

General Grant Information

Country	India				
Grant Number	IDA-405-G07-M	Component	Malaria	Round	4
Grant Title	Intensified Malaria Control Project (IMCP)				
Principal Recipient	The Department of Economic Affairs, Ministry of Finance, Government of India				
Total Lifetime Budget	\$ 63,544,954	Phase 1 Grant Amount	\$ 30,158,833	Phase 2 Grant Amount	\$ 33,386,121
Grant Start Date	01 Jul 2005	Phase 1 End Date	30 Jun 2007	Phase 2 End Date	30.Jun.10
Disbursed Amount	\$ 56,224,799	% of Grant Amount	88%	Latest Rating	B2
Time Elapse (at the end of the latest reporting period)	54 months	% of Grant Duration	90%	Proposal Lifetime	60 months

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1. Program Description and Contextual Information

1.1. Program Description Summary

The problem of malaria has existed in India for centuries. India contributes almost three-quarters of all cases of malaria in Southeast Asia, with close to 10.7 million people infected and 15,000 people dying from the disease each year. The program supported by this grant is building the capacities of the provincial health departments in ten states. The population of these ten states represents about ten percent of the country's total but is responsible for 25 percent of the national malaria caseload and 47 percent of malaria deaths. The main components of the program include training existing laboratory technicians in the public, private and voluntary sectors to improve access to diagnosis and treatment; provision of rapid diagnostic tests for use in remote or sparsely populated areas where laboratory services are unavailable; supply of antimalarial drugs and insecticide-treated nets; provision of artemisinin-based combination therapies in drug-resistant areas; promotion and use of larvivorous fishes; establishment of a community-based drug distribution mechanism; selective indoor residual spraying and conducting malaria-control awareness and education programs.

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	1,214,464	2010	United Nations. World Population Prospects: .The 2008 Revision
Pop age 0-4 (in 1000s)	125,648	2010	United Nations. World Population Prospects: .The 2008 Revision
Pop age 15-49 (in 1000s)	647,003	2010	United Nations. World Population Prospects: .The 2008 Revision
GNI per capita, Atlas method (current US\$)	950	2007	World Bank. World Development Indicators database (http://devdata.worldbank.org/data-query/) accessed on November 17, 2008
Income level	Lower middle income	2007	World Bank. World Development Indicators database (http://devdata.worldbank.org/data-query/) accessed on November 17, 2008
Under-5 mortality rate (per 1000)	76	2006	WHO. World Health Statistics 2008 (http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf) accessed on 30 May 2008
Physicians (number)	645,825	2004	WHO. World Health Statistics 2008 (http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf) accessed on 30 May 2008
Nursing and midwifery personnel (number)	1,372,059	2004	WHO. World Health Statistics 2008 (http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf) accessed on 30 May 2008
Total health expenditure per capita (USD)	36	2005	WHO. World Health Statistics 2008 (http://www.who.int/whosis/whostat/EN_WHS08_Full.pdf) accessed on 30 May 2008
Human Development Index (HDI)	Medium	2006	UNDP. Human Development Indices: A statistical update 2008 (http://hdr.undp.org/en/media/HDI_2008_EN_Content.pdf) accessed on 30 March 2009
Malaria	Estimate	Year	Source
Reported malaria cases	1,476,562	2007	.WHO. World malaria report 2008
Reported malaria deaths	1,173	2007	.WHO. World malaria report 2008
Estimated malaria deaths	15,008	2006	.WHO. World malaria report 2008
Nets distributed (ITNs and LLINs)	4,274,058	end 2009	Global Fund-supported programs, end 2009 results

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

N/A

1.4. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Overall	B1	Although overall I&P and FMS capacity is in place, the need is to refocus and upgrade the same to ensure efficient implementation of the program. This would necessitate a higher allocation of funds for training but within the proposed annual allocation. There are gaps in implementation capacity of different SRs. Almost all of the SRs have a large number of technical posts vacant. This can become a handicap in implementation. These posts need to be filled in as soon as possible. Management Information System needs to be approved. The Directorate should ensure that the audit firms are retained to conduct audit to ensure compliance with all the Global Fund guidelines and the audit is carried out as per international accounting.

1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	Phase 1 CP to First Disbursement: On or before 30 September 2005, evidence of the appointment of persons with the appropriate expertise and experience required to serve in the positions of one finance manager, one M&E officer, a procurement officer, and three MIS related staff in NVBDCP's central office.		Disbursement	30.Sep.05	In Progress	Initially, a finance consultant and procurement consultant were hired by NVBDCP in November 2007 and June 2008 respectively, but they left the organisation in March 2008 and November 2008 respectively. Through Technical Assistance from WHO 1 Finance Consultant, 1 Procurement Consultant and 2 M&E Consultants have been placed at NVBDCP during May to July 2008. The 3 MIS officers are in place at NVBDCP. The PR has now decided that they would be recruiting the finance manager, M&E (research) officer and procurement consultant. The recruitment process for these positions is on and is expected to be completed by July 2009.
2	Phase 1 CP to Second Disbursement: Evidence that NVBDCP has completed capacity assessments of the State Vector Borne Diseases Control Program in each of the Ten States and initiated capacity building initiatives for the State Vector Borne Diseases Control Programs in each of the Ten States, including evidence that the central office of each State Vector Borne Diseases Control Program has been strengthened by the appointment of additional staff members and is fully functioning and is making improvements in its auditing practices;		Disbursement		Yes	The capacity assessment of the states has been completed during the 3rd quarter. The assessment of Dte. of NVBDCP as well as of the 10 IMCP states has been completed. Capacity building of 10 states has been taken up by training on financial management and programme management of State Programme Officers at Delhi. Capacity building has been carried out at all the levels by imparting training. All ten states have completed the capacity assessment.

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
3	Phase 1 CP to Second Disbursement: The delivery by the Principal Recipient to the Global Fund of a revised M&E plan (the "M&E Plan") that addresses the monitoring and evaluation requirements of the Program.		Disbursement		Yes	The M&E plan submitted to LFA and GFATM which was approved by GFATM. Revised M&E plan was sent and has been approved by the Global Fund Secretariat. The approval was conveyed during September 2006.
4	Phase 1 CP to Second Disbursement: Evidence that each of the Ten States has established a fixed asset register with a clear plan for conducting periodic checks.		Disbursement		Yes	The fixed asset registers by all the ten states have been certified to be available with the SRs. LFA would get an opportunity of reviewing the position during field visits scheduled for April/May 2007.
5	Phase 1 CP to Second Disbursement Evidence that NVBDCP has enhanced its existing management policies and procedures by establishing a management information system (and related guidelines) which includes a computerized financial recording and reporting system that effectively tracks and manages the Sub-recipient activities and financial performance.		Disbursement		In Progress	The National M&E framework (National M&E plan) was finalised in December 2008. As explained to us, the computerized Management Information System called "NAMMIS" has been rolled out and training of state level staff (master trainers) has already been completed. The trainings at the district level are currently in process and it is expected that the entry in master data of the system will be completed by September 2009. The relevant system for financial recording/reporting and the formats as per revised M&E framework are in the process of being updated. It is expected by the PR that NAMMIS will be operational in GFATM states by Jan 2010 including programmatic and financial reporting.
6	Phase 1 CP to First Disbursement: a letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign disbursement requests under Article 6 of the Standard Terms and Conditions of this Agreement and, in the event a disbursement request may be signed by more than one person, the conditions under which each may sign.		Disbursement		Yes	
7	Phase 1 CP to Procurement: a. delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to Global Fund, of a procurement and supply management plan (the "PSM Plan"), consistent with Article 19 of this Agreement, for the procurement of health products; and b. The written approval by the Global Fund of the PSM Plan.		Disbursement		Yes	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
8	<p>Phase 2 CP to Second Disbursement:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of a completed version of the Monitoring and Evaluation Systems Strengthening Tool (Dated January 2006 and available from the Global Fund website) that has been prepared by the Principal Recipient in consultation with the Program stakeholders specified in the instructions section of that document;</p> <p>b. the delivery by the Principal Recipient to the Global Fund of an updated plan for monitoring and evaluating Program activities (the "Updated M&E Plan") that incorporates the recommendations made by Program stakeholders upon completion of the Monitoring and Evaluation Systems Strengthening Tool (referred to in Sub-section B.4.a);</p> <p>c. the delivery by the Principal Recipient to the Global Fund of a revised budget and work plans for the Program Term (the "Revised Program Budget") taking into account:</p> <p>i. revised activity levels for activities related to LLINs, ITNs, Rapid Diagnostic Kits, TV advertising campaigns, Pharmaceutical Products and recruitment of laboratory technicians and technical supervisors,</p> <p>ii. amendments incorporated into the Updated M&E Plan or the Revised PSM Plan if such amendments necessitate amendments to the budget for the Program Term that was approved by the Global Fund as of the effective date of this Agreement; and</p> <p>d. the written approval of the Global Fund of the Updated M&E Plan, the Revised PSM Plan and Revised Program Budget and work plans.</p>		Disbursement		Yes	
9	<p>Phase 2 CP to Third Disbursement: The delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to Global Fund, of evidence that all training activities of the Principal Recipient's staff has been completed as of 30 August 2008 in accordance with the work plans approved by the Global Fund.</p>		Disbursement		In Progress	<p>As explained by the PR, this CP was to be tracked for field positions funded by GF i.e. Malaria Technical Supervisors (MTS) and Laboratory Technicians (LTs). The details of the same are as follows:</p> <p>MTS's Recruited till December 2008 - 111 (Current status - 140) Trained till December 2008 - 101 (Current status - 121)</p> <p>LT's (quarter wise data for training not available, accordingly current status provided) Recruited - 91 Trained till date - 79</p> <p>As explained, recruitment and training is a continuous process and training is held in batches of people. It is expected by the PR that the balance would be trained by quarter ended June 2009.</p>

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10	<p>Phase 2 CP to Procurement:</p> <p>a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to Global Fund, of a revised procurement and supply management plan (the "revised PSM Plan"), consistent with Article 19 of this Agreement, for the procurement of health products in Phase 2. This revised PSM Plan shall contain a summary of Health Products procured to date and a detailed plans to bring its Health Products procurement activities in full compliance with the Grant Agreement and to address the change in procurement from ITNs to LLINs; and</p> <p>b. the written approval of the Global Fund of the Revised PSM Plan.</p>		Procurement		Yes	
11	<p>Special Terms and Conditions: 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 (six monthly) during the first two years. The Global Fund shall provide funding from the Program Ending 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 as set out in Article 3(b), (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.</p>		Other		Yes	
12	<p>Special Terms and Conditions: The Principal Recipient's representations under the taxes and duties provisions of Article 12 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>		Other		Yes	
13	<p>Special Terms and Conditions: The Auditor selected by the Principal Recipient under Article 13(c) shall be the Comptroller and Auditor General of the Government of India.</p>		Other		Yes	
14	<p>Special Terms and Conditions: For the purpose of Article 13 (b),(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.</p>		Other		Yes	
15	<p>Special Terms and Conditions: For the purpose of Article 13(a), 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.</p>		Other		Yes	

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16	Special Terms and Conditions: The Parties recognize that the purpose of Article 8(a)ii and Article 8(b) is to permit the LFA to perform "ad hoc" site visits as may 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 Principle Recipient as reasonably necessary and to the extent such coordination does not undermine the purpose of the visits.		Other		In Progress	
17	Special Terms and Conditions: Notwithstanding the language of Articles 8(c) and 31, in the event the Global Fund decides to change the LFA, the Global Fund shall consult the Country Coordinating Mechanism prior to selecting a new entity to serve as LFA.		Other		In Progress	
18	Special Terms and Conditions: 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		In Progress	
19	Special Terms and Conditions: For the purposes of Article 15(b).1, a reporting period will mean six-monthly progress reports from the Principal Recipient to the Global Fund and the LFA. However, the Principal Recipient is required to submit interim quarterly progress and cash reconciliation statements.		Other		In Progress	
20	Special Terms and Conditions: The Department of Economic Affairs of the Government of India hereby confirms that the Directorate of National Vector Borne Diseases Control Programme (NVBDCP) of the Ministry of Health and Family Welfare will be the implementing agency for the purposes of this Agreement.		Other		Yes	
21	Special Terms and Conditions: 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, nor for any loss or theft of Grant funds held in cash.		Procurement		In Progress	
22	Special Terms and Conditions: Any income realized by the Principal Recipient or by any Sub-recipient as a result of social marketing activities shall be accounted for by the Principal Recipient and by each such Sub-recipient and used solely for Program purposes.		Other		In Progress	

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23	Special Terms and Conditions: The Principal Recipient shall deliver in a timely manner to the Global Fund, in form and substance satisfactory to Global Fund, of evidence that the Principal Recipient has distributed no less than 4'000'000 ITN (including LLINs) under the Program as of 30 August 2008. In the absence of a demonstration of this level of performance, the Global Fund shall revise program budgets and the amount of Grant funds to reflect of the actual distribution capacity for the Program term.		Other		In Progress	It is to be noted that the procurement of LLINs was cancelled in 2008. However, in March 2009 an order has been placed by the PR for procurement of 1.235 million LLIN's. So, the achievement against this CP pertains only to ITNs. The PR has procured and delivered 4.2 million ITNs to the states/SRs by September 2008, out of which the states/SRs have distributed 3,700,217 ITNs till the end of December 2008. As explained by the PR, it is expected that these bed nets will be distributed by April 2009.

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1 To reduce malaria morbidity in the 100 million population in the Ten States by 30% and mortality by 50% within five years.

Impact indicator	Annual parasite incidence-annual number of laboratory confirmed malaria cases per 1000 population in target areas											
											Baselines	
											Value	Year
											4.6	2002
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target			4	4	3							
Result			4.05									

Impact indicator	Incidence of clinical malaria cases (reported) in target areas.											
											Baselines	
											Value	Year
											4.6	2002
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10		
Target			4	4	3							
Result												

Goal 2											
Impact indicator	Number of deaths due to malaria (in target areas)							Baselines			
								Value	Year		
								464	2002		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			<670	<300	<232						
Result			691								

Impact indicator	Percentage of households owning at least one ITN							Baselines			
								Value	Year		
								40% usage of bed nets	2002-2003		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target					60%						
Result											

Impact indicator	Percentage of blood slide positive for malaria parasite out of the total examined.							Baselines			
								Value	Year		
								6.8	2008		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			5.1	4.9	4.76						
Result			4.71								

Impact indicator	Percentage of blood slide positive for Pf malaria parasite out of the total examined.							Baselines			
								Value	Year		
								3.4	2002		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target			2.7	2.4	2.39						
Result			2.51								

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

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - Increasing access to rapid diagnosis and treatment in remote and inaccessible areas through community participation.**Treatment: Prompt, effective antimalarial treatment****Indicator 1.1 - Number of uncomplicated Pf cases treated with SP-ACT**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	n/a	2005	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	60,000	130,000	130,000	173,333	216,666	260,000
Result	0	0	1,841	27,392	108,963	156,189	200,023	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	335,000	410,000	485,000	560,000	635,000	710,000	785,000	860,000
Result	268,700	297,658	343,719	379,519	412,721	455,967	492,014	550,915
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	919,350	953,350	998,350	1,047,200				
Result	610,267	654,449	Pending result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 1.2 - Number of cases of severe and complicated malaria treated with artemisinin injections.

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	9,563	25,000	31,250	37,500	47,350	50,000
Result	0	0	43,837	52,379	70,555	107,111	124,448	Pending result
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	125,000	145,000	160,000	200,000	237,500	275,000	312,500	350,000
Result	159,352	173,244	185,828	216,790	250,909	245,600	262,490	291,222
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	364,525	372,050	385,275	396,250				
Result	332,105	343,912	Pending result					

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Indicator 1.4 - Number of medical officers of the state health services and of IMA, NGOs and private organization trained in treatment of severe and complicated malaria

	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	n/a	2005	Y	Y										
Target	140	600	1,000	1,400	1,750	2,100	2,450	2,800						
Result	0	400	566	1,243	1,773	2,302	3,094	Pending result						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	3,140	3,200	3,260	3,340	3,360	3,400	3,420	3,900						
Result	3,588	2,741	3,450	3,858	4,091	4,175	4,472	4,648						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	4,648	4,648	4,648	5,008										
Result	4,729	4,890	Pending result											

Indicator 1.5 - Number of Lab. Technicians trained in malaria microscopy

	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	358	2005	Y	Y										
Target	140	600	1,000	1,400	1,400	1,867	2,334	2,800						
Result	0	397	525	823	1,116	1,323	1,830	Pending result						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	2,800	2,820	2,840	2,860	2,870	2,880	2,890	2,900						
Result	2,055	2,242	Pending result	2,714	2,943	3,013	3,245	3,208						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	3,208	3,308	3,777	4,373										
Result	3,242	3,261	Pending result											

Indicator 1.7 - Number of contractual malaria technical supervisors trained in monitoring and evaluation of programme implementation

	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	0	2007	Y	Y										
Target														
Result														
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	0	0	15	50	60	70	80	100						
Result	0	0	1	15	74	101	135	134						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	150	150	150	150										
Result	137	136	Pending result											

Objective 2 - Malaria Transmission Risk Reduction through integrated vector control

Prevention: Insecticide-treated nets

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Indicator 2.1 - Number of ITNs distributed

	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	170,246	2005	N	N										
Target	0	0	0	1,660,000	2,097,500	2,535,000	3,071,000							
Result	0	389,612	426,991	1,863,300	2,176,861	2,544,882	5,897,541							
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	3,410,000	3,500,000	4,000,000	5,000,000	5,400,000	5,800,000	6,200,000	6,750,000						
Result	4,156,008	5,011,749	6,369,182	8,357,321	10,910,074	11,778,412	15,787,204	9,118,762						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	4,274,058	4,274,058	4,274,058	6,700,000										
Result	9,461,197	4,400,471	Pending result											

Indicator 2.2 - Number of LLINs distributed

	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 3-People reached	n/a	n/a	Y	N										
Target	0	0	3,000,000	3,000,000	3,000,000	3,000,000	3,338,000	6,500,000						
Result	0	0	502,664	606,227	948,284	1,092,432	1,487,830	Pending result						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	6,500,000	6,500,000	6,500,000	7,250,000	7,750,000	8,000,000	8,000,000	10,250,000						
Result	1,777,903	2,195,195	3,125,136	3,302,009	3,568,234	3,700,217	3,701,946	4,274,058						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	0	1,235,000	1,235,000	3,735,000										
Result	4,601,636	745,004	Pending result											

Indicator 2.3 - Number of community-owned nets treated

	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 3-People reached	1,330,536	2005	N	N										
Target	0	0	3,000,000	3,204,512	3,204,512	4,806,768	6,409,024	8,011,280						
Result	0	806,162	1,114,372	1,694,869	1,855,456	3,037,067	4,860,890	Pending result						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	8,011,280	8,011,280	8,011,280	8,011,280	8,011,280	9,000,000	10,500,000	12,000,000						
Result	5,293,190	5,481,663	7,296,091	10,629,184	12,712,743	13,403,329	16,043,182	18,877,884						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	21,000,000	21,000,000	21,000,000	21,000,000										
Result	20,969,605	21,622,050	Pending result											

Prevention: Vector control (other than ITNs)

Indicator 3.2 - Number of service deliverers of local NGOs/CBOs identified and trained at district level.

	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	22	2005	Y	Y										
Target	0	30	94	200	200	230	260	300						
Result	0	120	179	1,694	1,912	2,746	3,372	Pending result						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	3,500	4,000	4,500	5,000	5,500	6,000	6,500	7,000						
Result	4,979	4,602	5,282	5,757	6,155	8,423	9,149	9,463						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	9,463	9,463	9,576	12,000										
Result	9,519	9,601	Pending result											

Indicator 3.3 - Number of community volunteers trained in malaria control strategies

	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	2,789	2005	Y	Y										
Target	3,750	15,000	26,500	37,500	41,690	52,793	63,897	75,000						
Result	0	17,168	26,565	36,430	49,869	59,623	81,494	Pending result						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	100,000	107,000	114,000	120,000	125,000	130,000	135,000	140,000						
Result	120,073	124,293	139,767	159,579	167,663	176,449	185,791	198,358						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	206,801	211,801	216,801	221,801										
Result	206,801	214,040	Pending result											

Indicator 3.4 - Number of awareness camps organized at village level for treating the bednets

	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	2,824	2005	N	N										
Target	0	0	7,500	15,000	20,360	23,574	28,787	30,000						
Result	0	9,343	10,232	17,303	18,993	21,114	31,802	Pending result						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	33,500	37,000	40,500	44,000	47,000	50,000	54,000	58,000						
Result	34,092	37,852	46,961	54,322	59,385	60,756	62,685	66,576						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	66,576	66,576	66,610	70,000										
Result	69,489	70,860	Pending result											

2.2.3. Cumulative Progress To Date

Latest reporting due period : 19 (01.Jan.10 - 31.Mar.10)

Objective 1	Increasing access to rapid diagnosis and treatment in remote and inaccessible areas through community participation.
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SDA	Treatment: Prompt, effective antimalarial treatment
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Indicator 1.1 - Number of uncomplicated Pf cases treated with SP-ACT

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	19	998,350	18	654,449						66%

Indicator 1.2 - Number of cases of severe and complicated malaria treated with artemisinin injections.

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	19	385,275	18	343,912						89%

Indicator 1.4 - Number of medical officers of the state health services and of IMA, NGOs and private organization trained in treatment of severe and complicated malaria

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	19	4,648	18	4,890						105%

Indicator 1.5 - Number of Lab. Technicians trained in malaria microscopy

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	19	3,777	18	3,261						86%

Indicator 1.7 - Number of contractual malaria technical supervisors trained in monitoring and evaluation of programme implementation

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	19	150	18	136						91%

Objective 2 Malaria Transmission Risk Reduction through integrated vector control

SDA	Prevention: Insecticide-treated nets
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Indicator 2.1 - Number of ITNs distributed

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	19	4,274,058	18	4,400,471						103%

Indicator 2.2 - Number of LLINs distributed

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	19	1,235,000	18	745,004						60%


Indicator 2.3 - Number of community-owned nets treated

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	19	21,000,000	18	21,622,050						103%


Objective 3 Enhance awareness about malaria control and promote community, NGO and private sector participation

SDA Prevention: Vector control (other than ITNs)


Indicator 3.2 - Number of service deliverers of local NGOs/CBOs identified and trained at district level.

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 1-People trained	19	9,576	18	9,601						100%

Indicator 3.3 - Number of community volunteers trained in malaria control strategies

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 1-People trained	19	216,801	18	214,040						99%

Indicator 3.4 - Number of awareness camps organized at village level for treating the bednets

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	19	66,610	18	70,860						106%

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

Grant Duration (months)	60 months	Grant Amount	63,544,954 \$
% Time Elapsed (as of end date of the latest PU)	90%	% disbursed by TGF (to date)	88%
Time Remaining (as of end date of the latest PU)	6 months	Disbursed by TGF (to date)	56,224,799 \$
Expenditures Rate (as of end date of the latest PU)	52%	Funds Remaining (to date)	7,320,155 \$

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.Jul.05	01.Oct.05	01.Jan.06	01.Apr.06	01.Jul.06	01.Oct.06	01.Jan.07	01.Apr.07
Period Covered To:	30.Sep.05	31.Dec.05	31.Mar.06	30.Jun.06	30.Sep.06	31.Dec.06	31.Mar.07	30.Jun.07
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	357,164	856,718	11,838,939	12,562,309	12,874,364	14,642,951	27,450,983	46,299,896
Summary Period Budget:	357,164	499,554	10,982,221	723,370	312,055	1,768,587	12,808,032	18,848,913

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.Jul.07	01.Oct.07	01.Jan.08	01.Apr.08	01.Jul.08	01.Oct.08	01.Jan.09	01.Apr.09
Period Covered To:	30.Sep.07	31.Dec.07	31.Mar.08	30.Jun.08	30.Sep.08	31.Dec.08	31.Mar.09	30.Jun.09
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	50,699,949	55,212,902	60,655,455	65,243,408	66,138,633	67,151,758	68,176,983	69,180,108
Summary Period Budget:	4,400,053	4,512,953	5,442,553	4,587,953	895,225	1,013,125	1,025,225	1,003,125

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

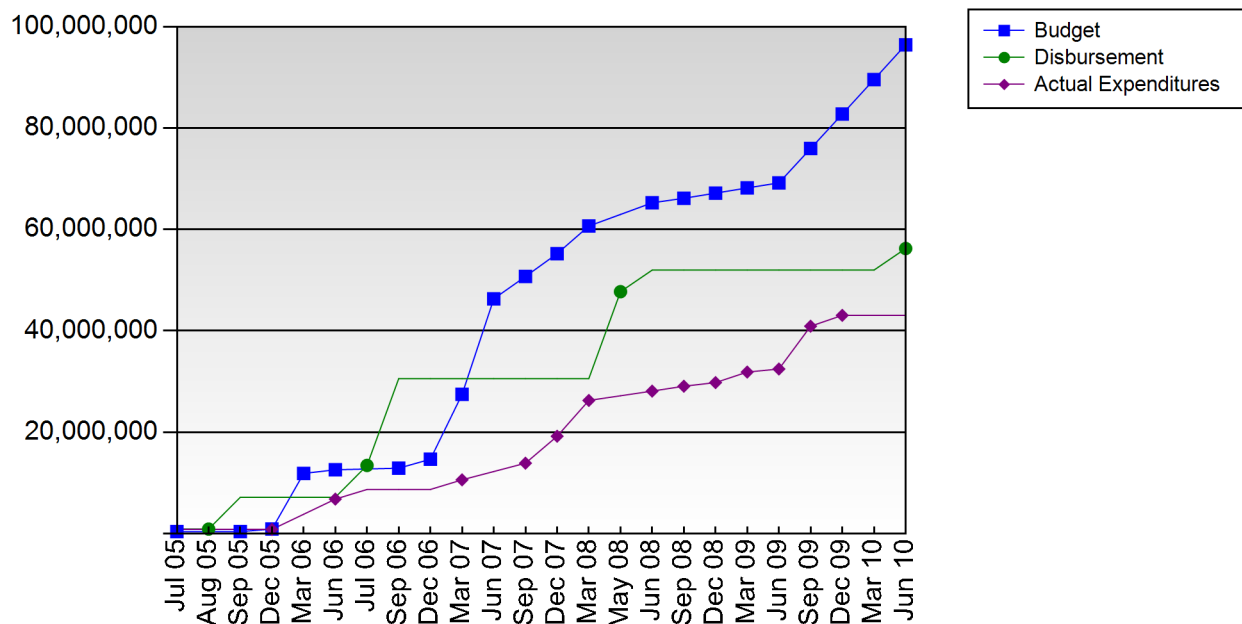
	Budget Period 17	Budget Period 18	Budget Period 19	Budget Period 20	Budget Period 21	Budget Period 22	Budget Period 23	Budget Period 24
Period Covered From:	01.Jul.09	01.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11	01.Apr.11
Period Covered To:	30.Sep.09	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	75,950,913	82,749,218	89,567,523	96,425,828	96,425,828	96,425,828	96,425,828	96,425,828
Summary Period Budget:	6,770,805	6,798,305	6,818,305	6,858,305				

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

2.3.3. Program Expenditures

Period PU13: 01.Oct.09 - 31.Dec.09	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
1. Total actual expenditures vs. budget	\$ 2,143,339	\$ 82,749,218	\$ 43,032,985	\$ 39,716,233	
1a. PR's Total expenditure	\$ 1,690,914		\$ 31,379,452		
1b. Disbursements to sub-recipients	\$ 452,425		\$ 11,653,533		
2. Health product expenditures vs. Budget (already included in "Total Actual" above)	\$ 1,675,229		\$ 34,000,290		
2a. Pharmaceuticals	\$ 219,323		\$ 4,444,865		
2b. Health products, commodities and equipment	\$ 1,455,906		\$ 26,492,361		

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



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

Date Received	Expected Date
Period Covered From: 01.Apr.06	To: 31.Mar.07

Audit report for period 2006-2007 is expected in September 2007.

Audit details of the sub-recipients : Four out of ten states namely Assam, Manipur, Tripura and Jharkhand have submitted audit reports for the year 2005-06. Other states are advised to undertake the annual audit of accounts on priority. However, the utilization certificate have been furnished form all the IMCP states except West Bengal.

Phase 2: Annual report due date: 15 May 2008 to 15 May 2009. Audit Report due date: 31 March 2008 to 31 March 2009.

2.4. Progress Update and Disbursement Information

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

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Progress Updates					Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
0	01.Jul.05 -		N/A	1	01.Jul.05 - 31.Dec.05	856,717		856,717	\$ 856,717	30 Aug 2005
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
No progress update has been submitted, as this is the first disbursement of the funds.					No variance					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
1	01.Jul.05 - 31.Dec.05		B1	2	01.Jan.06 - 30.Jun.06	12,562,309		12,562,309	\$ 12,562,309	19 Jul 2006
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
This is the second disbursement to the PR. The PR disbursed most of the funds from the first disbursement to its sub-recipients and showed marginal variance at the end of the reporting period (74%) of this disbursement request is for procurement. There is an immediate need to procure the goods so that the program can scale up the implementation in the ITN and malaria treatment service delivery areas.					Delayed disbursement from PR due to slow procurement and recruitment. Expenditure and implementation process should be accelerated.					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
2	01.Jan.06 - 30.Jun.06		B2	2	01.Jul.06 - 31.Dec.06	8,392,231				N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
Initial startup activities were slow since they were not planned during the negotiation stage. Procurement was delayed due to delay in securing approval as required under World Bank guidelines. Recruitment of staff is also delayed. However, during Q5 and Q6, the PS demonstrated its capacity for effective usage of funds for implementation.					The PR needs to accelerate implementation and funds use. The PR has a substantial amount in its account and FPM has decided not to disburse additional funds. Overall programmatic performance of the grant in key indicators is also much lower than target. The Malaria Directorate, i.e. NBVDCP was informed about this decision on 9 May 2007 and was requested to submit an updated progress update covering the period ending March 2007.					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
3	01.Jul.06 - 31.Mar.07		B1	3	01.Apr.07 - 30.Sep.07	34,556,407		34,286,405	\$ 33,936,405	06 May 2008
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
The program is picking up speed even though the progress during the first quarter was not as per the commitments of the PR. The PR has realized the importance of spending a lot more time both at the state/district levels in order to ensure successful implementation of the program.										
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
4	01.Apr.07 - 30.Sep.07		B1	3.1	01.Oct.07 - 31.Mar.08	33,936,405		33,936,405	\$ 350,000	06 May 2008
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					

Though the performance depicts utilization of 171%, it noted that such high utilization is because of pending expenses of previous periods being incurred in this semester (pertaining to commodities & Products and drugs). Although the states are getting better, they need to ramp up the performance and ensure that activities budgeted in a particular semester are achieved in the same period. Steps have been taken to strengthen overall monitoring. Thus, in view of the above facts, LFA has rated PR as B1.

As noted under the PR section V, an amount of 0.55 million has been agreed to be given to WHO for the TA component.

PR has submitted the SOE's along with the reasons for variances within the time lines. LFA observed inaccuracy in the budget and expenditure figures reported by PR in DR. Also, error has been identified in the cash reconciliation prepared by the PR. This is mentioned in the relevant sections.

The program had a slow start. During Phase 1, the PR realized the importance of spending a lot more time both at the state/district levels in order to ensure successful implementation of the program. PR has over the past 6 months made every effort to accelerate the pace of implementation and complete all the staffing to gear up for Phas 2 of the program.

PR is strongly encouraged to keep the momentum of the program at the level they have achieved in the past 4-5 months. Greater emphasis should continue to be placed at the central and state/district levels to ensure that there is a continuity of the program in terms of personnel/staffing and that implementation against all indicators are closely monitored and stay on track.

The prgram had a slow start and during Phase 1, the PR realized the importance of spending a lot more time both at the state/district levels in order to ensure successful implementation of the program. PR has over the past 6 months made every effort to accelerate the pace of implementation and complete all the staffing to gear up for Phas 2 of the program.

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PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
5	01.Oct.07 - 31.Dec.07									N/A	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement						
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit.</p> <p>PR should update PRM/PQR to include the procurements done.</p> <p>Appropriate training needs to be provided to the state level staff on programmatic and financial reporting</p> <p>PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 & 4 of the grant agreement before reporting the same in the DR.</p>											
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date	
6	01.Jan.08 - 31.Mar.08									N/A	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement						
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit.</p> <p>PR should update PRM/PQR to include the procurements done.</p> <p>Appropriate training needs to be provided to the state level staff on programmatic and financial reporting</p> <p>PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 & 4 of the grant agreement before reporting the same in the DR.</p>											

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PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
7	01.Apr.08 - 30.Jun.08									N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit.</p> <p>PR should update PRM/PQR to include the procurements done.</p> <p>Appropriate training needs to be provided to the state level staff on programmatic and financial reporting</p> <p>PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 & 4 of the grant agreement before reporting the same in the DR.</p>										
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
8	01.Jul.08 - 30.Sep.08									N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement					
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit.</p> <p>PR should update PRM/PQR to include the procurements done.</p> <p>Appropriate training needs to be provided to the state level staff on programmatic and financial reporting</p> <p>PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 & 4 of the grant agreement before reporting the same in the DR.</p> <p>PR should prepare an action plan to show how the PR will make up for the deficit in achievement of two key indicators - distribution of ITNs and No. of Pf cases treated with ACT.</p>										

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
9	01.Oct.08 - 31.Dec.08		B1	3	01.Jan.09 - 31.Mar.09	8,904,020			N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>PR needs to improve its procurement process to ensure timely procurements and continuity of services to the targeted population.</p> <p>PR should operationalize its computerized MIS at the earliest to ensure appropriate reporting of indicators and expenditure</p> <p>Stringent monitoring of the performance of the states needs to be carried out by the PR through state-wise analysis of the programmatic and financial performance on a periodic basis, say quarterly. This should be done through combination of desk review and SR onsite visit.</p> <p>Appropriate training needs to be provided to the state level staff on programmatic and financial reporting. PR needs to ensure that the expenditure reported as incurred by PR and disbursements made to SRs are accurately and completely reported. Also, the budget should be reconciled with the Attachment 3 & 4 of the grant agreement before reporting the same in the DR. PR should prepare an action plan to show how the PR will make up for the deficit in achievement of two key indicators - distribution of ITNs and No. of Pf cases treated with ACT. PR should update PRM/PQR to include the procurements done.</p>				<p>The Cumulative Disbursed Amount is outside the range because this amount was already disbursed last year to provide for the timely procurement of bednets. However due to the problems encountered by the PR in procurement, distribution has also been adversely effected. The PR forecasted amount as recorded in the PU/DR is even beyond the total amount available in the grant agreement and is therefore partially unsubstantiated. According to the approved budget, the PR would require approximately USD 7,747,907. The LFA however has assessed the requirements as USD 11,248,908. However given the current cash balance of the PR of USD 18,457,329, it is determined that the PR has adequate funds to cover even these additional requirements and still have a cash balance of USD 7,208,421 at the end of September 2009. (see Annex 8 for details). Given both the issues raised by the LFA on financial management and the significant positive cash balance remaining with the PR, no disbursement is recommended for this request.</p>					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
10	01.Jan.09 - 31.Mar.09		B1						N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>The reasons for providing a B2 rating are provided below:</p> <p>1) PR's utilization rate has been consistently low and it has not been able to spend in line with the approved budget, which is mainly attributable to non/less procurements of ITNs/LLINs/other health products/drugs.</p> <p>2) There are underachievements in the key indicators such as distribution of ITNs and treatment of patients (No. of Pf cases treated with SP-ACT)</p> <p>3) Various issues have been observed in data quality</p>									

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PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
11	01.Apr.09 - 30.Jun.09		B1	4	01.Jul.09 - 31.Dec.09	3,101,011	2,743,371		N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>The reasons for providing a B2 rating are provided below:</p> <p>1) PR's utilization rate has been consistently low and it has not been able to spend in line with the approved budget, which is mainly attributable to non/less procurements of ITNs/LLINs/other health products/drugs.</p> <p>2) There are underachievements in the key indicators such as distribution of ITNs and treatment of patients (No. of Pf cases treated with SP-ACT)</p> <p>3) Various issues have been observed in data quality</p>				<p>This grant has done partially well on some areas like training but has struggled to perform in a satisfactory way on several fronts. As reported above and in the past, the PR has not reported in a timely way ie this PU/DR was very over due and had to be revised. There are also some data quality issues especially with particular SRs. However the main issue that has really held the program back has been the processes around a rigorous and quality procurement and delivery of health products and particularly LLINs. Several disbursement requests have been declined in the past because an initial disbursement was made to allow for significant procurement and distribution which has not materialized as well as expected. Therefore we agreed with the PR to revise the performance framework and the budget. This has been approved to allow for the change from ITNs to LLINs in line with WHO and now India Government policy. This is a major breakthrough. Given that the grant end date is the end of June 2010, it is now that the PR must make the procurement for the coming malaria season. Therefore despite the poor grant rating we agree with the LFA recommendation to disburse according to the revised budget. The budget calls for USD 19,326,612 minus the current cash balance of USD 16,583,241 which gives a disbursement of USD 2,743,371. The difference between this amount and the PR request is mentioned above. It should be noted also that the PR has a board approved Rd 9 grant that should start on July 1, 2010. In addition, the disbursement is split with USD 150,000 going to WHO in compliance with the existing MoU between the NVBDCP and WHO for the purpose of technical assistance. Given the issues of poor performance, high cash balance, questions about data quality and the absence of the 08/09 audit reports. We recommend no disbursement. Please refer to the management letter for details communicated to the PR.</p>					
12	01.Jul.09 - 30.Sep.09		B2						N/A
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
Reasons as in PU13									

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Last Updated on: 30 June 2010

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
13	01.Oct.09 - 31.Dec.09		B2	4	01.Jan.10 - 29.Jun.10	15,304,490	9,774,251	\$ 8,519,368	28 Jun 2010

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
<p>The reasons for providing an overall rating of B2 are provided below:</p> <p>1. Indicators : Out of the 11 indicators, the PR has either achieved or over-achieved the cumulative targets in 7 indicators and in 2 indicators the cumulative achievement is above 90%. However, it may be noted that in case of two important (GF top ten) indicators "No of PF cases treated with SP-ACT" and "No. of LLINs distributed", the cumulative achievement is 69% and 60% respectively. Given the cumulative under-achievement and other issues, it is unlikely that the PR would be able to achieve the project end (i.e. Q20) targets for the above-mentioned two indicators and the indicator -"No. of ITNs distributed". (Refer LFA Section 1A(2) and Appendix 1B for details).</p> <p>2. Condition Precedents: There are no new CPs applicable to this disbursement. All old CPs have been met except the CP for setting up an MIS system (CP to 2nd disbursement in Phase 1). (Refer LFA Section 1B for more details).</p> <p>3. Data Quality: Various issues have been observed in quality of data reported in the PU/DR and during the visit to the state of West Bengal. (Refer Section 4 below). Similar issues have been observed in the previous PU/DRs.</p> <p>4. Action taken against GF recommendations: Out of 9 recommendations made by the GF to the PR (after LFA review of previous PU/DR) through management letter dated Dec 14, 2009; 7 recommendations have not been implemented and 2 recommendations have been partially implemented. (Refer LFA Section 3 for details)</p>	<p>The LFA recommends an amount of USD 9,774, 251 for disbursement as against the amount of USD 15,304,489.63 requested by the PR. The main reasons for the differences between LFA recommended amount and PR requested amount are:</p> <ul style="list-style-type: none"> -- Opening Cash balance not correctly taken by PR -- Certain expenditures claimed by PR recommended for deduction by LFA -- Forecasted expenditure not calculated appropriately.

2.5. Contextual Information

Title	Explanatory Notes
<p>a. Governance (CCM, Civil Society, Donor and Partner Relations, GF Related – LFA, Secretariat, etc)</p>	<p>Initial start up was slow. The program states are the most difficult ones in the country. Procurement was considerably delayed due to World Bank non-processing of procurement documents. Global Fund grants' procurement uses World Bank system and procedures. The Global Fund approved direct procurement by the MOH but that also did not proceed in a timely manner. Procurement of bed nets and other health products were delayed. In a number of visits to the country, FPM raised the issues of low performance and slow procurement processes with MOH, NVBDCP, and WHO.</p> <p>Recruitment of staff for states did not take place despite several reminders from the Global Fund. Global Fund also insisted on improving financial management which continues to pose major problems.</p> <p>Under Procurement, the five major commodity items viz. Combi Blister Packs (Tab. Artesunate + Tablet Sulphadoxine Pyremethamine), Injection Arteether, Rapid Diagnostic Test kits, Bednets, Synthetic Pyrethroid liquid (for bednet impregnation) are produced Centrally and supplied to the States under the Intensified Malaria Control Project (IMCP) as per the approved PSM Plan. One item namely Synthetic Pyrethroid tables (for bednet impregnation) couldnot be procued as WHOPES had withdrawn technical specification of this item. The Supplies under IMCP have been more or less satisfactory. However, supply of mosquito bednets has been delayed on account of procedural formalities and complains received against the approved suppliers. There has been overall delay in procurement process as the commodity procuremnet under the IMCP was merged with the proposed World Bank assisted Vector Borne Disease Control Programme (VBDCP). Thus, delay in approval of the World Bank for retro-active financing of commodity procurement under the proposed VBDCP led to overall delay in initiating procurement process.</p> <p>There has been an increase in the numbers of cases of Severe and Complicated malaria treated with artemisinine Injections/SP-ACT/Blister packs as there was an upsurge in number of malaria cases in Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura.</p> <p>The third disbursement request was received on 2 May 2007 after LFA review which was based on June 2006 expenditure reports. The analysis showed slow use of funds, low performance in a number of critical indicators, and a large unspent balance with the PR. Therefore, no additional disbursements were made under DR3. The MOH was requested to accelerate implementation, submit a plan of support from WHO, an accelerated implementation plan, and was also requested to submit disbursement request 4 urgently taking into account the December 2006 progress update and expenditures as well as March 2007 progress and expenditures. The PR was also requested to submit a firm expenditure commitment up to June 30, 2007. WHO also assured that it will provide all assistance for emergency procurement and bring in additional technical support.</p> <p>Performance in a number of indicators are good while critical indicators such as treatment and ITN distribution are very poor. CCM needs to monitor the grant closely. Additional discussions with the Global Malaria Program of WHO resulted in new technical support for the program.</p> <p>The Central Management team of NBVDCP was not strengthened as per Global Fund recommendations. FPM contacted senior MOH officials as well as WHO/HQ and SEARO recently in May 2007 and sought their assistance to accelerate implementation and procurement. During the May visit, FPM also discussed critical steps to accelerate implementation and WHO also offered their assistance in technical capacity building, recruitment, and procurement. CCM has now acted to initiate accelerated implementation and initiate steps to work with WHO for their support for accelerated implementation. MOH has taken steps in May to strengthen management of NVBDCP by allowing quick recruitment of staff. It is expected that the program will now accelerate provided the steps recommended by the Global Fund are implemented. The CCM must also closely monitor grant performance. Technical partners such as WHO should be much more proactive in tracking grant performance as opposed to last minute assistance. Partners, MOH, and Global Fund must work closely with the CCM to ensure that grants perform as per plan. Additional strengthening of financial management and M&E required at the state level are urgently needed. MOH has also agreed to sign technical assistance and procurement now with WHO.</p>

Title	Explanatory Notes
a. Governance (CCM, Civil Society, Donor and Partner Relations, GF Related – LFA, Secretariat, etc)	Currency appreciation is between 7 to 10 per cent, which is significant. The project was prepared and submitted @ 1 US\$=46 INR. However, currently the currency has appreciated against US dollar.
Issues with CCM (e.g. changes in membership, composition, etc.)	CCM report was completed in July 2006. CCM is now fully complied with Global Fund requirement. NGO Representative selection has been completed by August 2006.
Governance (CCM, Civil Society, Donor and Partner Relations, GF related - LFA Secretariat, etc.)	The CCM is making serious efforts to meet GF requirements by 30 July. It has submitted required documentation on conflicts of interest policy, terms of reference, etc. which were adopted by the CCM. The MOPH has now appointed UNOPS as its procurement agent. MOH is also discussing with WHO on technical assistance and other support.

2.6. Phase 2/ Periodic Review Grant Renewal

Performance Rating	B1. Adequate	Recommendation Category	Conditional Go
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Rationale for Phase 2/ Periodic Review Recommendation Category

Program performance:

Overall, the program has achieved good results against targets. The program met or exceeded expectations in a number of key activities. These include:

- 107,111 cases of severe and complicated malaria treated with artemisinin injections (286% of target);
- 156,189 cases of uncomplicated malaria treated with artemisinin therapy (90% of target); and
- 2,544,882 households owning at least 2 bed nets (ITNs) have been treated with insecticides (100% of target).

There has also been good performance in the majority of capacity building and training activities, which sets a strong foundation for scale up in Phase 2.

The only area of programmatic concern relates to the number of ITNs distributed in Phase 1 to date. At the time of Phase 2 review only 36% of the target had been achieved for this activity. This has been attributed to procurement delays resulting from (i) procedural delays related to World Bank processes, (ii) recruitment of an international procurement agent and (iii) tender cancellation based on complaints received against an approved ITN supplier. The procurement department, Empowerment Procurement Wing, of the Ministry of Health and Family Welfare (MoHFW) is now undergoing capacity building with technical assistance from Crown Agents funded by World Bank and DFID. An international procurement agent has also been appointed who started work from June 2007. Notwithstanding, the ITN related low performance to date has compelled the Secretariat to include a condition to this recommendation that requires the purchase and distribution to households of at least 80% of targeted ITNs by June 30, 2008. The implementing entity the National Vector Borne Disease Control Program (NVBDCP) of the Ministry of Health and Family Welfare NVBDCP has confirmed that 2.2 million ITNs have been procured and will be distributed by September 2007. For the first time, NVBDCP has also decided to introduce LLIN as a pilot program.

Program management and governance:

The Principal Recipient (PR) is the Department of Economic Affairs of the Ministry of Finance, but the implementing entity is NVBDCP. NVBDCP faced a number of start-up challenges in Year 1, largely related to procurement of health products and staff recruitment. These challenges were further accentuated by the fact that this malaria grant was the first of its kind to cover 10 of the most challenging states to implement activities in India. Realizing these challenges, the PR has been proactive in arranging the necessary technical assistance from organizations such as WHO, World Bank, DFID, and Crown Agents. The PR's management team has also been strengthened only recently with the appointment of a new Director and additional staff. In order to improve oversight of program implementation, a very senior Ministry of Health official (an Additional Secretary) has been tasked to lead regular program review and ensure acceleration of implementation. Additional input from the Secretariat has mobilized WHO support and political commitment to further accelerate implementation. The latest results have been promising with a significant improvement in implementation, particularly over the last six months. Nevertheless, for implementation to proceed at an optimum pace in Phase 2, the PR still requires further technical capacity to reinforce its management systems.

The PR has good systems in place to disburse funds to sub-recipients (SRs) and to ensure unimpeded implementation. However, the PR needs to strengthen SR financial reporting and its own monitoring of the programmatic performance of the state SRs. The current low-level of monitoring could potentially result in inaccurate information regarding each state's performance, which in turn could lead to improper utilization of grant funds in Phase 2. Accordingly, NVBDCP has initiated steps to strengthen M&E at the state level, including districts.

There is concern regarding the program's compliance with the Global Fund's procurement Quality Assurance policy. For example, ACTs classified as C2 were procured when in fact C1 classified ACTs were available. In addition, no notification of this was made to the Secretariat and consequently no testing was organized. The Secretariat has an established process in place to address such breaching of PSM policy and the PR will be notified in due course. Accordingly, the Secretariat includes a condition to this recommendation to strengthen procurement practices and to address procurement systems improvement and compliance with Global Fund requirements (refer to page 3 below for details).

The CCM has strong multi-sectoral representation. In Phase 2, it will be focusing on improving its grant oversight responsibility. Detailed plans have been developed to improve overall CCM oversight of the programs.

The Secretariat classifies this Request as a "Conditional Go". Prior to and during Phase 2, the PR will be required to fulfill the suggested conditions and time bound actions as stated on page 3 of this Grant Score Card.

Rationale for Phase 2/ Periodic Review Recommendation Amount

In light of programmatic and financial performance to date, the Secretariat concludes that an amount of US\$50,125,928 (90% of total proposal amount) is appropriate for the entire program. The PR has certain committed expenditures which will be met from undisbursed funds of US\$16,739,807 of Phase 1. In order to ensure full implementation of phase2 activities, the Secretariat recommends to the Board to commit an incremental Phase 2 funding amount of US\$33,386,121 for this program.

Time-bound Actions	
Issues	Description
<p>CONDITIONS</p> <p>1. PSM / Quality Assurance weaknesses.</p>	<p>CONDITIONS</p> <p>1. Prior to signing the Phase 2 extension, the PR shall deliver to the Global Fund a PSM plan for approval by the Global Fund. The plan shall include activities that will ensure PR compliance with Global Fund requirements and accelerated procurement of all products. The plan shall also address the changes to the implementation plans compared to the proposal in terms of switching from ITNs to LLITNs. The PSM plan will include a summary of what has been procured to date and what is planned under Phase 2 period.</p>
<p>2. Underachievement of bed-net related targets.</p>	<p>2. By not later than 30 August 2008, the Principal Recipient shall deliver evidence that it has distributed 4,000,000 ITNs as at 30 June 2008 (80% of the target in the proposal for Year 3). Failing which the grant amount shall be reduced accordingly.</p>
<p>TIME BOUND ACTIONS</p> <p>1. The program has weak technical capacity at the state level</p>	<p>TIME BOUND ACTIONS</p> <p>1. The Principal Recipient shall provide evidence to the Global Fund by not later than 31 October 2007 that it has entered into an agreement with a technical assistance provider for support to the Program.</p>
<p>2. Unfulfilled recruitment of necessary personnel, particularly at district levels.</p>	<p>2. By not later than:</p> <p>(a) 31 December 2007, the Principal Recipient shall provide evidence that it has appointed, under terms of reference acceptable to the Global Fund, a sufficient number of people to implement the Program; and</p> <p>(b) 30 June 2008, the Principal Recipient shall provide evidence that it has completed training of all staff.</p>
<p>3. The program have weak monitoring system at the state and district level.</p>	<p>3. By not later than 30 November 2007, the NVBDCP shall complete M&E Systems Strengthening Tool and update the national M&E plan.</p>

