

General Grant Information

Country	India				
Grant Number	IDA-102-G01-T-00	Component	Tuberculosis	Round	1
Grant Title	Expansion of the Revised National Tuberculosis Control Programme to Fully Cover the States of Chhattisgarh, Jharkhand, and Uttaranchal				
Principal Recipient	The Department of Economic Affairs of the Government of India				
Total Lifetime Budget	\$ 8,655,033	Phase 1 Grant Amount	\$ 5,650,999	Phase 2 Grant Amount	\$ 3,004,034
Grant Start Date	01 Apr 2003	Phase 1 End Date	01 Apr 2005	Phase 2 End Date	30.Sep.06
Disbursed Amount	\$ 8,250,421	% of Grant Amount	95%	Latest Rating	A
Time Elapse (at the end of the latest reporting period)	42 months	% of Grant Duration	100%	Proposal Lifetime	42 months

New GPR Report - Table of Contents

(For External Version)

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1. Program Description and Contextual Information

1.1. Program Description Summary

The grant is closed.

Each year, nearly 2 million people in India develop TB and over 400,000 die from it. The Revised National TB Control Program (RNTCP), based on the principles of DOTS, now covers over 75% of the country's population. In 2002, India accounted for more than half of the global increase in DOTS coverage.

The Global Fund funded program expanded coverage under the Revised National TB Control Program (RNTCP) to cover 56 million people in 47 districts of the three newly created states of Chhattisgarh, Jharkhand and Uttaranchal. The program has been implemented by the Central TB Division of the Ministry of Health under the national "Revised National TB Control Program." The grant ended on September 30, 2006. One of the key activity includes development of a model to establish sustained partnerships for TB control between the private and public sectors through advocacy and training by an NGO, Resource Group for Education and Advocacy for Community Health (REACH). The Program included REACH activities in four selected Corporation Zones of Chennai, reaching 50% of all the private practitioners and private hospitals.

The performance of the program was good. As of 30 September 2006, cumulative targets were exceeded for 6 out of 10 indicators. 73,097 New Smear Positive (NSP) were detected, representing 111% achievement. 82% of NSP cases registered under DOTS were successfully treated, representing 96% achievement. In total 176,850 patients were put on treatment under RNTCP, representing 99% achievement. 409 NGOs and private sector providers got involved in the RNTCP, representing 63% achievement. 1220 private practitioners were trained through workshops and seminars, representing 86% achievement. The activities are continued under R6 grant and involvement of the NGOs and private sector providers has significantly improved. 150 health facilities (TB Unites) and 730 microscopy centers were established and supported.

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 (http://devdata.worldbank.org/data-query/) accessed on November 17, 2008
Income level	Lower middle income	2007	World Bank. World Development Indicators database (http://devdata.worldbank.org/data-query/) accessed on November 17, 2008
Under-5 mortality rate (per 1000)	76	2006	WHO. World Health Statistics 2008 (http://www.who.int/whosis/whostat/EN_WHS08_)
Total health expenditure per capita (USD)	36	2005	WHO. World Health Statistics 2008 (http://www.who.int/whosis/whostat/EN_WHS08_)
Physicians (number)	645,825	2004	WHO. World Health Statistics 2008 (http://www.who.int/whosis/whostat/EN_WHS08_)
Nursing and midwifery personnel (number)	1,372,059	2004	WHO. World Health Statistics 2008 (http://www.who.int/whosis/whostat/EN_WHS08_)
Tuberculosis	Estimate	Year	Source
TB prevalence, all forms (number)	3,444,685	2006	WHO. WHO report 2008. Global tuberculosis control: surveillance, planning, financing.
TB incidence, all forms (number)	1,932,852	2006	WHO. WHO report 2008. Global tuberculosis control: surveillance, planning, financing.
TB mortality, all forms (number)	325,172	2006	WHO. WHO report 2008. Global tuberculosis control: surveillance, planning, financing.
TB incidence, smear-positive (number)	867,455	2006	WHO. WHO report 2008. Global tuberculosis control: surveillance, planning, financing.

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.4. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Background Analysis	x	No background analysis performed on this grant.
Financial Management and Systems	B1	Good financial systems in place. Finance team and financial systems used for other donor funded activities will be used for the Global Fund funded program. Disbursements and reporting will be six monthly in order to harmonize with World Bank program.
Institutional and Programmatic	B1	PR is able to absorb additional funds and has the capacity to implement the program. Global Fund funding is part of a larger program which receives funding from the World Bank; PR has systems and staff to manage the program.
Procurement and Supply Management	B1	World Bank's procurement guidelines and MOH procurement systems will be used and this is acceptable to Global Fund. Global Fund ensures harmonization with other donors and national systems. Our assessment indicates that the Principal Implementing agency has the capacity to manage procurement under this grant.
Monitoring and Evaluation	B1	M&E system used by the government for the World Bank will be used for the Global Fund program and this is acceptable to the Global Fund. Additional capacity building needed to improve program and district managers understanding of M&E.
Overall	B1	System functioning well at Central and State levels.

1.5. Conditions Precedent

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
A letter signed by the authorized representative of the PR setting forth the name, title and the authenticated specimen signature of each person authorized to sign disbursement requests under article 1 of the standard terms and conditions of this agreement and in the event a request for disbursement may be signed by more than one person, the conditions under which each may sign.	Disbursement		Yes	Deputy Director General (TB) has been authorized to sign
Appointment and training of staff in accounting and financial management procedures at the State Tuberculosis Control Societies in Chattisgarh and Jharkhand.	Disbursement		Yes	Staff appointed, training provided
Review based on the agreed-upon checklist of the financial management arrangements in place in the districts that have not already been assessed as part of the financial management assessment of the PR.	Disbursement		Yes	Other societies reviewed
Evidence that the standing finance committee has approved the program: Meeting of the Committee as informed by DDG (TB) is on 30th May 2003	Disbursement		Yes	MOU signed on may 12, 2003

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1	To achieve at least 85% treatment success and at least 70% detection of new smear positive cases in order to reduce morbidity, mortality and disability due to tuberculosis, thereby cutting the chain of transmission so that tuberculosis ceases to be a major public health problem in India.									
Impact indicator	Proportion of smear positive TB cases registered under DOTS successfully treated								Baselines	
									Value	Year
									81%	2003-2004
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	>81%	>84%	>85%							
Result										

Impact indicator	Proportion of all estimated new smear positive TB cases detected and put under DOTS								Baselines	
									Value	Year
									40%	2003-2004
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	40%	62%	70%							
Result										

Impact indicator	Smear conversions rate of smear positive cases at 3 months								Baselines	
									Value	Year
									90%	2003-2004
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	90%	90%	90%							
Result										

2.2. Programmatic Performance

2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
N/A	01.Apr.03 30.Jun.03	01.Jul.03 30.Sep.03	01.Oct.03 31.Dec.03	01.Jan.04 31.Mar.04	01.Apr.04 30.Jun.04	01.Jul.04 30.Sep.04	01.Oct.04 31.Dec.04	01.Jan.05 31.Mar.05
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	01.Apr.05 30.Jun.05	01.Jul.05 30.Sep.05	01.Oct.05 31.Dec.05	01.Jan.06 31.Mar.06	01.Apr.06 30.Jun.06	01.Jul.06 30.Sep.06	01.Oct.06 31.Dec.06	01.Jan.07 31.Mar.07

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To provide DOTS to a population of 56 million people in Chattisgarh, Jharkhand and Uttaranchal and achieve at least a 70% detection and 85% successful treatment amongst new smear positive pulmonary TB cases.

Prevention: Identification of Infectious Cases

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

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	41%	Mar-2003	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		4,200		9,600		16,700		26,600
Result		4,106		9,137		19,392		29,840
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		39,700		52,800		65,900		
Result		42,919		57,401		73,097		

Indicator 1.2 - Number of microscopy centers established and supported

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	156	Mar-2003	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		60		159		244		353
Result		150		288		475		901
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		453		549		549		
Result		1,623		730		730		

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

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained			Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		200		457		957		1,373
Result		361		481		811		1,584
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		1,548		1,673		1,823		
Result		1,684		2,742		3,234		

Treatment: Timely detection and quality treatment of cases

Indicator 1.4 - Percentage of new smear-positive TB-cases registered under Directly Observed Therapy Short-course (DOTS) who are successfully treated (Data will be collected annually, hence can be reported only in year 2.)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	81%	Mar-2003	Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target				>85%		>85%		>85%
Result				Pending result		90%		89% (4395)
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		85		85		85		
Result		87% (8876)		87%		82		

Indicator 1.5 - Total number of patients put on treatment under the Revised National Tuberculosis Control Program (RNTCP)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	8305	Mar 2003	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		11,300		25,800		45,000		71,700
Result		10,343		23,097		48,487		73,542
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		107,100		142,500		177,900		
Result		105,372		138,534		176,850		

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

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	34	Mar 2003	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		6		18		28		33
Result		45		61		122		193
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		73		122		122		
Result		343		150		150		

Supportive Environment: Coordination and partnership development (national, community, public-private)

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

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	0	Mar 2003	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		75		150		300		430
Result		50		211		304		464
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		530		630		650		
Result		701		326		409		

Objective 2 - To develop a model to establish a sustainable partnership for TB control between private and public sector through advocacy and training so as to improve treatment outcomes, reduce patients costs and delays in treatment**Supportive Environment: Capacity Building**

Indicator 2.1 - Number of private practitioners trained through workshop/seminars

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained	0		Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		240		480		720		960
Result		140		460		610		1,375
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		1,200		1,440		1,440		
Result		1,695		915		1,220		

Supportive Environment: Health systems strengthening

Indicator 2.2 - Number of Laboratory technicians trained (Private sector and NGO)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 1-People trained	0	Mar 2003	Y	Y				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		0		12		18		24
Result		0		50		73		80
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		30		36		36		
Result		110		52		52		

Supportive Environment: Coordination and partnership development (national, community, public-private)

Indicator 2.3 - Number of Private Practitioners participating in the RNTCP as DOTS centers

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	0	Mar 2003	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		0		8		16		24
Result		0		11		11		19
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		32		40				
Result		24		59				

2.2.3. Cumulative Progress To Date

Latest reporting due period : 24 (01.Jan.09 - 31.Mar.09)

Objective 1 To provide DOTS to a population of 56 million people in Chattisgarh, Jharkhand and Uttaranchal and achieve at least a 70% detection and 85% successful treatment amongst new smear positive pulmonary TB cases.

SDA Prevention: Identification of Infectious Cases

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

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	65,900	14	73,097					111%	

Indicator 1.2 - Number of microscopy centers established and supported

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	14	549	14	730					120%	

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

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	14	1,823	14	3,234					120%	

SDA Treatment: Timely detection and quality treatment of cases

Indicator 1.4 - Percentage of new smear-positive TB-cases registered under Directly Observed Therapy Short-course (DOTS) who are successfully treated (Data will be collected annually, hence can be reported only in year 2.)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	85	14	82					96%	

Indicator 1.5 - Total number of patients put on treatment under the Revised National Tuberculosis Control Program (RNTCP)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	14	177,900	14	176,850					99%	

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

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	14	122	14	150					120%	

SDA Supportive Environment: Coordination and partnership development (national, community, public-private)

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

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	14	650	14	409					63%	

Objective 2 To develop a model to establish a sustainable partnership for TB control between private and public sector through advocacy and training so as to improve treatment outcomes, reduce patients costs and delays in treatment

SDA Supportive Environment: Capacity Building

Indicator 2.1 - Number of private practitioners trained trough workshop/seminars

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	14	1,440	14	1,220					85%	

SDA Supportive Environment: Health systems strengthening

Indicator 2.2 - Number of Laboratory technicians trained (Private sector and NGO)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	14	36	14	52					120%	

SDA Supportive Environment: Coordination and partnership development (national, community, public-private)

Indicator 2.3 - Number of Private Practitioners participating in the RNTCP as DOTS centers

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	12	40	12	59					120%	

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2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	42 months	Grant Amount	8,655,033 \$
% Time Elapsed (as of end date of the latest PU)	100%	% disbursed by TGF (to date)	95%
Time Remaining (as of end date of the latest PU)	0 months	Disbursed by TGF (to date)	8,250,421 \$
Expenditures Rate (as of end date of the latest PU)	97%	Funds Remaining (to date)	404,612 \$

2.3.2. Program Budget

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	01.Apr.03	01.Jul.03	01.Oct.03	01.Jan.04	01.Apr.04	01.Jul.04	01.Oct.04	01.Jan.05
Period Covered To:	30.Jun.03	30.Sep.03	31.Dec.03	31.Mar.04	30.Jun.04	30.Sep.04	31.Dec.04	31.Mar.05
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	1,023,000	1,023,000	2,046,000	2,046,000	3,848,000	3,848,000	5,650,000	5,650,000
Summary Period Budget:	1,023,000		1,023,000		1,802,000		1,802,000	

Expenditure Categories

Program Activities

Implementing Entities

	Budget Period 9	Budget Period 10	Budget Period 11	Budget Period 12	Budget Period 13	Budget Period 14	Budget Period 15	Budget Period 16
Period Covered From:	01.Apr.05	01.Jul.05	01.Oct.05	01.Jan.06	01.Apr.06	01.Jul.06	01.Oct.06	01.Jan.07
Period Covered To:	30.Jun.05	30.Sep.05	31.Dec.05	31.Mar.06	30.Jun.06	30.Sep.06	31.Dec.06	31.Mar.07
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	7,025,000	7,025,000	8,400,000	8,400,000	8,400,000	8,655,033	8,655,033	8,655,033
Summary Period Budget:	1,375,000		1,375,000			255,033		

Expenditure Categories

Program Activities

Implementing Entities

- Comments and additional information

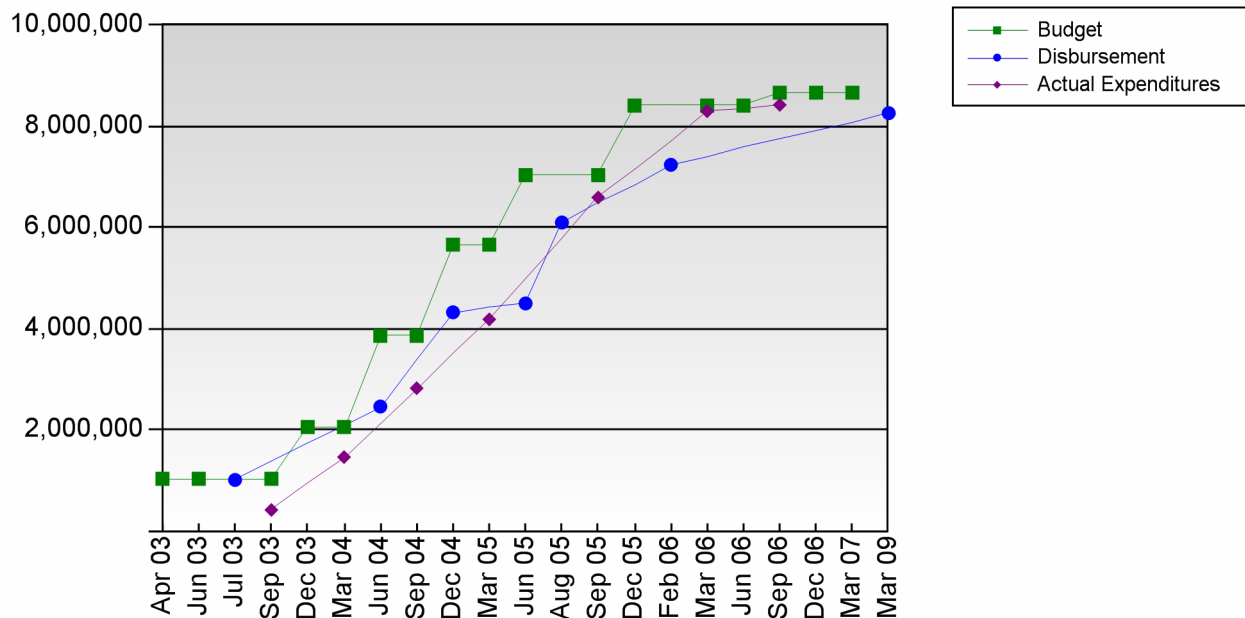
2.3.3. Program Expenditures

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Period PU7: 01.Apr.06 - 30.Sep.06	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
1. Total actual expenditures vs. budget	\$ 124,940	\$ 8,655,033	\$ 8,413,082	\$ 241,951	
1a. PR's Total expenditure	\$ 124,940		\$ 3,399,691		
1b. Disbursements to sub-recipients			\$ 2,200,000		
2. Health product expenditures vs. Budget (already included in "Total Actual" above)	\$ 1,783,851		\$ 1,783,851		
2a. Pharmaceuticals					
2b. Health products, commodities and equipment					

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	30.Sep.07	Expected Date	
Period Covered From	01.Apr.06	To	31.Mar.07

2.4. Progress Update and Disbursement Information

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

Progress Updates

Disbursement Information

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PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
0	01.Apr.03 -	N/A	1	01.Apr.03 - 30.Sep.03	1,000,000	\$ 1,000,000	15 Jul 2003
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
No progress review has been done, as this is the first disbursement of funds to the country. The Global Fund accepted World Bank assessments. World Bank is the major external donor to the national TB program.				No variance			

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Apr.03 - 30.Sep.03	A	2	01.Oct.03 - 31.Mar.04	3,111,840	\$ 1,451,840	25 Jun 2004
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
The progress of the project, disbursements, and expenditures have been satisfactory. This was reviewed by the Local Fund Agent (the World Bank).				Corresponds to the amount required up to the Special Account. The special account has a value of \$1million. Topping up this account is based on reimbursement of expenditures and the LFA recommended a lower amount for disbursement. Moreover, the PR expenditures have been below projected amounts for year 1 due to savings in procurement.			

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Oct.03 - 31.Mar.04	A	3	01.Apr.04 - 30.Sep.04	1,862,000	\$ 1,862,000	17 Dec 2004
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
The progress of the project, disbursements and the expenditures have been satisfactory. This was reviewed by the Local Fund Agent which in this case is the World Bank.				No variance			

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Apr.04 - 30.Sep.04	B1	4	01.Oct.04 - 31.Mar.05	780,000	\$ 175,000	03 Jun 2005
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
More financial management planning and review interaction between PR and SRs is needed. The PR/CTD should emphasize decentralized FMS accountability of SRs related to GFATM-R1 PIP.				The cash reconciliation for the current disbursement period indicates a balance of USD 1,025,580.			

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Oct.04 - 31.Mar.05	B1	5	01.Oct.04 - 31.Mar.05	1,600,000	\$ 1,600,000	04 Aug 2005
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
Same period as DR4 (PR made adjustments for DR4 receipts).				N/A			

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
5	01.Apr.05 - 30.Sep.05	A	6	01.Apr.05 - 30.Sep.05	1,140,000	\$ 1,140,000	16 Feb 2006
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
CTD is making good efforts to involve private doctors (75% target reached) through its contract with REACH. A number of districts do not have large number of private doctors who are interested in TB program.				N/A			

Grant Performance Report

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PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	01.Oct.05 - 31.Mar.06	B1	7	01.Apr.06 - 30.Sep.06	1,427,023		N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
The overall performance is good with 7 out of 10 indicators exceeding the cumulative targets.				The DR was combined with the next DR.			

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
7	01.Apr.06 - 30.Sep.06	A	8	01.Apr.06 - 30.Sep.06	1,427,023	\$ 1,021,581	25 Mar 2009
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement			
<p>The final performance of the grant was good. Cumulative targets are exceeded for 6 out of 10 indicators, including for "Number and % of New Smear Positive (NSP) Cases detected" (111%). NSP cases successfully treated are at 96%. Total number of patients put on treatment under the Revised National TB Control Program (RNTCP) is at 99%. "Number of NGOs and private sector providers involved in the RNTCP" is at 63% and "Number of private practitioners trained through workshops and seminars" is at 86%. The activities are continued under R6 grant and involvement of the NGOs and private sector providers has significantly improved.</p>				<p>The India TB R1 grant ended on September 30, 2006. LFA review of close-out reports did not raise any major issues. The grant performance was very good and was rated A1 by the methodology. The final disbursement of USD 1.18 million to CTD was not made because the disbursement request was received late and we agreed with MOH that it was pragmatic to make the final disbursement after final review of all final reports from CTD. Therefore, a final reimbursement needs to be made to cover the period from April 1, 2006 to September 30, 2006. Total disbursement recommended by the LFA is USD 1,184,242. The cluster supported the LFA recommendation. However, the final disbursement amount of USD 1,021,581 reflected the exchange rate on the date of disbursement.</p>			

2.5. Contextual Information

Title	Explanatory Notes
Major changes in the nature of the epidemic	
Major changes in the program supporting environment (e.g. changes in the partner relationships, introduction of new partners, etc.)	
Significant adverse external influences (e.g. force majeure, change in government, natural disaster, etc.)	
External financial issues (e.g. inflation, currency depreciation, etc.)	Currency appreciated against US dollars but not major
Program management issues (e.g. changes in PR/sub-recipients, problems with data collection, quality assurance, etc.)	
Issues with the CCM (e.g. changes in membership, composition, etc.)	CCM reform was completed in July 2006. CCM is now fully complied with Global Fund requirement. One pending area of NGO Representative selection will be completed by August 2006.
Additional Contextual Issues	<p>The Global Fund funding is complementary to larger World Bank funding for the national TB program in India. The Global Fund (GF) has accepted the World Bank's assessments of the Principal Recipient (PR) capacity and implementation arrangements. The GF also agreed to harmonise with existing reporting, procurement guidelines, and M&E systems of the Ministry of Health. In addition, for this grant only, the World Bank was appointed as Local Fund Agent who combines their LFA work with technical monitoring for the grant. The Revised National TB Control Program (RNTCP) receives technical support from WHO. WHO has appointed several national consultants to assist with M&E and other technical requirements of RNTCP.</p> <p>Phase 2 was completed in 30 April 2005. The Board approved Phase 2 funding as a GO in 14 January 2005. A no-cost extension of six months was also approved by the Board and the program ending date will be 30 September 2006. Overall performance of the grant is excellent.</p>

2.6. Phase 2 Grant Renewal

Performance Rating		Recommendation Category	
Rationale for Phase 2 Recommendation Category			
Rationale for Phase 2 Recommendation Amount			
Time-bound Actions			

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Issues	Description of time-bound actions

