

## General Grant Information

Country	India				
Grant Number	IDA-202-G03-T-00	Component	Tuberculosis	Round	2
Grant Title	Expansion of the revised national tuberculosis control program to the "uncovered" 110 million population of Bihar and Uttar Pradesh and strengthening of DOTS in four urban areas				
Principal Recipient	Department of Economic Affairs, Ministry of Finance of India				
Total Lifetime Budget	\$ 240,498,480	Phase 1 Grant Amount	\$ 7,572,870	Phase 2 Grant Amount	\$ 40,965,707
Grant Start Date	01 Apr 2004	Phase 1 End Date	31 Mar 2006	Phase 2 End Date	31.Mar.09
Disbursed Amount	\$ 85,704,608	% of Grant Amount	80%	Latest Rating	B1
Time Elapse (at the end of the latest reporting period)	84 months	% of Grant Duration	140%	Proposal Lifetime	118 months

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## 1. Program Description and Contextual Information

### 1.1. Grant Summary - Web

TB is one of the deadliest and most devastating health burdens India has known over the past decades. Globally, India ranks first in terms of absolute numbers of cases. But TB incidence is now estimated to be declining. The main objectives of the program supported by this grant are to expand the Revised National TB Control Program to the "uncovered" population; to achieve at least 85 percent success in treatment amongst registered new smear-positive pulmonary TB cases; and to establish model urban TB control projects in four major cities to improve the quality and reach of the Revised National TB Control Program to vulnerable populations. In view of strong program performance and demonstrated potential for impact, the grant activities are being scaled up throughout the country under additional funding approved in 2009. The grant was consolidated with IDA-405-G08-T and IDA-607-G09-T.

### 1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	1,214,464	2010	United Nations. World Population Prospects: .The 2008 Revision
Pop age 0-4 (in 1000s)	125,648	2010	United Nations. World Population Prospects: .The 2006 Revision
Pop age 15-49 (in 1000s)	647,003	2010	United Nations. World Population Prospects: .The 2006 Revision
Physicians (number)	643,520	2000-2009	WHO. World Health Statistics 2010
Nursing and midwifery personnel (number)	1,372,059	2000-2009	WHO. World Health Statistics 2010
Income level	Lower middle income	2010	World Bank. World Development Indicators database
Total health expenditure per capita (USD)	40	2007	WHO. World Health Statistics 2010
ODA commitments in health sector (Current US\$ millions)	263	2009	.OECD
ODA commitments in all sectors (Current US\$ millions)	4,159	2009	.OECD
Tuberculosis	Estimate	Year	Source
TB prevalence, all forms (number)	3,000,000	2009	.WHO. Global Tuberculosis Control report 2010
TB prevalence, all forms (rate per 100,000 population)	249	2009	.WHO. Global Tuberculosis Control report 2010
TB incidence, all forms (number)	2,000,000	2009	.WHO. Global Tuberculosis Control report 2010
TB incidence, all forms (per 100,000)	168	2009	.WHO. Global Tuberculosis Control report 2010
TB mortality, all forms excl HIV (number)	280,000	2009	.WHO. Global Tuberculosis Control report 2010
TB mortality, all forms excl HIV (per 100,000)	23	2009	.WHO. Global Tuberculosis Control report 2010
TB treatment success rate (%)	87	2008	.WHO. Global Tuberculosis Control report 2010
DALYs ('000), Tuberculosis	7,286	2004	WHO. ( <a href="http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls">http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls</a> ) accessed on 01 April 2011
New smear-positive TB cases detected and treated	790,000	mid 2011	Global Fund-supported programs, mid 2011 results

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

PPTCT scaling up was much higher than proposal target.

### 1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	Condition Precedent: A detailed project implementation plan for the Project which includes a one-year detailed budget.				Yes	
2	Condition Precedent: Evidence that it has appointed a finance officer who shall be solely responsible for financial management and administration of Program Grant funds.				Yes	
3	The Central TB Division (CTD) will provide to the Global Fund, in form and substance satisfactory to the Global Fund, a detailed M&E budget, any proposed reprogramming of program funds to accommodate such budget and a detailed plan addressing necessary Monitoring and Evaluation capacity building in the two Program states		Disbursement		Yes	As was indicated under the last DR submission, M & E capacity building has been provided through training at the state and district level as well as through regular meetings to sensitize all involved. As was recommended by LFA earlier, while the CP has been met, additional capacity building and M&E at both state and district level should be further continued, so as to improve the general quality of the program.
4	The Central TB Division (CTD) will provide to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that Program financial management systems development at the state and district level has developed to a level which ensures timely reporting of Program financial information.		Disbursement		Yes	Training has been completed in both states.
5	The PR shall recruit a M&E officer solely dedicated to strengthening the M&E capacity of the Program			30.Sep.06	Yes	M& E Evaluation Cell was established by CTD, with a Chief Medical Officer overseeing its work and implementation of activities at the state level.
6	The PR shall deliver to the Global Fund, a plan for financial management training for district and state-level officials involved in the program.			30.Sep.06	Yes	Plan has been completed, with training included therein.

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
7	The PR shall make a plan to increase NGO organization and PP sector participation at the state level.			30.Sep.06	Yes	<p>As is evident, even in the last DR submission, this CP has also been met. In fact, the involvement of NGOs, particularly in the remote districts, has had a solid &amp; positive impact and should be encouraged and further strengthened.</p> <p>State level sensitization of NGOs has been conducted and master plan for involvement of NGOs in signed schemes has been distributed to the districts. In Bihar, districts with poor health infrastructure are in the process of involving NGOs to function as DMCs and TUs. UP has conducted 2 workshops for involvement of PPs and NGO sensitization workshops are being planned. Many NGOs have now been involved in signed schemes in both states.</p>
8	The delivery by the Principal Recipient to the Global Fund of an updated version of the Monitoring and Evaluation Systems Strengthening Tool (MESS Tool), which: (i) has been prepared by the Principal Recipient in consultation with relevant national and state government stakeholders and relevant non-government stakeholders (including but not limited to the non-government Sub-recipients) at a workshop facilitated by an independent consultant, as mutually agreed with the Global Fund; and (ii) includes a detailed description of the action that needs to be taken to strengthen monitoring and evaluation of Sub-recipient activities, with a timeline for such action;		Disbursement		Yes	Monitoring and Evaluation Systems Strengthening Tool (MESS Tool) workshop was held with relevant stakeholders on October 27 and 28 , 2009. The MESS Tool was submitted to GFATM on November 17 , 2009.
9	The Global Fund's written approval of the MESS Tool.			15.Nov.09	Yes	MESST tool was approved on 4 March 2010.
10	The delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has complied with Article 14(a) of the Standard Terms and Conditions of this Agreement in the assessment of Sub-recipients			15.Nov.09	Yes	
11	The delivery by the Principal Recipient to the Global Fund of an action plan for each Sub-recipient, which specifies any remedial actions and/or capacity building measures that will be undertaken to address any weaknesses identified in the capacity assessments of Sub-recipients (as described in Section B.1.c above) ("SR Capacity Building Plans");			15.Nov.09	Yes	
12	The Global Fund's written approval of the SR Capacity-Building Plans.			15.Nov.09	In Progress	The plans, currently under the review of LFA, are subject to Global Fund approval upon receipt of the LFA's observations. We note that the Indian Medical Association and CBCI are well-established organizations.

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
13	The delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has conducted an analysis of the composition and calculation methodology of the overheads/management services fees charged by the non government Sub Recipients;			15.Nov.09	Yes	Neither IMA nor CBCI currently charge overheads to this grant.
14	The delivery by the Principal Recipient to the Global Fund of a revised budget for the Program Term (the "Revised Program Budget") if the results of the analysis referred to in Section B.1.f necessitate amendments to the budget for the Program Term that was approved by the Global Fund with effect from the Consolidated RCC-I Starting Date;			15.Nov.09	Yes	Not Applicable because no budget adjustments are required.
15	The Global Fund's approval of the Revised Program Budget.			15.Nov.09	Yes	Not applicable because no budget adjustments are required.
16	a. the delivery by the Principal Recipient to the Global Fund of an updated plan for the procurement, use and supply management of the Health Products (the "PSM Plan"), which includes without limitation, measures to improve the storage arrangements and inventory control of Health Products in accordance with the recommendations made by the Office of the Inspector General of the Global Fund in its report dated September 2008;		Disbursement	31.May.09	Yes	The PR submitted a PSM plan for this grant to the Global Fund.
17	the delivery by the Principal Recipient to the Global Fund of an updated plan for the procurement, use and supply management of the Health Products (the "PSM Plan"), which includes without limitation, measures to improve the storage arrangements and inventory control of Health Products in accordance with the recommendations made by the Office of the Inspector General of the Global Fund in its report dated September 2008;		Procurement		Yes	
18	b. written approval of the Global Fund of the PSM Plan.			31.May.09	Yes	Approval mail sent 3 March 2010
19	a. the delivery by the Principal Recipient to the Global Fund of the Green Light Committee (GLC) of the World Health Organization's written approval of the Principal Recipient's application for the procurement of second-line anti-tuberculosis drugs for the treatment of MDR-TB				Yes	
20	b. the delivery by the Principal Recipient to the Global Fund of the annual MDR-TB patient registration targets approved by the GLC for the relevant twelve-month period and the price and quantities of the drugs that will be procured by the Principal Recipient in accordance with the application approved by the GLC;				Yes	The PR communicated with the Global Fund regarding the target of 1200 MDR patients under the Round 2 RCC grant. The PR provided a list of MDR drugs and estimated prices (for 2011) to be procured through GDF.
21	c. delivery by the Principal Recipient to the Global Fund of revised budget for the Program Term, if the annual MDR-TB patient registration targets approved by the GLC necessitate amendments to the budget for the Program Term that was approved by the Global Fund with effect from the Consolidated RCC-I Starting Date ("Revised Program Budget"); and				Yes	Not Applicable as the GLC-approved MDR-TB registration targets do not necessitate any revision in the budget.
22	d. The Global Fund's written approval of the Revised Program Budget.				Yes	Not Applicable as the GLC-approved MDR-TB registration targets do not necessitate any revision in the budget.

## 2. Key Grant Performance Information

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

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
2004	2005	2006	2007	2008	2009	2010	2011	2012	2013

**Goal 2** To reduce the burden (morbidity and mortality) of TB in India by 2015, in line with the Millennium Development Goals, and eliminate TB as a public health problem in the country by 2050.

Impact indicator	TB incidence rate									
	Baselines									
	Value					Year				
	75 new smear positive (NSP) cases per 100,000 population									
	2002									

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target			67 NSP cases per 100,000 population			67 NSP cases per 100,000 population				
Result							75			
Data source of Results										

Impact indicator	TB prevalence rate									
	Baselines									
	Value					Year				
	370 bacillary positive TB cases per 100,000 population									
	2000									

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target			200 bacillary positive cases per 100,000 population			200 bacillary positive cases per 100,000 population				
Result							249			
Data source of Results										

Impact indicator	TB mortality rate									
	Baselines									
	Value					Year				
	29 deaths per 100,000 population									
	2005									

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	27	26	25	24	23	21				
Result										
Data source of Results										

Outcome indicator	Case detection						Baselines			
							Value	Year		
							51 new smear positive (NSP) cases per 100,000 population (70%)	2007		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	≥ 51 (70%)	≥ 51 (70%)	≥ 51 (70%)	≥ 51 (70%)	≥ 51 (70%)	≥ 51 (70%)				
Result							54 (72%)			
Data source of Results										

Impact indicator	Treatment success rate						Baselines			
							Value	Year		
							86%	2007		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	≥ 85%	≥ 85%	≥ 85%	≥ 85%	≥ 85%	≥ 85%				
Result							87%			
Data source of Results										

Impact indicator	N/A						Baselines			
							Value	Year		
							N/A	N/A		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N/A	N/A	N/A	>70%	>70%	>70%				
Result										
Data source of Results										



## 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.04 30.Jun.04	01.Jul.04 30.Sep.04	01.Oct.04 31.Dec.04	01.Jan.05 31.Mar.05	01.Apr.05 30.Jun.05	01.Jul.05 30.Sep.05	01.Oct.05 31.Dec.05	01.Jan.06 31.Mar.06
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	01.Apr.06 30.Jun.06	01.Jul.06 30.Sep.06	01.Oct.06 31.Dec.06	01.Jan.07 31.Mar.07	01.Apr.07 30.Jun.07	01.Jul.07 30.Sep.07	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 31.Mar.09	01.Apr.09 30.Jun.09	01.Jul.09 30.Sep.09	01.Oct.09 31.Dec.09	01.Jan.10 31.Mar.10

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

**Objective 3 - To consolidate TB control efforts towards achieving the goal of TB control through sustainable and effective public-private partnership to involve all health care providers.**

## TB/HIV

Indicator 3.9 - Number and percentage of TB patients who had an HIV test result recorded (positive and negative) in the TB register (among all registered patients in Andhra Pradesh)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	6114/28498 (21%)	December 2008	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target								
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	13,156	21,657	30,512
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	Pending result	39,865	Pending result
	N: 9,311 D: 23,278 P: 40%							
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	Pending result	39,865	Pending result
	N: 22,554 D: 28,340 P: 80%							
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32
Target	20,351	N: 34,663 D: 69,326 P: 50%	49,018	N: 14,108 D: 23,513 P: 60%	30,209	50,440	68,503	16,618
Result	Pending result	N: 66,868 D: 86,320 P: 78%	Pending result	N: 23,017 D: 28,416 P: 81%	Pending result	N: D: P: %	N: D: P: %	N: D: P: %

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Indicator 3.10 - Number and percentage of HIV positive TB patients who receive at least one dose of cotrimoxazole preventive therapy during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in Andhra Pradesh)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	0	0	Y	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %			
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %			
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target					NA	NA	NA	NA				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 2,004 D: 2,360 P: 85%		
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	427	N: 724 D: 1,034 P: 70%	1,034	N: 423 D: 564 P: 75%	819	1,356	1,883	760				
Result	Pending result	N: 7,204 D: 7,928 P: 91%	Pending result	N: 2,885 D: 3,170 P: 91%	Pending result	N: D: P: %	N: D: P: %	N: D: P: %				

**MDR-TB**

Indicator 3.11 - Number of lab-confirmed MDR-TB patients enrolled in second-line anti-TB treatment (DOTS Plus treatment)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			Y	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target						135	210	315	105			
Result					Pending result		99	Pending result	29			
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	305	505	705	200	500	800	1,100	300				
Result	Pending result	229	Pending result	106	Pending result							

Indicator 3.12 - Number and percentage of lab-confirmed MDR- TB patients successfully treated among those enrolled in second line anti -TB treatment (according to program guidelines) during a specified period of time.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			Y	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target						0	0	0	0			
Result									0			
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	0	0	0	0	0	21	46	52				
Result												

**Objective 4 - To achieve and sustain universal access to high quality diagnosis and patient friendly treatment under DOTS.****Improving diagnosis**

Indicator 4.1 - Number of Designated Microscopy Centres supported under RNTCP in the project states.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target					3,625	3,640	3,655	3,665				
Result					Pending result	3,680	Pending result	3,689				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	3,675	3,690	3,705	3,720	3,735	3,750	3,765	3,785				
Result	Pending result	3,715	Pending result	3,722	Pending result							

Indicator 4.6 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy,

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 3,115 D: 3,665 P: 85%		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 3,427 D: 3,689 P: 93%		
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	N: 3,115 D: 3,665 P: 85%	N: 3,115 D: 3,665 P: 85%	N: 3,115 D: 3,665 P: 85%	N: 3,299 D: 3,836 P: 86%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	3,293			
Result	Pending result	N: 3,115 D: 3,665 P: 85%	Pending result	N: 3,611 D: 4,199 P: 86%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		

**High Quality DOTS.**

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Indicator 4.2 - Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			Y	Y								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target					750	1,500	2,250	3,000				
Result					Pending result	1,481	Pending result	6,444				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	3,750	4,500	5,250	6,000	6,750	7,500	8,250	9,000				
Result	Pending result	8,753	Pending result	12,020	Pending result							

Indicator 4.3 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (cumulative/year).

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			Y	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target					85,562	135,640	180,353	41,136				
Result					Pending result	141,391	Pending result	46,441				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	85,662	137,608	183,990	42,671	89,172	143,427	191,868	44,566				
Result	Pending result	144,718	Pending result	47,086	Pending result							

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Indicator 4.4 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (non-cumulative).

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			Y	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target					Q1 2009: 2683 Q2 2009: 42924	50,078	44,713	41,136				
Result					Pending result	99,386	Pending result	90,369				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	44,526	51,946	46,382	42,671	46,501	54,255	48,441	44,566				
Result	Pending result	98,277	Pending result	90,047	Pending result							

Indicator 4.5 - Number of TB cases (All forms) registered for treatment under RNTCP DOTS.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target					221,888	324,735	419,354	102,410				
Result					Pending result	328,130	Pending result	105,823				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	221,888	328,566	426,709	102,410	221,888	328,566	426,709	106,957				
Result	Pending result	331,945	Pending result	104,404	Pending result							

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Indicator 4.7 - Number and percentage of new smear positive pulmonary TB cases registered in a specified period that are successfully treated.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			Y	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target					71,952	108,113	143,892	36,280				
Result					Pending result	118,978	Pending result	39,252				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	72,765	115,331	153,337	34,965	72,812	116,967	156,391	36,270				
Result	Pending result	127,063	Pending result	40,998	Pending result							

# Grant Performance Report

## External Print Version

IDA-202-G03-T-00

Last Updated on: 12 December 2011

**Objective 5 - Expand and increase the reach of RNTCP to ensure equitable access to diagnostic and treatment services for TB/HIV and drug resistant TB**

**Procurement and Supply management**

Indicator 5.1 - Number of reporting units (districts) reporting no stock out of first line anti TB drugs.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	191	191	191	N: 191 D: 191 P: 100%			
Result					Pending result	192	Pending result		N: 194 D: 194 P: 100%			
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	191	191	N: 191 D: 191 P: 100%	191	191	191	191	191				
Result	Pending result	191	Pending result	194	Pending result							



# Grant Performance Report

## External Print Version

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Last Updated on: 12 December 2011

**Objective 6 - To contribute towards national efforts in measuring the impact of RNTCP in relation to the MDG TB targets.**

**All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care)**

**Indicator 6.1 - Number of NGOs and Private Practitioners involved and supported (under signed MOU) under RNTCP DOTS Programme**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target						46	96	156	216			
Result					Pending result	58	Pending result	917				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	281	346	411	476	551	626	711	796				
Result	Pending result	739	Pending result	681	Pending result							

**Indicator 6.2 - Number of IMA members from the 15+1 project states/UTs who have signed an MoU under one of the RNTCP PPM schemes.**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target						50	100	200	300			
Result					Pending result	345	Pending result	452				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	400	500	650	800	950	1,100	1,300	1,500				
Result	Pending result	498	Pending result	1,640	Pending result							

# Grant Performance Report

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Indicator 6.3 - Percentage of diagnosed NSP TB patients receiving DOT from PPs in 10 districts conducting sentinel PPM documentation.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level			Y	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %			
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %			
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 8%	N: D: P: 8%	N: D: P: 9%	N: D: P: 9%				
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 8%	N: D: P: %	N: D: P: 7%				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	N: D: P: 9%	N: D: P: 9%	N: D: P: 9%	N: D: P: 9%	N: D: P: 10%	N: D: P: 10%	N: D: P: 10%	N: D: P: 10%				
Result	N: D: P: %	N: 1,038 D: 14,773 P: 7%	N: D: P: %	N: D: P: 11%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %				

Indicator 6.4 - Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centres) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	0	June 2007	N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target												
Result												
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target						15	30	45	60			
Result						Pending result	50	Pending result	135			
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	85	110	135	160	185	210	235	260				
Result	Pending result	145	Pending result	Pending result	Pending result							

# Grant Performance Report

## External Print Version

**IDA-202-G03-T-00**

*Last Updated on: 12 December 2011*

**Indicator 6.5 - Number of Designated Microscopy Centres established and supported under RNTCP in the Catholic Health Facilities**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
No Level	0	June 2007	N	N										
Target														
Result														
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target														
Result														
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target						2	4	7	10					
Result						Pending result	15	Pending result	40					
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32						
Target	12	14	17	20	22	24	27	30						
Result	Pending result	67	Pending result	Pending result	Pending result									

**Indicator 6.6 - Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
No Level	0	June 2007	N	N										
Target														
Result														
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target														
Result														
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target						N/A	N/A	N/A	N/A					
Result														
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32						
Target	9,000	18,000	36,000	45,000	63,000	81,000	102,000	126,000						
Result	Pending result	4,907	Pending result	Pending result	Pending result									

### 2.2.3. Cumulative Progress To Date

Latest reporting due period : 29 (01.Apr.11 - 30.Jun.11)

**Objective 3** To consolidate TB control efforts towards achieving the goal of TB control through sustainable and effective public-private partnership to involve all health care providers.

**SDA** TB/HIV

**Indicator 3.9 - Number and percentage of TB patients who had an HIV test result recorded (positive and negative) in the TB register (among all registered patients in Andhra Pradesh)**

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
No Level	29	30,209	28	N: 23,017 D: 28,416 P: 81 %					Cannot Calculate

**Indicator 3.10 - Number and percentage of HIV positive TB patients who receive at least one dose of cotrimoxazole preventive therapy during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in Andhra Pradesh)**

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
No Level	29	819	28	N: 2,885 D: 3,170.3 P: 91 %					Cannot Calculate

**SDA** MDR-TB

**Indicator 3.11 - Number of lab-confirmed MDR-TB patients enrolled in second-line anti-TB treatment (DOTS Plus treatment)**

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
No Level	29	500	28	106					21%

**Indicator 3.12 - Number and percentage of lab-confirmed MDR- TB patients successfully treated among those enrolled in second line anti -TB treatment (according to program guidelines) during a specified period of time.**

	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
No Level	N/A		24	0					Cannot Calculate

**Objective 4** To achieve and sustain universal access to high quality diagnosis and patient friendly treatment under DOTS.

**SDA** Improving diagnosis

**Indicator 4.1 - Number of Designated Microscopy Centres supported under RNTCP in the project states.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	3,735	28	3,722					100%	

**Indicator 4.6 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy,**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	28	N: 3,299 D: 3,836 P: 86 %	28	N: 3,611 D: 4,198.8 P: 86 %					100%	

**SDA** High Quality DOTS.

**Indicator 4.2 - Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	6,750	28	12,020					120%	

**Indicator 4.3 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (cumulative/year).**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	89,172	28	47,086					53%	

**Indicator 4.4 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (non-cumulative).**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	46,501	28	90,047					120%	

**Indicator 4.5 - Number of TB cases (All forms) registered for treatment under RNTCP DOTS.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	221,888	28	104,404					47%	

**Indicator 4.7 - Number and percentage of new smear positive pulmonary TB cases registered in a specified period that are successfully treated.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	72,812	28	40,998					56%	

**Objective 5** Expand and increase the reach of RNTCP to ensure equitable access to diagnostic and treatment services for TB/HIV and drug resistant TB

**SDA** Procurement and Supply management


**Indicator 5.1 - Number of reporting units (districts) reporting no stock out of first line anti TB drugs.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	191	28	194					102%	


**Objective 6** To contribute towards national efforts in measuring the impact of RNTCP in relation to the MDG TB targets.

**SDA** All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care)


**Indicator 6.1 - Number of NGOs and Private Practitioners involved and supported (under signed MOU) under RNTCP DOTS Programme**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	551	28	681					120%	


**Indicator 6.2 - Number of IMA members from the 15+1 project states/UTs who have signed an MoU under one of the RNTCP PPM schemes.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	950	28	1,640					120%	


**Indicator 6.3 - Percentage of diagnosed NSP TB patients receiving DOT from PPs in 10 districts conducting sentinel PPM documentation.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	N: D: P: 10 %	28	N: D: P: 11 %					110%	


**Indicator 6.4 - Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centres) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	185	26	145					78%	

**Indicator 6.5 - Number of Designated Microscopy Centres established and supported under RNTCP in the Catholic Health Facilities**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	22	26	67					120%	

**Indicator 6.6 - Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	29	63,000	26	4,907					8%	

**2.3. Financial Performance****2.3.1. Grant Financial Key Performance Indicators (KPIs)**

<b>Grant Duration (months)</b>	60 months	<b>Grant Amount</b>	107,685,429 \$
<b>% Time Elapsed (as of end date of the latest PU)</b>	140%	<b>% disbursed by TGF (to date)</b>	80%
<b>Time Remaining (as of end date of the latest PU)</b>	-24 months	<b>Disbursed by TGF (to date)</b>	85,704,608 \$
<b>Expenditures Rate (as of end date of the latest PU)</b>	78%	<b>Funds Remaining (to date)</b>	21,980,821 \$

**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.04	01.Jul.04	01.Oct.04	01.Jan.05	01.Apr.05	01.Jul.05	01.Oct.05	01.Jan.06
Period Covered To:	30.Jun.04	30.Sep.04	31.Dec.04	31.Mar.05	30.Jun.05	30.Sep.05	31.Dec.05	31.Mar.06
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	400,000	800,000	1,200,000	1,600,000	2,970,000	4,340,000	5,710,000	7,080,000
Summary Period Budget:	400,000	400,000	400,000	400,000	1,370,000	1,370,000	1,370,000	1,370,000

**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.06	01.Jul.06	01.Oct.06	01.Jan.07	01.Apr.07	01.Jul.07	01.Oct.07	01.Jan.08
Period Covered To:	30.Jun.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:	8,786,967	10,452,545	12,212,015	13,928,874	15,474,543	17,572,941	19,512,941	21,452,941
Summary Period Budget:	1,706,967	1,665,578	1,759,470	1,716,860	1,545,669	2,098,398	1,940,000	1,940,000

**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.Apr.09	01.Jul.09	01.Oct.09	01.Jan.10
Period Covered To:	30.Jun.08	30.Sep.08	31.Dec.08	31.Mar.09	30.Jun.09	30.Sep.09	31.Dec.09	31.Mar.10
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	23,364,797	25,276,652	27,188,508	29,100,000	35,187,079	41,411,674	47,676,824	53,941,974
Summary Period Budget:	1,911,856	1,911,856	1,911,856	1,911,856	6,087,079	6,224,595	6,265,150	6,265,150

**Expenditure Categories****Program Activities****Implementing Entities**

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	Budget Period 25	Budget Period 26	Budget Period 27	Budget Period 28	Budget Period 29	Budget Period 30	Budget Period 31	Budget Period 32
Period Covered From:	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12
Period Covered To:	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	61,102,910	68,259,075	75,408,741	82,558,930	90,411,724	98,264,519	106,117,314	113,970,108
Summary Period Budget:	7,160,936	7,156,165	7,149,665	7,150,189	7,852,795	7,852,795	7,852,795	7,852,795

### Expenditure Categories

### Program Activities

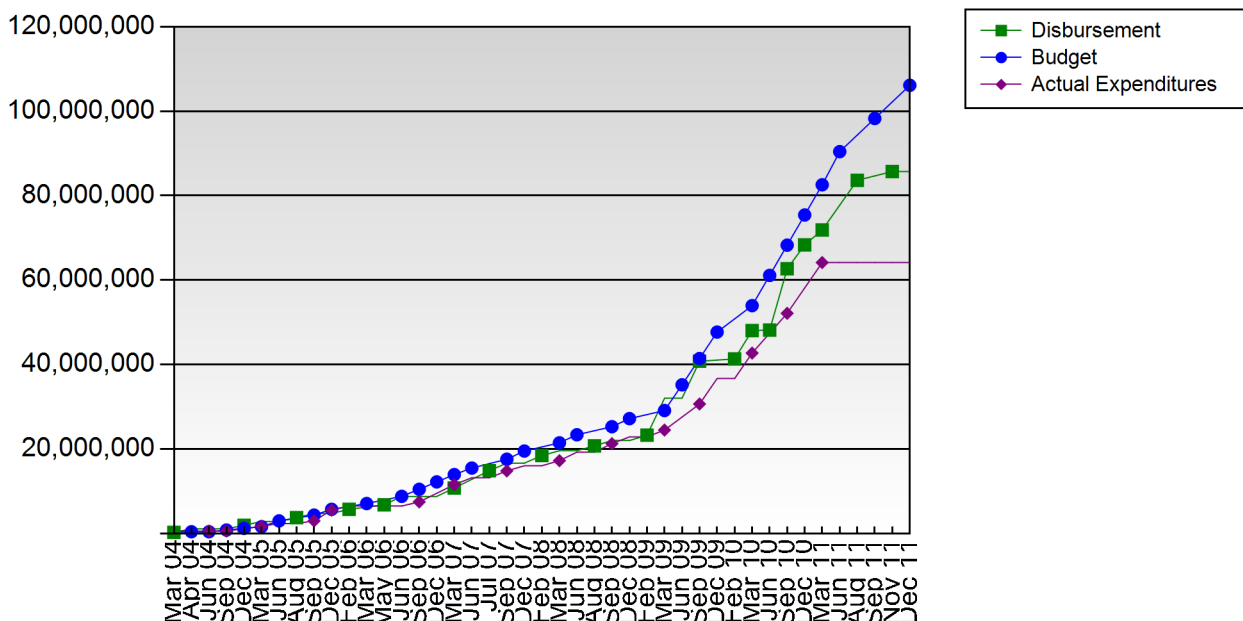
### Implementing Entities

### - Comments and additional information

### 2.3.3. Program Expenditures

Period PU16: 01.Oct.10 - 31.Mar.11	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
<b>1. Total cash outflow vs. budget</b>	\$ 12,022,537	\$ 82,558,930	\$ 64,145,174	\$ 18,413,756	
1a. PR's Total expenditure	\$ 3,384,464		\$ 31,354,595		
1b. Disbursements to sub-recipients	\$ 8,638,073		\$ 32,790,579		
1c. Expenditure Adjustments					Reason for adjustments
<b>2. Pharmaceuticals &amp; Health Product expenditures vs budget</b>	\$ 4,737,011		\$ 19,751,276		
2a. Medicines & pharmaceutical products	\$ 4,243,251		\$ 17,110,154		
2b. Health products and health equipment	\$ 493,760		\$ 2,641,122		

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





## 2.4. Progress Update and Disbursement Information

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

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0			N/A	1	01.Apr.04 - 30.Jun.04	1,247,000	\$ 251,000	26 Mar 2004	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
The PR has asked for funds of the order of USD 1.247 million for the first two quarters without assigning any reason. For administrative reasons, the PR would like quarterly releases to coincide with the calendar quarters. It has therefore been requested by the PR that the GFATM should consider releasing funds for the months of February and March, 2004 only against the first quarter and thereafter period beginning 1st April, 2004 be taken as the data of beginning of the second quarter.					According the Grant Agreement, GFATM is to release funds only for one disbursement period plus one additional quarter. The PR would like to seek funds for the months of February and March, 2004 and then seek funds for the quarter beginning 1st April, 2004 and ending on 30th June, 2004. This being the first release, the LFA recommends release of funds only for the first five months and that comes to USD 251,000 as explained.				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Apr.04 - 30.Jun.04		A	2	01.Jul.04 - 31.Dec.04	1,670,000	\$ 1,670,000	17 Dec 2004	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
The first disbursement of USD 251,000 under Round 2 of Tuberculosis Control Program was made in April 2004. In the first quarter the pace of expenditure was rather slow. However, it has picked up considerably with the result that the expenditure so far is in excess of the funds already released. The PR has already met CP to second disbursement at B.2 and has appointed a Finance Officer who shall be responsible for financial management and administration. It is therefore recommended that amount of USD 1.67 million be released to PR. (NB.: 6 month periods)					PR has submitted progress report for the first 2 quarters. It appears that the progress during the 1st quarter was rather slow. However, project activities have since picked up. The SOEs available with the PR show that the expenditure already incurred is far in excess of the amount already released. It is also expected that procurement of health and non-health products would pick up. Therefore, the amount as asked for by the PR is recommended, after rounding off, for disbursement.				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Jul.04 - 30.Sep.04		B1	3	01.Oct.04 - 31.Mar.05	1,810,000	\$ 1,810,000	31 Aug 2005	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Although total expenditure exceeds the disbursement made by GFATM, progress in Bihar has been slow and below expectations. The main reason was Elections in Bihar. The state is likely to face another Election after about 3 months. Therefore, PR has to monitor the program implementation in the state very closely. (NB.: 6 month periods)					No discrepancy				

# Grant Performance Report

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Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Oct.04 - 31.Mar.05							N/A	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
4	01.Apr.05 - 30.Sep.05		B1	4	01.Apr.05 - 30.Sep.05	1,990,000	\$ 1,986,008	08 Feb 2006	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Because of two rounds of elections in Bihar, that state is lagging behind. Now that a stable Government has taken over, it should be possible for Bihar to show improved results. There appears no potential risk otherwise.									
Progress Updates					Disbursement Information				
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 - 30.Sep.06	1,171,132	\$ 1,041,678	31 May 2006	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
The States of U.P. and Bihar are two of the most underdeveloped States in India. Additionally, Bihar had to go through two rounds of General Elections in 2005. during this period, all developmental activities had come to a standstill. Even though this was a factor beyond the control of PR and in financial terms, the expenditure incurred is well above the targets, the rating would continue to be only B1 till physical achievements are as per the target. The recently launched awareness campaign should go a long way towards improving this rating.					Overall performance is good, but there are variations between the budget and the actual expenditures.				
Progress Updates					Disbursement Information				
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	3,998,727	\$ 3,998,727	21 Mar 2007	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
The overall achievement is good. Of the 14 indicators, 5 are low-performing. The low performance is directly linked to the state of Bihar, where the districts were brought under the program only recently.					No variance				

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
7	01.Oct.06 - 31.Mar.07		B1	7	01.Apr.07 - 30.Sep.07	4,766,463	\$ 4,095,450	13 Jul 2007	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Overall performance is satisfactory. Due to problems of implementation in the state of Bihar performance in two indicators is lower than target. Of the 14 indicators, three indicators show underperformance due to low performance in Bihar. PR explained the steps initiated to improve implementation which includes additional monitoring and review processes, additional WHO technical support in the form of WHO consultants to assist poor performing districts, etc.					Overall performance is satisfactory and the pace of implementation in Bihar is now being further accelerated. PR has a negative cash balance and the amount recommended by the LFA is acceptable.				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
8	01.Apr.07 - 30.Sep.07		B1	8	01.Oct.07 - 30.Mar.08	3,077,634	\$ 3,588,632	20 Feb 2008	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Overall performance is B1. PR has achieved most of the targets and has been performing well. There are no changes envisaged in the program. Quarterly progress reports and SOEs are submitted by the districts to the State TB Society. The State TB society consolidates the reports sent by all the districts and forwarded to Central TB Division. Upon receipt of these reports, PR releases funds to SRs. PR has taken steps to ensure that the SOEs are submitted by SRs at defined intervals. It was noted that error has been identified by LFA in the cash request prepared by PR.					Cash balance available with the PR amounts to USD 3,424,437. The budget for the subsequent semester amounts to USD 3,762,033. However, PR has wrongly taken the expenditure for the reporting i.e. USD 3,251,035.65 as the forecasted expenditure instead of USD 3,762,033.17. Additionally, PR (including SR) has a cash balance of USD 173,401.35. Consequently, the funds required (after adjusting the cash in hand) for the semester ending 31 March 2008 amounts to USD 3,588,631.82				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
10	01.Oct.07 - 31.Mar.08		A2	9	01.Apr.08 - 30.Sep.08	2,297,481	\$ 2,297,481	13 Aug 2008	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
The grant performance is very good. Out of the 13 indicators, 10 either exceeded the target or were very close to meeting it (98% or above). Efforts by the Central TB Division have led to improvements in the state of Bihar where working conditions have been very challenging. In addition, major flooding in the area during the Progress Update period has hampered progress. Low performing indicators have improved slightly over the period: "Number of new smear positive cases detected and put on DOTS treatment" (78%), "Total number of patients put on DOTS treatment" (91%).					N/A				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
11	01.Apr.08 - 30.Sep.08			A2	10	01.Oct.08 - 31.Mar.09	3,080,190	\$ 2,519,747	04 Feb 2009
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The grant performance is very good. Of the 13 indicators, 10 indicators either exceeded the targets or are very close to meeting them (&gt;98%). Major efforts by the Central TB Division (CTD) have led to steady improvements, especially in the state of Bihar where past neglect of the health systems and infrastructure have created challenging working conditions. Low performances in two indicators i.e. "Number of new smear positive cases detected and put on DOTS treatment" (74%) and "Total number of patients put on DOTS treatment" (87%) are due to a slow start in Bihar. However, PR has clearly demonstrated that it has managed to accelerate performance and the targets should be met in the coming quarters. Performance of "Number of microscopy centres established and supported" is at 88% because of recruitment and procurement delays which have now been corrected. CTD was also able to increase participation of NGOs and large private hospitals which should also help improve performance of this indicator. Since BCC programs are reaching many more people than planned, we expect to see increase in case detection, referrals, and eventual increase in the number of people put on treatment. The continued and effective involvement of the NGOs in the remote areas is also contributing to much more effective implementation.</p>					<p>The recommended amount is based on a cumulative budget of USD 3,635,708 minus PR cash balance of USD 1,338,227 as of March 31, 2008. PR has clearly demonstrated that it has managed to accelerate implementation and the targets for low performing indicators are expected to have high results in the coming quarters.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
12	01.Oct.08 - 31.Mar.09			A2	11	01.Apr.09 - 31.Dec.09	18,527,161	\$ 17,233,198	17 Sep 2009
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The performance of the PR on programmatic indicators has been satisfactory for the reporting period with majority of the indicators showing an achievement of over 90%. The financial progress is also reasonable as approximately 84% of the budget for the current reporting period has been spent. However, there were issues noted on data quality and reporting for the indicator "No. of NGOs and PPs involved in RNTCP", which indicates incomplete reporting from the districts.</p>					<p>The program performance is very good and has the A2 rating. The burn rate for the reporting period is 84%. Therefore, in general the Regional team supports the LFA recommendation to disburse USD 18,133,420.15. The amount is based on the approved budget amount of USD 18,576,825.45 for Periods 21-23 (1 April-31 December 2009) adjusted by the LFA verified cash balances of USD 443,405 under the existing Round 2, 4, and 6 grants at the end of reporting period prior to the start of RCC-1. USD 443,405 includes USD 49,664.21 of cash balance under Round 2, USD 923,534.51 of cash balance under Round 4, and USD (529,793.42) of cash balance under Round 6. This is a split disbursement. It includes USD 17,233,198.33 to the Central TB Division for program implementation; USD 50,000 to GLC for support of MDR-TB component; USD 200,221.83 to International Union against TB and Lung Diseases (IUATLD) for Technical Assistance as per MOU and budget (attached); and USD 650,000 to GLC for the procurement of MDR-TB drugs for the entire year. The amounts have been verified by the LFA. Please note that as the negotiations for procurement of MDR-TB drugs from GDF/IDU Foundation are still ongoing, it is suggested to disburse USD 650,000 only upon conclusion of these negotiations. Therefore, the total amount recommended for the current disbursement is USD 17,483,420.16.</p>				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
12	01.Oct.08 - 31.Mar.09			A2	11.1	01.Apr.09 - 31.Dec.09	50,000	\$ 50,000	17 Sep 2009
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
The performance of the PR on programmatic indicators has been satisfactory for the reporting period with majority of the indicators showing an achievement of over 90%. The financial progress is also reasonable as approximately 84% of the budget for the current reporting period has been spent. However, there were issues noted on data quality and reporting for the indicator "No. of NGOs and PPs involved in RNTCP", which indicates incomplete reporting from the districts.					This is a split disbursement 11.1 USD 50,000 to GLC for support of MDR-TB component.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
12	01.Oct.08 - 31.Mar.09			A2	11.2	01.Apr.09 - 31.Dec.09		\$ 200,222	17 Sep 2009
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
The performance of the PR on programmatic indicators has been satisfactory for the reporting period with majority of the indicators showing an achievement of over 90%. The financial progress is also reasonable as approximately 84% of the budget for the current reporting period has been spent. However, there were issues noted on data quality and reporting for the indicator "No. of NGOs and PPs involved in RNTCP", which indicates incomplete reporting from the districts.					This is a split disbursement 11.2 USD 200,221.83 to International Union against TB and Lung Diseases (IUATLD) for Technical Assistance as per MOU and budget.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
12	01.Oct.08 - 31.Mar.09			A2	11.3	01.Apr.09 - 31.Dec.09	35,533	\$ 35,533	24 Sep 2009
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
The performance of the PR on programmatic indicators has been satisfactory for the reporting period with majority of the indicators showing an achievement of over 90%. The financial progress is also reasonable as approximately 84% of the budget for the current reporting period has been spent. However, there were issues noted on data quality and reporting for the indicator "No. of NGOs and PPs involved in RNTCP", which indicates incomplete reporting from the districts.					This is Emergency Drug Procurement DR 11.3 and forms part of DR 11. The total amount originally requested by the PR for procurement of MDR TB drugs is USD 650,000. As the negotiations for procurement of MDR-TB drugs from GDF/IDU Foundation are still ongoing, the PR had to request funds for Emergency Drug Procurement for the states of Andhra Pradesh and Orissa. The regional team fully supports the PR request for USD 35,532.73. The amount has been verified by the LFA. The remaining amount is to be paid once the negotiations with IDA Foundations are finalized. The DR is outside of indicative Disbursement Range, as it is for a part of the main DR only. The relevant documentation in support of the DR is enclosed.				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
12	01.Oct.08 - 31.Mar.09			A2	11.4	01.Apr.09 - 31.Dec.09	550,739	\$ 550,759	12 Feb 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The performance of the PR on programmatic indicators has been satisfactory for the reporting period with majority of the indicators showing an achievement of over 90%. The financial progress is also reasonable as approximately 84% of the budget for the current reporting period has been spent. However, there were issues noted on data quality and reporting for the indicator "No. of NGOs and PPs involved in RNTCP", which indicates incomplete reporting from the districts.</p>					<p>This is DR 11.4 for procurement of drugs and forms part of DR 11. The PR has requested the amount of USD 550,738.60 for oral 2nd line anti TB drugs (420 courses approved under RCC Year 1) to be disbursed directly to IDA Foundations. Therefore, the total amount recommended for the current disbursement is USD 550,738.60 as per attached pro forma invoices. Procurement of oral 1st line drugs in the MDR TB regimen and kanamycin injections will be included in the next PU/DR. All the relevant documentation in support of the DR is enclosed.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
13	01.Apr.09 - 30.Sep.09			B1	12	01.Jan.10 - 31.Mar.10	7,907,059	\$ 6,626,751	23 Mar 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>PR has exceeded the targets in a majority of the key indicators and no major issues with regard to data quality were observed. However, it may be noted that the utilisation of expenditure is approx. 43.5% of the budget. The same is mainly on account of delay in approval of the RCC grant by the Cabinet, as a result of which new activities could not be started and no new positions could be recruited, including those for the 2 civil society SRs (viz. IMA &amp; CBCI)</p>					<p>The PR requested amount of USD\$ 7,907,058.95. The recommended amount is based on the forecasted amount requested by the PR as per agreed budget amount for the period plus buffer deducted by the cash balance at the end of the reporting period (USD\$ 11,792,941).</p> <p>The Global Fund concurs with the LFA adjustments of USD\$ 140,691.13 to the amount PR requested disregarding payments of salaries for the personnel of the program originally budgeted for the period that were not yet recruited due to the late approval of program by the cabinet (in December 2009). However, after detailed feedback from the LFA on the IEC charges and the procurement fees for UNOPS, the regional team accepts the cash balance reported by the PR of USD\$ 11,792,941 instead of the US\$ 12,601,812.66. Our disbursement recommendation is therefore: US\$ 7,757,604.68. However, as we only have invoices for part of the payment to IDA, the current disbursement is reduced by \$934,652.91 pending invoices, and hence the Global Fund amount decision reads USD\$ 6,822,951.77.</p> <p>This above amount is a split disbursement requested by the PR and verified by the LFA and will be separated among four (4) beneficiaries: CTD, IUATLD, GLC, and IDA. Amounts to IUATLD are for activities already performed, the GLC is as per our agreement. The recommended disbursement to IDA is now pending further invoices. This funding to IDA will be disbursed as and when the invoices are received.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
13	01.Apr.09 - 30.Sep.09			B1	12.1	01.Jan.10 - 31.Mar.10	50,000	\$ 50,000	23 Mar 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>PR has exceeded the targets in a majority of the key indicators and no major issues with regard to data quality were observed. However, it may be noted that the utilisation of expenditure is approx. 43.5% of the budget. The same is mainly on account of delay in approval of the RCC grant by the Cabinet, as a result of which new activities could not be started and no new positions could be recruited, including those for the 2 civil society SRs (viz. IMA &amp; CBCI)</p>					<p>GLC fees</p>				



Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
13	01.Apr.09 - 30.Sep.09			B1	12.2	01.Jan.10 - 31.Mar.10	41,118	\$ 41,118	23 Mar 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
PR has exceeded the targets in a majority of the key indicators and no major issues with regard to data quality were observed. However, it may be noted that the utilisation of expenditure is approx. 43.5% of the budget. The same is mainly on account of delay in approval of the RCC grant by the Cabinet, as a result of which new activities could not be started and no new positions could be recruited, including those for the 2 civil society SRs (viz. IMA & CBCI)					This above amount is a split disbursement requested by the PR will be separated among four (4) beneficiaries: CTD, IUATLD, GLC, and IDA.  Amounts to IUATLD are for activities already performed, the GLC is as per our agreement. The recommended disbursement to IDA is now pending further invoices. The funding to IDA will be disbursed as and when Global Fund receives the invoices.  As attached, we have invoices at this time for USD\$ 41,117.61.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
13	01.Apr.09 - 30.Sep.09			B1	13	01.Jan.10 - 31.Mar.10	105,083	\$ 105,083	15 Jun 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
PR has exceeded the targets in a majority of the key indicators and no major issues with regard to data quality were observed. However, it may be noted that the utilisation of expenditure is approx. 43.5% of the budget. The same is mainly on account of delay in approval of the RCC grant by the Cabinet, as a result of which new activities could not be started and no new positions could be recruited, including those for the 2 civil society SRs (viz. IMA & CBCI)					This is disbursement was part of the Disbursement Request 12.1 but was delayed due to the request that funds to directly disburse to the sub-recipient IUATLD. The Global Fund recommends the requested amount of USD 105,083 should be sent directly to IUATLD. The Memorandum of Understanding was signed by Central TB Division of the Government of India and IUATLD prior to introduction of Direct Payment policy by the Global Fund and therefore specifying direct payments to IUATLD. The main reason for having to request the direct payment to IUATLD is that there are some restrictions of the Government of India to make transfers in foreign currency to foreign accounts. The IUATLD account is registered in France. The direct disbursement was also approved by the Global Fund. This is the last disbursement to IUATLD under this grant, as the project was closed on 31 March 2010 and they have requested funds up to 31 March 2010. CTD confirmed that they were satisfied with the services provided by IUATLD.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
14	01.Oct.09 - 31.Mar.10			B1	14	01.Apr.10 - 30.Sep.10	14,471,638	\$ 12,682,320	27 Sep 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
					Split disbursement composed of US\$ 12,682,320 for the PR (CTD) and US\$ 1,681,000 for IDA foundation for MDR-TB drugs. The total amount in the invoices for the procurement of Second Line Anti-TB drugs is US\$ 1,830,082.96. The Global Fund recommends an amount of USD 12,682,320 for disbursement to the PR for the period 01 April 2010 to 31 December 2010, with US\$ 1,830,082.96 to be disbursed to IDA foundation for 2nd Line Anti-TB drugs.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
14	01.Oct.09 - 31.Mar.10			B1	14.1	01.Apr.10 - 30.Sep.10	14,471,638	\$ 1,830,083	27 Sep 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
					Split disbursement composed of US\$ 12,682,320 for the PR (CTD) and US\$ 1,681,000 for IDA foundation for MDR-TB drugs. The total amount in the invoices for the procurement of Second Line Anti-TB drugs is US\$ 1,830,082.96. The Global Fund recommends an amount of USD 12,682,320 for disbursement to the PR for the period 01 April 2010 to 31 December 2010, with US\$ 1,830,082.96 to be disbursed to IDA foundation for 2nd Line Anti-TB drugs.				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
15	01.Apr.10 - 30.Sep.10			B1	15	01.Oct.10 - 30.Jun.11	9,047,649	\$ 5,673,078	17 Dec 2010
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Most of the targets have been achieved/ over-achieved, except those relating to registration of MDR-TB patients, NSP TB patients receiving DOTS from PPs in 10 districts conducting sentinel PPM documentation and Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs. Utilisation for the current period is 66% approx. and cumulatively, it is approx. 71%. Out of the applicable CPs/ SPs, most of the CPs/ SPs have either been met or are in progress. Some issues on SR management and data quality were observed during the PU/DR review. Most of the recommendations of the previous PUDR have not been fully implemented. As a result of non-achievement of results for a key target of registration of MDR-TB patients, data quality issues noted and non-compliance with previous PUDR's recommendations, a rating of 'B1' is considered appropriate.</p>					<p>PR expenditure includes INR 3,871,976 (USD 84,009) pertaining to cost of a survey on 'Prevalence and patterns of Anti-TB Drug resistance in 2 districts. However, the activity is not budgeted at the central level. This activity was included under the erstwhile Round 6 grant, however, the activity could not be completed during that period and the expenditure pertaining to the survey is being reported by the research agency during the current period.</p> <p>The PR has requested a split disbursement of USD 50,000 to be paid directly to GLC for assistance in procurement of MDR-TB drugs. The same was discussed with the PR and based on the discussion, it was understood that since the GLC fees for first 2 years has already been disbursed and since the PR would be requesting for MDR-TB drugs for year 3 patients in the next PUDR, the request for disbursement for GLC fees would also be made in the next PUDR. Accordingly, no disbursement to GLC is to be made under the current disbursement request and the entire disbursement is to be made to the PR.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
15	01.Apr.10 - 30.Sep.10			B1	15.1	01.Oct.10 - 30.Jun.11	9,047,649	\$ 3,337,071	08 Mar 2011
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Most of the targets have been achieved/ over-achieved, except those relating to registration of MDR-TB patients, NSP TB patients receiving DOTS from PPs in 10 districts conducting sentinel PPM documentation and Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs. Utilisation for the current period is 66% approx. and cumulatively, it is approx. 71%. Out of the applicable CPs/ SPs, most of the CPs/ SPs have either been met or are in progress. Some issues on SR management and data quality were observed during the PU/DR review. Most of the recommendations of the previous PUDR have not been fully implemented. As a result of non-achievement of results for a key target of registration of MDR-TB patients, data quality issues noted and non-compliance with previous PUDR's recommendations, a rating of 'B1' is considered appropriate.</p>					<p>Second part of DR 15 for PR training activities.</p>				



Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
15	01.Apr.10 - 30.Sep.10			B1	15.2	01.Oct.10 - 30.Jun.11	9,047,649	\$ 183,073	08 Mar 2011
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>Most of the targets have been achieved/ over-achieved, except those relating to registration of MDR-TB patients, NSP TB patients receiving DOTS from PPs in 10 districts conducting sentinel PPM documentation and Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs. Utilisation for the current period is 66% approx. and cumulatively, it is approx. 71%. Out of the applicable CPs/ SPs, most of the CPs/ SPs have either been met or are in progress. Some issues on SR management and data quality were observed during the PU/DR review. Most of the recommendations of the previous PUDR have not been fully implemented. As a result of non-achievement of results for a key target of registration of MDR-TB patients, data quality issues noted and non-compliance with previous PUDR's recommendations, a rating of 'B1' is considered appropriate.</p>					<p>Third part of DR 15 to IDA Foundation.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
16	01.Oct.10 - 31.Mar.11			B1	16	01.Apr.11 - 30.Sep.11	14,216,501	\$ 11,767,056	23 Aug 2011
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>Most of the targets have been achieved/ over-achieved, except those relating to registration of MDR-TB patients. Quantitative Indicator Rating according to the Grant Rating Tool is B1. The LFA could not verify results on three indicators due to data quality issues. Expenditure rate for the current period is 84% for the period and 74% cumulatively. Most of these have either been met or are in progress. Some issues on SR management and data quality have been noted especially with regard to IMA &amp; CBCI. The PR has implemented most of the management actions recommended in the previous disbursement.</p>					<p>(-)US\$ 62,500 GLC fee through December 2011. This fee will be paid under the country's Round 9 TB grant. (-) US\$ 2,080,541 representing a 9 month second line TB drug budget of US\$ 1,664,433, (+) an additional 3 month budget of US\$ 416,108 to cover a full 12 month period for the procurement of eligible SLD to be directly disbursed to the procurement agent upon submission of pro-forma invoices for a specific amount not to exceed this sum. At the PR's request, this money will be disbursed directly to IDA or like procurement agency upon submission of the requisite pro-forma invoices.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
16	01.Oct.10 - 31.Mar.11			B1	16.1	01.Apr.11 - 30.Sep.11	14,216,501	\$ 2,080,541	24 Nov 2011
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>Most of the targets have been achieved/ over-achieved, except those relating to registration of MDR-TB patients. Quantitative Indicator Rating according to the Grant Rating Tool is B1. The LFA could not verify results on three indicators due to data quality issues. Expenditure rate for the current period is 84% for the period and 74% cumulatively. Most of these have either been met or are in progress. Some issues on SR management and data quality have been noted especially with regard to IMA &amp; CBCI. The PR has implemented most of the management actions recommended in the previous disbursement.</p>					<p>Second part of DR 16 for direct disbursement to the IDA Foundation</p>				

## 2.5. Contextual Information

Title	Explanatory Notes
Monitoring and Supervision	<p>Regular review meetings are being held at all levels. The Peripheral Health Institutions (PHIs) and District Medical Centres (DMCs) are conducting weekly meetings with all staff involved in RNTCP. The MO-TC formally reviews the activities of Senior Treatment Supervisor (STS)/Senior Treatment Laboratory Supervisor (STLS) fortnightly. The District TB Officer (DTO) reviews the activity reports of all Medical Officer TB Centres (MOTCs), STS &amp; STLS on a monthly basis. The Chief Medical Officer (CMO) and District Magistrate (DM) also review the program on a regular basis. State level review meetings are being held at the end of each quarter, chaired by the Secretary. The STO reviews the monthly activity reports of DTOs. The CTD holds review meetings of State TB Officers (STOs) twice in a year, chaired by the Union Secretary, Health.</p> <p>The states conduct an internal evaluation of two districts per quarter.</p>
Quality Assurance of anti-TB Drugs	<p>The following steps have been undertaken to ensure the quality of all anti-TB drugs used under the RNTCP.</p> <ul style="list-style-type: none"> <li>- Samples from each batch of anti-TB drugs are tested before being cleared for dispatch.</li> <li>- The GMSDs take random samples from their inventory for quality checks.</li> <li>- Central and state drug inspectors periodically test drug samples from the districts.</li> <li>- An independent laboratory has been selected for quality assurance testing of anti-TB drugs. Drug samples to be tested are collected by the program officials every quarter and sent to this laboratory via yet another independent channel.</li> </ul>
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 dollar 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 proposed program is implemented in two most difficult states of India, Uttar Pradesh and Bihar. Bihar is the most difficult and most backward state of India with frequent elections, poor health infrastructure, and poor governance. This state presented huge difficulties for the RNTCP program introduction. Lack of staff and difficulties of recruitment at the district level considerably slowed down progress in Bihar.</p> <p>By end of March 2005, 31 million population in 16 districts/ reporting units in the States of Bihar and Uttar Pradesh have been covered under RNTCP and have access to related services. 19 districts of UP and 6 districts of Bihar have started service delivery by July 2005. Five new districts have been appraised and expected to start implementation during the quarter.</p> <p>7226 patients have been put on treatment during the fiscal year in GFATM Round 2 areas, of this 2828 were new smear positive cases.</p> <p>More than 750 laboratories have been supported / established which are functioning as Microscopy centers under RNTCP.</p> <p>182 Tuberculosis Units at sub-district level have been made functional. Supervisors have been appointed at sub-district level and have been provided two-wheelers to facilitate mobility in their areas.</p> <p>District TB centres in all the implementing districts have been strengthened with office equipment and staff so as to enable them to undertake technical monitoring and managerial responsibility. This also includes electronic connectivity via e-mail.</p> <p>The programme is being implemented through the existing public health care system. However, essential staff has been provided to strengthen the supervisory capacity of the districts and institutional strengthening of the project management units.</p> <p>Funds are being disbursed to the Sub-Recipients (SRs) which are the State TB Control Societies through 6 monthly releases from the Central level for onward disbursement to the District TB Control Societies (DTCS) as per GOI guidelines. Expenditure incurred by STCS and</p>

DTCS are as per existing guidelines for these societies. Quarterly statements of expenditure are being submitted by the DTCS to the STCS, and from the STCS onto the central level. The DTCS and STCS accounts were audited annually by independent chartered accountants. The Central TB Division has been activity monitoring the financial management systems in the state.

It is expected that operationalisation of the External Quality Assessment (EQA) network would further improve the quality of sputum examination. Protocols have been developed based on lessons learned in the RNTCP and has now made more scientific and simple. Technical support from the STDC is required for the effective implementation of the protocols and thus the states have been requested to have functional STDCs at the earliest and necessary support is being provided.

#### Constraints

Lack of infrastructure and human resource in the districts; poor communication network within the states; problem of floods in some districts of Bihar and UP; poor involvement of general health facilities in the programme and the political environment in the state of Bihar has been an impediment towards effective implementation of RNTCP in the states. These issues have been taken at the highest political and administrative levels and efforts are being made to overcome and correct the deficiencies.

#### Financial Management

Monitoring of expenditure, budget utilisation and reimbursement has been carried out at the State and Central levels every quarter. The SOEs of the districts were consolidated by the States (in standard approved format, as per guidelines) and forwarded to Central TB Division and reported on the agreed format. Fund flow formats were devised and shared with the states. Communication was sent to all STOs to maintain books as per STCS guidelines and to follow up with recommendations of audit.

#### Public/Private Partnership (PPM):

There had been initial setback in the PPM project due to various administrative issues and external factors beyond the control of the PR and SRs. However, after initial problems the 4 NGOs have signed Memorandum of Understanding with the Ministry of Health & FW, Gol and thereafter funds as per agreed plans have been released. By the end of March 2005, two NGOs had started field activities whereas other two NGOs had started detailed planning for commencing activities. As per activity reports for quarter ending March 2005 submitted by the NGOs, 181 private practitioners have been trained compared to 140 planned for the period. 14 lab technicians from private sector have been trained using RNTCP modules (planned 12). The NGOs have facilitated involvement of 3 private facilities as DOT centres under the program.

Information on recent progress review: As per previous disbursement, the CCM has compiled with GF requirements. Close coordination with DFID, USAID, World Bank, and WHO are common for this program. A recent review by legal advisor of the GF indicates additional improvements needed and GF will be sending a letter so that certain activities can be completed over next six months.

The Global Fund has agreed to accept national reporting system, align with national fiscal year, and participate in joint review missions of donors. Global fund has also aligned itself to six monthly disbursements and accepted the national quarterly reports of the Central TB division. WHO has placed national consultants in all GF supported states and is now scaling up technical support.

### 2.6. Phase 2/ Periodic Review Grant Renewal

Performance Rating

Recommendation Category

Rationale for Phase 2/ Periodic Review Recommendation Category

Rationale for Phase 2/ Periodic Review Recommendation Amount

<b>Time-bound Actions</b>	
<b>Issues</b>	<b>Description</b>

