


GENERAL GRANT INFORMATION

Applicant:	India Country Coordinating Mechanism
Country:	India
Round:	4
Component:	HIV/AIDS
Grant Title:	Access to Care and Treatment (ACT)
Grant Number:	IDA-405-G05-H
Principal Recipient:	The Population Foundation of India (PFI)
Related Grants (same proposal):	IDA-405-G06-H
Proposal Lifetime:	5 years
Lifetime Budget:	18,209,481
2-Year Budget:	4,158,465
Disbursed to Date:	3,761,503
Signature Date:	10-Mar-2005 
Program Start Date:	01-Apr-2005

B. 1ST LEVEL SECRETARIAT PHASE 2 RECOMMENDATION(PORTFOLIO CLUSTER AND SIE)

Phase 2 Recommendation Category:

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

Euro Equivalency:

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

Rationale for Recommendations:

India's Round 4 HIV/AIDS proposal was divided into two grant agreements with two Principal Recipients. The larger portion of the grant is managed by the National AIDS Control Organization (NACO) of the Ministry of Health, India. The Principal Recipient for this grant is Population Foundation of India (PFI). The PR implements the program through four NGOs in six states with high HIV prevalence.

Program performance:

The PR's overall performance is good and it has met over 90% of the target for 7 of the 9 performance indicators at the time of Phase 2 review. Commendable results include:

- 2,612 people receiving care and support / palliative care (305% of target);
- 37,403 people living with HIV/AIDS enrolled in care and support services provided by civil society organizations (151% of target);
- 234 counselors, social workers, health care providers and field staff from the NGO sector trained in home-based and community-based care (100% of target);
- 17 antiretroviral therapy (ART) health facilities providing treatment counseling (94% of target); and
- 93 district level networks of people living with HIV/AIDS and civil society organizations (91% of target).

At the time of the Phase 2 review, the PR has not reported any performance regarding private sector health facilities providing ART services. The Corporate ART program had a very slow start due to difficulties in convincing private companies to invest in setting up ART centers to provide services to the communities. From Quarter 4, the sub recipient (SR) Confederation of Indian Industries was able to identify two corporations and two locations for the ART centers. By Quarter 7 the first center was operational and certified by NACO. The work on the second ART center has been completed and it is planned to be operational by Quarter 8.

Given the good overall performance to date the PR should increase targets above those contained in the proposal for key indicators, including more 'people reached' indicators and increasing measures of impact for Phase 2.

Program management and governance:

The PR has demonstrated satisfactory management of the grant to date. Programmatic achievement is good and implementation continues to proceed as planned. The PR has in place a strong management framework with sound financial management and monitoring and evaluation (M&E) systems. The PR's relations with the SRs are good, and the PR has consistently made timely and effective disbursements to the SRs which has enabled the smooth implementation of activities.

In Phase 2, the PR should focus efforts on ensuring the establishment of ART centers in the corporate sector through effective public/private partnership strategies. For this to be achieved, the PR should intensify advocacy efforts in an attempt to increase corporate sector contributions.

The CCM has strong multi-sectoral representation and has been actively engaged in grant oversight since the start of the Program.

The Secretariat classifies this Request as a "Go".

Rationale for Phase 2 Recommended Amount :

In light of good performance and satisfactory grant management, the Secretariat concludes that the maximum amount of US\$14,447,978 is appropriate for continued funding. As US\$396,962 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\$14,051,016 for this program.

SUGGESTED TIME-BOUND ACTIONS		
ISSUES	DESCRIPTION OF TIME-BOUND ACTIONS	
None.	.	Delete
		Add

B. PHASE 2 BUDGET AND IMPLEMENTATION ARRANGEMENTS

1. Estimated funds available for Phase 2

	Year 3	Year 4	Year 5
Original Phase 2 Adjusted Proposal Amount (*)	3,303,132	4,946,090	5,801,794

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

Particulars	Total
Original Phase 2 Adjusted Proposal Amount (table above)	14,051,016
Expected undisbursed amount at the end of Phase 1	396,962
Estimated Maximum Phase 2 Amount	14,447,978

2. Phase 2 Budget and Recommended Amount

	Year 3	Year 4	Year 5	Total Phase 2 Amount	% of maximum Phase 2 Amount	Incremental Phase 2 Amount	% of original Phase 2 Proposal Amount
CCM Request(**)	4,556,275	5,025,137	4,874,230	14,455,642	100%	14,058,680	100%
Global Fund Recommendation (**)	4,556,275	5,025,137	4,866,566	14,447,978	100%	14,051,016	100%

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

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

Yes No

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

2. Is the budget within the permitted maximum?

Yes No

3. Is the budget in line with:

3.1. Usage of funds in Phase 1?

Yes No

3.2. Anticipated program realities for Phase 2?

Yes No

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

Yes No

5. Are there any other comments on the budget?

Yes No

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

None proposed.

C. PROGRAM DESCRIPTION AND GOALS

1. Program Description Summary

The proposal has two components - the NGO component is the prevention program while the National AIDS Control Organization will implement treatment activities. The Program is a partnership between public and the private sector on HIV/AIDS prevention and treatment in six high prevalence states - Tamil Nadu, Maharashtra, Karnataka and Andhra Pradesh, Nagaland and Manipur of India (the High Prevalence States). The Population Foundation of India (PFI) is the NGO consortium leader and Principal Recipient. The main activities of the consortium led Program will be:

1. Capacity building of NGOs.
2. Setting up district level networks for People Living with HIV/AIDS (PLWHAs) such as District Level Networks (DLNs), Treatment Counseling Centers (TCCs), Positive Living Centers (PLCs) and Comprehensive care and Support Centers (CCSCs).
3. Advocacy with corporate sectors and 4. operation research.

The primary role of NGO/private sector is to provide care and support to PLWHAs who are put on ART by the national program. Capacity building will be done through identifying and training counselors, peer educators, NGOs and Community Based Organizations (CBOs) staff on treatment adherence and home/community based care. TCCs will be situated within the premises of the ART centers where the individuals and the family members will be counseled and linked to the DLNs and other NGO networks for follow up activities. The DLNs will enroll all the PLWHAs in each district. There are 138 districts in the High Prevalence States but since the smaller districts will be clubbed with the larger districts, 102 DLNs will be set up by the end of second year of the project. DLNs will identify PLWHAs to be trained as peer educators. These peer educators will do the treatment education and treatment adherence, nutrition education and create awareness on reproductive health choices. DLNs will also do advocacy on medical, economic and legal issues. For care and support, five PLCs and one CCSC will be set up in selected high prevalence districts in the first two years. The PLCs will provide basic primary health care facilities for PLWHAs that require hospital visits, address the needs of infected, affected, vulnerable women and children and create an enabling environment through advocacy and multicultural linkages. The CCSC will provide palliative care for those who are terminally ill. These centers will not only provide care but also take up activities like cremation for those who are disowned by their families. 100 NGOs working in the High Prevalence States will be trained to provide home and community based care. PFI will partner with State AIDS Societies (SACS) in each state to ensure coordination with the national HIV/AIDS program.

During five-year lifetime of the project, over 180,000 PLWHA, both adults and children, will have been put on ART. Due to the attrition of this population as a consequence of treatment failure or non-adherence, an estimated 137,400 PLWHA will be on ART received from public services by the end of 2009. By the end of the five years, over 2.8 million will go through voluntary counseling and confidential testing (VCCT) and 200,000 PLWHA not needing ART will be provided care and support through the public sector.

PROGRAM GOALS AND IMPACT INDICATORS								
Goal	The goal of the program is to improve survival and quality of life of people living with HIV/AIDS and reduce HIV transmission in selected States of India	Baseline		Target				
		Value	Date	Year 1	Year 2	Year 3	Year 4	Year 5
Impact indicator	% of people still alive at 6, 12 and 24 months after initiation of antiretroviral treatment							90%, 85%, 80%
Impact indicator	% of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner	25						50

D. SUMMARY OF Y1-2 GRANT PERFORMANCE

1. Overall Grant Rating

B1. Adequate

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

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

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

Objective Number	Objective Description	Goal Number
1	To reduce morbidity and mortality associated with HIV/AIDS and the transmission of HIV in 6 high prevalence States by combining care, treatment (including ART), prevention and support.	1

2. Service Delivery Area (SDA) Ratings

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

Objective	SDA	Level3	Level2	Level1	Rating	Evaluation of Performance (at the SDA level)
1	Treatment: Antiretroviral treatment and monitoring	1	2	0	B1	The performance is good with 37,403 PLWHAs enrolled in care and support services against the target of 24,660 and 17 ART health facilities providing treatment counselling against target of 18. One private sector ART centre became operational in Q7 and the second one will be operational by Q8.
1	Care and Support: Care and support for the chronically ill and families	1	1	0	A	Performance is very good with all results either meeting or exceeding the targets.
1	Supportive Environment: Strengthening of Civil Society	0	1	0	B1	Performance is good with 93 DLNs of PLWHA-civil society organizations strengthened against target of 102 in Q6. All DLNs were operational by Q7.
1	Prevention: Behavioral Change Communication - Community Outreach	0	0	1	B1	Although only 1,762 of peer treatment educators were trained against target of 2,318 in Q6, Q7 target has been overachieved.
1	Supportive Environment: Strengthening of Civil Society	0	0	1	B1	The performance is good with the targets being fully achieved.
1	Supportive Environment: Monitoring and evaluation and operations research	0	0	0	B1	All ORs completed. No plan for utilizing the results for programme improvement.

3. Indicator level Performance

PROGRAM OBJECTIVES, SERVICE DELIVERY AREAS (SDAs), INDICATORS, TARGETS AND RESULTS.					
<p>The numbers to the left of the indicators refer to their coverage level: Level 3, people reached; Level 2, service points supported; and Level 1, people trained. These early grants typically reported on a quarterly basis, so each period usually represents one quarter. Therefore, results reported in Period 6 are typically from month 18 of the grant term and are the most recent results available. Coverage indicators that have reached more than 80% of their targets are green and others red.</p>					
<p>To reduce morbidity and mortality associated with HIV/AIDS and the transmission of HIV in 6 high prevalence States by combining care, treatment (including ART), prevention and support.</p>					
SDA	Treatment: Antiretroviral treatment and monitoring				
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 2-Service Points supported	No. of health facilities (corporate sector) providing quality ART services	6	2	0	0%
Level 2-Service Points supported	No. of ART health facilities providing treatment counseling	6	18	17	94%
Level 3-People reached	No. of PLWHAs enrolled in care and support services provided by civil society organizations	6	24660	37403	151%
SDA	Care and Support: Care and support for the chronically ill and families				
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 2-Service Points supported	No. of health facilities (PLCs and CCSCs) providing care and support including palliative care	6	5	5	100%
Level 3-People reached	Number of people receiving care and support/palliative care (at PLC and CCSCs)	6	855	2612	305%
SDA	Supportive Environment: Strengthening of Civil Society				
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 2-Service Points supported	No. of district level networks of PLWHA-civil society organizations strengthened and actively engaged in providing care and support to PLWHAs	6	102	93	91%
SDA	Prevention: Behavioral Change Communication - Community Outreach				
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 1-People trained	No. of peer treatment educators trained	6	2318	1762	76%
SDA	Supportive Environment: Strengthening of Civil Society				
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 1-People trained	No. of counselors, social workers, health care providers and field staff from NGO sector trained in home base and community based care	6	234	234	100%
SDA	Supportive Environment: Monitoring and evaluation and operations research				
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%
Level 0-Process/Activity Indicator	No. of operation research studies	6	7	7	100%

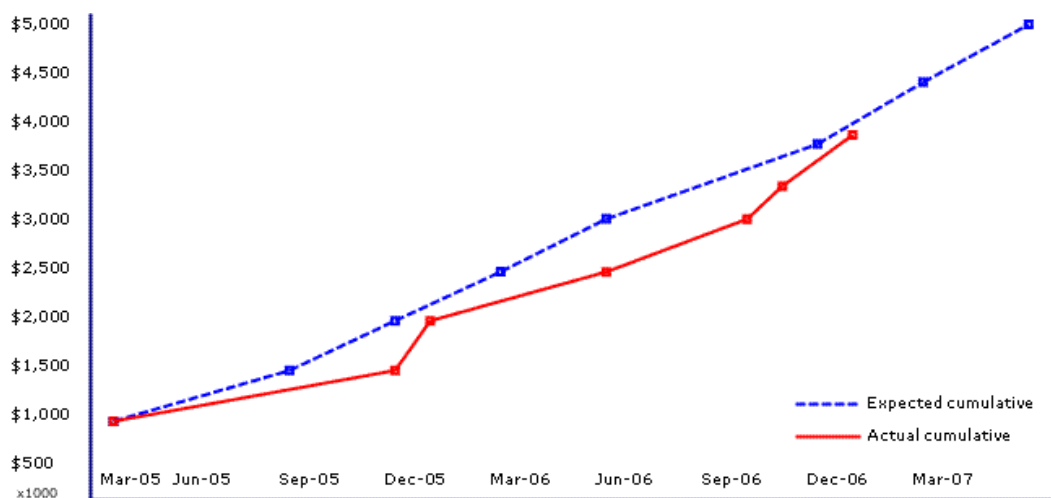
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4. Disbursement History

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

EXPECTED VS ACTUAL DISBURSEMENTS						
Disbursement Request	Expected Date	Actual Date	Expected Amount	Actual Amount	Expected cumulative	Actual Cumulative
1	11-Mar-2005	15-Mar-2005	827,493	827,493	827,493	827,493
2	12-Aug-2005	10-Nov-2005	521,259	521,259	1,348,752	1,348,752
3	12-Nov-2005	23-Dec-2005	509,094	509,094	1,857,846	1,857,846
4	11-Feb-2006	30-May-2006	501,391	500,391	2,359,237	2,358,237
5	12-May-2006	14-Sep-2006	541,481	541,481	2,900,718	2,899,718
6	15-Nov-2006	30-Oct-2006	766,964	337,648	3,667,682	3,237,366
7	15-Feb-2007	19-Dec-2006	633,427	524,137	4,301,109	3,761,503
8	15-May-2007		591,646	00	4,892,755	3,761,503

Expected vs. Actual Disbursements



5. Estimated under-disbursement in Phase1

Estimated under-disbursement in Phase 1	Amount	Amount (in %)
Phase 1 grant agreement amount	4,158,465	0%
Less: actual disbursed to date	3,761,503	90%
Less: expected additional disbursement until the end of Phase 1 grant agreement	0	0%
Expected undisbursed amount at the end of Phase 1	396,962	10%

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

24 Months

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

If yes, please comment:

Yes No

Against the Phase 1 budget of USD 4.158 million (USD 1.408 million and USD 2.749 million in Year 1 and 2 respectively), the PR had placed and received seven (7) DRs cumulatively amounting to USD 3.761 million. As of September 30, 2006 PR has received 5 disbursements amounting to USD 2,899,718.

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

If yes, please comment:

Yes No

n/a

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

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

Yes No

Expenditure incurred till September 30, 2006 amounts to USD 2.317 million. Based on the past expenditure trend, the PR anticipates expenditures amounting to USD1.437 million in the 6 months period ending March 31, 2006. Accordingly, the cumulative Phase 1 expenditure shall amount to USD 3.754 million against Phase 1 budget of USD 4.158 million. Consequently, the undisbursed funds shall amount to USD 0.404 million, which includes USD 7,503 that the PR proposes to retain as cash in hand at the end of Phase 1 and carry forward to Phase 2 of the program. The undisbursed funds of USD 0.397 million will be used for support of 28 DLNs in Phase 2.

6. Expenditures and Cash Balance

Principal Recipient Cash Balance	Amount (in USD)	Amount (in %)	Date
Actual disbursed to date by the Global Fund (to PR)	3,761,503	100%	21-Dec-2006
Less: Direct payments for PR Expenditures	514,211	14%	30-Sep-2006
Less: PR disbursements to sub-recipients	2,445,236	65%	21-Dec-2006
PR cash-balance	802,056	21%	

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

If yes, please give detailed comments:

Yes No

Please note that the Direct payment to PR expenditures are reflected as of September 30, 2006 only.

OR studies / Special studies: USD 21,739, expected date of payment December 2006

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

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

Yes No

The PR's cash balance post DR7 amounts to USD 0.802 million which is 21% of the actual disbursed amount (USD 3.761 million) by the Global Fund.

The PR has received disbursements from the Global Fund for the entire Phase 1 period, and the PR has intimated that no further DR shall be placed in Phase 1 of the program. Disbursement to SRs is as of December 21, 2006, however, expenditure at PR level is only till September 30, 2006. The PR anticipates expenditure and further disbursements to SRs of approximately USD 0.350 million and USD 0.445 million respectively during the semester October 01, 2006 – March 31, 2007. Accordingly, the cash balance would reduce to USD 0.007 million which the PR proposes to carry forward to Phase 2 of the program.

E. CONTEXTUAL CONSIDERATION

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

Yes No

1.1. If yes can they be alleviated?

Yes No

n/a

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

Yes No

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

Yes No

4. Are there any systemic weaknesses in:

4.1. Monitoring and evaluation?

Yes No

4.2. Procurement and supply management?

Yes No

4.3. Any other areas?

Yes No

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

Yes No

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

Yes No

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

Yes No

The program has performed well since the beginning.

8. Have there been any changes in disease trends?

Yes No

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

9.1. Promote broad and inclusive partnerships?

Yes No

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

Yes No

9.3. Provide additional resources?

Yes No

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

Yes No

The Round 6 grant will have common elements for scaling up in other states that are not covered under the Round 4 grant.