

General Grant Information

Country	India				
Grant Number	IDA-405-G06-H	Component	HIV/AIDS	Round	04
Grant Title	Accessing the Antiretroviral treatment to HIV/AIDS infected persons in six high prevalence States and NCT Delhi				
Principal Recipient	The Department of Economic Affairs, Ministry of Finance, Government of India				
Grant Status	Active - RCC II				
Grant Start Date	01 Sep 2005	Grant End Date	30 Sep 2015		
Current* Phase Start Date	01 Oct 2012	Current* Phase End Date	30 Sep 2015	Latest Rating	A2
Current* Phase Signed Amount	\$ 265,473,303	Current* Phase Committed Amount	\$ 237,835,354	Current* Phase Disbursed Amount	\$ 237,835,354
Cumulative Signed Amount	\$ 479,922,566	Cumulative Committed Amount	\$ 452,284,617	Cumulative Disbursed Amount	\$ 452,284,617
				% Disbursed	100%
Time Elapsed (at the end of the latest reporting period)	115 months	Proposal Lifetime	Not Available	% of Grant Duration	95%

* Latest Phase if grant is closed

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

The Indian government estimates that approximately 2.4 million people in India were living with HIV as of 2007. The epidemic is highly varied across states and regions but the states identified as being most affected in 2006 are the four southern states of Andhra Pradesh, Karnataka, Tamil Nadu and Maharashtra, and the northeastern state of Manipur. The program supported by this grant is a partnership between the public and private sectors to provide HIV and AIDS prevention, treatment, care and support in high prevalence states. The grant focuses on scaling up access to antiretroviral drugs through both public and private sectors. In view of strong program performance and demonstrated potential for impact, the grant activities are to be scaled up throughout the country under recently approved additional funding. The grant is being consolidated with the treatment component of IDA-607-G11-H.

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Population, total	1,236,686,732	2012	The World Bank Group (Data latest 2013 (update: 2012))
Birth rate, crude (per 1,000 people)	22	2011	The World Bank Group (Data latest 2013 (update: 2011))
Death rate, crude (per 1,000 people)	8	2011	The World Bank Group (Data latest 2013 (update: 2011))
External resources for health (% of total expenditure on health)	1	2011	The World Bank Group (Data latest 2013 (update: 2011))
Health expenditure per capita (current US\$)	59	2011	The World Bank Group (Data latest 2013 (update: 2011))
Health expenditure, private (% of GDP)	3	2011	The World Bank Group (Data latest 2013 (update: 2011))
Health expenditure, public (% of GDP)	1	2011	The World Bank Group (Data latest 2013 (update: 2011))
Health expenditure, public (% of government expenditure)	8	2011	The World Bank Group (Data latest 2013 (update: 2011))
Health expenditure, public (% of total health expenditure)	31	2011	The World Bank Group (Data latest 2013 (update: 2011))
Health expenditure, total (% of GDP)	4	2011	The World Bank Group (Data latest 2013 (update: 2011))
Life expectancy at birth, total (years)	65	2011	The World Bank Group (Data latest 2013 (update: 2011))
Nurses and midwives (per 1,000 people)	1	2010	The World Bank Group (Data latest 2013 (update: 2010))
Physicians (per 1,000 people)	1	2010	The World Bank Group (Data latest 2013 (update: 2010))
Community health workers (per 1,000 people)		2005	The World Bank Group (Data latest 2013 (update: 2005))
Hospital beds (per 1,000 people)	1	2005	The World Bank Group (Data latest 2013 (update: 2005))
HIV/AIDS	Estimate	Year	Source
AIDS Orphans Number estimate		2012	UNAIDS Report on the Global AIDS 2012 Epidemic
Annual number of AIDS deaths Number estimate		2012	UNAIDS Report on the Global AIDS 2012 Epidemic
Estimated HIV prevalence, adult (15-49 years old)(%)		2012	UNAIDS Report on the Global AIDS 2012 Epidemic
Estimated number of people needing antiretroviral therapy based on 2010 WHO guidelines		2012	UNAIDS Report on the Global AIDS 2012 Epidemic
People living with HIV Number estimate		2012	UNAIDS Report on the Global AIDS 2012 Epidemic
Reported number of people receiving antiretroviral therapy	543,000	2012	UNAIDS Report on the Global AIDS 2012 Epidemic
People currently on ART	713,906	2014	Mid-2014 Global Fund Results

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

None

1.5. Conditions Precedent

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	Evidence of the appointment of persons with the appropriate expertise and experience acceptable to the Global Fund required to serve in the positions of project director, finance manager, M&E officer and procurement officer in the NACO central office.				Met	While the Project Director and Finance Officer are in position, an appointment offer has gone to an M&E Officer. NACO's procurement officer left for an overseas job and a recruitment process was initiated. A procurement officer will be appointed and all processes completed for this. Clinton Foundation was supposed to provide additional procurement staff support which NACO is yet to accept. The Govt. of India has made major changes in procurement management, centralising procurement under MOH with a department called Empowered Procurement Wing (EPW). This was done in consultation with the World Bank and other donors. In interest of harmonisation, the revised national procurement arrangement is also acceptable to us. EPW is headed by a full time Joint Secretary level Director. Therefore, this CP is met. Six consultants from Crown Agent are now providing technical assistance to the EPW.
	Condition Precedent	Evidence that NACO has completed capacity assessment of the State AIDS Control Society (SACS) in each of the six states and Delhi NCT and initiated capacity building initiatives for each SACS to address capacity issues raised in those assessments and to make improvements in existing auditing practices.				Met	Capacity of NCT of Delhi and other SACS has been assessed and found to be satisfactory.
	Condition Precedent	Evidence that NACO has enhanced its existing management policies and procedures by improving the existing management policies and procedures by improving the existing management information system (and related guidelines) which includes a computerised financial recording and reporting system that effectively tracks and manages the Sub-recipients activities and financial performance.				Met	The action for installing a computerised financial recording and reporting system is already approved and some level of computerisation have been completed. However, during the national strategy development for NACPIII, it was decided with the World Bank and other donors to complete computerisation process under NACPIII which is expected to start from April 2007.
	Condition Precedent	Delivery by the PR to GFATM. A procurement and supply management plan for procurement of health products and its approval by the Global Fund.				Met	The PSM plan has been prepared and approved by GFATM.
	Condition Precedent	Phase 2 CP: By no later than 31 December 2007, the PR shall, except as the Global Fund and the Principal Recipient may otherwise agree in writing, furnish to the Global fund, in form and substance satisfactory to the Global Fund, an operational M&E plan for the Program, taking into account the national operational M&E plan of NACPIII.		Other		Met	

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	Before first disbursement in Phase 2 of the Program, PR shall except as the Global Fund and the PR may otherwise agree in writing, furnish to the Global fund, in form and substance satisfactory to the Global Fund, sufficient evidence that the financial audit reports covering Phase 1 of the Program have been finalized.				Met	
	Condition Precedent	Before second disbursement in Phase 2 of the Program, the PR shall, except as the Global Fund and the PR may otherwise agree in writing, furnish to the Global Fund, in form and substance satisfactory to the Global Fund, sufficient evidence that the financial managers of all Sub-recipients have received adequate training on appropriate financial management and reporting requirements for Grant funds.		Disbursement		Met	
	Condition Precedent	The term of the Grant shall be from the Program Starting Date through the Program Ending Date. The Global Fund is committed to making disbursements at regular intervals during the first two years. The Global Fund shall provide funding from the Program Endings Date through the Proposal Completion date (i.e. after conclusion of the initial two years of project funding) provided that : (a) the Program demonstrates satisfactory progress as determined by the Global Fund set out in Article 3(d), (b) the Global Fund has funds available to continue funding the Proposal Completion Date, and (c) continued funding is consistent with the funding policies that may be set by the Global Fund Board.		Disbursement		Met	
	Condition Precedent	The Principal Recipient's representations under the taxes and duties provisions of Article 4(a) shall be limited to a representation that no Grant funds shall be used to finance any customs duties, tariffs, import taxes, or other similar levies and taxes associated with the import, manufacture, or sale of products or commodities, or the procurement of services for the Program assessed under laws in effect in the Host Country. In the event that such taxes or duties are levied, the Principal Recipient shall ensure that such taxes and duties are paid from sources other than Grant proceeds.		Disbursement		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	The Auditor selected by the Principal Recipient under the Article 7(b) shall be the Comptroller and Auditor General of the Government of India.		Other		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	For the purpose of Article 7(e) use of the term "audits" shall mean financial and programmatic review of accounts and records relating to the financial management and programmatic implementation of the Program.		Other		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	For the purpose of Article 7(f), the terms "books and records" shall mean those books, records, and other materials maintained by the Principal Recipient with respect to the financial management and programmatic implementation of the Program.		Other		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.

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	Condition Precedent	The parties recognize that the purpose of Articles 10 (d) (2) (c) is to permit the LFA to perform "ad hoc" site visits as many be reasonably required to ensure sound management of the Program. The Global Fund will use its best efforts to ensure, however, that the LFA will coordinate these visits with the Principal Recipient as reasonably necessary and to the extent such coordination does not undermine the purpose of the visits.		Disbursement		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	Notwithstanding the language of Articles 10(d)(3) and 20, in the event the Global Fund decides to change the LFA, the Global Fund shall consult with the Country Coordinating Mechanism prior to selecting a new entity to serve as LFA.		Other		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	The Global Fund and the Principal Recipient commit to use their best efforts to resolve any issues related to procurement under the Program in a collaborative fashion		Procurement		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	The Department of Economic Affairs of the Government of India hereby confirms that the National AIDS Control Organization (NACO) of the Ministry of Health and Family Welfare will be the implementing agency for the purposes of this Agreement.		Other		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	The Principal Recipient shall be solely liable for the loss or theft of, or damage to, any and all items purchased under the Grant, and, immediately upon any such loss, theft or damage (as the case may be), shall replace such items at its own expense under the procurement procedures set forth in and agreed pursuant to this Agreement. In addition, the Principal Recipient shall be solely liable for the loss or theft of any Grant funds held in cash by the Principal Recipient or by any of its agents and shall replenish any such lost or stolen Grant funds at its own expense from other resources available to the Principal Recipient. The Principal Recipient shall have no recourse to the Global Fund for any loss or theft of, or damage to, items purchased under the Grant, not for any loss or theft of Grant funds held in cash.		Procurement		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	1a. the Principal Recipient shall deliver to the Global fund evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has hired appropriately qualified and experienced individuals to the position of logistics coordinator tasked with overseeing and coordinating the uninterrupted supply of health products	Others	Disbursement	30.Sep.11	Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	1b. the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that the financial managers of all Sub-recipients have received training on financial management and reporting requirements for Grant funds as required under this Agreement	Others	Disbursement	30.Sep.11	Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.

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	Condition Precedent	2a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a Standard Operating Procedure including a quality assurance and quality control protocol developed by the testing or logistics agency sub-contracted by the Procurement Agent for the Program	Procurement	Procurement	31.Mar.11	Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	2b. the delivery by the Principal Recipient to the Global Fund of a Procurement and Planning Matrix enlisting all health products to be procured, the various steps in the procurement process, associated timelines and the person/people responsible that would enable the monitoring of their progress against the PSM Plan	Procurement	Procurement	31.Mar.11	Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of Second Line ARVs, Pediatric ARVs and Dry and Whole Blood Tests in Years 2 and 3 of the Program is subject to the following conditions: a. the delivery by the Principal Recipient to the Global Fund of a revised forecast for Second Line ARVs, Pediatric ARVs and Dry and Whole Blood Tests; b. the delivery by the Principal Recipient to the Global Fund of a revised budget for the Program term (the "Revised Budget") if the revised forecast results in amendments to the Program budget as approved at the time of the effective date of this Grant Agreement; and c. the written approval by the Global Fund of the revised forecast and Revised Budget (the latter only being applicable if condition b. of this subsection B.2 is applicable)	Finance	Procurement		Met	The Second Line ARVs, Pediatric ARVs, Dry Blood tests and Whole Blood tests are being provided to NACO through UNITAID support. Thus, NACO does not plan to procure these items using Global Fund monies for RCC-I. The PR submitted a letter dated 20 January 2012 in this regard to swap funds for these items to 1st line ARV drugs and this was approved by Global Fund on 10 July 2012.
	Condition Precedent	3. delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a Sub-recipient Management Plan. Such a plan shall in particular include details on the following aspects of the Principal Recipient's management of Sub-recipients: i. procedures for the coordination of the work of Sub-recipients; ii. procedures for the Principal Recipient's programmatic and financial oversight of Sub-recipients, including, without limitation, procedures governing the frequency of reporting by Sub-recipients and quality controls to ensure the integrity of financial and programmatic data; iii. procedures to apply an efficient and transparent disbursement system for Sub-recipients based on the budget and programmatic and financial reporting approved by the Global Fund; and iv. reporting timelines and frameworks for Sub-recipients.	Finance	Disbursement		Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.

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	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>1. The Principal Recipient representations under the taxes and duties provisions under Article 12(a) of the Standard Terms and Conditions of this Agreement shall be limited to a representation that no Grant funds shall be used to finance any customs duties, tariffs, import taxes, or other similar levies and taxes associated with the import, manufacture or sale of products or commodities or the procurement of services for the program assessed under laws in effect in the host country. In the event that such taxes or duties are levied, the Principal Recipient shall ensure that such taxes and duties are paid from sources other than Grant proceeds</p>				Waived	<p>For SR expenditure, a format has been developed by PR depicting the cost of goods, taxes and the amount net of taxes which is charged to SR expenditure. Out of the total 36 states & Union Territories, this information has been received from 13 States during the period April to December 2011 and 13 states during the period Jan to March 2012 which has been adjusted in the SR expenditure reported during the period. The information relating to the earlier period (i.e. April 2010 - Mar 2011) was also not received for all states but 11.</p> <p>For PR expenditure, the taxes have been deducted.</p>
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>2. For the purpose of Article 13(a) of the Standard Terms and Conditions of this Agreement, the term "books and records" shall mean those books, records and other materials maintained by the Principal Recipient with respect to the financial management and programmatic implementation of the Program</p>				Met	
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>3. For the purpose of Article 13(b) of the Standard Terms and Conditions of this Agreement, "audits" shall mean financial and programmatic audits of accounts and records relating to the financial management and programmatic implementation of the Program</p>				Met	
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>4. The Auditor selected by the Principal Recipient under Article 13(c) of the Standard Terms and Conditions of this Agreement shall be the Controller and Auditor General of the Government of India</p>				Met	
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>5. The parties recognize that the purpose of Article 13(g) of the Standard Terms and Conditions of this Agreement is to permit the Global Fund or its representative to perform "ad hoc" site visits as may be reasonably required to ensure sound management of the program. The Global Fund will use reasonable efforts to coordinate such visits with the Principal Recipient as reasonably necessary and to the extent such coordination does not undermine the purpose of the visits</p>				Met	
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>6. In the event the Global Fund decides to change the Local Fund Agent, the Global Fund shall inform the Country Coordinating Mechanism prior to appointing a new entity to serve as Local Fund Agent</p>				Met	

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	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>7. The Global Fund and the Principal Recipient commit to use their best efforts to resolve any issues related to procurement under the program in a collaborative fashion</p>				Met	Although the update of this SC was not provided by the PR nor the LFA, it should be noted that the PR agreed to this Special Condition by signing the Grant Agreement.
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>8. The Department of Economic Affairs of the Government of India hereby confirms that the National AIDS Control Organization, Department of AIDS Control of the Ministry of Health and Family Welfare of the Government of India (NACO) will be the implementing agency for the purpose of this agreement</p>				Met	Although the update of this SC was not provided by the PR nor the LFA, it should be noted that the PR agreed to this Special Condition by signing the Grant Agreement.
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>9. The Principal Recipient shall be solely liable for the loss or theft of, or damage to, any and all items purchased under the Grant, and, immediately upon any such loss, theft or damage (as the case may be), shall replace such items at its own expense under the procurement procedures set forth in and agreed pursuant to this Agreement. In addition, the Principal Recipient shall be solely liable for the loss or theft of any Grant funds held in cash by the Principal Recipient or by any of its agents and shall replenish any such lost or stolen Grant funds at its own expense from other resources available to the Principal Recipient. The Principal Recipient shall have no recourse to the Global Fund for any loss or theft of, or damage to, items purchased under the Grant, not for any loss or theft of Grant funds held in cash</p>				Met	Although the update of this SC was not provided by the PR nor the LFA, it should be noted that the PR agreed to this Special Condition by signing the Grant Agreement.
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>10. The Principal Recipient and the Global Fund shall consider a number of options in order to ensure that exchange rate fluctuations do not affect the availability of sufficient resources for purposes of Program implementation. Such options may include an early request for Phase 2 review and funding in instances where accelerated implementation and/or severe exchange rate fluctuations necessitate funding in excess of the Phase 1 Grant amount</p>				Met	Although the update of this SC was not provided by the PR nor the LFA, it should be noted that the PR agreed to this Special Condition by signing the Grant Agreement.

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	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>11. No later than 1 April 2011, the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has developed a report concerning the payment of taxes and duties by Sub-recipients on the purchase of goods and services for Program purposes (the "Report on Taxes and Duties"). The Report on Taxes and Duties should include, among other things, (i) a general approximation of the aggregate amount of taxes and duties paid on a yearly basis by Sub-recipients on purchases of goods and services with Global Fund Grant funds (the "taxes on Grant funds"); (ii) obstacles faced by Sub-recipients in obtaining exemption from taxes and duties and (iii) a request to the Country Coordinating Mechanism for support in addressing the issue of the imposition of taxes on Grant funds</p>				Met	<p>A format has been developed for SR expenditure by PR depicting the cost of goods, taxes and the amount, net of taxes, which is charged to SR expenditure. Out of the total 36 states & Union Territories, the information has been received from 13 States during the period April to December 2011 and 13 states during the period January to March 2012 which has been adjusted in the SR expenditure reported during the period. Additionally, it is to be noted that the information relating to the earlier periods (i.e. April 2010 - Mar 2011) was also not received for all states (only from 11 States).</p> <p>For PR expenditure, the taxes have been deducted from the PU/DR.</p> <p>This condition has been formally "met" – i.e. the form has been developed. We note, however, that tax data needs to be received from 19 states. Because we routinely deduct taxes from DRs, this should to be a barrier to disbursement.</p>
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>12. The Principal Recipient shall organize quarterly meetings at the national, state and district levels composed of representatives of the Principal Recipient and that the other principal recipients of Global Fund grants for HIV/AIDS Programs in India (including PFI and India HIV/AIDS Alliance) to ensure coordinated Program implementation and to review the programmatic, financial and managerial status of the Program</p>				Met	<p>The following types of meetings are conducted at different levels:</p> <p>1) National: A meeting was held on 29 November 2011 with PFI of which the minutes were availed.</p> <p>2) State: A state review meeting is held at state level on quarterly basis with all stake holders. The minutes for the meeting with the Rajasthan SACs held on 15 February 2012 and with Gujarat SACS held on 9 February 2012 were availed.</p> <p>3) District: DAPCU meetings with all stake holders are also held on a quarterly basis. The minutes of DAPCU meetings held on 27 December 2011 in Vizianagaram District and on 22 November 2011 in Angul district were availed.</p>
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>13. No later than 30 April 2011, the Principal Recipient shall submit to the Global Fund, in form and substance acceptable to the Global Fund, evidence of the implementation of a functional system for recording and reporting on patient- and inventory-related information (Management Information System [MIS]), including a system for validating, analyzing and utilizing the reported information in the management of the HIV/AIDS program. The MIS shall include, but will not be limited to, information pertaining to key program indicators, including the number of adults and children receiving ARV treatment, which shall be reported to the Global Fund on an annual basis</p>			30.Apr.11	Waived	<p>During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.</p>

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	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>14. The Principal Recipient acknowledges and agrees that the LFA shall periodically (six-monthly) review the procurement process conducted by the Procurement Agent (PA) to procure Health Products purchased with Grant funds</p>				Met	Although the update of this CP was not provided by the PR nor the LFA, it should be noted that the PR agreed to this Special Condition by signing the Grant Agreement.
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>15. The Principal Recipient shall provide to the Global Fund quarterly monitoring reports, in form and substance acceptable to the Global Fund, describing key milestones achieved and the process undertaken at key decision points for procurement during the cycle in question, as well as tenders in process. Such reports shall include, but will not be limited to, a description of prices paid with supporting invoices and the status of all adjustments against advances made to the procurement agent</p>				Met	The last procurement matrix was submitted by NACO on 8 August 2012. A previous one pertaining to the period though December 2011 was submitted in June 2012. In view of these two submissions, we can formally consider this SC as met.
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>16. No later than 28 February 2011, the Principal Recipient shall provide to the Global Fund the final Report from the MESST workshop undertaken 18-19 February 2010 and, to the extent required based on the outcome of the workshop, a complete costed action plan, in form and substance acceptable to the Global Fund. The costed action plan should include, but will not be limited to, a) weaknesses relating to data reporting through CMIS; including quality and data gaps that hamper data analysis and b) a time-bound plan for addressing M&E human resources capacity issues. The items in the costed action plan that are funded by the Global Fund should be reflected in the grant workplan and budget</p>			28.Feb.11	Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>17. No later than 28 February 2011, the Principal Recipient shall provide to the Global Fund the full description of those indicators included in the Performance Framework that are not part of the national M&E plan</p>			28.Feb.11	Met	
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS RCC-I:</p> <p>18. Following each procurement of Health Products, the Principal Recipient shall update the information for key health products in the Global Fund's on-line Price and Quality Reporting (PQR) database, in accordance with Global Fund guidelines on Price and Quality Reporting</p>				Waived	During the signature of the RCC-II Grant Agreement, the County Team recommended waiving this CP, and this was approved.

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	Condition Precedent	<p>RCC-II CP:</p> <p>The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance training activities for the RCC Phase 2 is subject to the satisfaction to the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of a costed training plan relating to training activities to be conducted for such period (the "Detailed Training Plan and Budget"). This plan shall demonstrate that no duplication of training activities will occur, that these activities are linked to the Program's objectives and that cash transactions related to cost of logistics and per diem are limited whenever possible; and</p> <p>b. the written approval by the Global Fund of the Detailed Training Plan and Budget. In line with the Global Fund's "Guidelines for Budgeting in Global Fund Grants (Module 7, Point 119)," approval of this plan shall supersede any requirement for submission of semi-annual or annual training plans by the Principal Recipient to the Global Fund.</p>		Other		Met	The training plan was based on the NACP-IV document which was approved early October 2013 by the cabinet. As per the RCC-II summary budget, the training budget is available only for the 1st 2 quarters of Phase 2 (October 2012-March 2013). Considering that budget for this period was based on actual expenditure incurred and verified by the LFA, and that there is no budget for the remainder of the RCC-II period, this CP is considered met.
	Condition Precedent	<p>RCC-II STC:</p> <p>1. The Department of Economic Affairs of the Government of India confirms that the Department of AIDS Control of the Ministry of Health and Family Welfare will be the Implementing Agency for the purposes of this Agreement (the "Implementing Agency").</p>				Met	The PR agreed to this Special Condition by signing the Grant Agreement.
	Condition Precedent	<p>RCC-II STC:</p> <p>2. No later than 15 November 2013, the Principal Recipient shall cause the Implementing Agency to provide to the Global Fund a revised M&E plan, in form and substance satisfactory to the Global Fund, which is aligned to the new national M&E plan based on the NACP IV.</p>				Met	The M&E plan was submitted by NACO to Global Fund on 25 July 2013. The NACP-IV document was shared with the Country Team in August 2014 with the submission of the Funding Model Concept Note.
	Condition Precedent	<p>RCC-II STC:</p> <p>3. If, by 15 November 2013, the Implementing Agency does not deliver to the Global Fund, an unqualified audit report for the full duration of the Round 4 grant confirming the total grant expenditure, in form and substance satisfactory to the Global Fund, the Global Fund, in its sole discretion, may undertake any one or more of the following actions:</p> <p>(i) Determine not to release or postpone the release of commitments;</p> <p>(ii) Require the Principal Recipient to reprogram Program activities and de-commit Grant funds from the Grant; and</p> <p>(iii) Implement any other measures considered appropriate by the Global Fund (including without limitation, changing the Implementing Agency, transferring Program Assets and closing the Grant).</p>		Other	15.Nov.13	Met	CAG in its latest made available audit report for FY 2012-13 to Global Fund has cleared US\$ 122 million out of the US\$ 127 million qualified findings. NACO's audit for FY 2013-2014 is yet to be carried out by the CAG and it is expected that the invoices for the remaining amount will be provided by NACO during that audit and cleared. The Ct therefore considers the condition met and will monitor closely the reconciliation of the outstanding amount.

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>RCC-II STC:</p> <p>4. No later than six months after the date of signature of this Agreement by the Global Fund, the Principal Recipient shall cause the Implementing Agency to provide to the Global Fund:</p> <p>(i) evidence, in form and substance satisfactory to the Global Fund, that appropriate systems are in place for the implementation of quality assurance activities in order to comply with the Global Fund's Quality Assurance Policy; and</p> <p>(ii) a time-bound action plan, in form and substance satisfactory to the Global Fund, for the phased roll out of a strategic information management system in order to ensure that that it has implemented a functional system for recording and reporting on patient- and inventory-related information.</p>			31.May.14	In Progress	<p>(i) Final SOP is yet to be submitted by NACO to Global Fund;</p> <p>(ii) SIMS is yet to be fully rolled out. An offline application has been prepared and a pilot is expected to be carried out for Gujarat SACS in May 2015. Post this pilot, SIMS will be rolled out in a phased manner for the program.</p>
	Condition Precedent	<p>RCC-II STC:</p> <p>5. The Principal Recipient acknowledges and agrees that the actual cash balance remaining with the Principal Recipient as of 30 September 2012 remains subject to final verification and therefore the final grant amount on the face sheet may be modified (reduced or increased).</p>				Met	The PR agreed to this Special Condition by signing the Grant Agreement.

2. Key Grant Performance Information

2.1. Program Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020

Goal 1 To improve the survival and quality of life of people living with HIV/AIDS

Impact indicator	% of Adult women and men aged 15-49 who are HIV infected													
	Baselines													
	Value							Year						
	0.36%							2006						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	N: D: P: %	N: D: P: %	0.36	0.34	0.34	N: D: P: 0%	N: D: P: 0%	N: D: P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	0.34		.29	N: D: P: 0%	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: %
Data source of Results															

Impact indicator	% of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy													
	Baselines													
	Value							Year						
	78%							2007						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	N: D: P: %	N: D: P: %	78	80	85	N: D: P: 89%	N: D: P: 90%	N: D: P: 91%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	80	N: D: P: %	89	N: D: P: 88%	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: %
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.Sep.05 31.Dec.05	01.Jan.06 31.Mar.06	01.Apr.06 30.Jun.06	01.Jul.06 30.Sep.06	01.Oct.06 31.Dec.06	01.Jan.07 31.Mar.07	01.Apr.07 30.Jun.07	01.Jul.07 30.Sep.07
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	01.Oct.07 31.Dec.07	01.Jan.08 31.Mar.08	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
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
N/A	01.Oct.09 31.Dec.09	01.Jan.10 31.Mar.10	01.Apr.10 30.Jun.10	01.Jul.10 30.Sep.10	01.Oct.10 31.Dec.10	01.Jan.11 31.Mar.11	01.Apr.11 30.Jun.11	01.Jul.11 30.Sep.11
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32
N/A	01.Oct.11 31.Dec.11	01.Jan.12 31.Mar.12	01.Apr.12 30.Jun.12	01.Jul.12 30.Sep.12	01.Oct.12 31.Dec.12	01.Jan.13 31.Mar.13	01.Apr.13 30.Jun.13	01.Jul.13 30.Sep.13

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 2 - To upscale access to Anti Retroviral Treatment, prophylaxis and treatment of Opportunistic Infections to a minimum of 75% of PLHIV detected

Treatment: Antiretroviral treatment (ARV) and monitoring

Indicator 2.1 - Number of ART Centres established and functional (Rephrased in RCC-II from "No of ART Centres established and functional (RCC-I: R4 & R6)")

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	25, 36	2005, 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			272	272	286	300	300	300
Result			Pending result	Pending result	Pending result	300	Pending result	Pending result
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32
Target	320	340	355	375	375	400	400	400
Result	330	355	Pending result	358	Pending result	400	Pending result	408
	Period 33	Period 34	Period 35	Period 36	Period 37	Period 38	Period 39	Period 40
Target	425	450	450	450	475	500		
Result	Pending result	431	Pending result	Pending result	Pending result	475		

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Indicator 2.2 - No of PLHA (adults) ever Registered in HIV Care (RCC-I: R4 & R6)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 0-Process/Activity Indicator	868879		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			882,159	895,439	908,719	922,000	965,250	1,008,500				
Result			Pending result	Pending result	Pending result	1,168,667	Pending result	Pending result				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	1,051,750	1,095,000	1,175,000	1,255,000	1,500,000	1,680,000						
Result	1,347,722	1,434,668	Pending result	1,563,075	Pending result	Pending result						

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Indicator 2.3 - Number and percentage of eligible PLHA (adults) currently on ART (1st line) (Rephrased in RCC-II from "No of PLHA (adults) currently on ART (1st line) (RCC-I: R4 & R6)")

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 3-People reached	491,596	Mar-12	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: %	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			306,660	320,496	334,332	348,168	358,153	370,448				
Result	N: D: P: %	N: D: P: %	Pending result	Pending result	Pending result	381,028	Pending result	Pending result				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	382,743	395,038	414,419	433,800	N: 540,000 D: 1,043,716 P: 52%	N: 597,000 D: 1,043,716 P: 57%	N: 624,000 D: 1,072,389 P: 58%	N: 648,000 D: 1,072,389 P: 60%				
Result	446,864	491,596	Pending result	545,666	Pending result	N: 597,052 D: 1,043,716 P: 57%	Pending result	N: 674,477 D: 1,072,389 P: 63%				
	Period 33	Period 34	Period 35	Period 36	Period 37	Period 38	Period 39	Period 40				
Target	N: 672,500 D: 1,072,389 P: 63%	N: 697,000 D: 1,072,389 P: 65%	N: 716,000 D: 1,104,061 P: 65%	N: 735,000 D: 1,104,061 P: 67%	N: 754,000 D: 1,104,061 P: 68%	N: 773,000 D: 1,104,061 P: 70%	N: D: P: %	N: D: P: %				
Result	Pending result	N: 716,868 D: 1,072,389 P: 67%	Pending result	Pending result	Pending result	N: 793,837 D: 1,104,061 P: 72%	N: D: P: %	N: D: P: %				

Indicator 2.4 - No of CLHA ever registered in HIV care (RCC-I)

	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		
Level 0-Process/Activity Indicator	64661	March 2010	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			65,996	67,331	68,665	70,000	71,250	72,500						
Result			Pending result	Pending result	Pending result	84,987	Pending result	Pending result						
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32						
Target	73,750	75,000	80,000	85,000	91,114	97,228								
Result	95,889	99,381	Pending result	108,977	Pending result	Pending result								

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Indicator 2.5 - Number and percentage of eligible CLHA Currently on ART (1st line) (Rephrased in RCC-II from "No of CLHA Currently on ART (1st line) (RCC-I: R6)")

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 3-People reached	29,672	Mar-12	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: %	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			20,387	21,591	22,795	24,000	25,000	26,000				
Result	N: D: P: %	N: D: P: %	Pending result	Pending result	Pending result	23,854	Pending result	Pending result				
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	27,000	28,000	29,000	30,000	N: 31,500 D: 86,317 P: 37%	N: 35,400 D: 86,317 P: 41%	N: 36,000 D: 85,365 P: 42%	N: 37,000 D: 85,365 P: 43%				
Result	27,597	29,672	Pending result	33,074	Pending result	N: 35,345 D: 86,317 P: 41%	Pending result	N: 39,429 D: 85,365 P: 46%				
	Period 33	Period 34	Period 35	Period 36	Period 37	Period 38	Period 39	Period 40				
Target	N: 38,000 D: 85,365 P: 45%	N: 39,000 D: 85,365 P: 46%	N: 40,000 D: 84,575 P: 47%	N: 41,000 D: 84,575 P: 49%	N: 42,000 D: 84,575 P: 50%	N: 43,000 D: 84,575 P: 51%	N: D: P: %	N: D: P: %				
Result	Pending result	N: 42,440 D: 85,365 P: 50%	Pending result	Pending result	Pending result	N: 46,082 D: 84,575 P: 55%	N: D: P: %	N: D: P: %				

Treatment: Prophylaxis and treatment for opportunistic infections

Indicator 2.6 - No of OI episodes treated (in CCCs and ART centers) (RCC-I: R4 & R6)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	40,000, N/A	2005, 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			80,300	160,600	240,900	321,200	95,300	190,600
Result			Pending result	Pending result	Pending result	580,442	Pending result	Pending result
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32
Target	285,900	381,200	109,900	219,800	329,700	438,380		
Result	453,630	563,978	Pending result	340,864	Pending result	Pending result		

Objective 3 - To strengthen care & support services to improve drug adherence to over 95%

Treatment: Antiretroviral treatment (ARV) and monitoring

Indicator 3.1 - Percentage of PLHA on ART reporting that they took 95% of their ARV doses each month (Rephrased in RCC-II from "Percentage of patients reporting that they took 95% ARV doses each month (RCC-I: R4)")

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 0-Process/Activity Indicator	93%	Mar-12	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: 93%	N: D: P: 93%	N: D: P: 93%	N: D: P: 93%	N: D: P: 93%	N: D: P: 93%	N: D: P: 93%	N: D: P: 93%		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 96%	N: D: P: %	N: D: P: %	N: D: P: %		
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32				
Target	N: D: P: 93%	N: D: P: 93%	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%		
Result	N: D: P: 96%	N: D: P: 96%	N: D: P: %	N: D: P: 96%	N: D: P: %	N: D: P: %	N: D: P: 95%	N: D: P: %	N: D: P: %	N: D: P: 93%		
	Period 33	Period 34	Period 35	Period 36	Period 37	Period 38	Period 39	Period 40				
Target	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%	N: D: P: 94%	N: D: P: 95%	N: D: P: %	N: D: P: %	N: D: P: %		
Result	N: D: P: %	N: D: P: 91%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 93%	N: D: P: %	N: D: P: %	N: D: P: %		

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Objective 4 - To build capacities and strengthen Health System for mainstreaming and long term sustainability of care support & treatment services

HSS: Service delivery

Indicator 4.1 - No of Link ART Centres established and functional (RCC-I)

	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						
Level 2-Service Points supported	325	March 2010	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			350	400	450	500	650	700										
Result			Pending result	Pending result	Pending result	600	Pending result	Pending result										
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32										
Target	750	800	900	1,000	1,000	1,000												
Result	685	735	Pending result	781	Pending result	Pending result												

Indicator 4.2 - Number of service deliverers provided induction training in counselling, technical and clinical areas (Rephrased in RCC-II from "Number of service deliverers provided induction training in counselling, technical and clinical areas (RCC-I: R4 & R6)")

	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						
Level 1-People trained	2,104	Mar-12	Y	Y														
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			161	322	385	643	907	1,171										
Result			Pending result	Pending result	Pending result	1,219	Pending result	Pending result										
	Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32										
Target	1,435	1,699	2,437	2,683	330	660	395	790										
Result	2,100	2,302	Pending result	3,010	Pending result	990	Pending result	1,312										
	Period 33	Period 34	Period 35	Period 36	Period 37	Period 38	Period 39	Period 40										
Target	1,190	1,710	360	763	1,166	1,689												
Result	Pending result	1,683	Pending result	Pending result	Pending result	576												

Objective 5 - To develop and strengthen information system for quality control, monitoring and evaluation of care support & treatment services

HSS: Information System

Indicator 5.1 - Number of PLHA issued smart card (Rephrased in RCC-II from "No of PLHA issued smart card** (RCC-I: R6)")


Level 0-Process/Activity Indicator	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		
	0	Mar-12	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			0	0	15,000	250,000	500,000	500,000						
Result					Pending result	0	Pending result	Pending result						
					Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	500,000	500,000	800,000	850,000	0	0	15,000	250,000						
Result	0	0	Pending result	0			0	Pending result						
					Period 33	Period 34	Period 35	Period 36	Period 37	Period 38	Period 39	Period 40		
Target	500,000	500,000	500,000	500,000	800,000	850,000								
Result	Pending result	0	Pending result	Pending result	Pending result	Pending result	0							

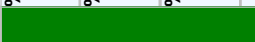
Indicator 5.2 - Number of Operation Research Projects completed and results disseminated (RCC-I: R4 & R6)


Level 0-Process/Activity Indicator	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		
	0	2005, n/a	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			0	0	0	0	1	1						
Result							0	Pending result	Pending result					
					Period 25	Period 26	Period 27	Period 28	Period 29	Period 30	Period 31	Period 32		
Target	1	2	3	4	4	4								
Result	2	2	Pending result	4	Pending result	Pending result								

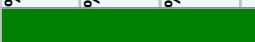
2.2.3. Cumulative Progress To Date


Latest reporting due period : 37 (01.Oct.14 - 31.Dec.14)

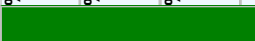
Objective 2	To upscale access to Anti Retroviral Treatment, prophylaxis and treatment of Opportunistic Infections to a minimum of 75% of PLHIV detected									
SDA	Treatment: Antiretroviral treatment (ARV) and monitoring									
Indicator 2.1 - Number of ART Centres established and functional (Rephrased in RCC-II from "No of ART Centres established and functional (RCC-I: R4 & R6)")										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	38	500	38	475						95%


Indicator 2.2 - No of PLHA (adults) ever Registered in HIV Care (RCC-I: R4 & R6)										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 0-Process/Activity Indicator	28	1,255,000	28	1,563,075						120%

Indicator 2.3 - Number and percentage of eligible PLHA (adults) currently on ART (1st line) (Rephrased in RCC-II from "No of PLHA (adults) currently on ART (1st line) (RCC-I: R4 & R6)")										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	38	N: 773,000 D: 1,104,061 P: 70 %	38	N: 793,837 D: 1,104,061 P: 71.9 %						103%

Indicator 2.4 - No of CLHA ever registered in HIV care (RCC-I)										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 0-Process/Activity Indicator	28	85,000	28	108,977						120%

Indicator 2.5 - Number and percentage of eligible CLHA Currently on ART (1st line) (Rephrased in RCC-II from "No of CLHA Currently on ART (1st line) (RCC-I: R6)")										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	38	N: 43,000 D: 84,575 P: 50.8 %	38	N: 46,082 D: 84,575 P: 54.5 %						107%

SDA	Treatment: Prophylaxis and treatment for opportunistic infections									
Indicator 2.6 - No of OI episodes treated (in CCCs and ART centers) (RCC-I: R4 & R6)										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	28	219,800	28	340,864						120%

Objective 3	To strengthen care & support services to improve drug adherence to over 95%									
SDA	Treatment: Antiretroviral treatment (ARV) and monitoring									
Indicator 3.1 - Percentage of PLHA on ART reporting that they took 95% of their ARV doses each month (Rephrased in RCC-II from "Percentage of patients reporting that they took 95% ARV doses each month (RCC-I: R4)")										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 0-Process/Activity Indicator	38	N: D: P: 95 %	38	N: D: P: 92.8 %						98%

Objective 4	To build capacities and strengthen Health System for mainstreaming and long term sustainability of care support & treatment services
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SDA	HSS: Service delivery
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Indicator 4.1 - No of Link ART Centres established and functional (RCC-I)
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	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	28	1,000	28	781						78%

Indicator 4.2 - Number of service deliverers provided induction training in counselling, technical and clinical areas (Rephrased in RCC-II from "Number of service deliverers provided induction training in counselling, technical and clinical areas (RCC-I: R4 & R6)")
--

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	38	1,689	38	576						34%

Objective 5	To develop and strengthen information system for quality control, monitoring and evaluation of care support & treatment services
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SDA	HSS: Information System
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Indicator 5.1 - Number of PLHA issued smart card (Rephrased in RCC-II from "No of PLHA issued smart card** (RCC-I: R6)")

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	38	850,000	38	0						0%

Indicator 5.2 - Number of Operation Research Projects completed and results disseminated (RCC-I: R4 & R6)
--

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	28	4	28	4						100%

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

Grant Duration (months)	121 months	Grant Amount	452,284,617 \$
% Time Elapsed (as of end date of the latest PU)	95%	% disbursed by TGF (to date)	100%
Time Remaining (as of end date of the latest PU)	6 months	Disbursed by TGF (to date)	452,284,617 \$
Expenditures Rate (as of end date of the latest PU)	77%	Funds Remaining (to date)	

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.Sep.05	01.Jan.06	01.Apr.06	01.Jul.06	01.Oct.06	01.Jan.07	01.Apr.07	01.Jun.07
Period Covered To:	31.Dec.05	31.Mar.06	30.Jun.06	30.Sep.06	31.Dec.06	31.Mar.07	31.May.07	31.Aug.07
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	530,250	6,277,621	6,937,371	7,534,083	12,534,083	17,534,083	19,534,083	21,672,559
Summary Period Budget:	530,250	5,747,371	659,750	596,712	5,000,000	5,000,000	2,000,000	2,138,476

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.Sep.07	01.Jan.08	01.Apr.08	01.Jul.08	01.Oct.08	01.Jan.09	01.Apr.09	01.Jul.09
Period Covered To:	31.Dec.07	31.Mar.08	30.Jun.08	30.Sep.08	31.Dec.08	31.Mar.09	30.Jun.09	30.Sep.09
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	33,228,311	44,784,063	45,377,694	45,971,325	53,857,900	61,744,475	73,267,340	84,642,923
Summary Period Budget:	11,555,752	11,555,752	593,631	593,631	7,886,575	7,886,575	11,522,865	11,375,583

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.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11	01.Apr.11	01.Jul.11
Period Covered To:	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11	30.Sep.11
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	103,655,681	122,668,439	7,750,288	15,558,558	40,872,722	68,263,895	79,072,478	89,998,666
Summary Period Budget:	19,012,758	19,012,758	7,750,288	7,808,270	25,314,164	27,391,173	10,808,583	10,926,188

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.Oct.11	01.Jan.12	01.Apr.12	01.Jul.12	01.Oct.12	01.Jan.13	01.Apr.13	01.Jul.13
Period Covered To:	31.Dec.11	31.Mar.12	30.Jun.12	30.Sep.12	31.Dec.12	31.Mar.13	30.Jun.13	30.Sep.13
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	118,818,517	149,383,984	171,059,921	194,802,087	200,899,770	206,997,453	216,057,959	264,352,834
Summary Period Budget:	28,819,851	30,565,467	21,675,937	23,742,166	6,097,683	6,097,683	9,060,506	48,294,875

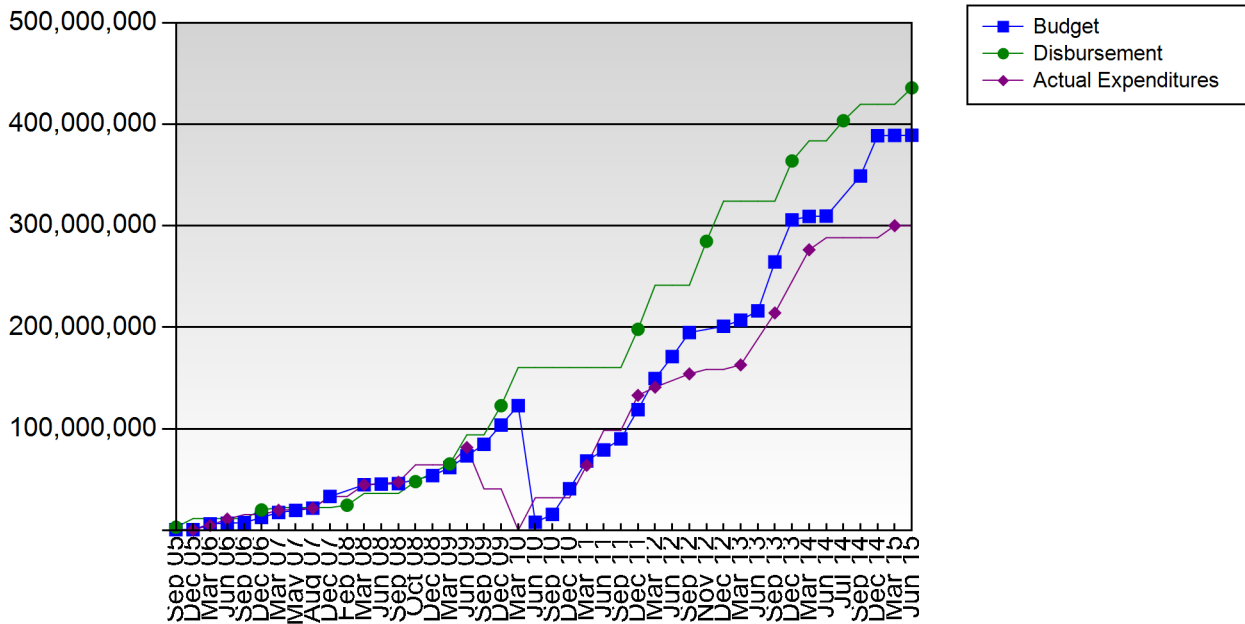
Expenditure Categories**Program Activities****Implementing Entities**

	Budget Period 33	Budget Period 34	Budget Period 35	Budget Period 36	Budget Period 37	Budget Period 38	Budget Period 39	Budget Period 40
Period Covered From:	01.Oct.13	01.Jan.14	01.Apr.14	01.Jul.14	01.Oct.14	01.Jan.15	01.Apr.15	01.Jul.15
Period Covered To:	31.Dec.13	31.Mar.14	30.Jun.14	30.Sep.14	31.Dec.14	31.Mar.15	30.Jun.15	30.Sep.15
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	305,712,439	309,240,728	309,442,391	349,071,326	388,700,261	388,901,923	389,103,586	389,305,249
Summary Period Budget:	41,359,605	3,528,289	201,663	39,628,935	39,628,935	201,662	201,663	201,663

Expenditure Categories**Program Activities****Implementing Entities****- Comments and additional information****2.3.3. Program Expenditures**

Period PU17: 01.Apr.14 - 31.Mar.15	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 23,738,478	\$ 388,901,923	\$ 300,013,889	\$ 88,888,034	
1a. PR's Total expenditure	\$ 23,738,478		\$ 333,725,251		
1b. Disbursements to sub-recipients			\$ 77,356,668		
1c. Expenditure Adjustments			\$ -111,068,030		Reason for adjustments
2. Pharmaceuticals & Health Product expenditures vs budget	\$ 23,720,817		\$ 338,196,047		
2a. Medicines & pharmaceutical products	\$ 18,420,414		\$ 303,959,113		
2b. Health products and health equipment	\$ 5,300,403		\$ 34,236,934		

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	01.Sep.05 -		N/A	1	01.Aug.05 - 31.Oct.05	6,277,621	\$ 2,972,000	02 Sep 2005	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
This is the first disbursement to the grant, and no progress update has yet been made available.					PR would be utilising US\$ 3,305,621 for procurement of drugs and other products during the first two quarters. Since PSM plan is yet to be approved this amount has been deducted from the amount requested.				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Sep.05 - 31.Dec.05		B1					N/A	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
6 out of 8 indicators have been fully met against the targets set. The other two indicators are currently under way and should be achieved by the end of the year.									

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jan.06 - 31.Mar.06			B1	1	01.Apr.06 - 30.Jun.06	5,489,465		N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Achievement continues to be on the upswing and positive. Again, achievement of six of the eight indicators have been fully met, with the other two expected to be met by year end					PR has submitted three DRs at the same time in October 2006. Therefore, LFA could not have made an earlier recommendation for disbursement. The DR being recommended takes care of expenditure up to June 2006 and the projections of expenditure for the following period.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Apr.06 - 30.Jun.06			B1	2	01.Jul.06 - 30.Sep.06	17,012,500	\$ 17,012,500	20 Dec 2006
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Overall PR performance is B1. In all the last three quarters, the achievement has been positive and on track, resulting in 6 out of the 8 targets being fully met, with the other 2 expected by year end. Overall, performance has been steady and consistent for all the indicators. Considerable delay has been noted in receipt of the operational and financial data from the SRs. Additionally, issues are faced by PR in receiving complete and comprehensive information from the SRs. Various errors of misclassification and miscalculation were noted by LFA which have been reported in the "Expenditure Review Report".					N/A				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jul.06 - 31.Mar.07			B1	2	01.Apr.07 - 31.Aug.07	2,548,427		N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Overall performance rating is B1. PR has achieved utilization rate of 91% in 19 months period ending March 31, 2007 (expended US\$ 19,705,778 against the total phase 1 budget of US\$ 21,672,559.). Therefore, the PR may be able to utilize the balance budget of US\$ 1,966,781 in the remaining 5 months of Phase 1 i.e. April-August 2007. It is noted that 83% of the expenditure has been on drugs only i.e. out of the total expenditure of US\$ 19,705,778, expenditure on drugs amounts to US\$ 16,442,004. Consequently, utilization rates in other activities have been below the targeted levels. However, LFA was explained by PR that in activities other than drugs, efforts have been accelerated to achieve the Phase 1 targets as mentioned below: -Pending recruitments and training programmes are in the process.</p> <p>-ART centres that couldn't be established earlier are now being identified and established. -Failure of procurement of CD4 machines due to absence of qualified bidders have now being resolved by appointed the outside agency. -Robust networking system between PR and SACS is in the process of implementation, thus resulting in the effective monitoring and evaluation activities.</p> <p>PR has submitted SOEs with reasons of variance within the defined timelines. However, inaccuracies in the expenditure figures reported by PR in DR as the same were not matching with SOEs. Also, the reasons provided for variance were not mapped with the physical targets.</p> <p>PR should staff vacant posts so as to ensure that work is completed within the set timelines. PR should also finalize and operationalize the computerized financial reporting and recording system at the earliest time.</p>									
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
5	01.Apr.07 - 31.Aug.07			A1	3	01.Sep.07 - 31.Mar.08	4,661,348	\$ 4,661,348	28 Feb 2008
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Overall performance rating is A. PR's performance (both financial and programmatic) has been good. PR has achieved utilization rate of nearly 100% at the end of Phase 1 (expended USD 21,662,776.45 against the total phase 1 budget of USD 21,672,559.06). It is also noted that activities had been accelerated in the current quarter to achieve the phase 1 targets. Thus, activities are in its full swing and shall carry on with the same momentum.</p> <p>PR should staff vacant posts to ensure that work is completed within the set timelines. PR should be further encouraged to finalize and operationalize the computerized financial reporting and recording system at the earliest time.</p>					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	
6	01.Sep.07 - 31.Mar.08		A1	4	01.Apr.08 - 30.Sep.08	42,941,247	\$ 23,261,516	23 Oct 2008	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>Overall the grant is performing very well. The average performance for Top Ten indicators is 120% and for all indicators 105% giving the program an indicator rating of A1. 4 out of 8 indicators have exceeded their targets. These include three Level 3 (People reached) indicators: (1) People Living with HIV/AIDS (PLHAs) receiving ARV (132%); (2) PLHAs receiving prophylaxis for Opportunistic Infections (OI) (105%); and (3) People counseled and tested for HIV (150%). The number of PLHAs receiving ART continues to exceed set targets due to the continued stronger linkages and referrals from Integrated Counseling and Testing Centers (ICTCs). The achievement of two of the remaining indicators is also high (99% and 94%). Two indicators are slightly behind: "Number of ART Centers established" and "Number of operation research studies completed" with achievement rates of 86% and 75% respectively. This is largely due to administrative delays in the state of Karnataka which have now been addressed. After consultation with TGF the Government of India decided to accelerate program implementation in the third year. The accelerated plan will put more people on ARV treatment sooner, in order to meet the Universal Access targets. GOI expects to put 160,000 PLHAs on treatment by December 2008 as part of the national plan (currently 106'900). To meet increased demand from ART and ICTC centers, established under the program, advance bulk procurement of drugs and other commodities took place during the Progress Update period.</p>				<p>PR has requested US\$ 42,713,004 and LFA has recommended US\$ 23,100,513. Certain expenditure has been identified which should not be financed. Further, deductions have been suggested from the forecasted expenditure as well. PR has achieved most of its targets and has been able to exhaust budget for the reporting period efficiently. Since PR has performed well and its activities are also in its full swing, there is confidence that the PR will be able to utilize the funds recommended as per the budgeted activities.</p>					

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
7	01.Apr.08 - 30.Sep.08			A2	5	01.Oct.08 - 31.Mar.09	40,355,679	\$ 17,421,431	13 Mar 2009
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Overall the grant is performing very well. The PR is accelerating the program implementation by five months. The average performance for Top Ten indicators is 112% and for all indicators 102% giving the program an indicator rating of A1. 4 out of 8 indicators have exceeded their targets. These include three Level 3 (People reached) indicators: (1) People Living with HIV/AIDS (PLHAs) receiving ARV (139% achievement capped at 120% by the new rating methodology); (2) PLHAs receiving prophylaxis for Opportunistic Infections (OI) (107%); and (3) People counselled and tested for HIV (242% achievement capped at 120%). The number of PLHAs receiving ART continues to exceed set targets due to the continued stronger linkages and referrals from Integrated Counselling and Testing Centres (ICTCs). The achievement of two of the remaining indicators is also high (99% and 95%). Two indicators that are slightly behind include: "Number of ART Centres established" and "Number of operation research studies completed" with achievement rates of 90% and 50% respectively. This is largely due to administrative delays in the state of Karnataka which are now being addressed. After consultation with TGF the Government of India decided to accelerate program implementation in the third year. The accelerated plan will put more people on ARV treatment sooner, in order to meet the Universal Access targets. In line with higher than expected programmatic results, expenditures have exceeded the budget. There is therefore the possibility that the program will exhaust its budget before the end of year 5.</p>					<p>The occurred expenditures are in line with the higher than expected programmatic results due to accelerated grant implementation. The PR's request for a disbursement of US\$ 40,355,679 does not take into account the US\$ 23,261,516 disbursement received from the Global Fund only days after the end of the Progress Update period. The Global Fund recommends reducing the disbursement request by that amount. The PR has an adjusted cash balance of US\$ 22,707,402 according to the LFA. Forecasted amount of US\$ 17,975,545 is per Grant Agreement budget and includes US\$ 3,527,570 for Period 13 and 14 (1 Oct 2008-31 March 2009) and US\$ 14,447,975 for a buffer Period 15 (1 April-30 June 2009). Taking into account the adjusted cash balance of US\$ 22,707,402, cash "in transit" of US\$ 23,261,516 and forecasted amount of US\$ 17,975,545, the Global Fund recommends disbursement of US\$ 17,421,431. The issue of the Condition Precedent on training, where the PR has not provided sufficient information to confirm complete fulfilment, has been raised in the Management Letter to the PR. However, this should not delay the current disbursement.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
8	01.Oct.08 - 30.Jun.09			A2	6	01.Apr.09 - 31.Dec.09	65,239,849	\$ 57,339,842	04 Dec 2009
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Overall Performance of the PR has been satisfactory till end of reporting period, as the PR was able to achieve/over-achieve targets for most of the indicators. As regards expenditure, utilization of 125% has been achieved in the reporting period. Issues were observed in the quality of data and reporting.</p>					<p>The required and requested funds for this disbursement exceed the undisbursed amount available. The Global Fund therefore recommends that all remaining funds under this grant US\$ 57,339,842 be disbursed.</p>				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
9	01.Jul.09 - 31.Mar.10			B1					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>A rating of B1 is considered appropriate for the PR due to the following reasons:</p> <p>Indicators/Targets: Out of 8 indicators, PR has reported an achievement of 80% and above in 7 of the indicators.</p> <p>Program Expenditure: Utilisation for the current reporting period (PR and SR) and cumulatively till Mar 2010 (based on LFA verified expenditure) is 58% approx. (after audit adjustments) and 90% approx. respectively.</p> <p>Action taken against GF recommendations: Certain key recommendations by Global Fund after the previous PUDR have not yet been implemented. These also include issues on the data quality, which continue to be observed during this reporting period.</p>									
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
10	01.Apr.10 - 31.Mar.11			A2	7	01.Apr.11 - 30.Sep.11	118,423,465	\$ 75,295,964	29 Dec 2011
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
11	01.Apr.11 - 31.Dec.11			A2					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During this period, out of the 11 indicators applicable in this reporting period, PR has achieved 90% or more in 10 of them, based on which the quantitative rating as per the grant rating tool is "A1".</p> <p>However, certain significant issues (listed below) were noted due to which the overall grant rating has been downgraded to "A2":</p> <ul style="list-style-type: none"> - A number of the recommendations provided by the Global Fund in the Management Letter for the previous PUDR have not been implemented / are in progress. - PR charges expenditure pertaining to procurement of health products and pharmaceuticals based on advances paid to the Procurement Agent (PA). It has been observed that advances paid to previous PA (UNOPS) have not been settled by the PR till date. The same practice continues with the current PA (RITES) as well. 									

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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.Jan.12 - 31.Mar.12			A2	8	01.Apr.12 - 30.Sep.12	103,764,271	\$ 86,707,242	29 Nov 2012
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>This grant is currently undergoing Phase 2 review in Wave 8 (deferred to Wave 10) of 2012. During the latest reporting period, 1 April 2011 to 31 March 2012 (cut-off date), NACO demonstrated excellent overall programmatic results with an "A2" rating for all indicator ratings and Top Ten indicator rating of "A1". Based on the cumulative programmatic performance of NACO, up to the cut-off date, the grant's quantitative rating is "A1". However, four main issues forced a downgrade of the overall grant rating to "A2":</p> <ol style="list-style-type: none"> 1. The PR needs to complete reconciliation of its expenditure statements to address qualified findings made by the Controller and Auditor General (CAG) of India across all grant programs managed by NACO. This is a systemic problem; 2. Recommendations by the Global Fund have not been implemented or are in progress. Notably, there has been a delay in the use of SMART cards to permit patients to secure care irrespective of location, in roll-out of a strategic information management system (SIMS) for NACP and in the implementation of standard operating procedures for procurement activities; 3. NACO charges procurement of health products and pharmaceuticals expenditures based on advances paid to the Procurement Agent, RITES. Advances paid to the former Procurement Agent, UNOPS, have not been settled by NACO to date. The same practice continues with RITES as well; and 4. A number of documents, constituting some 5% of the total amount of expected number of entries into the PQR, have yet to be received for UNOPS-managed procurements 									
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
13	01.Apr.12 - 30.Sep.12			A2					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
14	01.Oct.12 - 31.Mar.13			A2					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
15	01.Apr.13 - 30.Sep.13		A2	9	01.Oct.13 - 31.Dec.14	103,723,931	\$ 79,139,660	12 Dec 2013	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
					<p>PR request: US \$103,723,931 based on the forecast as per the approved summary budget for the period 1 October 2013 to 31 March 2014 (Q33-Q34) totaling US \$45,089,557 plus a buffer of Q35 (US \$201,663) minus a negative (-) cash balance of US \$58,634,374.</p> <p>The cash balance has been corrected to minus (-) US \$9,756,024 to take into account adjustments to the PR reported expenditure as explained in Section 3 above, with which the Country Team concurs.</p> <p>The Country Team adjusted the forecast as follows:</p> <p>US \$84,718,493: Budget 1 October 2012 to 30 September 2014 (Q33-Q36) US \$39,628,935: Budget 1 October 2014 to 31 December 2014 (Q37), as buffer.</p> <p>Less: US \$15,150,413: Savings due to exchange rate fluctuations; US \$184,444: Savings due to vacant HR positions.</p> <p>Adjusted forecast: US \$109,012,572.</p> <p>Less: Cash balance as at 30 September 2013 (-) US \$9,756,024.</p> <p>US \$118,768,596: Country Team Annual Disbursement decision amount.</p> <p>The first cash transfer of US \$79,139,660 covering the period 1 October 2013 to 30 September 2014 on 5 December 2013 and a second transfer of US \$39,628,936 (covering the buffer period 1 October to 31 December 2014) on 1 July 2014.</p>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
15	01.Apr.13 - 30.Sep.13		A2	9.1	01.Oct.13 - 31.Dec.14	103,723,931	\$ 39,628,936	14 Jul 2014	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
					Release of second tranche to DR09.				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
16	01.Oct.13 - 31.Mar.14		A2	9	01.Oct.13 - 31.Dec.14	102,653,310		N/A	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
17	01.Apr.14 - 31.Mar.15		A2	10	01.Apr.15 - 30.Sep.15	36,294,548	\$ 32,359,516	10 Jun 2015	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				

2.5. Contextual Information

Title	Explanatory Notes
Additional Contextual Issues	<p>This is a major scale-up of ARV treatment in the country. Overall the grant is performing very well. The country is accelerating the program implementation by five months. The grant has been qualified for RCC. The RCC proposal is to be submitted by end of July 2009. As of 30 September 2008 data the average performance for Top Ten indicators is 112% and for all indicators 102% giving the program an indicator rating of A1. After consultation with TGF the Government of India decided to accelerate program implementation in the third year. The accelerated plan will put more people on ARV treatment sooner, in order to meet the Universal Access targets. In line with higher than expected programmatic results, expenditures have exceeded the budget. There is therefore the possibility that the program will exhaust its budget before the end of year 5.</p> <p>Technical support from WHO, CDC, Clinton Foundation, UNICEF and UNAIDS are an integral part of the national program. NACPIII, third national strategy, was developed with input from all major stakeholders. The national program has set ambitious targets which require major external resources. The institutional arrangements, capacity strengthening, technical support and monitoring and evaluation systems have been configured to support the interventions as part of NACPIII. These interventions are being delivered in collaboration with private sector, academic/research/training institutions, civil society organisations (CSO), and PLHA networks. NACP III envisages contracting private providers and civil society organisations in the provision of services through public-private partnership.</p> <p>Procurement initially faced major delays but has now been completed under an accelerated implementation plan. Distribution of drugs to states has taken place and people on ARV treatment is under accelerated plan. PR was strongly advised to adhere to the required timeframe for submission of such progress updates but the major problems seem to be difficult states like Manipur. NACO is closely following up on states which submit reports late. Considerable delay has been noted in receipt of the operational and financial data from the SRs. Various errors of misclassification and miscalculation were noted by LFA which have been reported. The corrective steps and capacity building have been discussed with NACO and additional steps are taken to improve implementation.</p> <p>The Government of India has launched the National Rural Health Mission from April 2005, which integrated the various National Disease Control Programs and the Family Welfare Programs at the executive level while maintaining individual identity at technical and financial level. The HIV/AIDS has also been included under this mission. This led to enhanced coordination within the Ministry of Health and Family Welfare GOI, resulting in effective implementation of health activities in the country. The state governments also benefit in terms of concerted strengthening of health management systems at state and district levels and most importantly increase fund flow from the federal government. Implementation at the district level is also better coordinated with existing health care services.</p>
Major changes in the nature of the epidemics	While there were no major changes in the nature of the epidemics, in 2007 the HIV/AIDS prevalence rate has been revised from 0.9 to 0.3%.
Major changes in the program supporting environment (e.g. changes in the partner relationships, introduction of new partners, etc.)	n/a
Significant adverse external influences (e.g. force majeure, change in government, natural disaster, etc.)	n/a
External financial issues (e.g. inflation, currency depreciation, etc.)	Significant fluctuations in the exchange rate of the rupee (between INR 39.27 to INR 50.52 for 1USD in 2008).
Program management issues (e.g. changes in PR/sub-recipients, problems with data collection, quality assurance, etc.)	no major issues
Issues with the CCM (e.g. changes in membership, composition, etc.)	CCM is fully compliant with GF requirements. CCM membership was revised to ensure broader inclusion of the civil society. The CCM elections took place in April 2009.
Other (National Programs, SWAPS, Corruptive Environment, etc.)	The program is part of the National AIDS Control Program (NACP III).

2.6. Phase 2/ Periodic Review Grant Renewal

Performance Rating	A. Expected or exceeding expectations	Recommendation Category	Go
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Rationale for Phase 2/ Periodic Review Recommendation Category**Program performance:**

This grant Program shows good performance throughout its Phase 1, reaching, or nearly achieving, the targeted numbers of people with key services. These include:

- 50,469 people living with HIV/AIDS (PLWHA) receiving antiretroviral therapy (ART) in the public sector (126% of target);
- 89,509 PLWHA receiving prophylaxis for opportunistic infections (74% of target);
- 87% of patients have reported that they take 95% of their required dosage each month (100% of target); and
- 2,247,529 people have undergone counseling and testing (499% of target).

Capacity building activities have also progressed well with satisfactory numbers of health facilities providing ART services and CD4 testing services. Further to this, the training activity has exceeded its target with good absolute numbers trained (result 864, target 800). In light of this strong performance, the Principal Recipient (PR) has planned to increase targets for Phase 2; most significantly, an increase of the ARV treatment target from 137,000 PLWHA's on ART in the original proposal to 180,000 by the end of Year 5 of the Program.

Program management and governance:

The PR, the Department of Economic Affairs of the Government of India, has demonstrated its ability to manage successfully this large Program. A significant number of programmatic achievements of targets have been made and the PR has made continuous efforts to strengthen the capacity of its implementing partners, particularly the main implementing agency, the National AIDS Control Organisation (NACO). Additionally, NACO has recently adopted the third national strategy NACPIII in consultation with over 30 partners including donors, national, and international partners. NACPIII has been operational since 1 July, 2007 and is a five year \$2.5 billion national AIDS program. This Global Fund Program is part of the NACPIII.

Another key Sub-recipient, the Population Foundation of India is performing well and the coordination at the state level between NGOs and the State AIDS Control Societies (SACS) is reportedly very good. Regular coordination meetings are organized between NACO and other partners active in HIV/AIDS initiatives and regular Program review meetings with SACS Project Directors and Sub-recipients have showed to be effective in ensuring proper follow-up and coordination. This ensures a regular review of performance. Partners such as the Clinton Foundation have set up a national ARV training center for doctors in Chennai, and the US CDC (Center for Disease Control) is providing specific technical assistance at the state level. WHO has expanded its support to the Program with USAID and other donors. The US Government and EU have developed a technical assistance matrix for the CCM to strengthen its role, thereby focusing more specifically on CCM oversight development. Challenges continue in difficult states such as Manipur where insurgency and political instability create difficult conditions for implementation. NACO is closely monitoring the two north eastern states to improve their performance.

Additional capacity building is planned under NACPIII in Phase 2, most notably in financial management and monitoring and evaluation (M&E). This should further enhance the rate and quality of implementation.

The Secretariat classifies this Request as a "Go". In Phase 2, the PR should focus efforts on fulfilling the recommended time bound actions as stated on page 3 of this Grant Score Card.

Rationale for Phase 2/ Periodic Review Recommendation Amount

In light of very good performance and sound grant management to date, the Secretariat concludes that the maximum Phase 2 amount of US\$100,996,078 is appropriate for continued funding. As there are no undisbursed Phase 1 funds available to partially fund this amount, the Secretariat recommends to the Board to commit the full US\$100,996,078 for this Program.

Time-bound Actions	
Issues	Description
1. Care and Support services for PLWHA were not conducted in Delhi NCT, as envisioned.	1. Prior to the signature of the Phase 2 extension, the PR shall put in place the Care and Support structures through the establishment of TCCs (Treatment Counseling Centers) and DLNs (District level networks) in Delhi NCT.
2. M&E strategy under NACP III was developed but an operational plan is yet to be developed by NACO and key donors.	2. By 31 December 2007, the PR shall deliver to the Global Fund an operational plan for M&E of the Program, taking into account the national M&E operational plan of NACP III.
3. Global Fund financial management and reporting requirements are not addressed by the national computerized accounting framework (CFMIS software).	3. By 31 December 2007, the PR shall integrate Global Fund financial management and recording needs in CFMIS.
4. Potential savings were identified by the Secretariat on ARV costs.	4. Prior to signature of the Phase 2 extension, the PR, in consultation with the Secretariat, shall explore using potential savings in the Program budget. Such saving should be reallocated to the Program with a corresponding increase in impact and outcome of the Program and/or to strengthen quality assurance activities for the Program (namely M&E, training, HR). If any such savings are not re-invested in such ways, and if a compelling case for reallocating them in other ways is absent, such funds shall be returned to the Global Fund.
5. Audit report.	5. Prior to first Phase 2 disbursement, the 2005-6 audit report shall be finalized. However, this deadline may be extended if the delay stems from the unavailability of the sector wide report.

