

## General Grant Information

Country	India				
Grant Number	IDA-202-G02-H-00	Component	HIV/AIDS	Round	2
Grant Title	HIV prevention and care for mothers, their families and PLWHA through scaling up PMTCT services and public private sector antiretroviral treatment				
Principal Recipient	The Department of Economic Affairs of the Government of India				
Total Lifetime Budget	\$ 408,421,395	Phase 1 Grant Amount	\$ 26,116,000	Phase 2 Grant Amount	\$ 80,249,233
Grant Start Date	01 May 2004	Phase 1 End Date	30 Apr 2006	Phase 2 End Date	30.Apr.09
Disbursed Amount	\$ 92,702,000	% of Grant Amount	87%	Latest Rating	B1
Time Elapse (at the end of the latest reporting period)	53 months	% of Grant Duration	88%	Proposal Lifetime	60 months

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## 1. Program Description and Contextual Information

### 1.1. Program Description Summary

The Phase 2 for the grant was completed in April 2009. The grant is currently covered by Bridge Funding until 30 November 2009 prior to start of RCC proposal. The RCC proposal is currently under TRP clarifications (for more details please refer to contextual information section).

The program scales up care and prevention interventions among pregnant women in six states with high HIV/AIDS prevalence. The states are: Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra, Nagaland, and Manipur. These states have a population of 291 million people with more than 7 million women giving birth every year. An innovative partnership between the National AIDS Control Organization (NACO) and four private sector pharmaceutical institutions aims at improving access to anti-retroviral therapy. The need, absorptive capacity, feasibility and deficiency have been highlighted in the feasibility studies. The implementation is being decentralized to the State AIDS Control Societies (SACS) in respect to the technical, managerial and organizational infrastructure at state and district levels in order to ensure long term sustainability of Prevention of Mother to Child Transmission (PMTCT). The objectives of the program are as follows: (1) to scale up prevention and care interventions among women of child-bearing age and their families through providing a package of primary prevention, family planning, voluntary counseling and confidential testing (VCT), ARV prophylaxis, and counseling on infant feeding; (2) to implement a comprehensive HIV/AIDS care package, including antiretroviral treatment for HIV-infected mothers, their infants and partners; and (3) to enhance access to anti-retroviral therapy through public/private partnership. The program activities include the following: (1) training of health care providers, counselors and laboratory technicians from public and private institutions of PMTCT and HIV/AIDS care, including ART; (2) providing ART to eligible HIV+ mothers and their families; (3) providing ART to People living with HIV/AIDS through public/private partnership with four pharmaceutical companies; and (4) establishing linkages with NGOs for continuity of care. A multi-sectoral, decentralized, phased and incremental approach has been adopted for this program. The PMTCT program activities complement and reinforce those of the National AIDS Control Program (NACP) Phase II and III and are integrated with Reproductive and Child Health (RCH). Primary health clinics which are the peripheral units of district hospitals are being involved. Private hospitals which have at least 100 beds and 1000 deliveries per year with the necessary infrastructure and staff participate in the program. Partnerships with NGOs extend the outreach to the community. By 2009 444 institutions, from all 35 States and Union Territories participate in the project. The 81 medical colleges in high prevalence states are upgraded to participate in the program to expand access to ART for mothers and their families. The 11 medical colleges involved in the PMTCT feasibility study have been upgraded and operate as PMTCT Training and Resource Centers. They have a key role in providing ongoing technical supervision, and monitoring and evaluation and take the lead for developing locally appropriate models for more complex and high cost interventions, such as ART. The AIDS Resource and Control Centre (ARCON), Mumbai, is responsible for monitoring and evaluation of the NGO program. The National AIDS Research Institute of Pune, National Institute of Cholera and Enteric Diseases of Kolkata, MGM Medical College of Mumbai, and MGR Medical University of Chennai are responsible for monitoring viral resistance in the project areas.

### 1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	1,198,003	2009	United Nations. World Population Prospects: The 2008 Revision.
Pop age 0-4 (in 1000s)	126,894	2005	United Nations. World Population Prospects: The 2006 Revision.
Pop age 15-49 (in 1000s)	591,419	2005	United Nations. World Population Prospects: The 2006 Revision.
GNI per capita, Atlas method (current US\$)	950	2007	World Bank. World Development Indicators database ( <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>
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>
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>
Human Development Index (HDI)	Medium	2006	UNDP. Human Development Indices: A statistical update 2008 ( <a href="http://hdr.undp.org/en/media/HDI_2008_EN_Co">http://hdr.undp.org/en/media/HDI_2008_EN_Co</a>

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

### 1.3. Comments on Key Discrepancies between Approved Proposal and Grant

There are no key discrepancies between the approved proposal and Grant Agreement.

### 1.4. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Monitoring and Evaluation	x	M&E system and plan is integrated within the overall project design. For ongoing monitoring of the program, Computerised Management Information System (CMIS) is in place (developed in 2002). Develop input formats for PMTCT component and integrate it with the overall design of the CMIS. Develop a comprehensive manual on Strategic Planning and Management including basic elements of result based management. One full time Strategic Planning Officer (SPO) to be appointed at NACO and one in each of the SACS of the 6 high prevalence states where the proposed PMTCT project will be implemented.
Financial Management and Systems	x	Document titled Guidelines on Managements of NACP Funds (under preparation) needs to be finalized as soon as possible by NACO. A comprehensive future plan for training and refresher training of all the Project Directors and Finance Controllers/Managers of all the SACS and Municipal Corporation AIDS control Society (MSACS) need to be developed with appropriate financial allocations for all such trainings. -One Finance Officer (on contract) should be hired exclusively for management of GFATM grant.
Institutional and Programmatic	x	A special account for transiting GFATM Fund should be opened and managed by the PR. Assess the capacity of SACS and develop appropriate capacity building program for them. Strengthen relationships with and capacity of NGOs/CBOs, build national capacity, encourage public-private partnership and revitalize the primary health care system. Job description should be attached with the letters of appointment of staff/consultants.
Procurement and Supply Management	x	Most of the key elements for procurement are in place. This will allow the PR to implement part of the program while continuing to address the weaker elements. A system for drug recall procedures have not been established yet, and needs to be developed and implemented. This is distinct from ADR reporting as discussed in another section. PR to provide details of receipt and storage for HIV products. Information about the cold chain should also be provided, including cold storage volume required, cold storage space available and movement of products in a cold environment. As ARVs are expensive, PR needs to ensure strict control of distribution during transportation and storage to avoid pilferage/theft.
Overall	A1	Based on the secondary data reviewed and consultations held between with the stakeholders within and outside the Department of Health, Government of India (GoI), the overall assessment of the proposed PR is Category A. This means that PR would be able to immediately start implementation of the program with no technical assistance to increase its capacity or alternatively that only minimal capacity building is required and the capacity building can be provided concurrently, without any delay in the implementation of the program. Therefore, a move towards grants preparation can be made.

### 1.5. Conditions Precedent

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Condition Precedent: A detailed project implementation plan for the Project which including a one-year detailed budget.			Yes	
The PR should submit a procurement plan to ensure quality procurement practices and systems are in place to manage procure health products.			Yes	
Condition Precedent: Not later than 31 March 2007, the PR shall deliver to the GFATM evidence, in form and substance satisfactory to the GF that the PR and SRs financial management staff have received financial management training from the National AIDS Control Organization (NACO). Comment: A training course funded by GFATM was organised in December 2006. NACO proposes organising another course in April 2007.		31.Mar.07	Yes	The training is being organized on June 8 and 9, 2007
Condition Precedent: Not later than 31 March 2007, the PR shall complete and deliver to the GFATM the monitoring and evaluation self assessment checklist in form and substance satisfactory to the GFATM.		31.Mar.07	Yes	The M&E staff self assessment checklist is under preparation and is likely to be finalised within this month. In that case after review by LFA, it would be submitted to GFATM by March 2007.
Condition Precedent: Not later than 31 March 2007, the PR shall deliver to the GFATM a revised implementation plan, in form and substance satisfactory to the GFATM, for the acceleration of the information, Education, Communication (IEC) component of the program.		31.Mar.07	Yes	The implementation plan for IEC activities is in final stages and is likely to be submitted to GFATM within the stipulated time frame.
Condition Precedent: Not later than 30 September 2007, the PR shall deliver to GFATM, in form and substance satisfactory to the GFATM, that district level programme supervisors have received training in monitoring and evaluation pursuant to the National AIDS Control Program (NACP) III strategy and work plan. Comment: This CP has to be satisfied only over the next 8 months and the PR is confident that the time limit would be adhered to.		30.Sep.07	Yes	Training of District Programme Supervisors in monitoring and evaluation has been completed in all six high prevalence states

## 2. Key Grant Performance Information

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

**Goal 1** To reduce the spread of HIV infection in women, their partners and infants, and to provide HIV/AIDS care including ART to infants

Outcome indicator	Number of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy (UNGASS 2008)									
	Baselines									
	Value					Year				
	78%					2007				
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 78%	N: D: P: 79%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 80%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Impact indicator	Adults aged 15-49 who are HIV-infected (percentage)									
	Baselines									
	Value					Year				
	0.36%					2006				
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target			0.36	0.34	0.33					
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Impact indicator	% of infants born to HIV infected mothers who are infected									
	Baselines									
	Value					Year				
	30%					2004				
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 30%	N: D: P: 29%	N: D: P: 28%	N: D: P: 26%	N: D: P: 19%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 27%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

## 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.May.04 31.Jul.04	01.Aug.04 31.Oct.04	01.Nov.04 31.Jan.05	01.Feb.05 30.Apr.05	01.May.05 31.Jul.05	01.Aug.05 31.Oct.05	01.Nov.05 31.Jan.06	01.Feb.06 30.Apr.06
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	01.May.06 31.Jul.06	01.Aug.06 30.Sep.06	01.Oct.06 31.Dec.06	01.Jan.07 31.Mar.07	01.Apr.07 30.Jun.07	01.Jul.07 30.Sep.07	01.Oct.07 31.Dec.07	01.Jan.08 31.Mar.08
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
N/A	01.Apr.08 30.Jun.08	01.Jul.08 30.Sep.08	01.Oct.08 31.Dec.08	01.Jan.09 30.Apr.09	01.May.09 30.Jun.09	01.Jul.09 30.Sep.09	01.Oct.09 30.Nov.09	01.Dec.09 31.Mar.10

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

**Objective 1 - To scale up prevention and care interventions among women of child bearing age and for their families through a package of primary prevention, family planning, voluntary counseling and confidential testing (VCT), ARV prophylaxis and counseling on infant feeding.**

## PMTCT

Indicator 1.2 - No. of health facilities offering minimum package of PMTCT (incl. HIV prevention services, VCT, ARV prophylaxis to pregnant mothers, STI treatment, condom distribution, linkages for treatment of OIs)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	n/a	May 2004	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	40	80	100	125	175	225	275	331
Result	67	92	98	113	183	306	422	422
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	1,600	1,600	2,171	2,363	2,363	2,363	2,363	2,363
Result	Pending result	1,600	Pending result	2,719	2,796	2,796	Pending result	2,800
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	2,800	2,800	2,800	2,800	2,800	2,800	2,800	
Result	Pending result	2,800	Pending result	2,800				

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## Indicator 1.4 - Percentage of HIV infected women and their babies receiving a complete course of ARV prophylaxis to reduce the risk of MTCT

	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
Level 3-People reached	N/A	2004							Y	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	0	0	0	0	0	0	13,266		
Result	0	0	0	0	0	0	0	Pending result		
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	1700/3700 (46%)	1846/4027 (46%)	2400/5000 (48%)	3250/6500 (50%)	4125/7500 (55%)	N: 4,800 D: 8,000 P: 60%	N: 5,850 D: 9,000 P: 65%	N: 7,000 D: 10,000 P: 70%		
Result	0	12782/28005 (46%)	Pending result	16393/35630 (46%)	5053/11802 (43%)	N: 2,490 D: 5,819 P: 43%	Pending result	N: 4,078 D: 6,339 P: 64%		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target	N: 3,500 D: 5,000 P: 70%	N: 3,888 D: 5,400 P: 72%	N: 4,425 D: 5,900 P: 75%	N: 5,760 D: 6,400 P: 90%	N: 3,360 D: 4,200 P: 80%	N: 5,120 D: 6,400 P: 80%	N: 3,360 D: 4,200 P: 80%	N: D: P: %		
Result	Pending result	N: 5,140 D: 8,712 P: 59%	Pending result	N: 6,497 D: 9,697 P: 67%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		

## VCT

## Indicator 1.6 - Number of pregnant women receiving HIV counseling and testing.

	Baseline								Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year								
Level 3-People reached	N/A	2004							Y	N
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0	0	0	0	0	0	0	0		
Result	0	0	0	0	0	0	0	0		
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	2,300,000	2,700,000	3,200,000	3,900,000	4,600,000	5,400,000	6,300,000	7,400,000		
Result	Pending result	2,790,000	Pending result	4,500,000	4,400,000	5,100,000	Pending result	6,100,000		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24		
Target	8,400,000	9,400,000	10,400,000	11,500,000	11,750,000	12,000,000	12,500,000			
Result	Pending result	7,800,000	Pending result	9,600,000						

**Objective 2 - To implement a comprehensive HIV/AIDS care package including ARV treatment of HIV infected infants and partners in six states with high HIV prevalence.**

**Treatment: Antiretroviral treatment and monitoring**

Indicator 2.4 - Number of HIV positive children receiving comprehensive care at the comprehensive pediatric ART centres established.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	0	2006	Y	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	0	0	0	0
Result	0	0	0	0	0	0	0	0
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	0	0	1,000	1,500	1,750	2,000	2,500	3,000
Result	0	0	Pending result	3,747	4,297	4,297	Pending result	7,516
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	8,500	9,500	10,750	12,000	21,000	12,500	15,500	
Result	Pending result	9,732	Pending result	11,269				

Indicator 2.5 - Number of pediatric ART centres providing comprehensive package of care to children living with HIV including the provision of pediatric ART and laboratories strengthened with CD4 count and PCR testing facility.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	0	2006	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	0	0	0	0
Result	0	0	0	0	0	0	0	0
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	0	0	4	6	6	6	6	6
Result	0	0	Pending result	2	4	4	Pending result	5
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	6	6	6	6	6	6	6	
Result	Pending result	5	Pending result	5				

**Objective 3 - To enhance access to ARV therapy through public private partnerships in 4 metropolitan cities****Coordination and partnership development**

Indicator 3.4 - No. of NGOs (linked to the health facilities providing ARTs) involved in providing quality HIV/AIDS care and support services to PLWHA

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 2-Service Points supported	16	2004	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	16	21	26	31	40	45	47	51
Result	0	3	5	36	38	57	47	47
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	340	340	345	350	350	350	350	350
Result	Pending result	340	Pending result	340	497	497	Pending result	497
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	497,497	497	497	497	497	497	497	
Result	Pending result	497	Pending result	497				

Indicator 3.6 - Number of PLWHA receiving ARV from private sector being monitored at project sites through subsidized CD4 count machines.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
Level 3-People reached	0	2004	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	250	500	500	500	1,000	2,000	2,500
Result	0	0	0	0	0	4	490	3,302
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	2,500	2,500	2,600	3,000	3,250	3,500	4,000	4,500
Result	Pending result	3,302	Pending result	6,292	8,748	9,072	Pending result	11,826
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	12,000	12,500	13,000	14,000	14,500	15,000	16,000	
Result	Pending result	13,888	Pending result	15,630				

# Grant Performance Report

## External Print Version

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

Indicator 3.7 - Number of PLWHA receiving ART through a graduated cost recovery scheme at four NGO project sites including CD4 monitoring.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	2850	2004	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	0	0	0	0
Result	0	0	0	0	0	0	0	0

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	6,350	6,350	6,400	6,500	6,600	7,000	8,000	9,000
Result	Pending result	2,003	Pending result	2,702	3,861	4,802	Pending result	6,255

	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	10,500	12,000	13,500	15,000	15,100	15,200	15,300	
Result	Pending result	7,323	Pending result	15,639				

2.2.3. Cumulative Progress To Date

Latest reporting due period : 20 (01.Jan.09 - 30.Apr.09)

**Objective 1** To scale up prevention and care interventions among women of child bearing age and for their families through a package of primary prevention, family planning, voluntary counseling and confidential testing (VCT), ARV prophylaxis and counseling on infant feeding.

**SDA** PMTCT

**Indicator 1.2 - No. of health facilities offering minimum package of PMTCT (incl. HIV prevention services, VCT, ARV prophylaxis to pregnant mothers, STI treatment, condom distribution, linkages for treatment of OIs)**

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
Level 3-People reached	20	2,800	20	2,800					100%

**Indicator 1.4 - Percentage of HIV infected women and their babies receiving a complete course of ARV prophylaxis to reduce the risk of MTCT**

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
Level 3-People reached	20	N: 5,760 D: 6,400 P: 90 %	20	N: 6,497 D: 9,697 P: 67 %					74%

**SDA** VCT

**Indicator 1.6 - Number of pregnant women receiving HIV counseling and testing.**

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
Level 3-People reached	20	11,500,000	20	9,600,000					83%

**Objective 2** To implement a comprehensive HIV/AIDS care package including ARV treatment of HIV infected infants and partners in six states with high HIV prevalence.

**SDA** Treatment: Antiretroviral treatment and monitoring

**Indicator 2.4 - Number of HIV positive children receiving comprehensive care at the comprehensive pediatric ART centres established.**

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
Level 3-People reached	20	12,000	20	11,269					94%

**Indicator 2.5 - Number of pediatric ART centres providing comprehensive package of care to children living with HIV including the provision of pediatric ART and laboratories strengthened with CD4 count and PCR testing facility.**

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
Level 2-Service Points supported	20	6	20	5					83%

<b>Objective 3</b>	<b>To enhance access to ARV therapy through public private partnerships in 4 metropolitan cities</b>
<b>SDA</b>	<b>Coordination and partnership development</b>

**Indicator 3.4 - No. of NGOs (linked to the health facilities providing ARTs) involved in providing quality HIV/AIDS care and support services to PLWHA**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	20	497	20	497					100%	

**Indicator 3.6 - Number of PLWHA receiving ARV from private sector being monitored at project sites through subsidized CD4 count machines.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	20	14,000	20	15,630					112%	

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

**Indicator 3.7 - Number of PLWHA receiving ART through a graduated cost recovery scheme at four NGO project sites including CD4 monitoring.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	20	15,000	20	15,639					104%	

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### 2.3. Financial Performance

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

<b>Grant Duration (months)</b>	60 months	<b>Grant Amount</b>	106,365,233 \$
<b>% Time Elapsed (as of end date of the latest PU)</b>	88%	<b>% disbursed by TGF (to date)</b>	87%
<b>Time Remaining (as of end date of the latest PU)</b>	7 months	<b>Disbursed by TGF (to date)</b>	92,702,000 \$
<b>Expenditures Rate (as of end date of the latest PU)</b>	95%	<b>Funds Remaining (to date)</b>	13,663,233 \$

#### 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.May.04	01.Aug.04	01.Nov.04	01.Feb.05	01.May.05	01.Aug.05	01.Nov.05	01.Feb.06
Period Covered To:	31.Jul.04	31.Oct.04	31.Jan.05	30.Apr.05	31.Jul.05	31.Oct.05	31.Jan.06	30.Apr.06
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	3,264,500	6,529,000	9,793,500	13,058,000	16,322,500	19,587,000	22,851,500	26,116,000
Summary Period Budget:	3,264,500	3,264,500	3,264,500	3,264,500	3,264,500	3,264,500	3,264,500	3,264,500

#### 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.May.06	01.Aug.06	01.Oct.06	01.Jan.07	01.Apr.07	01.Jul.07	01.Oct.07	01.Jan.08
Period Covered To:	31.Jul.06	30.Sep.06	31.Dec.06	31.Mar.07	30.Jun.07	30.Sep.07	31.Dec.07	31.Mar.08
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	30,426,000	36,216,000	42,236,000	49,566,000	54,706,000	59,836,000	67,236,000	75,486,000
Summary Period Budget:	4,310,000	5,790,000	6,020,000	7,330,000	5,140,000	5,130,000	7,400,000	8,250,000

#### Expenditure Categories

#### Program Activities

#### Implementing Entities

	Budget Period 17	Budget Period 18	Budget Period 19	Budget Period 20	Budget Period 21	Budget Period 22	Budget Period 23	Budget Period 24
Period Covered From:	01.Apr.08	01.Jul.08	01.Oct.08	01.Jan.09	01.May.09	01.Oct.10	01.Jan.11	01.Apr.11
Period Covered To:	30.Jun.08	30.Sep.08	31.Dec.08	30.Apr.09	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	80,755,938	86,530,013	94,468,484	92,760,249	96,385,883	102,511,486	106,423,481	106,423,481
Summary Period Budget:	5,269,938	7,979,075	7,938,471	5,670,765	3,625,634	6,125,603	3,911,995	

#### Expenditure Categories

#### Program Activities

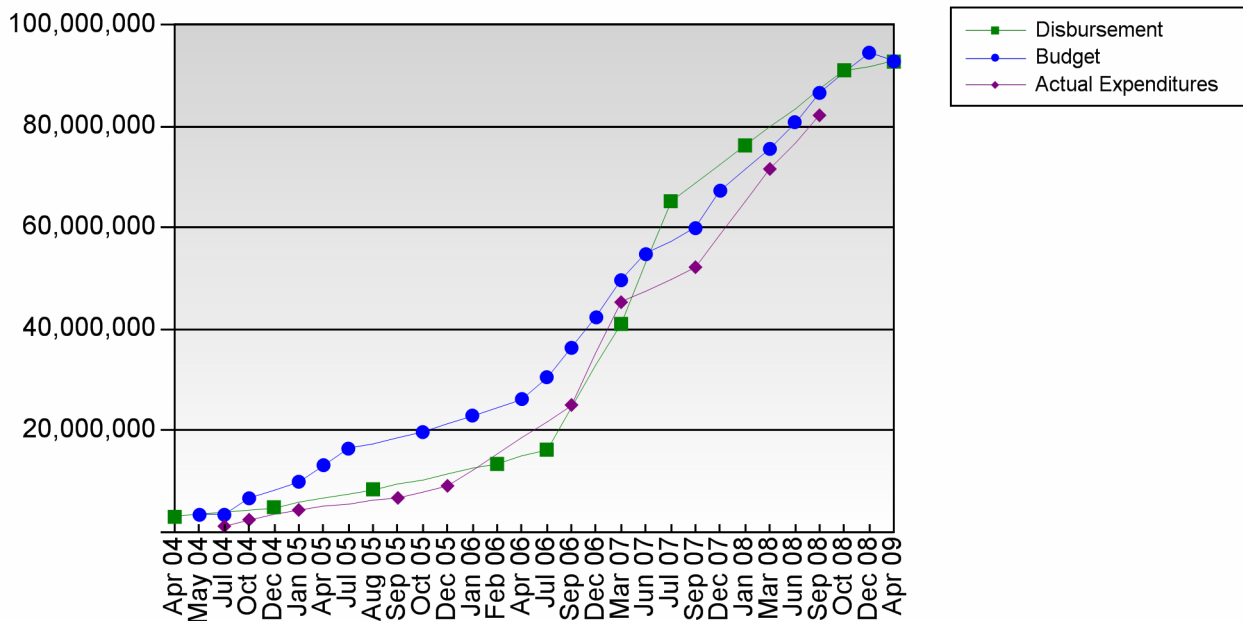
#### Implementing Entities

**- Comments and additional information**

**2.3.3. Program Expenditures**

Period PU10: 01.Apr.08 - 30.Sep.08	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
<b>1. Total actual expenditures vs. budget</b>	\$ 10,591,175	\$ 86,530,013	\$ 82,110,196	\$ 4,419,817	
<b>1a. PR's Total expenditure</b>	\$ 811,880		\$ 12,612,170		
<b>1b. Disbursements to sub-recipients</b>	\$ 9,779,295		\$ 69,498,026		
<b>2. Health product expenditures vs. Budget (already included in "Total Actual" above)</b>	\$ 841,534		\$ 10,283,183		
<b>2a. Pharmaceuticals</b>			\$ 832,322		
<b>2b. Health products, commodities and equipment</b>	\$ 841,534		\$ 9,450,861		

**2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date**



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

<b>Date Received</b>	21.Feb.08	<b>Expected Date</b>	01.Sep.04
<b>Period Covered From</b>	01.Apr.06	<b>To</b>	31.Mar.07

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

**2.4. Progress Update and Disbursement Information**

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

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Progress Updates					Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
0			N/A	1	01.Apr.04 - 30.Sep.04	4,766,000	2,859,000	\$ 2,859,000	26 Apr 2004	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>					
<p>The funds as asked for by PR that is USD 4.766 million for the first two quarters includes a fair share of procurement. However, the procurement plan is said to be under revision and would take some time to be finalized. Otherwise the request appears reasonable. The PR has the capacity to utilize funds of this order during the two quarters beginning 1st April, 2004. But in view of the procurement plan being under revision and this component taking about 40% of the amount requested for, it is recommended that GFATM should release only 60% of the gross amount and release only USD 2.859 million to PR.</p>					<p>Although the PR has prepared the M&amp;E Plan as also the procurement plan, the latter is said to be under revision. In other words, procurement plan is yet to take a final shape. Since the PR proposes to utilize around 40% of the funds during the first two quarters for procurement, it is suggested that GFATM should release only 60% of the amount requested by the PR.</p>					
1	01.Mar.04 - 31.Jul.04		B1	2	01.Nov.04 - 30.Apr.05	4,766,000		\$ 1,907,000	21 Dec 2004	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>					
<p>Although PR is having substantial balance in its favour, the expenditure has already started picking up, so has the procurement. PR would need additional funds by May, 2005. Therefore, an early release of USD 4.256 million is recommended.</p>					<p>Now that the procurement plan of PR has been approved, it is recommended that the balance of the first disbursement is released, i.e. USD 1.907 million for procurement.</p>					
2	01.Aug.04 - 31.Oct.04		B1	3	01.Aug.04 - 30.Apr.05	3,535,000	3,535,000	\$ 3,535,000	26 Aug 2005	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>					
<p>The procurement process has just begun. The delay in procurement and lack of coordination within the NACO can put the project at risk.</p>					<p>No variance</p>					
3	01.Nov.04 - 31.Jan.05		B1						N/A	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>					
4	01.Feb.05 - 30.Sep.05		B1	4	01.Feb.05 - 31.Dec.05	12,241,000	5,000,000	\$ 5,000,000	22 Feb 2006	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>					
<p>The program performance is excellent, with targets expected to be reached soon. 8 indicators out of 13 exceeded targets.</p>					<p>USD 4.2 million for procurement is needed as soon as possible. Cost of products purchased by SACS (HIV test kits, ARV, reagents, CD4 machines, etc) have not been reflected as yet in the expenditures. In the cash reconciliation PR indicated expenditure of \$7.717 m which comprised of verified expenditure of \$2.264 m and the balance at the SR level in six states. PR just received the statement of expenditures for the quarter ending December 2005 and based on analysis of these statements, PR will send another disbursement request.</p>					

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
5	01.Oct.05 - 31.Dec.05		B1	5	01.Jan.06 - 31.Mar.06	11,590,532	2,816,683	\$ 2,816,683	28 Jul 2006
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					
Improvement in performance by the PR is visible. The PR has generally been able to achieve various targets. It is recommended though that the PR make available a Quarterly cash reconciliation statement for the monitoring of expenses.				This will be the last disbursement under Phase 1. USD 13.3 million has been disbursed out of USD 16.1 expenditure under phase 1.					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
6	01.Jan.06 - 30.Sep.06		B1	6	01.Oct.06 - 31.Mar.07	33,205,721	33,205,721	\$ 24,809,000	30 Mar 2007
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					
The overall achievement is good. 4 out of 7 indicators have either met or exceeded targets. Two indicators did not have a target for this period.				The action plan for the period may 2006 to September 2006 was sent to the States in mid June and funds were released in the month of July. Therefore, there was a lag of 2.5 months. This resulted in delay of overall activities and led to under achievement of the targets. The negative variance in pharmaceuticals is on account of the buffer stock that has been procured by PR. Slow start to the program activities in the initial period of the program had impact on procurement of commodities.					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
7	01.Oct.06 - 31.Mar.07		A	7	01.Apr.07 - 30.Sep.07	29,230,060	28,851,630	\$ 24,234,453	06 Jul 2007
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					
Overall performance of the grant is very good and on track. Four indicators out of 8 show much higher performance than target. Of the remaining four, three have met the target. The grant is also showing excellent absorption of funds, thus indicating an accelerated implementation arrangement.				Overall performance is on track and absorption is also very high. Disbursement is six monthly. PR has a negative cash balance of \$6.5million. As per grant agreement attachment, total budget for the period April to September is \$10.27m and the buffer period Oct-Dec amount is \$7.4m. Therefore, total funds requirement for the period will be \$ \$17.76million. After adding the negative cash balance, the total amount required will be \$24,234,453 and this is the amount recommended by FPM. This amount is lower than LFA recommended amount of \$28.8m. LFA calculation is based on PR projection and PR's accelerated implementation.					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
8	01.Apr.07 - 30.Sep.07		A1	8	01.Oct.07 - 31.Mar.08	11,960,793	11,582,364	\$ 11,000,000	04 Jan 2008
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					
Five out of eight indicators achieved more than 100% of the targets. Number of pregnant women receiving counseling was 5.6 million, but only 5.1 million chose to accept testing. Due to high performance, good capacity building and an accelerated implementation, the grant is rated A.				Cash balance as of September 2007 was \$10,767,636. Taking into account cash balance and future requirements, \$11,000,000 is recommended. The LFA recommended amount is reduced by \$582,364 to account for low funds utilization of two states Nagaland and Manipur where the funds utilizations is expected to increase, but not reach 100% rate. If the situation improves considerably, an additional disbursement can be made.					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
9	01.Oct.07 - 31.Mar.08		A2	9	01.Apr.08 - 30.Sep.08	17,093,329	16,540,864	\$ 14,836,314	01 Oct 2008
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					
<p>Five out of eight indicators have achieved over 90% of their targets, giving the grant an A2 rating. The number of pregnant women receiving counseling and testing continues to go up, however 10% of pregnant women undergoing pre-test counseling do not go on to having the test, which contributes to an achievement rate of only 82%. The PR is also behind on the number of pediatric ART centers, however the opening of a center in Nagaland planned to take place during the Progress Update period, has been deemed unfeasible. TGF has received a request to amend the target and has contacted the PR for further clarification. For the number of PLWHAs receiving ART through a graduated cost recovery scheme, only 70% of the target has been reached. This is largely due to the availability of free ART in government hospitals, which has made the provision of ART under a graduated cost recovery scheme less relevant than it could have been. However, overall numbers of PLWHA's remain high with the PR more than doubling its target.</p>				<p>The PR has requested USD 17'093'329 for the period 1 April 2008 to 31 December 2008, which is per approved budget. The Global Fund has disbursed USD 76'161'136 to the PR to date with an overall grant amount of USD 92'702'000, leaving USD 16'540'864 undisbursed. The PR's cumulative expenditure amounts to USD 71'519'021 and with an LFA verified cash balance of USD 2'385'100 this indicates an additional unspent balance of USD 2'257'015. The Country Team has therefore decided to reduce the PR's request by that same amount, bringing the disbursement amount to USD 14'836'314. By leaving some funds undisbursed instead of disbursing all the remaining funds, as recommended by the LFA, the Country Team keeps open the possibility of continued monitoring and funding based on performance until the grant comes to an end 30 April 2009, as well as keeping closer to the indicative range for this disbursement. The PR has submitted a Performance Framework detailing the budget for year five by quarter, which has been approved. The remaining grant funds after this disbursement will not suffice to cover the full budget for the final quarter but the PR has indicated that the potential shortfall will be covered by the Government of India if necessary. The grant has qualified for an RCC and the PR has submitted its proposal. Final Board decision is pending in October 2008.</p>					

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
10	01.Apr.08 - 30.Sep.08		B1	10	01.Oct.08 - 30.Apr.09	7,148,190	1,704,550	\$ 1,704,550	03 Apr 2009
<b>Summary of Progress</b>				<b>Reasons for variance between PR Request and Actual Disbursement</b>					
<p>Five out of eight indicators have achieved 100% of their targets. The number of pregnant women receiving counseling and testing continues to go up, however 10% of pregnant women undergoing pre-test counseling do not go on to having the test, which contributes to an achievement rate of only 83%. The shortfall is also due to quality concerns with rapid HIV test kits, which is currently being addressed by the PR. The percentage of women and their babies receiving a complete course of ARV prophylaxis has fallen slightly during the progress update period due to problems with outreach services in the states of Nagaland and Karnataka. The PR is making every effort to overcome these problems and expects to see substantial improvements during the last 2 quarters of the grant. The number of PLWHAs receiving ART through a graduated cost recovery scheme continues to be low. As before this is due to the availability of free ART in government hospitals, which has made the provision of ART under a graduated cost recovery scheme less relevant than it could have been. The achievement rates for these three indicators bring the quantitative indicator rating to B1. However, it is important to note that overall numbers of PLWHAs receiving ART being monitored at project sites as well as HIV positive children receiving care at pediatric ART centers remain high with the PR more than doubling its target.</p>				<p>The B1 grant rating is largely due to an underperforming Top 10 indicator on number of PLWHAs receiving ART through graduated cost recovery schemes. During the life time of the grant these schemes have become less and less relevant due to the availability of free ART in government hospitals. Otherwise the grant rating would clearly be A2. This grant has prequalified for RCC and has applied for bridge funding till grant negotiations are complete. It is the last disbursement of this grant and therefore it is the regional team opinion that the full remaining amount of grant funds of US\$ 1,704,550 should be disbursed.</p>					

## 2.5. Contextual Information

Title	Explanatory Notes
Issues with the CCM (e.g. changes in membership, composition, etc.)	CCM is fully compliant with GF requirements. The CCM elections took place in April 2009. Prior to that the CCM membership was revised to ensure broader inclusion of the civil society.
External financial issues (e.g. inflation, currency depreciation, etc.)	Significant fluctuations in the exchange rate of the rupee (between INR 39.27 to INR 50.52 for 1USD in 2008).
Programm results and success story	SION hospital has been a tremendous success story as it has been 85-90% coverage of HIV infected women and their babies receiving a complete course of ARV prophylaxis.

## Additional Contextual Issues

This was the first Global Fund funded HIV/AIDS grant to India. The Department of Economic Affairs (DEA) of the Ministry of Finance is the Principal Recipient (PR). The implementing agency is the National AIDS Control Organization (NACO) of the Ministry of Health and Family Welfare (MOHFW) of the Government of India.

NACO has been implementing programs funded by the World Bank, Global Fund, DFID, AusAID, USAID, and Gates Foundation. Considerable capacity building has taken place under NACPII and NACP III. The Government of India has also increased their financial support for the national AIDS program. Technical support is provided by WHO, UNAIDS, CDC, and the Clinton Foundation. UNAIDS facilitated M&E capacity building under the Three Ones strategy. WHO international and national consultants assisted with ARV scale up. UNICEF also funded technical staff for NACO. CDC and UNAIDS have been providing support in further strengthening financial and procurement management, civil society engagement, and monitoring at the State AIDS Control Societies level. Close working relationship is maintained with DFID, USAID, Gates Foundation, and Clinton Foundation.

During the Phase 2 review, the Global Fund Board provided a CONDITIONAL GO (1 May 2004) and approved total Phase 2 amount of US\$ 66,586,000. Savings of US\$7.3m from Phase 1 was not added to Phase 2. NACO has improved management capacity considerably. There is strong political commitment from the Prime Minister and others to accelerate treatment and care throughout the country. All CPs have either been met or are in the process of being complied with.

Throughout the Phase 2 period, the performance of the grant has been very good. As of 30 September 2008, five out of eight indicators have achieved 100% of their targets. The number of pregnant women receiving counseling and testing continues to go up, however 10% of pregnant women undergoing pre-test counseling do not go on to having the test, which contributes to an achievement rate of only 83%. The shortfall is also due to quality concerns with rapid HIV test kits, which is currently being addressed by the PR. The percentage of women and their babies receiving a complete course of ARV prophylaxis has fallen slightly during the progress update period due to problems with outreach services in the states of Nagaland and Karnataka. The PR is making every effort to overcome these problems and expects to see substantial improvements during the last 2 quarters of the grant. The number of PLWHAs receiving ART through a graduated cost recovery scheme continues to be low. As before this is due to the availability of free ART in government hospitals, which has made the provision of ART under a graduated cost recovery scheme less relevant than it could have been. The achievement rates for these three indicators bring the quantitative indicator rating to B1. However, it is important to note that overall numbers of PLWHAs receiving ART being monitored at project sites as well as HIV positive children receiving care at pediatric ART centers remain high with the PR more than doubling its target.

The grant has been qualified for RCC. The PR has submitted the RCC proposal in Wave 4 of 2008, which was not successful. The proposal has been revised and resubmitted in 2009. Bridge funding until September 2009 is under LFA and Secretariat review.

As the Phase 2 Grant Renewal Section of the GPR (below) could not be automatically uploaded from the Grant Score Card (GSC) system due to the technical reasons, the text from the GSC is pasted in this section: Recommendation Category: Conditional Go

Rational for Phase 2 Recommendation Category:

The Secretariat classifies this renewal Request as a "Conditional Go".

Program performance:

Overall performance has been satisfactory to date with targets met or exceeded for 8 of the 13 performance indicators. There are good results in the majority of the important people reached indicators as well as in key capacity building indicators. These include:

- 3,783 HIV positive mothers, their partners and children are now receiving antiretroviral therapy (ART);
- 5,807 HIV infected pregnant women are now receiving antiretroviral (ARV) prophylaxis to reduce the risk of mother to child transmission (MTCT) (110% of target);
- 29 project sites are now providing quality voluntary counseling and testing (VCT) services (161% of target); and
- 57 nongovernmental organizations (NGOs) are now involved in providing quality HIV/AIDS care and support services to people living with HIV/AIDS (PLWHA) (127% of target).

One important area with weak reporting is ARV training. This should to be accelerated early in Phase 2. The other area of weak performance is

## Additional Contextual Issues

ARV treatment through the private sector. The number of people to be put on treatment in this indicator needs to be improved substantially in Phase 2. Additionally, the IEC/BCC component of Phase 1 started very late, i.e., mid 2005, and still needs to improve its implementation rate. There were no reports on the number of people tested for VCT in Phase 1, only for people trained. We therefore require this reporting in Phase 2. It is important that more coverage and service delivery is achieved in Phase 2, taking into consideration the magnitude of the burden of disease in the country and the funds in this grant.

The most serious concerns with this Program have been the conservative target setting considering the relatively high rate of HIV infection in the targeted populations and the significant under-utilization of grant funds. Programmatic achievement has been strong to date with a very significant budget under-spend (at month 17, 24% of Phase 1 funds had been spent in 71% of the time elapsed). This means the results to date have been achieved with approximately one third of the funds available for Phase 1. This indicates that the grant should have and could have achieved far greater programmatic delivery in Phase 1. Therefore, as a condition to continued funding, a substantial upward revision of the targets in line with the Phase 2 budget is required prior to Phase 2 grant signing.

Program management and governance:

The Principal Recipient's (PR's) implementing agency, the National AIDS Control Organization (NACO), has demonstrated satisfactory management of the grant to date. Overall capacities have been strengthened during the Phase 1 period and significantly increased resources are allocated to PR capacity building in Phase 2 in order to manage a higher and expanded level of implementation. Most of the responsibilities for Phase 2 have been delegated to the sub-recipients (SRs), i.e., State AIDS Control Societies (SACS) and NGOs. Monitoring and Evaluation (M&E) systems have not been functioning well to date, with many capacity gaps identified during the Phase 1 period. However, the planned capacity building activities for M&E should be completed by Quarter 8, which should see a marked improvement in the reporting framework, particularly at the state level. All SACS, four NGOs, and NACO will have M&E officers who will receive yearly training during years 3, 4, and 5.

Some areas of financial management also require strengthening. To achieve this, all finance officers will receive yearly training funded by this grant during Phase 2.

Further efforts are planned to strengthen the capacity at the state and district level under close supervision by NACO and the Ministry of Health's senior officials. The Computerised Management Information System will also be strengthened with financial support from the World Bank and the Government.

The CCM is functioning well and the national commitment to scale up treatment and prevention services is strong, supported by technical assistance from WHO, UNAIDS, Clinton Foundation, UNICEF, and CDC. The Secretariat classifies this Request as a "Conditional Go". In Phase 2, NACO should focus efforts on fulfilling the extensive suggested remedial actions as stated on page 3 of this Grant Score card.

#### Rationale for Phase 2 Recommendation Amount

To date, the Global Fund has disbursed US\$8,301,000 (32% of funds available for Phase 1) to the PR. All of these funds have been disbursed to the SRs. The overall expenditure rate on this grant is very low at 24.5% at 17 months (71% of the grant term elapsed). Significant cost savings have contributed to this large under-spend.

Recently submitted information indicates that expenditure rates are expected to accelerate considerably over Quarters 7 & 8 of Phase 1 and in Phase 2 with an ambitious scaling up of activities planned. The scale up involves the reallocation of forecast savings of US\$18m from drugs and commodities towards increased numbers of PPTCT centers, covering rural as well as urban areas.

It is expected that approximately US\$7.3m will remain undisbursed at the end of Phase 1. As a result of poor expenditure rates to date, these funds will not be made available to increase the maximum Phase 2 amount. Based on performance to date and conditional upon strong evidence being provided to the Global Fund Secretariat of a scaling up of activities early in Phase 2 (as set out on page 3 below, as well as a clear demonstration of the value for money achieved with this investment), the Secretariat concludes that an amount of US\$73,965,000 (91% of maximum Phase 2 amount) is appropriate for continued funding. However, this amount is strictly conditional to an appropriate upward revision of all Phase 2 targets prior to Phase 2 grant signing and a clear reconciliation of the targets with the phase 2 budget. As US\$7,379,000 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\$66,586,000 for this Program.

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Additional Contextual Issues

Time-bound actions: Issues:

1. M&E capacity needs to be improved at NACO and at the six states and the respective districts.
2. A system of independent data validation through external agencies for monitoring the program.
3. Improvement in the financial systems to book payments made through the grant.
4. Target and budget review required.
5. BCC strategy for Phase 2 is clear but the implementation strategy is not clear.
6. Wrong booking of GF expenditures to other donors.
7. CCM compliance as per 9th Board decision.

Description of time –bound actions:

1. NACO will organize regular training as per the workplan on M&E for state and district level professionals, to be completed by Q11 for all six states and by Q14 for the districts officials.
2. The GF grant is part of the national strategy NACPIII. As part of overall evaluation, annual external reviews of NACPIII will be organized by the World Bank and the reports will form a core part of GF internal program review process.
3. NACO to complete training of finance staff on financial management in all six states by Q 12.
4. Prior to Phase 2 signature, the PR shall submit to the Global Fund Secretariat a revised Attachment 3 (with indicative targets for years 4 and 5) that reflects an appropriate upward revision of all targets for Phase 2 and the scaling up of activities in line with the Phase 2 budget. The PR must also provide to the Global Fund Secretariat a revised work plan and budget for Phase 2 period. Phase 2 grant signature is conditional upon the Global Fund Secretariat's satisfaction with the revised Phase 2 targets and budget clarifications.
5. The work plan and budget for Phase 2 submitted prior to Phase 2 signature should also incorporate a clear plan for the accelerated implementation of the BCC/IEC component.
6. NACO to streamline financial management so that wrong bookings do not occur during Phase 2. Also refer to action point # 3.
7. Prior to Phase 2 grant signature, the CCM shall provide updated evidence that it has fully met all CCM requirements as set forth in the Decision taken by the Global Fund Board at the Ninth Board Meeting in November 2004.

### 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

**Issues**

**Description of time-bound actions**

