


GENERAL GRANT INFORMATION

Applicant:	Country Coordinating Mechanism
Country:	India
Round:	4
Component:	Tuberculosis
Grant Title:	Accelerating HIV/AIDS, TB and Malaria prevention and treatment in India
Grant Number:	IDA-405-G08-T
Principal Recipient:	The Department of Economic Affairs of Government of India
Related Grants (same proposal):	None
Proposal Lifetime:	5
Lifetime Budget:	USD 26,545,000
2-Year Budget:	USD 6,819,000
Disbursed to Date:	USD 6,319,100
Signature Date:	09-Feb-2005 
Program Start Date:	01-Apr-2005

B. SECRETARIAT PHASE 2 RECOMMENDATION

Phase 2 Recommendation Category:

Incremental Phase 2 Amount Recommended for Board Approval (USD):*

Euro Equivalency:

*The maximum funding amount available for Phase 2 of each proposal shall be the sum of the incremental amount approved by the Board and the amount of any funds approved for Phase 1 that have not been disbursed by the Global Fund at the end of the Phase 1 period

Rationale for Recommendations:

Program performance:

This program is implemented in 2 states of India: Andhra Pradesh and Orissa, covering a population of approximately 119 million. Overall, the performance of this grant has been satisfactory; principally due to strong performance in Andhra Pradesh State which has compensated for relatively weaker performance in Orissa State. Good results in key 'people reached' indicators include:

- 41,780 new smear positive cases detected and put on treatment (100% of target);
- 101,559 patients put on treatment under the National TB Control Program (NTCP) (96% of target);
- 438 HIV positive TB cases put on DOTS (175% of target); and
- 6,633 suspected TB patients referred from voluntary counseling and testing centres to NTCP facilities (221% of target).

In Andhra Pradesh, the key TB indicators are strong for case detection: 75% compared with 71% nationally, and with a cure rate of 84%. Whereas in Orissa, case detection and cure rates are performing below grant targets and below the national standards.

In terms of capacity building, there are good results in coordination and partnership development activities and some good outcomes in the strengthening of health facilities. However, laboratory facilities have not been established as planned and there has been poor performance in training of health staff for DOTS.

The spirit of the Proposal is maintained and indicators are consistent with Proposal activities.

Program management and governance:

The Principal Recipient (PR) is the Government's Department of Economic Affairs. The Central TB Division is the implementing unit of the Ministry of Health who has demonstrated satisfactory management of the grant to date. Programmatic delivery is proceeding largely as planned and capacity is now in place for a significant scale up in Phase 2. The PR's financial management structures are working well at the central level and regular and timely disbursements are made by the PR to Sub-recipients (SRs) to ensure the smooth implementation of program activities. However, there remain a number of systemic management weaknesses, particularly relating to financial management and monitoring and evaluation (M&E) at the state and district levels. These weaknesses are outlined below on page 3 and are to be addressed as Time Bound Actions.

The Country Coordinating Mechanism (CCM) has a broad multi-sectoral representation and has played an exemplary role in oversight and governance of the program throughout Phase 1. The CCM and PR have also encouraged broad participation from the various state and district committees and there is strong technical support from a number of international NGOs. However, moving forward, the program needs greater involvement from civil society actors and the private sector, particularly in the delivery of DOTS services. Additionally, technical assistance is required from partners such as WHO and IUALTD to improve performance in Orissa, and improve M&E in both states. The CCM has recommended the use of grant funds for technical assistance to improve implementation in difficult districts of Orissa and strengthen state level systems.

The Secretariat classifies this Request as a "Go". In Phase 2, the PR should focus efforts on fulfilling the suggested Time Bound Actions as stated on page 3 of this Grant Score Card.

Rationale for Phase 2 Recommended Amount :

In light of satisfactory performance, the Secretariat concludes that an amount of US\$19,504,383 (96% of maximum) is appropriate for continued funding. As US\$499,900 of undisbursed Phase 1 funds are available to partially fund this amount the Secretariat recommends to the Board to commit an incremental Phase 2 funding amount of US\$19,004,483 for this program.

SUGGESTED TIME-BOUND ACTIONS		
ISSUES	DESCRIPTION OF TIME-BOUND ACTIONS	
1. Financial management continues to be weak at the state and district levels. Additional financial management capacity is required at CTD.	1. Financial management training shall be organized for all state finance and TB officials by 30 December, 2007. Also, a finance officer for CTD shall be recruited under WHO technical support by 30 December, 2007.	Delete
2. M&E continues to be weak in data analysis and outreach program evaluation. In addition, M&E for DOTS for migrant population tracing is inadequate.	2. Each State (Andhra Pradesh and Orissa) shall appoint an M&E professional and provide additional training to state officials. These activities shall be completed by 30 December, 2007. Secondly, WHO and IUALTD technical support shall be arranged to improve program performance and M&E for tracing DOTS of migrant and tribal populations especially in Orissa.	Delete
3. The cross referrals between TB centers and VCCT centers is inadequate because of weak coordination between TB and HIV/AIDS program.	3. Prior to 1 January 2008, WHO technical support shall be arranged to improve referral arrangements between RNTCP and VCCT centers.	Delete
4. Private sector participation continues to be challenging due to problems with private practitioners low interest in the TB program.	4. CTD shall partner with the India Medical Practitioners Association (IMPA) and Christian Medical Association in Orissa to provide training to doctors in the Andhra Pradesh and Orissa States which shall be completed by 30 September, 2008.	Delete
5. NGO participation in Orissa is weak which is hampering community mobilization and support.	5. A review of NGO participation by CTD shall be completed by Quarter 11 so that recommended actions to improve NGO participation can be implemented from 30 December, 2007.	Delete
		Add

B. PHASE 2 BUDGET AND IMPLEMENTATION ARRANGEMENTS

1. Estimated funds available for Phase 2

	Year 3	Year 4	Year 5
Original Phase 2 Adjusted Proposal Amount (*)	USD 6,319,000	USD 6,548,000	USD 6,859,000

(*) Adjustments to the original Board approved proposal amount may be a consequence of TRP review and grant negotiation before Phase 1.

Particulars	Total
Original Phase 2 Adjusted Proposal Amount (table above)	USD 19,726,000
Expected undisbursed amount at the end of Phase 1	USD 499,900
Estimated Maximum Phase 2 Amount	USD 20,225,900

2. Phase 2 Budget and Recommended Amount

	Year 3	Year 4	Year 5	Total Phase 2 Amount	% of maximum Phase 2 Amount	Incremental Phase 2 Amount	% of original Phase 2 Proposal Amount
CCM Request(**)	USD 6,985,772	USD 8,216,947	USD 6,477,957	USD 21,680,676	107%	USD 21,180,776	107%
Global Fund Recommendation (**)	USD 6,651,228	USD 7,433,007	USD 5,420,148	USD 19,504,383	96%	USD 19,004,483	96%

(**) Including any partial or total roll-over into Phase 2 of undisbursed Phase 1 amounts.

1. Does the Phase 2 Budget include a material amount of un-disbursed Phase 1 funds?

Yes No

If yes, please explain how the CCM anticipates that these extra funds will be absorbed in Phase 2 (e.g. increased scope of activities, increased targets, activities initially planned during Phase 1 to be undertaken in Phase 2, unanticipated increases in program costs, etc.)

2. Is the budget within the permitted maximum?

Yes No

3. Is the budget in line with:

3.1. Usage of funds in Phase 1?

Yes No

The Phase 2 budget has been drawn out on the expenditure trends in past periods under each activity. PR has also incorporated the revised budget norms of RNTCP. Phase 2 envisages further scaling up of all activities of Phase 1, strengthening monitoring and supervision. Activities such as DRS study were delayed in Phase 1 and are scheduled to be completed in Phase 2 of the program. The LFA concludes that low expenditure is primarily attributable to slow implementation of the activities in the State of Orissa. However, the administrative issues in the State have been resolved and the implementation is expected to accelerate. The performance in Andhra Pradesh has been satisfactory and in light of the achievements in Phase 1, it is probable that the targets set for Phase 2 shall be achieved.

3.2. Anticipated program realities for Phase 2?

Yes No

The Phase 2 budget is not in line with the anticipated program realities. The LFA adjusted the Phase 2 budget accordingly. The review identified overbudgeting of some activities in the amount of USD 1,107,810.34 and underbudgeting of certain activities in the amount of USD 1,642,936.

4. Do the budget and workplan show sufficient detail (including key budget assumptions)?

Yes No

The key assumptions used in building up the budget are primarily based on the revised norms approved by the Government of India for the RNTCP project extension and the past experience of the PR.

5. Are there any other comments on the budget?

Yes No

Some changes are proposed to the Phase 2 budget allocation. The HR and infrastructure costs show an increase compared to the original budget. This is due to the fact that supervisory costs that originally have been budgeted under a different budget line and are now budgeted under the HR head. As to the Infrastructure costs, the original budget did not include costs associated with establishment and maintenance of microscopy units and laboratories. The cluster also recommended to include WHO and IUALTD TA, GLC fees and storage facilities upgrade.

6. Please comment on any changes or proposed changes in implementation arrangements.

C. PROGRAM DESCRIPTION AND GOALS

1. Program Description Summary

The DOTS program will be continued in two states – Andhra Pradesh and Orissa, to serve a population of 119 million people to ensure high detection (70%) and successful treatment rates (85%). Revised National TB Control Program (RNTCP) is an application of the WHO recommended DOTS strategy in India. State level mortality surveys, as a baseline study at the beginning of implementation and another at the end of the project to assess reduction in mortality will be conducted. Another study, annual risk of TB infection survey, will also be conducted at the beginning and end of the project. Capacity building of the State TB Training & Demonstration Centers (STDC) will be done by recruiting epidemiologists, microbiologists, training professionals, statisticians, and lab technicians. It is expected that the at least 85% of the patients on treatment will complete the treatment successfully. Access to DOTS will be made more accessible by ensuring improved partnership between national RNTCP program with NGOs, private practitioners, and other sectors participation. In the second year of the project 166,600 patients are expected to be initiated on treatment thereby saving 30,000 additional lives. Over 5 years, approximately 594,668 patients are expected to be on treatment and 600 patients at DOTS plus pilot sites will have access to free second line drugs.

Goal: The goal of the program is to reduce the mortality and morbidity due to tuberculosis (TB) in two states - Andhra Pradesh and Orissa. More specifically, the project seeks to maintain and improve sustainable RNTCP technical, managerial and organizational infrastructure in the states to maintain the achieved >85% treatment success and >70% detection of new smear positive pulmonary TB cases and thus contribute to the overall national goal of RNTCP.

Target Group/Beneficiaries: To sustain and strengthen DOTS services in Andhra Pradesh and Orissa with a population of 119 million.

PROGRAM GOALS AND IMPACT INDICATORS								
Goal	To reduce the mortality and morbidity due to tuberculosis (TB) in two states Andhra Pradesh and Orissa	Baseline		Target				
		Value	Date	Year 1	Year 2	Year 3	Year 4	Year 5
Impact indicator	TB incidence Rate	75/ 100,000	2004					70/100,000
Impact indicator	Reduction in mortality due to TB	33/ 100,000	2004					25/100,000
Impact indicator	New smear positive case detection rate (%)	72%	2004	≥70%	≥70%	≥70%	≥70%	≥70%
Impact indicator	Treatment success rate	86%	2004	≥ 85%	≥85%	≥85%	≥85%	≥85%

D. SUMMARY OF Y1-2 GRANT PERFORMANCE

1. Overall Grant Rating

B1. Adequate

This section contains the assessment of performance by service delivery area (SDA). Each grant is structured into goals, objectives, and SDAs.

- **Goals** are broad and overarching and will typically reflect national disease program goals. The results achieved will usually be the result of collective action undertaken by a range of actors. Examples include "Reduced HIV-related mortality", "Reduced burden of tuberculosis", "Reduced transmission of malaria".
- **Objectives** describe the intention of the programs for which funding is sought and provide a framework under which services are delivered. Examples linked to the goals listed above include "To improve survival rates in people with advanced HIV infection in four provinces", "To reduce transmission of tuberculosis among prisoners in the ten largest prisons" or "To reduce malaria-related morbidity among pregnant women in seven rural districts".
- **SDAs** describe the key services to be delivered to achieve objectives. The service delivery area is a defined service that is provided. Examples for the objectives listed above include "Antiretroviral treatment and monitoring for HIV/AIDS", "Timely detection and quality treatment of cases for Tuberculosis" or "Insecticide-treated nets for Malaria". A standard list of service delivery areas agreed and used by international partners is contained in the Monitoring & Evaluation Toolkit.

The table below lists the objectives for this grant (numbered for easy reference and for linking with the SDAs). The "Goal Number" column indicates which goal each objective is linked to.

Objective Number	Objective Description	Goal Number
1	To maintain and improve sustainable Revised National TB Control Program (RNTCP), technical, managerial and organizational infrastructure in the state of Andhra Pradesh and Orissa in order to achieve and maintain more than 85% treatment success and >70% detection of new smear positive pulmonary TB cases and thus contribute to the overall national goal.	1
2	Increase the accessibility of RNTCP services in the states of Andhra Pradesh and Orissa by inter-sectoral collaboration with other sectors outside of public health facilities such as private sector, NGO sector, etc.	1

2. Service Delivery Area (SDA) Ratings

As stated, Service Delivery Areas (SDAs) are linked to an Objective (the 1st column on the left contains the objective number). Some SDAs may appear under different Objectives. SDAs are typically measured through coverage indicators, categorized into three levels: Level 3, people reached; Level 2, service points supported; and Level 1, people trained (the 3rd, 4th and 5th columns display the number of indicators per level that have been assessed for the SDA indicated). Based on results achieved against targets for each indicator, SDAs are given a rating: A= Expected or exceeding expectations; B1= Adequate; B2= Inadequate but potential demonstrated; C=Unacceptable (the 6th column contains the SDA rating and the 7th contains the rating's justification).

Objective	SDA	Level3	Level2	Level1	Rating	Evaluation of Performance (at the SDA level)
1	Prevention: Identification of Infectious Cases	1	1	2	B1	State of Andra Pradesh has made remarkable progress in the area of case detection, training of staff on TB control and establishment of microscopy centers, however there are some delays in the state of Orissa. The state is understaffed and is one of the most difficult states for program implementation due to limited infrastructure and health systems. Despite the delays, the total program achievement on case detection and establishment of microscopy centers has been satisfactory.
1	Treatment: Control of drug resistance	0	1	1	B1	A significant number of staff has been trained in conducting drug resistance surveillance, which demonstrates 140% achievement against the set target. However, one of laboratories where the drug resistance studies are to be conducted has not been strengthened yet due to political and administrative bottlenecks in the state of Orissa.
1	Treatment: Timely detection and quality treatment of cases	2	1	0	A	272 TB units have been established and supported through the GF funding. This allowed for 101,559 patients to be put on treatment, reaching 96% of the Q5 target.
1	Supportive Environment: Health systems strengthening	0	0	0	B1	3 of the 5 surveys completed, however, no survey reports are available.
1	TB/HIV collaborative activities: Intensified case-finding among PLWHA	2	0	0	A	Strengthening of cross-referral activities has led to a major increase in the number of HIV patients detected and put on DOTS. The target has also been exceeded as a result of rapid scale-up of VCT centers in the six high-prevalent states as part of the national AIDS strategy.
2	Supportive Environment: Coordination and partnership development (national, community, public-private)	0	1	1	B1	The target for the number of NGOs and private health providers involved in RNTCP was exceeded, as was the target for number of private practitioners and NGO staff trained on DOTS. However, due to program delays in Orissa, the practitioners are not as actively involved in the provision of DOTS services.

3. Indicator level Performance

PROGRAM OBJECTIVES, SERVICE DELIVERY AREAS (SDAS), INDICATORS, TARGETS AND RESULTS.					
<p>The numbers to the left of the indicators refer to their coverage level: Level 3, people reached; Level 2, service points supported; and Level 1, people trained. These early grants typically reported on a quarterly basis, so each period usually represents one quarter. Therefore, results reported in Period 6 are typically from month 18 of the grant term and are the most recent results available. Coverage indicators that have reached more than 80% of their targets are green and others red.</p>					
<p>To maintain and improve sustainable Revised National TB Control Program (RNTCP), technical, managerial and organizational infrastructure in the state of Andhra Pradesh and Orissa in order to achieve and maintain more than 85% treatment success and >70% detection of new smear positive pulmonary TB cases and thus contribute to the overall national goal.</p>					
SDA		Prevention: Identification of Infectious Cases			
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 1-People trained	Number of service deliverers trained in Annual Risk of Infection survey methodology	5	10	12	120%
Level 3-People reached	Number of new smear positive cases detected and put on treatment among the total estimated number of new smear positive TB cases per year in the areas covered under DOTS with GFATM assistance (incl. public and private)	5	41545	41780	100%
Level 1-People trained	Number of District TB Officers, Medical Office-TB Control, Senior Treatment Supervisors, Senior TB supervisor, lab technicians trained in RNTCP	5	500	209	41%
Level 2-Service Points supported	Number of microscopy centers established and supported	5	1411	1389	98%
SDA		Treatment: Control of drug resistance			
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 1-People trained	Number of state staff trained in conducting Drug Resistance Surveillance including Medical Officers and Lab Technicians	5	200	283	141%
Level 2-Service Points supported	Number of State Laboratories where mycobacterial culture and sensitivity testing facilities established for conducting drug resistance surveillance studies.	5	2	1	50%
SDA		Treatment: Timely detection and quality treatment of cases			
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 2-Service Points supported	Number of health facilities (TU-Tuberculosis Unit stocking drugs and providing supervision for DOT services) established and supported.	5	240	272	113%
Level 3-People reached	Percentage of new smear-positive TB cases registered under DOTS who are successfully treated (cases which were registered in the corresponding quarter of the previous year)*	5	0	0	0%
Level 3-People reached	Total number of patients put on treatment under the RNTCP with GFATM assistance (incl. public and private health facilities)	5	105543	101559	96%
SDA		Supportive Environment: Health systems strengthening			
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 0-Process/Activity Indicator	Number of survey reports produced and distributed	5	5	0	0%

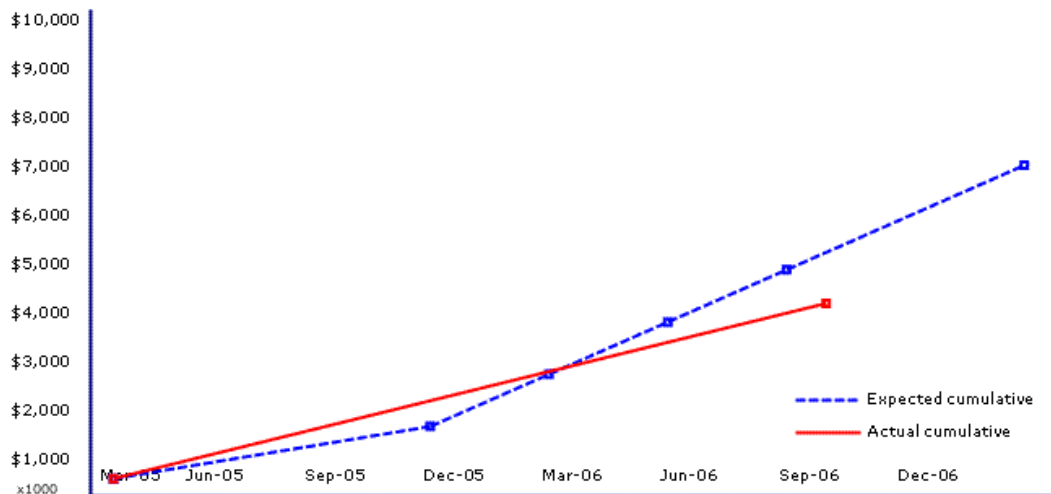
TB/HIV collaborative activities: Intensified case-finding among PLWHA						
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%	
Level 3-People reached	Total number of TB suspects (HIV positive plus HIV negative) referred from VCTCs to RNTCP facilities	5	3000	6633		221%
Level 3-People reached	Number of HIV positive TB cases put on DOTS	5	250	438		175%
<p>Increase the accessibility of RNTCP services in the states of Andhra Pradesh and Orissa by inter-sectoral collaboration with other sectors outside of public health facilities such as private sector, NGO sector, etc.</p>						
Supportive Environment: Coordination and partnership development (national, community, public-private)						
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%	
Level 2-Service Points supported	Number of NGO staff and private health providers involved in RNTCP	5	200	438		219%
Level 1-People trained	Number of NGO staff and PPs trained on DOTS provision	5	400	1030		257%

4. Disbursement History

*Note: In the absence of previous agreements, and noting in the future we will have agreed amounts and dates for disbursement, we have created an expected amount.
 The Expected Amount is calculated by subtracting the first disbursement from the 2 year approved budget and spreading the remaining portion evenly over 6 additional disbursement. The Expected Date is calculated by assuming that quarterly updates and disbursement requests are due within 45 days after completion of each quarter.

EXPECTED VS ACTUAL DISBURSEMENTS						
Disbursement Request	Expected Date	Actual Date	Expected Amount	Actual Amount	Expected cumulative	Actual Cumulative
1	15-Mar-2005	15-Mar-2005	397,000	397,000	397,000	397,000
2	15-Nov-2005		1,070,333	00	1,467,333	397,000
3	14-Feb-2006		1,070,333	00	2,537,666	397,000
4	15-May-2006		1,070,333	00	3,607,999	397,000
5	15-Aug-2006	22-Sep-2006	1,070,333	3,592,923	4,678,332	3,989,923
6	15-Nov-2007		1,070,333	2,329,177	5,748,665	6,319,100
7	14-Feb-2007		1,070,335	00	6,819,000	6,319,100

Expected vs. Actual Disbursements



5. Estimated under-disbursement in Phase1

Estimated under-disbursement in Phase 1	Amount	Amount (in %)
Phase 1 grant agreement amount	USD 6,819,000	0%
Less: actual disbursed to date	USD 6,319,100	93%
Less: expected additional disbursement until the end of Phase 1 grant agreement	USD 0	0%
Expected undisbursed amount at the end of Phase 1	USD 499,900	7%

1. How many months of the program lifetime are covered by the actual disbursements to date, including buffer period (e.g., 18, 21, 24 etc.) ?

27 Months

2. Are actual disbursements to date significantly behind original disbursement schedules?

If yes, please comment:

Yes No

The PR submitted 2 Disbursement Requests in the last 16 months of the program. This was mostly due to the fact that the PR submits disbursement requests to be reimbursed for the expenditures that had already incurred. So the second disbursement placed in June 2006 covered expenditures incurred in Year 1 and the buffer for the period April-September 2006. It may be noted that PR has procured drugs worth US 500,000 in Year 1 which has not been claimed from GF as yet.

3. Do the expect additional disbursements until the end of Phase 1 appear to be high compared to amounts previously disbursed?

If yes, please comment:

Yes No

The latest disbursement amounts to 34% of the Phase 1 grant agreement amount and is expected to cover program costs for the last 6 months of the program (25% of the program lifetime in Phase 1).

4. Is it anticipated that there will be undisbursed funds of a material amount at the end of Phase 1 period?

If yes, please explain why and provide other relevant comments if any:

Yes No

7% of Phase 1 funds will remain undisbursed by the end of Phase 1 and are recommended to be rolled over into Phase 2 to cover necessary program expenditures, such as capacity building, CCM, and GLC costs.

6. Expenditures and Cash Balance

Principal Recipient Cash Balance	Amount (in USD)	Amount (in %)	Date
Actual disbursed to date by the Global Fund (to PR)	USD 6,319,100	100%	26-Mar-2007
Less: Direct payments for PR Expenditures	USD 500,000	8%	11-Jan-2007
Less: PR disbursements to sub-recipients	USD 2,696,000	43%	30-Jun-2006
PR cash-balance	USD 3,123,100	49%	26-Oct-2006

1. Are there any significant PR commitments to date that will be expended during the current or the next reporting period?

If yes, please give detailed comments:

Yes No

The PR is placing orders for the procurement of drugs. Total amount required for procurement is approximately USD 3m, which is being covered partially from the PR's existing cash balance and partially from the latest Disbursement Request.

2. Is the PR cash-balance of a material amount (relative to disbursements received from the Global Fund)?

If yes, please explain why and provide any other relevant comments, if any: (e.g., if disbursements received from the Global Fund cover a period beyond the expenditure period, unpaid commitments, implementation delays, etc)

Yes No

The PR cash balance as verified by the LFA on October 26, 2006 stood at USD 3,123,100. This appears high (49% of disbursements at that time) as it includes a disbursement of USD 3,989,923 made by the Global Fund to the PR on 22 September 2006.

A further Disbursement Request was made on December 8, 2006 which showed a LFA verified cash balance of USD 1,684,867. Based on an analysis of the projected expenditures, an amount of USD 2,329,17 was disbursed on March 26 2006. The final reconciliation of the expenditures for the period ending 31 March 2007 will be done once the expenditure reports are received and reviewed by LFA in late May 2007.

F. CONTEXTUAL CONSIDERATION

1. Have there been significant adverse external influences (force majeure)?

Yes No

However, both the states of Orissa and Andhra Pradesh have in the recent time suffered from natural disasters including devastating floods and severe drought. This resulted in destruction of infrastructure and diversion of scarce resources towards emergency services. Orissa is among the poorest states of the country with large tribal districts, cyclone-prone coastal areas and poor infrastructure. Certain districts in both states are also facing internal strife which has adversely affected health care delivery in those districts.

1.1. If yes can they be alleviated?

Yes No

2. Are there any unresolvable internal issues (e.g. , non-functioning CCM)?

Yes No

3. Are there any program and financial management issues (e.g., slow or incomplete disbursements to sub-recipients or issues with the PR)?

Yes No

The quarterly reports sent by the districts to the states are not being regularly analyzed by the state officials before sending the reports to the central unit. The State TB cell should start regularly analyzing the quarterly reports and send feedback to the districts so that necessary actions are taken and improvements are made.

The financial information details are recorded and reported manually, which increases the probability of miscalculation and misclassification of accounting data. The LFA recommends that the States and Districts institutionalize computerized accounting to enhance accuracy of financial reporting.

4. Are there any systemic weaknesses in:

4.1. Monitoring and evaluation?

Yes No

There are a number of vacancies that need to be filled at the state level to ensure uninterrupted recording and reporting of data. The PR needs to develop a suitable system of cross-checking of data to ensure consistent reporting. In addition, the PR needs to develop a systematic methodology of inspection and verification of records that provides structured checks and balances.

4.2. Procurement and supply management?

Yes No

The PR follows the World Bank procurement guidelines. The PR uses a procurement agent for the procurement of health and non-health products. Health products are procured only from the WHO qualified suppliers. The product selection is based on the Standard Treatment Guidelines (STG) of WHO. PR has also prepared similar Treatment Guidelines including DOTS. Utilization of all health products by the districts are monitored on the basis of the programme management report which is prepared on a quarterly basis. A recent Global Fund visit indicated that the PR must consider a review of storage capacity at the state level. The systems are good overall and staff are well trained. However, it seems that improvements have not been made to storage facilities for many years, thus raising the risk with drug storage at the state and district levels.

4.3. Any other areas?

Yes No

5. Are there any material issues concerning the quality or validity of data?

Yes No

6. Have there been any major changes in the program-supporting environment? (e.g., recent initiation of capacity strengthening, support of implementation by technical partners, changes in the intervention context or political commitment?)

Yes No

The National Rural Health Mission launched in April 2005 by the Prime Minister envisages to further strengthen the entire public system. Health facilities at primary, secondary and tertiary level are being upgraded with additional resources. Under this initiative the Revised National TB Program aims at reaching the rural areas of the country, targeting district level TB Units.

7. Has the program demonstrated significant improvements in implementation over the last 6 months?

Yes No

The program showed significant progress in the last 6 months. The first year of the program was designed to conduct surveys. Implementation has started from November 2005 and picked up from March 2006. Approximately 1441 microscopy centres have been established in Orissa and Andhra Pradesh. The External Quality assurance protocol for sputum smear microscopy examination has been implemented. 272 TB unites were made functional, key MOs and LTs have been trained on DRS generic protocol.

8. Have there been any changes in disease trends?

Yes No

9. Is there information that would indicate that the program was not advancing the Global Fund's operating principles to:

9.1. Promote broad and inclusive partnerships?

Yes No

The Central TB division encourages broad representation from the various state and district committees. The program needs to involve civil society and private sector more into the delivery of DOTS. It demonstrated a good start by involving a large number of NGOs into the Revised National TB Control program, however, more efforts will need to be made in engaging private practitioners in Orissa.

9.2. Promote sustainability and national ownership through use of existing systems and linkages with related strategies and programs?

Yes No

The program is part of the national program Revised National TB Program (RNTCP). It uses existing systems, M&E, and procurement systems as per RNTCP guidelines. There is excellent donor and partner coordination in this program.

9.3. Provide additional resources?

Yes No

Funds from the Gates Foundation will be used to support policy advocacy in Orissa.

10. Are there any synergies between this grant and the Global Fund financed programs (e.g., grants to be signed, other on-going grants, etc.)?

Yes No

The programs funded under different rounds cover different states.