006 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 ( <a href="http://devdata.worldbank.org/data-query/">http://devdata.worldbank.org/data-query/</a> ) accessed on November 17, 2008
Income level	Lower middle income	2007	World Bank. World Development Indicators database ( <a href="http://devdata.worldbank.org/data-query/">http://devdata.worldbank.org/data-query/</a> ) accessed on November 17, 2008
Under-5 mortality rate (per 1000)	76	2006	WHO. World Health Statistics 2008 ( <a href="http://www.who.int/whosis/whostat/EN_WHS08_">http://www.who.int/whosis/whostat/EN_WHS08_</a> )
Total health expenditure per capita (USD)	36	2005	WHO. World Health Statistics 2008 ( <a href="http://www.who.int/whosis/whostat/EN_WHS08_">http://www.who.int/whosis/whostat/EN_WHS08_</a> )
Physicians (number)	645,825	2004	WHO. World Health Statistics 2008 ( <a href="http://www.who.int/whosis/whostat/EN_WHS08_">http://www.who.int/whosis/whostat/EN_WHS08_</a> )
Nursing and midwifery personnel (number)	1,372,059	2004	WHO. World Health Statistics 2008 ( <a href="http://www.who.int/whosis/whostat/EN_WHS08_">http://www.who.int/whosis/whostat/EN_WHS08_</a> )
Malaria	Estimate	Year	Source
Reported malaria cases	1,476,562	2007	WHO. World malaria report 2008.
Reported malaria deaths	1,173	2007	WHO. World malaria report 2008.
Estimated malaria deaths	15,008	2006	WHO. World malaria report 2008.

### 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
Overall	B1	Although overall I&P and FMS capacity is in place, the need is to refocus and upgrade the same to ensure efficient implementation of the program. This would necessitate a higher allocation of funds for training but within the proposed annual allocation. There are gaps in implementation capacity of different SRs. Almost all of the SRs have a large number of technical posts vacant. This can become a handicap in implementation. These posts need to be filled in as soon as possible. Management Information System needs to be approved. The Directorate should ensure that the audit firms are retained to conduct audit to ensure compliance with all the Global Fund guidelines and the audit is carried out as per international accounting.

**1.5. Conditions Precedent**

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Phase 1 CP to First Disbursement: On or before 30 September 2005, evidence of the appointment of persons with the appropriate expertise and experience required to serve in the positions of one finance manager, one M&E officer, a procurement officer, and three MIS related staff in NVBDCP's central office.	Disbursement	30.Sep.05	In Progress	Initially, a finance consultant and procurement consultant were hired by NVBDCP in November 2007 and June 2008 respectively, but they left the organisation in March 2008 and November 2008 respectively. Through Technical Assistance from WHO 1 Finance Consultant, 1 Procurement Consultant and 2 M&E Consultants have been placed at NVBDCP during May to July 2008. The 3 MIS officers are in place at NVBDCP. The PR has now decided that they would be recruiting the finance manager, M&E (research) officer and procurement consultant. The recruitment process for these positions is on and is expected to be completed by July 2009.
Phase 1 CP to Second Disbursement: Evidence that NVBDCP has completed capacity assessments of the State Vector Borne Diseases Control Program in each of the Ten States and initiated capacity building initiatives for the State Vector Borne Diseases Control Programs in each of the Ten States, including evidence that the central office of each State Vector Borne Diseases Control Program has been strengthened by the appointment of additional staff members and is fully functioning and is making improvements in its auditing practices;	Disbursement		Yes	The capacity assessment of the states has been completed during the 3rd quarter. The assessment of Dte. of NVBDCP as well as of the 10 IMCP states has been completed. Capacity building of 10 states has been taken up by training on financial management and programme management of State Programme Officers at Delhi. Capacity building has been carried out at all the levels by imparting training.  All ten states have completed the capacity assessment.
Phase 1 CP to Second Disbursement: The delivery by the Principal Recipient to the Global Fund of a revised M&E plan (the "M&E Plan") that addresses the monitoring and evaluation requirements of the Program.	Disbursement		Yes	The M&E plan submitted to LFA and GFATM which was approved by GFATM. Revised M&E plan was sent and has been approved by the Global Fund Secretariat. The approval was conveyed during September 2006.
Phase 1 CP to Second Disbursement: Evidence that each of the Ten States has established a fixed asset register with a clear plan for conducting periodic checks.	Disbursement		Yes	The fixed asset registers by all the ten states have been certified to be available with the SRs. LFA would get an opportunity of reviewing the position during field visits scheduled for April/May 2007.

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Phase 1 CP to Second Disbursement: Evidence that NVBDCP has enhanced its existing management policies and procedures by establishing a management information system (and related guidelines) which includes a computerized financial recording and reporting system that effectively tracks and manages the Sub-recipient activities and financial performance.	Disbursement		In Progress	The National M&E framework (National M&E plan) was finalised in December 2008. As explained to us, the computerized Management Information System called "NAMMIS" has been rolled out and training of state level staff (master trainers) has already been completed. The trainings at the district level are currently in process and it is expected that the entry in master data of the system will be completed by September 2009. The relevant system for financial recording/reporting and the formats as per revised M&E framework are in the process of being updated. It is expected by the PR that NAMMIS will be operational in GFATM states by Jan 2010 including programmatic and financial reporting.
Phase 1 CP to First Disbursement: a letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign disbursement requests under Article 6 of the Standard Terms and Conditions of this Agreement and, in the event a disbursement request may be signed by more than one person, the conditions under which each may sign.	Disbursement		Yes	
Phase 1 CP to Procurement: a. delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to Global Fund, of a procurement and supply management plan (the "PSM Plan"), consistent with Article 19 of this Agreement, for the procurement of health products; and b. The written approval by the Global Fund of the PSM Plan.	Disbursement		Yes	
Phase 2 CP to Second Disbursement: a. the delivery by the Principal Recipient to the Global Fund of a completed version of the Monitoring and Evaluation Systems Strengthening Tool (Dated January 2006 and available from the Global Fund website) that has been prepared by the Principal Recipient in consultation with the Program stakeholders specified in the instructions section of that document;  b. the delivery by the Principal Recipient to the Global Fund of an updated plan for monitoring and evaluating Program activities (the "Updated M&E Plan") that incorporates the recommendations made by Program stakeholders upon completion of the Monitoring and Evaluation Systems Strengthening Tool (referred to in Sub-section B.4.a);  c. the delivery by the Principal Recipient to the Global Fund of a revised budget and work plans for the Program Term (the "Revised Program Budget") taking into account: i. revised activity levels for activities related to LLINs, ITNs, Rapid Diagnostic Kits, TV advertising campaigns, Pharmaceutical Products and recruitment of laboratory technicians and technical supervisors, ii. amendments incorporated into the Updated M&E Plan or the Revised PSM Plan if such amendments necessitate amendments to the budget for the Program Term that was approved by the Global Fund as of the effective date of this Agreement; and  d. the written approval of the Global Fund of the Updated M&E Plan, the Revised PSM Plan and Revised Program Budget and work plans.	Disbursement		Yes	

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Phase 2 CP to Third Disbursement: The delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to Global Fund, of evidence that all training activities of the Principal Recipient's staff has been completed as of 30 August 2008 in accordance with the work plans approved by the Global Fund.	Disbursement		In Progress	As explained by the PR, this CP was to be tracked for field positions funded by GF i.e. Malaria Technical Supervisors (MTS) and Laboratory Technicians (LTs). The details of the same are as follows: MTS's Recruited till December 2008 - 111 (Current status - 140) Trained till December 2008 - 101 (Current status - 121)  LT's (quarter wise data for training not available, accordingly current status provided) Recruited - 91 Trained till date - 79  As explained, recruitment and training is a continuous process and training is held in batches of people. It is expected by the PR that the balance would be trained by quarter ended June 2009.
Phase 2 CP to Procurement: a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to Global Fund, of a revised procurement and supply management plan (the "revised PSM Plan"), consistent with Article 19 of this Agreement, for the procurement of health products in Phase 2. This revised PSM Plan shall contain a summary of Health Products procured to date and a detailed plans to bring its Health Products procurement activities in full compliance with the Grant Agreement and to address the change in procurement from ITNs to LLINs; and  b. the written approval of the Global Fund of the Revised PSM Plan.	Procurement		Yes	
Special Terms and Conditions: 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 (six monthly) during the first two years. The Global Fund shall provide funding from the Program Ending 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 as set out in Article 3(b), (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.	Other		Yes	
Special Terms and Conditions: The Principal Recipient's representations under the taxes and duties provisions of Article 12 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.	Other		Yes	
Special Terms and Conditions: The Auditor selected by the Principal Recipient under Article 13(c) shall be the Comptroller and Auditor General of the Government of India.	Other		Yes	

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Special Terms and Conditions: For the purpose of Article 13 (b),(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		Yes	
Special Terms and Conditions: For the purpose of Article 13(a), 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		Yes	
Special Terms and Conditions: The Parties recognize that the purpose of Article 8(a)ii and Article 8(b) is to permit the LFA to perform "ad hoc" site visits as may 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 Principle Recipient as reasonably necessary and to the extent such coordination does not undermine the purpose of the visits.	Other		In Progress	
Special Terms and Conditions: Notwithstanding the language of Articles 8(c) and 31, in the event the Global Fund decides to change the LFA, the Global Fund shall consult the Country Coordinating Mechanism prior to selecting a new entity to serve as LFA.	Other		In Progress	
Special Terms and Conditions: 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	
Special Terms and Conditions: For the purposes of Article 15(b).1, a reporting period will mean six-monthly progress reports from the Principal Recipient to the Global Fund and the LFA. However, the Principal Recipient is required to submit interim quarterly progress and cash reconciliation statements.	Other		In Progress	
Special Terms and Conditions: The Department of Economic Affairs of the Government of India hereby confirms that the Directorate of National Vector Borne Diseases Control Programme (NVBDCP) of the Ministry of Health and Family Welfare will be the implementing agency for the purposes of this Agreement.	Other		Yes	
Special Terms and Conditions: 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, nor for any loss or theft of Grant funds held in cash.	Procurement		In Progress	
Special Terms and Conditions: Any income realized by the Principal Recipient or by any Sub-recipient as a result of social marketing activities shall be accounted for by the Principal Recipient and by each such Sub-recipient and used solely for Program purposes.	Other		In Progress	

# Grant Performance Report

## External Print Version

**IDA-405-G07-M**

*Last Updated on: 13 August 2009*

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
<p>Special Terms and Conditions: The Principal Recipient shall deliver in a timely manner to the Global Fund, in form and substance satisfactory to Global Fund, of evidence that the Principal Recipient has distributed no less than 4'000'000 ITN (including LLINs) under the Program as of 30 August 2008. In the absence of a demonstration of this level of performance, the Global Fund shall revise program budgets and the amount of Grant funds to reflect of the actual distribution capacity for the Program term.</p>	<p>Other</p>		<p>In Progress</p>	<p>It is to be noted that the procurement of LLINs was cancelled in 2008. However, in March 2009 an order has been placed by the PR for procurement of 1.235 million LLIN's. So, the achievement against this CP pertains only to ITNs. The PR has procured and delivered 4.2 million ITNs to the states/SRs by September 2008, out of which the states/SRs have distributed 3,700,217 ITNs till the end of December 2008. As explained by the PR, it is expected that these bed nets will be distributed by April 2009.</p>

## 2. Key Grant Performance Information

### 2.1. Program Goals, Impact and Outcome Indicators

**Goal 1** To reduce malaria morbidity in the 100 million population in the Ten States by 30% and mortality by 50% within five years.

Impact indicator	Annual parasite incidence-annual number of laboratory confirmed malaria cases per 1000 population in target areas											
											Baselines	
											Value	Year
											4.6	2002
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target			4	4	3							
Result			4.05									

Impact indicator	Incidence of clinical malaria cases (reported) in target areas.											
											Baselines	
											Value	Year
											4.6	2002
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target			4	4	3							
Result												

Goal 2											
Impact indicator	Number of deaths due to malaria (in target areas)							Baselines			
								Value	Year		
								464	2002		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			<670	<300	<232						
Result			691								

Impact indicator	Percentage of households owning at least one ITN							Baselines			
								Value	Year		
								40% usage of bed nets	2002-2003		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target					60%						
Result											

Impact indicator	Percentage of blood slide positive for malaria parasite out of the total examined.							Baselines			
								Value	Year		
								6.8	2008		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			5.1	4.9	4.76						
Result			4.71								

Impact indicator	Percentage of blood slide positive for Pf malaria parasite out of the total examined.							Baselines			
								Value	Year		
								3.4	2002		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			2.7	2.4	2.39						
Result			2.51								

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

## 2.2.2. Program Objectives, Service Delivery Areas and Indicators

**Objective 1 - Increasing access to rapid diagnosis and treatment in remote and inaccessible areas through community participation.****Treatment: Prompt, effective antimalarial treatment**

## Indicator 1.1 - Number of uncomplicated Pf cases treated with SP-ACT

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	60,000	130,000	130,000	173,333	216,666	260,000
Result	0	0	1,841	27,392	108,963	156,189	200,023	Pending result

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	335,000	410,000	485,000	560,000	635,000	710,000	785,000	860,000
Result	268,700	297,658	343,719	379,519	412,721	455,967	Pending result	

## Indicator 1.2 - Number of cases of severe and complicated malaria treated with artemisinin injections.

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	9,563	25,000	31,250	37,500	47,350	50,000
Result	0	0	43,837	52,379	70,555	107,111	124,448	Pending result

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	125,000	145,000	160,000	200,000	237,500	275,000	312,500	350,000
Result	159,352	173,244	185,828	216,790	250,909	245,600	Pending result	

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Last Updated on: 13 August 2009

Indicator 1.4 - Number of medical officers of the state health services and of IMA, NGOs and private organization trained in treatment of severe and complicated malaria

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained	n/a	2005	Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	140	600	1,000	1,400	1,750	2,100	2,450	2,800
Result	0	400	566	1,243	1,773	2,302	3,094	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	3,140	3,200	3,260	3,340	3,360	3,400	3,420	3,900
Result	3,588	2,741	3,450	3,858	4,091	4,175	Pending result	

Indicator 1.5 - Number of Lab. Technicians trained in malaria microscopy

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained	358	2005	Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	140	600	1,000	1,400	1,400	1,867	2,334	2,800
Result	0	397	525	823	1,116	1,323	1,830	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	2,800	2,820	2,840	2,860	2,870	2,880	2,890	2,900
Result	2,055	2,242	Pending result	2,714	2,943	3,013	Pending result	

Indicator 1.7 - Number of contractual malaria technical supervisors trained in monitoring and evaluation of programme implementation

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 0-Process/Activity Indicator	0	2007	Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	0	0	15	50	60	70	80	100
Result	0	0	1	15	74	101	Pending result	

**Objective 2 - Malaria Transmission Risk Reduction through integrated vector control****Prevention: Insecticide-treated nets**

Indicator 2.1 - Number of households supplied with at least 2 Insecticide-treated Nets (ITN)\*; includes baseline

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	170,246	2005	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	1,660,000	2,097,500	2,535,000	3,071,000	
Result	0	389,612	426,991	1,863,300	2,176,861	2,544,882	5,897,541	
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	3,410,000	3,500,000	4,000,000	5,000,000	5,400,000	5,800,000	6,200,000	6,750,000
Result	4,156,008	5,011,749	6,369,182	8,357,321	10,910,074	11,778,412	Pending result	

Indicator 2.2 - Number of ITNs distributed

	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	0	0	3,000,000	3,000,000	3,000,000	3,000,000	3,338,000	6,500,000
Result	0	0	502,664	606,227	948,284	1,092,432	1,487,830	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	6,500,000	6,500,000	6,500,000	7,250,000	7,750,000	8,000,000	8,000,000	10,250,000
Result	1,777,903	2,195,195	3,125,136	3,302,009	3,568,234	3,700,217	Pending result	

Indicator 2.3 - Number of community-owned nets treated

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	1,330,536	2005	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	3,000,000	3,204,512	3,204,512	4,806,768	6,409,024	8,011,280
Result	0	806,162	1,114,372	1,694,869	1,855,456	3,037,067	4,860,890	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	8,011,280	8,011,280	8,011,280	8,011,280	8,011,280	9,000,000	10,500,000	12,000,000
Result	5,293,190	5,481,663	7,296,091	10,629,184	12,712,743	13,403,329	Pending result	

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Indicator 2.4 - Number of sentinel sites established for monitoring insecticide resistance									
	Baseline							Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year							
Level 2-Service Points supported	n/a	2005						N	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	
Target	10	20	20	20	20	20	20	20	
Result	0	21	20	16	16	20	20	Pending result	

**Objective 3 - Enhance awareness about malaria control and promote community, NGO and private sector participation****Prevention: Vector control (other than ITNs)**

Indicator 3.2 - Number of service deliverers of local NGOs/CBOs identified and trained at district level.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained	22	2005	Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	30	94	200	200	230	260	300
Result	0	120	179	1,694	1,912	2,746	3,372	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	3,500	4,000	4,500	5,000	5,500	6,000	6,500	7,000
Result	4,979	4,602	5,282	5,757	6,155	8,423	Pending result	

Indicator 3.3 - Number of community volunteers trained in malaria control strategies

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained	2,789	2005	Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	3,750	15,000	26,500	37,500	41,690	52,793	63,897	75,000
Result	0	17,168	26,565	36,430	49,869	59,623	81,494	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	100,000	107,000	114,000	120,000	125,000	130,000	135,000	140,000
Result	120,073	124,293	139,767	159,579	167,663	176,449	Pending result	

Indicator 3.4 - Number of awareness camps organized at village level for treating the bednets

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	2,824	2005	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	7,500	15,000	20,360	23,574	28,787	30,000
Result	0	9,343	10,232	17,303	18,993	21,114	31,802	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	33,500	37,000	40,500	44,000	47,000	50,000	54,000	58,000
Result	34,092	37,852	46,961	54,322	59,385	60,756	Pending result	

2.2.3. Cumulative Progress To Date

Latest reporting due period : 15 (01.Jan.09 - 31.Mar.09)

**Objective 1** Increasing access to rapid diagnosis and treatment in remote and inaccessible areas through community participation.

**SDA** Treatment: Prompt, effective antimalarial treatment

**Indicator 1.1 - Number of uncomplicated Pf cases treated with SP-ACT**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	15	785,000	14	455,967					58%	

**Indicator 1.2 - Number of cases of severe and complicated malaria treated with artemisinin injections.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	15	312,500	14	245,600					79%	

**Indicator 1.4 - Number of medical officers of the state health services and of IMA, NGOs and private organization trained in treatment of severe and complicated malaria**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	15	3,420	14	4,175					120%	

**Indicator 1.5 - Number of Lab. Technicians trained in malaria microscopy**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	15	2,890	14	3,013					104%	

**Indicator 1.7 - Number of contractual malaria technical supervisors trained in monitoring and evaluation of programme implementation**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	15	80	14	101					120%	

**Objective 2** Malaria Transmission Risk Reduction through integrated vector control**SDA** Prevention: Insecticide-treated nets**Indicator 2.1 - Number of households supplied with at least 2 Insecticide-treated Nets (ITN)\*; includes baseline**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	15	6,200,000	14	11,778,412						120%

**Indicator 2.2 - Number of ITNs distributed**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	15	8,000,000	14	3,700,217						46%

**Indicator 2.3 - Number of community-owned nets treated**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	15	10,500,000	14	13,403,329						120%

**Indicator 2.4 - Number of sentinel sites established for monitoring insecticide resistance**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	8	20	7	20						100%

**Objective 3** Enhance awareness about malaria control and promote community, NGO and private sector participation**SDA** Prevention: Vector control (other than ITNs)**Indicator 3.2 - Number of service deliverers of local NGOs/CBOs identified and trained at district level.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	15	6,500	14	8,423						120%

**Indicator 3.3 - Number of community volunteers trained in malaria control strategies**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	15	135,000	14	176,449						120%

**Indicator 3.4 - Number of awareness camps organized at village level for treating the bednets**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	15	54,000	14	60,756						113%

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### 2.3. Financial Performance

#### 2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	60 months	Grant Amount	63,544,954 \$
% Time Elapsed (as of end date of the latest PU)	70%	% disbursed by TGF (to date)	75%
Time Remaining (as of end date of the latest PU)	18 months	Disbursed by TGF (to date)	47,705,431 \$
Expenditures Rate (as of end date of the latest PU)	37%	Funds Remaining (to date)	15,839,523 \$

#### 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.Jul.05	01.Oct.05	01.Jan.06	01.Apr.06	01.Jul.06	01.Oct.06	01.Jan.07	01.Apr.07
Period Covered To:	30.Sep.05	31.Dec.05	31.Mar.06	30.Jun.06	30.Sep.06	31.Dec.06	31.Mar.07	30.Jun.07
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	357,164	856,718	11,838,939	12,562,309	12,874,364	14,642,951	27,450,983	46,299,896
Summary Period Budget:	357,164	499,554	10,982,221	723,370	312,055	1,768,587	12,808,032	18,848,913

#### 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.Jul.07	01.Oct.07	01.Jan.08	01.Apr.08	01.Jul.08	01.Oct.08	01.Jan.09	01.Apr.09
Period Covered To:	30.Sep.07	31.Dec.07	31.Mar.08	30.Jun.08	30.Sep.08	31.Dec.08	31.Mar.09	30.Jun.09
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	46,562,059	70,396,831	81,217,394	81,649,557	81,649,557	81,649,557	81,649,557	81,649,557
Summary Period Budget:	262,163	23,834,772	10,820,563	432,163				

#### Expenditure Categories

#### Program Activities

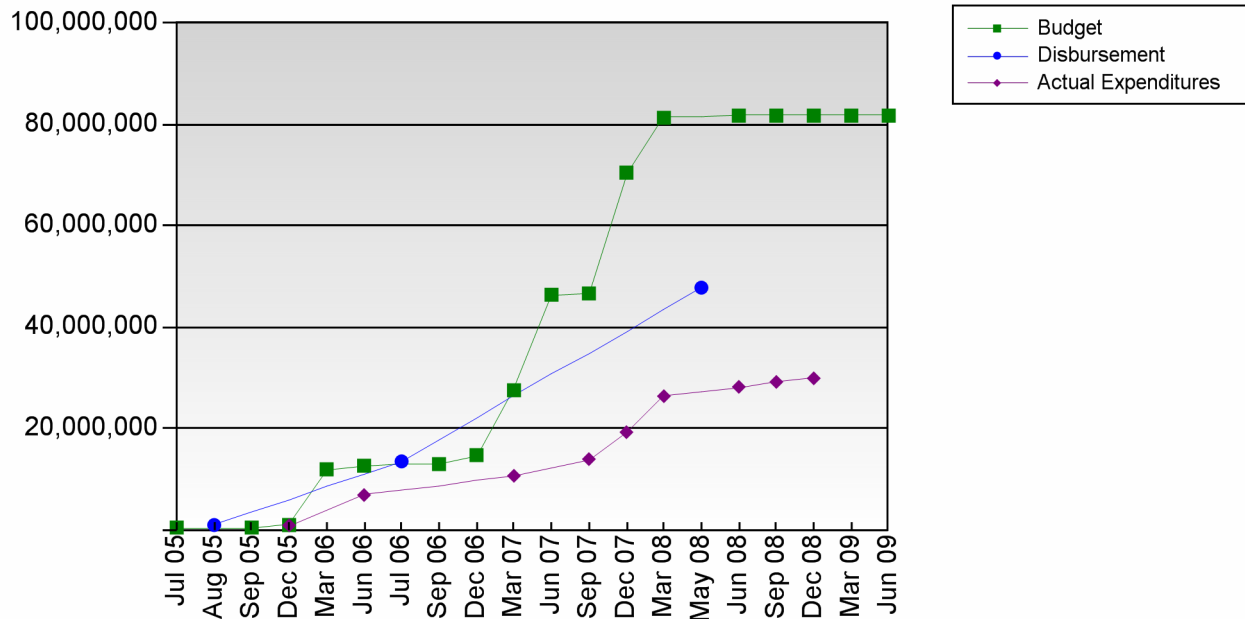
#### Implementing Entities

#### - Comments and additional information

### 2.3.3. Program Expenditures

Period PU9: 01.Oct.08 - 31.Dec.08	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
<b>1. Total actual expenditures vs. budget</b>	\$ 719,213	\$ 81,649,557	\$ 29,810,146	\$ 51,839,411	<p>Budget for Phase 1 was reduced from USD 30,158,833 to USD 13,419,026 by GFATM; however, the cumulative budget figure reported by the PR is based on original budget resulting in higher variance between budget and actual. The budget figure has been adjusted by the LFA based on certain assumptions. Further, even the PR and SR budget taken in section 1C are not according to the quarter wise breakup provided by the PR. Refer Annexure 3 for details of adjustments made and adjusted cumulative budget.</p> <p>The under achievement is on account of non/ less procurement of LLIN's, ITNs, SP liquid, drugs, etc. Further, certain personnel who were budgeted have not been appointed by the PR.</p> <p>Refer Annexure 6 for calculation of Cumulative expenditure as per LFA.</p> <p>he PR has under-reported expenditure on pharmaceuticals during DR4 (Q7) by USD 170,517. Accordingly the LFA modified cumulative expenditure on health products is increased to USD 5,097,838.</p> <p>Break-up of the revised budget for phase 1 was not available. Accordingly, we do not have break-up of cumulative budget and are unable to comment on the variance between cumulative budget and cumulative actual expenditure. However, based on our understanding, the main reason for lower expenditure is due to low procurement of drugs (primarily ACT).</p>
<b>1a. PR's Total expenditure</b>	\$ 63,626		\$ 20,828,613		
<b>1b. Disbursements to sub-recipients</b>	\$ 655,587		\$ 8,981,533		
<b>2. Health product expenditures vs. Budget (already included in "Total Actual" above)</b>			\$ 23,554,527		
<b>2a. Pharmaceuticals</b>			\$ 3,424,235		
<b>2b. Health products, commodities and equipment</b>			\$ 17,067,228		

### 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	Expected Date
Period Covered From: 01.Apr.06	To: 31.Mar.07

Audit report for period 2006-2007 is expected in September 2007.

Audit details of the sub-recipients : Four out of ten states namely Assam, Manipur, Tripura and Jharkhand have submitted audit reports for the year 2005-06. Other states are advised to undertake the annual audit of accounts on priority. However, the utilization certificate have been furnished form all the IMCP states except West Bengal.

Phase 2: Annual report due date: 15 May 2008 to 15 May 2009. Audit Report due date: 31 March 2008 to 31 March 2009.

### 2.4. Progress Update and Disbursement Information

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

Progress Updates					Disbursement Information				
PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date		
0	01.Jul.05 -	N/A	1	01.Jul.05 - 31.Dec.05	856,717	\$ 856,717	30 Aug 2005		
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
No progress update has been submitted, as this is the first disbursement of the funds.				No variance					

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
1	01.Jul.05 - 31.Dec.05		B1	2	01.Jan.06 - 30.Jun.06	12,562,309		\$ 12,562,309	19 Jul 2006
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					
This is the second disbursement to the PR. The PR disbursed most of the funds from the first disbursement to its sub-recipients and showed marginal variance at the end of the reporting period (74%) of this disbursement request is for procurement. There is an immediate need to procure the goods so that the program can scale up the implementation in the ITN and malaria treatment service delivery areas.				Delayed disbursement from PR due to slow procurement and recruitment. Expenditure and implementation process should be accelerated.					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
2	01.Jan.06 - 30.Jun.06		B2	3	01.Jul.06 - 31.Dec.06	8,392,231			N/A
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					
Initial startup activities were slow since they were not planned during the negotiation stage. Procurement was delayed due to delay in securing approval as required under World Bank guidelines. Recruitment of staff is also delayed. However, during Q5 and Q6, the PS demonstrated its capacity for effective usage of funds for implementation.				The PR needs to accelerate implementation and funds use. The PR has a substantial amount in its account and FPM has decided not to disburse additional funds. Overall programmatic performance of the grant in key indicators is also much lower than target. The Malaria Directorate, i.e. NBVDCP was informed about this decision on 9 May 2007 and was requested to submit an updated progress update covering the period ending March 2007.					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
3	01.Jul.06 - 31.Mar.07		B1	4	01.Apr.07 - 30.Sep.07			\$ 350,000	06 May 2008
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					
The program is picking up speed even though the progress during the first quarter was not as per the commitments of the PR. The PR has realized the importance of spending a lot more time both at the state/district levels in order to ensure successful implementation of the program.									

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
4	01.Apr.07 - 30.Sep.07		B1	5	01.Oct.07 - 31.Mar.08	34,556,407		\$ 33,936,405	06 May 2008
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					

Though the performance depicts utilization of 171%, it noted that such high utilization is because of pending expenses of previous periods being incurred in this semester (pertaining to commodities & Products and drugs). Although the states are getting better, they need to ramp up the performance and ensure that activities budgeted in a particular semester are achieved in the same period. Steps have been taken to strengthen overall monitoring. Thus, in view of the above facts, LFA has rated PR as B1.

As noted under the PR section V, an amount of 0.55 million has been agreed to be given to WHO for the TA component.

PR has submitted the SOE's along with the reasons for variances within the time lines. LFA observed inaccuracy in the budget and expenditure figures reported by PR in DR. Also, error has been identified in the cash reconciliation prepared by the PR. This is mentioned in the relevant sections.

The program had a slow start. During Phase 1, the PR realized the importance of spending a lot more time both at the state/district levels in order to ensure successful implementation of the program. PR has over the past 6 months made every effort to accelerate the pace of implementation and complete all the staffing to gear up for Phas 2 of the program.

PR is strongly encouraged to keep the momentum of the program at the level they have achieved in the past 4-5 months. Greater emphasis should continue to be placed at the central and state/district levels to ensure that there is a continuity of the program in terms of personnel/staffing and that implementation against all indicators are closely monitored and stay on track.

The prgram had a slow start and during Phase 1, the PR realized the importance of spending a lot more time both at the state/district levels in order to ensure successful implementation of the program. PR has over the past 6 months made every effort to accelerate the pace of implementation and complete all the staffing to gear up for Phas 2 of the program.

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PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
5	01.Oct.07 - 31.Dec.07									N/A
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>					
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit.</p> <p>PR should update PRM/PQR to include the procurements done.</p> <p>Appropriate training needs to be provided to the state level staff on programmatic and financial reporting</p> <p>PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 &amp; 4 of the grant agreement before reporting the same in the DR.</p>										

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
6	01.Jan.08 - 31.Mar.08									N/A
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>					
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit.</p> <p>PR should update PRM/PQR to include the procurements done.</p> <p>Appropriate training needs to be provided to the state level staff on programmatic and financial reporting</p> <p>PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 &amp; 4 of the grant agreement before reporting the same in the DR.</p>										

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
7	01.Apr.08 - 30.Jun.08									N/A	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>						
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit.</p> <p>PR should update PRM/PQR to include the procurements done.</p> <p>Appropriate training needs to be provided to the state level staff on programmatic and financial reporting</p> <p>PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 &amp; 4 of the grant agreement before reporting the same in the DR.</p>											

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
8	01.Jul.08 - 30.Sep.08									N/A	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>						
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit.</p> <p>PR should update PRM/PQR to include the procurements done.</p> <p>Appropriate training needs to be provided to the state level staff on programmatic and financial reporting</p> <p>PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 &amp; 4 of the grant agreement before reporting the same in the DR.</p> <p>PR should prepare an action plan to show how the PR will make up for the deficit in achievement of two key indicators - distribution of ITNs and No. of Pf cases treated with ACT.</p>											

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
9	01.Oct.08 - 31.Dec.08		B1	6	01.Jan.09 - 31.Mar.09	8,904,020			N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit. Appropriate training needs to be provided to the state level staff on programmatic and financial reporting. PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 &amp; 4 of the grant agreement before reporting the same in the DR. PR should prepare an action plan to show how the PR will make up for the deficit in achievement of two key indicators - distribution of ITNs and No. of Pf cases treated with ACT. PR should update PRM/PQR to include the procurements done.</p>					<p>The Cumulative Disbursed Amount is outside the range because this amount was already disbursed last year to provide for the timely procurement of bednets. However due to the problems encountered by the PR in procurement, distribution has also been adversely effected. The PR forecasted amount as recorded in the PU/DR is even beyond the total amount available in the grant agreement and is therefore partially unsubstantiated. According to the approved budget, the PR would require approximately USD 7,747,907. The LFA however has assessed the requirements as USD 11,248,908. However given the current cash balance of the PR of USD 18,457,329, it is determined that the PR has adequate funds to cover even these additional requirements and still have a cash balance of USD 7,208,421 at the end of September 2009. (see Annex 8 for details). Given both the issues raised by the LFA on financial management and the significant positive cash balance remaining with the PR, no disbursement is recommended for this request.</p>				

### 2.5. Contextual Information

Title	Explanatory Notes
a. Governance (CCM, Civil Society, Donor and Partner Relations, GF Related – LFA, Secretariat, etc)	Currency appreciation is between 7 to 10 per cent, which is significant. The project was prepared and submitted @ 1 US\$=46 INR. However, currently the currency has appreciated against US dollar.
Issues with CCM (e.g. changes in membership, composition, etc.)	CCM is fully compliant with the Global Fund requirements. CCM membership was revised to ensure broader inclusion of the civil society and private sector. The CCM elections took place in April 2009. In July 2009 two day CCM orientation workshop was conducted for the newly elected members.
Governance (CCM, Civil Society, Donor and Partner Relations, GF related - LFA Secretariat, etc.)	The CCM is making serious efforts to meet GF requirements by 30 July. It has submitted required documentation on conflicts of interest policy, terms of reference, etc. which were adopted by the CCM. The MOPH has now appointed UNOPS as its procurement agent. MOH is also discussing with WHO on technical assistance and other support.

Title	Explanatory Notes
a. Governance (CCM, Civil Society, Donor and Partner Relations, GF Related – LFA, Secretariat, etc)	<p>Initial start up was slow. The program states are the most difficult ones in the country. Procurement was considerably delayed due to World Bank non-processing of procurement documents. Global Fund grants' procurement uses World Bank system and procedures. The Global Fund approved direct procurement by the MOH but that also did not proceed in a timely manner. Procurement of bed nets and other health products was delayed. In a number of visits to the country, FPM raised the issues of low performance and slow procurement processes with MOH, NVBDCP, and WHO.</p> <p>Recruitment of staff for states did not take place despite several reminders from the Global Fund. Global Fund also insisted on improving financial management which continues to pose major problems.</p> <p>Under Procurement, the five major commodity items viz. Combi Blister Packs (Tab. Artesunate + Tablet Sulphadoxine Pyremethamine), Injection Arteether, Rapid Diagnostic Test kits, Bednets, Synthetic Pyrethroid liquid (for bednet impregnation) are produced Centrally and supplied to the States under the Intensified Malaria Control Project (IMCP) as per the approved PSM Plan. One item namely Synthetic Pyrethroid tables (for bednet impregnation) couldnot be procued as WHOPES had withdrawn technical specification of this item. The Supplies under IMCP have been more or less satisfactory. However, supply of mosquito bednets has been delayed on account of procedural formalities and complains received against the approved suppliers. There has been overall delay in procurement process as the commodity procuremnet under the IMCP was merged with the proposed World Bank assisted Vector Borne Disease Control Programme (VBDCP). Thus, delay in approval of the World Bank for retro-active financing of commodity procurement under the proposed VBDCP led to overall delay in initiating procurement process.</p> <p>There has been an increase in the numbers of cases of Severe and Complicated malaria treated with artemisinin Injections/SP-ACT/Blister packs as there was an upsurge in number of malaria cases in Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura.</p> <p>The third disbursement request was received on 2 May 2007 after LFA review which was based on June 2006 expenditure reports. The analysis showed slow use of funds, low performance in a number of critical indicators, and a large unspent balance with the PR. Therefore, no additional disbursements were made under DR3. The MOH was requested to accelerate implementation, submit a plan of support from WHO, an accelerated implementation plan, and was also requested to submit disbursement request 4 urgently taking into account the December 2006 progress update and expenditures as well as March 2007 progress and expenditures. The PR was also requested to submit a firm expenditure commitment up to June 30, 2007. WHO also assured that it will provide all assistance for emergency procurement and bring in additional technical support.</p> <p>Performance in a number of indicators are good while critical indicators such as treatment and ITN distribution are very poor. CCM needs to monitor the grant closely. Additional discussions with the Global Malaria Program of WHO resulted in new technical support for the program.</p> <p>The Central Management team of NBVDCP was not strengthened as per Global Fund recommendations. FPM contacted senior MOH officials as well as WHO/HQ and SEARO recently in May 2007 and sought their assistance to accelerate implementation and procurement. During the May visit, FPM also discussed critical steps to accelerate implementation and WHO also offered their assistance in technical capacity building, recruitment, and procurement. CCM has now acted to initiate accelerated implementation and initiate steps to work with WHO for their support for accelerated implementation. MOH has taken steps in May to strengthen management of NVBDCP by allowing quick recruitment of staff. It is expected that the program will now accelerate provided the steps recommended by the Global Fund are implemented. The CCM must also closely monitor grant performance. Technical partners such as WHO should be much more proactive in tracking grant performance as opposed to last minute assistance. Partners, MOH, and Global Fund must work closely with the CCM to ensure that grants perform as per plan. Additional strengthening of financial management and M&amp;E required at the state level are urgently needed. MOH has also agreed to sign technical assistance and procurement now with WHO.</p>

Title	Explanatory Notes
I. Additional Contextual Issues	The under achievement of ITN distribution is on account of non-procurement of bed nets for 2006-07 & 2007-08. Total nets procured and supplied to SRs till Dec 2008 were 4,256,000 (which the PR has reflected as distributed in respect of the indicator) of which SRs have distributed 3,700,217 as per the reports received from SRs (based on adjustments made by the LFA). Also, the procurement process of LLINs was cancelled due to procurement procedural challenges. The progress reflected is on account of nets that have been distributed by the SRs. Procurement of 2.5 million for 2007-08 has been decentralized to SRs by the Ministry and it has been decided that the budget from NRHM flexi-pool domestic funds would be used by the States to procure the same in the future. The regional team has accepted a proposal from the PR for conversion of ITN's in the budget to LLIN's.

## 2.6. Phase 2 Grant Renewal

<b>Performance Rating</b>	B1. Adequate	<b>Recommendation Category</b>	Conditional Go
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### Rationale for Phase 2 Recommendation Category

#### Program performance:

Overall, the program has achieved good results against targets. The program met or exceeded expectations in a number of key activities. These include:

- 107,111 cases of severe and complicated malaria treated with artemisinin injections (286% of target);
- 156,189 cases of uncomplicated malaria treated with artemisinin therapy (90% of target); and
- 2,544,882 households owning at least 2 bed nets (ITNs) have been treated with insecticides (100% of target).

There has also been good performance in the majority of capacity building and training activities, which sets a strong foundation for scale up in Phase 2.

The only area of programmatic concern relates to the number of ITNs distributed in Phase 1 to date. At the time of Phase 2 review only 36% of the target had been achieved for this activity. This has been attributed to procurement delays resulting from (i) procedural delays related to World Bank processes, (ii) recruitment of an international procurement agent and (iii) tender cancellation based on complaints received against an approved ITN supplier. The procurement department, Empowerment Procurement Wing, of the Ministry of Health and Family Welfare (MoHFW) is now undergoing capacity building with technical assistance from Crown Agents funded by World Bank and DFID. An international procurement agent has also been appointed who started work from June 2007. Notwithstanding, the ITN related low performance to date has compelled the Secretariat to include a condition to this recommendation that requires the purchase and distribution to households of at least 80% of targeted ITNs by June 30, 2008. The implementing entity the National Vector Borne Disease Control Program (NVBDCP) of the Ministry of Health and Family Welfare NVBDCP has confirmed that 2.2 million ITNs have been procured and will be distributed by September 2007. For the first time, NVBDCP has also decided to introduce LLIN as a pilot program.

#### Program management and governance:

The Principal Recipient (PR) is the Department of Economic Affairs of the Ministry of Finance, but the implementing entity is NVBDCP. NVBDCP faced a number of start-up challenges in Year 1, largely related to procurement of health products and staff recruitment. These challenges were further accentuated by the fact that this malaria grant was the first of its kind to cover 10 of the most challenging states to implement activities in India. Realizing these challenges, the PR has been proactive in arranging the necessary technical assistance from organizations such as WHO, World Bank, DFID, and Crown Agents. The PR's management team has also been strengthened only recently with the appointment of a new Director and additional staff. In order to improve oversight of program implementation, a very senior Ministry of Health official (an Additional Secretary) has been tasked to lead regular program review and ensure acceleration of implementation. Additional input from the Secretariat has mobilized WHO support and political commitment to further accelerate implementation. The latest results have been promising with a significant improvement in implementation, particularly over the last six months. Nevertheless, for implementation to proceed at an optimum pace in Phase 2, the PR still requires further technical capacity to reinforce its management systems.

The PR has good systems in place to disburse funds to sub-recipients (SRs) and to ensure unimpeded implementation. However, the PR needs to strengthen SR financial reporting and its own monitoring of the programmatic performance of the state SRs. The current low-level of monitoring could potentially result in inaccurate information regarding each state's performance, which in turn could lead to improper utilization of grant funds in Phase 2. Accordingly, NVBDCP has initiated steps to strengthen M&E at the state level, including districts.

There is concern regarding the program's compliance with the Global Fund's procurement Quality Assurance policy. For example, ACTs classified as C2 were procured when in fact C1 classified ACTs were available. In addition, no notification of this was made to the Secretariat and consequently no testing was organized. The Secretariat has an established process in place to address such breaching of PSM policy and the PR will be notified in due course. Accordingly, the Secretariat includes a condition to this recommendation to strengthen procurement practices and to address procurement systems improvement and compliance with Global Fund requirements (refer to page 3 below for details).

The CCM has strong multi-sectoral representation. In Phase 2, it will be focusing on improving its grant oversight responsibility. Detailed plans have been developed to improve overall CCM oversight of the programs.

The Secretariat classifies this Request as a "Conditional Go". Prior to and during Phase 2, the PR will be required to fulfill the suggested conditions and time bound actions as stated on page 3 of this Grant Score Card.

### Rationale for Phase 2 Recommendation Amount

In light of programmatic and financial performance to date, the Secretariat concludes that an amount of US\$50,125,928 (90% of total proposal amount) is appropriate for the entire program. The PR has certain committed expenditures which will be met from undisbursed funds of US\$16,739,807 of Phase 1. In order to ensure full implementation of phase2 activities, the Secretariat recommends to the Board to commit an incremental Phase 2 funding amount of US\$33,386,121 for this program.

Time-bound Actions	
Issues	Description of time-bound actions
CONDITIONS 1. PSM / Quality Assurance weaknesses.	CONDITIONS 1. Prior to signing the Phase 2 extension, the PR shall deliver to the Global Fund a PSM plan for approval by the Global Fund. The plan shall include activities that will ensure PR compliance with Global Fund requirements and accelerated procurement of all products. The plan shall also address the changes to the implementation plans compared to the proposal in terms of switching from ITNs to LLITNs. The PSM plan will include a summary of what has been procured to date and what is planned under Phase 2 period.

