India

IDA-405-G08-T

Grant Performance Report

External Print Version

Last Updated on: 11 February 2010

General Grant Information

Country	India				
Grant Number	IDA-405-G08-T	Component	Tuberculosis	Round	4
Grant Title	Expansion of Revised National Tuberculosis Control Program (RNTCP) in India				
Principal Recipient	The Department of Economic Affairs of the Government of India				
Total Lifetime Budget	$ 19,113,943	Phase 1 Grant Amount	$ 6,819,000	Phase 2 Grant Amount	$ 12,294,943
Grant Start Date	01 Apr 2005	Phase 1 End Date	31 Mar 2007	Phase 2 End Date	31.Mar.09
Disbursed Amount	$ 19,113,943	% of Grant Amount	100%	Latest Rating	A1
Time Elapse (at the end of the latest reporting period)	48 months	% of Grant Duration	100%	Proposal Lifetime	48 months

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(For ExternalVersion)

1. Program Description and Contextual Information

1.1. Program Description Summary

TB is one of the deadliest and most devastating health burdens India has known over the past decades. Globally, India ranks first in terms of absolute numbers of cases. But TB incidence is now estimated to be declining. This grant provides funding to allow India to pursue the DOTS strategy in two additional states, serving a population of 119 million people. A state-level death survey and TB infection risk survey were conducted at the beginning of the implementation process and will be repeated at the end to assess reduction in these indicators. Access to DOTS will be enhanced and 166,600 patients are expected to be initiated on treatment, thereby saving an additional 30,000 lives. In 2009 the grant was consolidated with IDA-202-G03-T and IDA-607-G09-T under Rolling Continuation Channel funding.

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
Tuberculosis	**Estimate**	**Year**	**Source**
(TB prevalence, all forms (number	3,304,976	2007	WHO. Global tuberculosis control: epidemiology, strategy, financing: WHO report .2009
(TB incidence, all forms (number	1,961,825	2007	WHO. Global tuberculosis control: epidemiology, strategy, financing: WHO report .2009
(TB mortality, all forms (number	331,268	2007	WHO. Global tuberculosis control: epidemiology, strategy, financing: WHO report .2009
(TB incidence, smear-positive (number	872,514	2007	WHO. Global tuberculosis control: epidemiology, strategy, financing: WHO report .2009
New smear-positive TB cases detected and treated	534,121	end 2009	Global Fund-supported programs, end 2009 results

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

None.

1.4. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Financial Management and Systems	x	The Central TB Division undertakes planning and budgeting for TB control in India. Based on the approved plan, the GoI makes allocations for TB Control for every five-year plan. The amounts for each year are planned and allocated in the annual Central Budget and CTD can commit funds only within each annual capped allocation. The RNTCP which is an adaptation of the DOTS strategy for the National TB Programme of India is being implemented in all states and union territories of India as a Centrally Sponsored Scheme (CSS). Under such a scheme, the Central Government undertakes to ensure funding for all activities of the programme in the states. The state governments usually provide the basic infrastructure for delivering services including health facilities and staff. Recurrent costs of running the programme are borne by the CSS. The services of the programme are made available to the patients/ end-users through the state run health facilities and NGO & private health facilities in the states. To ensure continuous funding from the Central TB Division down to each district, a system of funding through societies has been adopted. Each state government receives funds for TB control from the GoI via their state's State TB Control Society (STCS). The STCS would further allocate and disburse funds to the District TB Control Society (DTCS) account. The STCS and DTCS are public-private partnership bodies, administered by senior state/ district government officers. All finance management systems of the RNTCP are governed by GoI orders and the standard norms accepted by the Finance Ministry of the GoI. These are engraved in the "Guidelines for STCS" and "Guidelines for DTCS". Based on a bottom-to-top budgeting, the districts send annual budgets to the State TB Cell which is the nodal office for TB control in the state government's Health Directorate. Based on the districts' budgetary authorizations as per RNTCP budgetary norms, balance available in the DTCS account, and based on previous trends in expenditure, the State TB Cell disburses funds from the STCS to the DTCS. Each STCS submits an Annual State Action plan to the Central TB Division wherein the state explains all activities for TB control planned for the next one year in the state. Based on the Annual action plan, the previous trends in expenditure and the balance lying in the STCS account, the Finance Division of the Ministry of Health and Family Welfare makes bi-annual fund disbursements to each STCS. Financial reporting by districts and states is by a system of quarterly Statement of Expenditure (SoE) in standard format to the concerned State TB Cell and Central TB Division. State cells consolidate all the SoEs received from Districts and send a consolidated SoE to Central TB Division after including an SoE for the State TB Cell. Reports are generally sent by districts and states as electronic copies to Central TB Division. Central TB Division consolidates all SoEs centrally to account for expenditure in the country. Donor-wise expenditure reports are also sent to the CAAA, a division of the DEA, Ministry of Finance, that monitors such reports and funding by external agencies. All societies maintain specified standard books of accounts as per the "Guidelines for STCS" and "Guidelines for DTCS". Account and books of all societies are audited annually by auditors selected out of a panel approved for each state by the Comptroller and Auditor general (CAG) of India, a body setup under the Indian Constitution. The audit is governed by standard TORs for Auditors under RNTCP. The Annual audit reports are furnished to the respective agency as would be applicable.

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Institutional and Programmatic	x	The implementation and management of the project will be as per the ongoing programme. At the central level, the RNTCP will continue to be managed by the CTD, headed by the Deputy Director General for TB as the National Programme Director. The Joint Secretary from the administrative arm of MOHFW will oversee the financial and administrative control. The programme is supported by selected National Institutions like National Tuberculosis Institute (NTI) in Bangalore, the Tuberculosis Research Center (TRC) in Chennai and the Lala Ram Swarup Institute of TB and Allied Diseases (LRS) in Delhi, for carrying out various activities. At the State level, the Director of Medical Services and the Director of National Programmes are responsible for overseeing implementation. However, implementation responsibility, lies primarily with the State TB Officer. At the State level, State TB Training and Demonstration Centers (STDC) will support the programme for training, research etc. At the District level, the District Tuberculosis Officer (DTO), under the direction of the District Medical Officer, will be responsible for implementing the programme through the existing General Health Care Delivery System. The managerial capacity building of the states of Andhra Pradesh and Orissa has already been undertaken in the current projects and they have adequate staff at their respective state TB cells to undertake all programme related activities like receiving funds from Central TB Division and reallocating it to the districts based on their needs and plans; undertaking training of various levels of staff of the state, managing the logistical and supply requirements, ensuring compliance of districts with programme guidelines and directives, collecting and collating technical and financial reports from the states and ensuring timely reporting and completion of financial arrangement requirements. The State TB Officer (an officer of the State Health Services, usually in the rank of Jt. Director) of the state is the responsible authority for all TB control activities and is assisted by complement of staff in the State TB Cell which includes Deputy State TB Officer, second Medical Officer, financial consultant/ senior accountant, IEC officer, data entry operator, etc and other clerical and support staff posted by the state Government.

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Procurement and Supply Management	x	All procurements under RNTCP are governed by the concerned orders of the GoI and by the “Guidelines for STCS” and “Guidelines for DTCS”. Various procurements under RNTCP can be classified as Central or National level procurement and sub-national level procurement. Central level procurement including procurement of drugs and microscopes and similar large packages will be undertaken at Central level. The District and State level procurements are guided by the “Guidelines for District TB Control Societies” and “Guidelines for State TB Control Societies” respectively. These guidelines are based on World Bank procurement procedures. Under World Bank guidelines, procurement of items costing more than US $ 200,000 is undertaken as International Competitive Bidding (ICB), procurement of packages costing between US $ 100,000 and US $ 200,000 is undertaken as a National Competitive Bidding (NCB) and procurement of packages costing less than US $ 100,000 is conducted at state/ district level as “National Shopping” where quotations are taken and the most competitive price (with consideration of quality) is selected. Under the proposed project in Andhra Pradesh and Orissa the following methods of procurement will be used: 1. ICB, NCB – For drugs and Microscopes (Central level) 2. National Shopping – For Works, Goods and other equipments (State and district level). Procedure for ICB (according to World Bank guidelines) • After receipt of Product wise qty. and technical specification from the purchaser i.e. MOH & FW, pre-qualification (PQ) document is prepared based on World Bank guidelines. • The Document is submitted for obtaining World Bank’s (donor agency) NOC (No Objection). • Invitation Notice is published in UNDB Journal. • Notices are published in National dailies for wide publicity. Also copies of press release are sent to interested bidder(s) and foreign missions/embassies. • Applications received against the Invitation notice are scrutinized & evaluated in accordance with the terms & conditions & qualification criteria stipulated in the PQ document. • Tender Evaluation Committee finalizes the recommendation after deliberations & discussions on applications received. • The approved report & outcome of PQ process is submitted to World Bank for NOC. • Main Bid is invited from approved Pre-qualified applicants which are processed by the procurement agency and submitted to the Purchase Advisory Committee of the Department of Health. NOC on the recommendations of the Purchase Advisory Committee is then obtained from World Bank. Procedure for NCB differs from ICB only in that Invitation notice is not published in UNDB Journal. Under National Shopping procedure, prospective suppliers are issued the Invitation for quotations; for the procurement of subject goods. Procurement system management capacity: At the central level, an officer of the rank of CMO is designated as nodal officer for procurement assisted by sub-ordinate staff. The governement of India has constituted a Technical Evaluation Committee to ensure quality and confomity to technical specifications of all purchases. There is also a Procurement Advisory Committee (PAC) of the MoHFW which monitors all procurement related activities. There is a procurement agency hired by the Ministry of Health to ensure timely procurement and completion of procurement actions of the Central TB Division. The Central TB Division also has a drug logistics management unit which monitors drug stocks and ensures distribution of drugs. At State level, the State TB officer is responsible for completing procurement actions. At the district level, the District TB Officer is responsible for completing procurement actions. The states are expected to establish their State Drug stores and manage their drug stocks at the state level. Standard guidelines for warehousing and distribution for the State Drug Stores (SDS) are now being prepared as a “State Drug Stores Manual”.

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Monitoring and Evaluation	x	There is already a comprehensive framework in RNTCP for the supervision and monitoring of the programme. The proposed strategy seeks to build on the existing system, and to refine and strengthen it. To date, RNTCP results have been highly satisfactory, but therein lies the potential danger of complacency creeping into the programme as people may begin to feel that as the programme is doing so well, effort can be slackened. Responsibility for both supervision and monitoring has been set at the different levels and guidance is provided to the various officers and staff.
Overall	B1	A full-time finance officer is needed fro GFATM funded tuberculosis related projects. The states should have one full-time MO for every 8 to 10 districts to carry out supervisory activities with facility for transport. WHO are likely to provide and fund this facility. PR would like procurement machinery to be strengthened by appointing a full-time procurement officer each at state level for Andhra Pradesh and Orissa. Staff devoted entirely to TB control activities at the sub-district level should be continuously maintained. Their continuity needs to be ensured if good monitoring and evaluation activities presently going on under RNTCP are to be continued. The performance of this grant is very good. Six indicators have exceeded target and other indicators have reached their target. The surveys have been done and are under review for finalization. The MOH team needs to clear the surveys before they can be counted as completed. The Central TB Division has good implementation arrangements and the systems for M&E, Finance and state level management are good. The implementing entity, the Central TB Division, needs to improve financial management at the sub recipient level.

1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
	Evidence by means of a review of the Principal Recipient's procurement and supply management plan that it can satisfactorily undertake such procurement. This is part of national procurement plan.				Yes	
	A plan for monitoring the performance and sustainability of procurement and supply management systems. This is part of national procurement plan and national system.				Yes	The M&E Plan for GFATM-assisted program forms a part of the national M&E for RNTCP. CP has been met to the satisfaction of GFATM.
	Separate bank account dedicated solely to holding and administering Program Grant Funds				Yes	Statement submitted prior to first disbursement.
	Letter signed by representative of PR, setting forth name, title and specimen signature of person allowed to sign DRs.		Disbursement		Yes	Letter submitted prior to first disbursement
	Appointment of additional finance officer in CTD and recruitment of required medical officers.				Yes	Completed prior to second disbursement
	State capacity assesment completed and capacity building initiatives undertaken with the State TB Program in AP and Orissa		Disbursement		Yes	Completed prior to second disbursement
	Assessment of PR's procurement and supply management systems that it can undertake procurement				Yes	World Bank assessment of PR 's procurement and supply management systems has been conducted in depth. Reports available at website.

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
	Plan for monitoring the performance and sustainability of procurement and supply management systems.		Procurement		Yes	P&S management cell has been established, headed by a CMO and consisting of fulltime staff and consultants to put the plan in action.
	Delivery by the PR to the Global Fund of a budget not exceeding USD 300,000 for improvement of the storage facilities and infrastructures used for Health Products procured using Grant funds		Procurement		Yes	Funds have been disbursed to various GMSDs.
	PR should have completed a financial management training programme for all state finance and TB officials involved in implementation of the Programme				Yes	
	PR shall select a M&E official from each STDC and ensure additional M&E training to state officials.		Other		Yes	
	PR will implement measures to improve the M&E for tracing DOTs of migrant and tribal populations, particularly in Orissa.		Other		Yes	An Online system is in place in all the districts of Orissa which enables State TB Cells and receiving districts share information on migration and tribal populations.
	PR shall take measures to improve the referral arrangements between RNTCP and VCCT centres		Other		Yes	LFA verified information provided by PR - regular meetings are being conducted and monitoring is underway.
	Not later than 30 Sept 2008, PR shall organize the provision of training to doctors in both target states.		Disbursement		Yes	Not later than 30 Sept 2008, PR shall organize the provision of training to doctors in both target states. Both states are in the process of preparing their specific training plans to ensure that no later than September 2008, training is completed.
	PR shall perform an assessment of NGO participation at the state level, and initiate activities to improve NGO participation		Other		Yes	PR is collating and analysing the information received from both states. Assessment is expected to be complete by the next DR submission. Information about NGO participation has been collected fr om both the states and PR is collating and analysing the information received.
	Not later than 31 Oct 2007, PR shall sign a MOU with the IUATLD and WHO respectively, regarding technical assistance to be provided by both organisations		Other		Yes	MOU was signed on 7 November 2007.
	PR shall assess the capacity of the sub-recipients to implement the program, incluidng, but not limited to, the state level socieites of Orissa and Andhra Pradesh, provide the results of these assessments to the Global Fund, and initiate capacity building initiatives reasonably determined by the Global Fund to be sufficient to support the implementation requirements of the Program at the state level.		Other		In Progress	

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
	The term of the Grant shall be from the Program Starting Date through the Program Ending Date. The Global Fund shall provide funding from the Program Ending Date through Proposal Completion date (i.e. after conclusion of the initial two years of project funding), etc.		Disbursement		Yes	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1	**To reduce the mortality and morbidity due to tuberculosis (TB) in two states Andhra Pradesh and Orissa**

Impact indicator	TB incidence rate	Baselines	
		Value	Year
		75/100,000	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target					70/100,000					
Result										

Impact indicator	TB mortality rate	Baselines	
		Value	Year
		33/100,000	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target				28/100,000	27/100,000					
Result										

Outcome indicator	New smear positive case detection rate (%) - Percentage of new positive cases detected and registered for treatment out of the estimated New Smear Positive cases in the country	Baselines	
		Value	Year
		72%	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	≥70%	≥70%	≥70%	≥70%	≥70%					
Result										

Outcome indicator	Treatment success rate	Baselines	
		Value	Year
		86%	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	≥85%	≥85%	≥85%	≥85%	≥85%					
Result										

2.2. Programmatic Performance

2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
N/A	01.Apr.05 30.Jun.05	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
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
N/A	01.Apr.07 30.Jun.07	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

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - To maintain and improve sustainable Revised National TB Control Program (RNTCP), technical, managerial and organizational infrastructure in the state of Andhra Pradesh and Orissa in order to achieve and maintain more than 85% treatment success and >70% detection of new smear positive pulmonary TB cases and thus contribute to the overall national goal.

Prevention: Identification of Infectious Cases

Indicator 1.2 - Number of new smear positive cases detected and put on treatment among the total estimated number of new smear positive TB cases per year in the areas covered under DOTS with GFATM assistance (incl. public and private)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	15298	Dec-04	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	41,545	57,907	74,270	90,632
Result				0	Pending result	41,780	75,120	92,001

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	16,546	33,091	49,637	66,358	16721 (non cumulative from Q12)	33,442	50,163	67,056
Result	19,120	36,615	Pending result	71,559	Pending result	37,118	Pending result	72,351

Indicator 1.3 - Number of District TB Officers, Medical Office-TB Control, Senior Treatment Supervisors, Senior TB supervisor, lab technicians trained in RNTCP

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	0	Dec-04	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	500	1,000	1,500	2,000
Result				0	Pending result	209	2,686	3,180

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	3,300	3,450	3,600	3,750	3,900	4,100	4,300	4,500
Result	3,324	3,433	Pending result	3,739	Pending result	4,062	Pending result	4,307

Indicator 1.4 - Number of microscopy centers established and supported

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	1395	Sep-04	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	1,411	1,427	1,442	1,458
Result				0	Pending result	1,389	1,420	1,432

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	1,432	1,435	1,438	1,440	1,442	1,445	1,448	1,450
Result	1,429	1,436	Pending result	1,457	Pending result	1,456	Pending result	1,464

Treatment: Control of drug resistance

Indicator 1.5 - Number of state staff trained in conducting Drug Resistance Surveillance including Medical Officers and Lab Technicians

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	0	Dec-04	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	100	200	200	200	200	200	200	200
Result	Pending result	Pending result	Pending result	283	Pending result	283	283	283

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	283	283	283	400	400	400	400	400
Result	283	283	Pending result	283	Pending result	541	Pending result	993

Treatment: Timely detection and quality treatment of cases

Indicator 1.7 - Number of health facilities (TU-Tuberculosis Unit stocking drugs and providing supervision for DOT services) established and supported.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	230	Sep-04	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	n/a	240	250	260	260
Result				271	Pending result	272	272	277

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	277	277	277	278	278	278	279	280
Result	277	277	Pending result	280	Pending result	294	Pending result	283

Indicator 1.8 - Percentage of new smear-positive TB cases registered under DOTS who are successfully treated (cases which were registered in the corresponding quarter of the previous year)*

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	2004	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	n/a	n/a	n/a	0	n/a	N: 8,967 D: 10,549 P: 85%	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	0	0	0	N: 13,020 D: 14,985 P: 87%	87%

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 49,221 D: 57,907 P: 85%	N: 49,221 D: 57,907 P: 85%		N: 77,037 D: 90,632 P: 85%		N: 28,127 D: 33,091 P: 85%	N: 42,191 D: 49,637 P: 85%	N: 56,404 D: 66,358 P: 85%
Result	N: 87,701 D: 105,816 P: 83%	N: 106,075 D: 122,411 P: 87%	Pending result	N: 135,474 D: 156,054 P: 87%	Pending result	N: 167,696 D: 191,200 P: 88%	Pending result	N: 30,719 D: 34,940 P: 88%

Indicator 1.9 - Total number of patients put on treatment under the RNTCP with GFATM assistance (incl. public and private health facilities

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	Dec-04	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	105,543	147,193	188,843	230,493
Result				63,893	Pending result	101,559	178,955	218,028

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	259,841	289,190	318,538	348,641	378,744	408,846	438,949	469,967
Result	259,690	299,294	Pending result	380,600	Pending result	464,467	Pending result	546,232

Supportive Environment: Health systems strengthening

Indicator 1.10 - Number of survey reports produced and distributed

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	0	Dec-04	N	N

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

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	5	5	5	5	5	5	5	5
Result	1	1	Pending result	3	Pending result	3	Pending result	3

TB/HIV collaborative activities: Intensified case-finding among PLWHA

Indicator 1.11 - Total number of TB suspects (HIV positive plus HIV negative) referred from VCTCs to RNTCP facilities

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	Dec-04	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	3,000	6,000	9,000	12,000
Result					Pending result	6,633	Pending result	25,054

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	29,000	34,000	39,000	43,000	48,000	53,000	58,000	63,000
Result	33,036	42,619	Pending result	66,522	Pending result	84,778	Pending result	116,892

Indicator 1.12 - Number of HIV positive TB cases put on DOTS

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	Dec-04	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	250	500	750	1,000
Result					Pending result	438	1,308	1,716

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	1,250	1,500	1,750	2,000	2,300	2,600	2,900	3,200
Result	2,301	2,928	Pending result	7,158	Pending result	9,217	Pending result	10,624

Objective 2 - Increase the accessibility of RNTCP services in the states of Andhra Pradesh and Orissa by inter-sectoral collaboration with other sectors outside of public health facilities such as private sector, NGO sector, etc.

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

Indicator 2.1 - Number of NGO staff and private health providers involved in RNTCP

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	112	Dec-04	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	200	275	350	400
Result				n/a	Pending result	438	745	558

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	530	550	575	600	630	660	700	750
Result	584	571	Pending result	784	Pending result	830	Pending result	1,081

Indicator 2.2 - Number of NGO staff and PPs trained on DOTS provision

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	0	Dec-04	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	400	640	750	825
Result				264	Pending result	1,030	1,117	1,039

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	1,050	1,080	1,100	1,125	1,160	1,200	1,250	1,320
Result	876	1,085	Pending result	1,176	Pending result	1,245	Pending result	1,622

2.2.3. Cumulative Progress To Date

Latest reporting due period : 19 (01.Oct.09 - 31.Dec.09)

Objective 1	**To maintain and improve sustainable Revised National TB Control Program (RNTCP), technical, managerial and organizational infrastructure in the state of Andhra Pradesh and Orissa in order to achieve and maintain more than 85% treatment success and >70% detection of new smear positive pulmonary TB cases and thus contribute to the overall national goal.**
SDA	**Prevention: Identification of Infectious Cases**

Indicator 1.2 - Number of new smear positive cases detected and put on treatment among the total estimated number of new smear positive TB cases per year in the areas covered under DOTS with GFATM assistance (incl. public and private)

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 3-People reached	16	67,056	16	72,351	108%

Indicator 1.3 - Number of District TB Officers, Medical Office-TB Control, Senior Treatment Supervisors, Senior TB supervisor, lab technicians trained in RNTCP

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 1-People trained	16	4,500	16	4,307	96%

Indicator 1.4 - Number of microscopy centers established and supported

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 2-Service Points supported	16	1,450	16	1,464	101%

SDA	**Treatment: Control of drug resistance**

Indicator 1.5 - Number of state staff trained in conducting Drug Resistance Surveillance including Medical Officers and Lab Technicians

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 1-People trained	16	400	16	993	120%

SDA	**Treatment: Timely detection and quality treatment of cases**

Indicator 1.7 - Number of health facilities (TU-Tuberculosis Unit stocking drugs and providing supervision for DOT services) established and supported.

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 2-Service Points supported	16	280	16	283	101%

Indicator 1.8 - Percentage of new smear-positive TB cases registered under DOTS who are successfully treated (cases which were registered in the corresponding quarter of the previous year)*

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 3-People reached	16	N: 56,404 D: 66,358 P: 85 %	16	N: 30,719 D: 34,940 P: 87.9 %	103%

Indicator 1.9 - Total number of patients put on treatment under the RNTCP with GFATM assistance (incl. public and private health facilities

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 3-People reached	16	469,967	16	546,232	116%

SDA	Supportive Environment: Health systems strengthening

Indicator 1.10 - Number of survey reports produced and distributed

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	16	5	16	3						60%

SDA	TB/HIV collaborative activities: Intensified case-finding among PLWHA

Indicator 1.11 - Total number of TB suspects (HIV positive plus HIV negative) referred from VCTCs to RNTCP facilities

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	16	63,000	16	116,892						120%

Indicator 1.12 - Number of HIV positive TB cases put on DOTS

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	16	3,200	16	10,624						120%

Objective 2	Increase the accessibility of RNTCP services in the states of Andhra Pradesh and Orissa by inter-sectoral collaboration with other sectors outside of public health facilities such as private sector, NGO sector, etc.
SDA	Supportive Environment: Coordination and partnership development (national, community, public-private)

Indicator 2.1 - Number of NGO staff and private health providers involved in RNTCP

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	16	750	16	1,081						120%

Indicator 2.2 - Number of NGO staff and PPs trained on DOTS provision

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	16	1,320	16	1,622						120%

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	48 months	**Grant Amount**	19,113,943 $
% Time Elapsed (as of end date of the latest PU)	100%	**% disbursed by TGF (to date)**	100%
Time Remaining (as of end date of the latest PU)	0 months	**Disbursed by TGF (to date)**	19,113,943 $
Expenditures Rate (as of end date of the latest PU)	96%	**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.Apr.05	01.Jul.05	01.Oct.05	01.Jan.06	01.Apr.06	01.Jul.06	01.Oct.06	01.Jan.07
Period Covered To:	30.Jun.05	30.Sep.05	31.Dec.05	31.Mar.06	30.Jun.06	30.Sep.06	31.Dec.06	31.Mar.07
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	145,000	290,000	397,000	397,010	1,853,231	3,309,452	4,911,651	6,450,535
Summary Period Budget:	145,000	145,000	107,000	10	1,456,221	1,456,221	1,602,199	1,538,884

Expenditure Categories

Program Activities

Implementing Entities

	Budget Period 9	Budget Period 10	Budget Period 11	Budget Period 12	Budget Period 13	Budget Period 14	Budget Period 15	Budget Period 16
Period Covered From:	01.Apr.07	01.Jul.07	01.Oct.07	01.Jan.08	01.Apr.08	01.Jul.08	01.Oct.08	01.Jan.09
Period Covered To:	30.Jun.07	30.Sep.07	31.Dec.07	31.Mar.08	30.Jun.08	30.Sep.08	31.Dec.08	31.Mar.09
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	8,000,185	9,549,834	11,099,483	12,649,132	14,213,520	15,777,908	17,342,296	18,906,685
Summary Period Budget:	1,549,650	1,549,649	1,549,649	1,549,649	1,564,388	1,564,388	1,564,388	1,564,389

Expenditure Categories

Program Activities

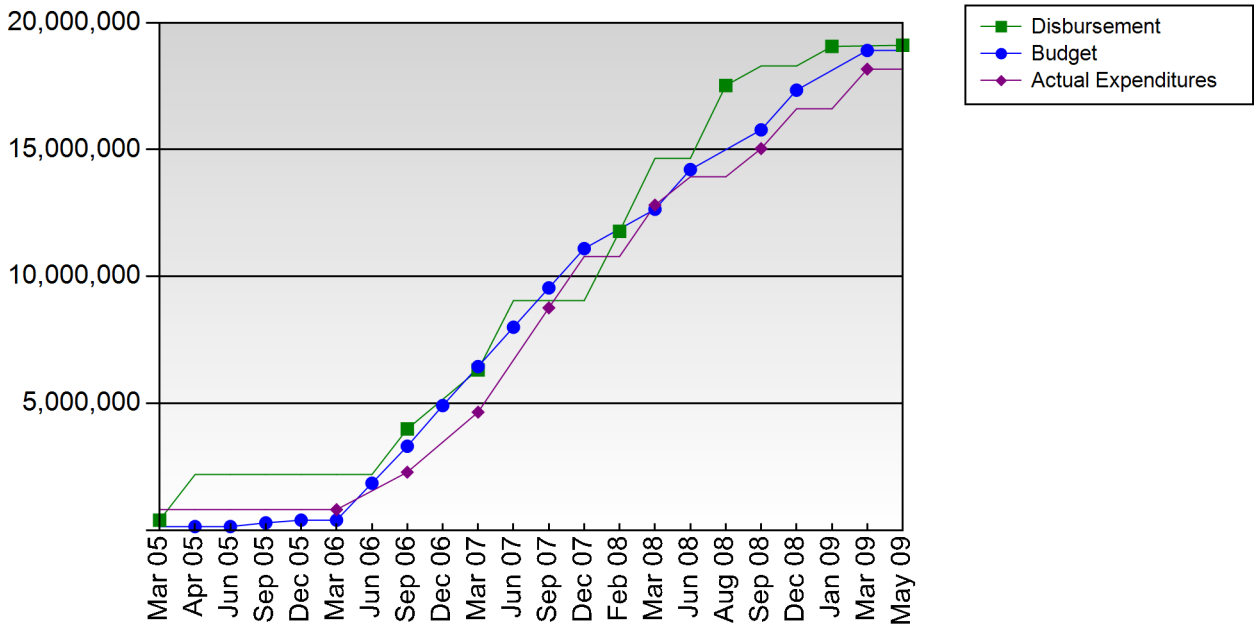
Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

Period PU8: 01.Oct.08 - 31.Mar.09	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
1. Total actual expenditures vs. budget	$ 3,133,833	$ 18,906,685	$ 18,172,408	$ 734,277	
1a. PR's Total expenditure	$ 539,791		$ 13,355,095		
1b. Disbursements to sub-recipients	$ 2,594,042		$ 4,817,314		
2. Health product expenditures vs. Budget (already included in "Total Actual" above)	$ 765,162		$ 4,930,084		
2a. Pharmaceuticals	$ 539,791		$ 3,682,194		
2b. Health products, commodities and equipment	$ 225,370		$ 1,247,890		

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**	30.Sep.08
Period Covered From	01.Apr.05	**To**	31.Mar.06

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.Apr.05 -			N/A	1	01.Apr.05 - 30.Sep.05	504,000	504,000	$ 397,000	15 Mar 2005
Summary of Progress						**Reasons for variance between PR Request and Actual Disbursement**				
This is the first disbursement, therefore no progress update is available.						PR requested funds for a period of 12 month. Portfolio has adjusted it to cover the first two Quarters and third Quarter as a buffer. This is the first disbursement.				
PU	**PU Period**			**TGF Rating**	**DR**	**DR Period Covered**	**PR Request**		**Disbursement Amount**	**Disbursement Date**
1	01.Apr.05 - 31.Mar.06			B1	2	01.Oct.05 - 30.Sep.06	3,592,823	3,592,823	$ 3,592,923	22 Sep 2006
Summary of Progress						**Reasons for variance between PR Request and Actual Disbursement**				
The performance of this grant is very good. Six indicators have exceeded targets and other indicators have reached their target. PR has used his own funds to continue implementation and now has a negative cash balance as activities from. Activities have been moved forward to deliver results earlier than planned.						This is the second disbursement. At the time of the first DR, there were no specific recommendations other than those already incorporated in the grant				

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
2	01.Apr.06 - 30.Sep.06			B1	3	01.Oct.06 - 31.Mar.07	2,829,177	2,329,177	$ 2,329,177	26 Mar 2007

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The performance of this grant is good despite the slow implementation in Orissa. Although the state has done well in PPP, the performance of government sector is not up to expectations.	No variance: the funds requested have been found reasonable and needed to be disbursed.

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
3	01.Oct.06 - 31.Mar.07				4	01.Apr.07 - 30.Sep.07	1,352,264	1,334,264		N/A

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The PU has been reviewed in the subsequent DR.	The DR has been merged with the subsequent DR.

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
4	01.Apr.07 - 30.Sep.07			A1	4	01.Oct.07 - 31.Mar.08	5,461,890	5,461,890	$ 5,314,867	18 Feb 2008

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The performance of the program is excellent. 11 out of 12 indicators show over 100% achievement. All level 3 indicators show over 100% achievement. One indicator related to survey report indicates completion of two additional reports but is not included in the progress update because the reports have to be internally approved before they can be included in the progress update. One indicator did not have any target for the period, because MDR TB treatment would be started much later. The performance of Orissa is on track and is accelerating. During FPM visit in November 2007, high level review of performance took place with senior Ministry officials, IUALTD, and WHO. WHO has assigned two national consultants. Additional technical support and strengthening of district level supervision and monitoring is planned. Political commitment is strong and monitoring improvement plans are now implemented. Therefore, based on performance evaluation and progress made, I rate this grant A and differ with LFA rating. CTD has completed all internal processes for the storage improvement plan. The process of review has been initiated right after signing the grant agreement.	Programmatic performance is excellent. DR4 and DR 5 are combined and I have accepted the LFA calculations for the recommended amounts of USD 1,334,263.90 and USD 4,127,625.57, total amount is therefore $5,461,889.47. Since CTD and IUALTD have signed an agreement for additional support to Orissa, a direct disbursement to IUALTD for $147,022 is also recommended (please refer to attached documentation with the IUALTD bank account details confirmed by the LFA). This amount is part of the total amount recommended for disbursement. Since GOI uses its own funds to continue implementation, the implementation has not suffered. Surveys are delayed because certain activities have to be completed before surveys can be initiated. GOI procurement has been streamlined after considerable discussions with the World Bank and an international procurement agent UNOPS has been appointed. The MOH procurement wing is under intense technical support from Crown Agents. Additional measures were also put in place to ensure accountability and transparency. In addition USD147'022 were disbursed in February 2008

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
4	01.Apr.07 - 30.Sep.07			A1	4.1	01.Oct.07 - 31.Mar.08	5,461,890	5,461,890	$ 147,022	18 Feb 2008

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The performance of the program is excellent. 11 out of 12 indicators show over 100% achievement. All level 3 indicators show over 100% achievement. One indicator related to survey report indicates completion of two additional reports but is not included in the progress update because the reports have to be internally approved before they can be included in the progress update. One indicator did not have any target for the period, because MDR TB treatment would be started much later. The performance of Orissa is on track and is accelerating. During FPM visit in November 2007, high level review of performance took place with senior Ministry officials, IUALTD, and WHO. WHO has assigned two national consultants. Additional technical support and strengthening of district level supervision and monitoring is planned. Political commitment is strong and monitoring improvement plans are now implemented. Therefore, based on performance evaluation and progress made, I rate this grant A and differ with LFA rating. CTD has completed all internal processes for the storage improvement plan. The process of review has been initiated right after signing the grant agreement.	See rational for DR 4

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
6	01.Oct.07 - 31.Mar.08			A1	5	01.Apr.08 - 30.Sep.08	5,745,478	5,745,478	$ 5,320,568	21 Aug 2008

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The performance of the program is very good. 10 out of 12 indicators show over 100% achievement. All level 3 indicators show over 100% achievement. The number of staff trained in conducting Drug Resistance Surveillance has fallen behind target (71%) during the period due to procedural delays, but training is expected to take place during the next period. The production and distribution of survey reports has also not reached the target (60%), but the reports should be ready by the end of the next period. Significant efforts have been made on behalf of the CTD to accelerate activities in the state of Orissa where performance has lagged behind. Technical assistance is being provided by IUATLD as part of Phase II approved funding and the performance in the poorly performing districts is beginning to improve.	The program performance is very good and there are no major grant management issues. The overall grant rating is A1. The PR erroneously added USD 638,466 to the budget for the disbursement period. The cash request should therefore be reduced by that amount to USD 5,745,478, which is the amount recommended by the LFA. The recommended amount is based on a budget of USD 3,128,776 for period 13, 14 and 15 and PR negative cash balance of USD 1,052,314.26 as of March 31, 2008. This is a split disbursement. USD 308,886 is to be transferred to IUATLD.

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
6	01.Oct.07 - 31.Mar.08			A1	5.1	01.Apr.08 - 30.Sep.08	5,745,478	5,745,478	$ 308,886	21 Aug 2008

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The performance of the program is very good. 10 out of 12 indicators show over 100% achievement. All level 3 indicators show over 100% achievement. The number of staff trained in conducting Drug Resistance Surveillance has fallen behind target (71%) during the period due to procedural delays, but training is expected to take place during the next period. The production and distribution of survey reports has also not reached the target (60%), but the reports should be ready by the end of the next period. Significant efforts have been made on behalf of the CTD to accelerate activities in the state of Orissa where performance has lagged behind. Technical assistance is being provided by IUATLD as part of Phase II approved funding and the performance in the poorly performing districts is beginning to improve.	pls see rationale for DR 5

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
6	01.Oct.07 - 31.Mar.08			A1	5.2	01.Apr.08 - 30.Sep.08	5,745,478	5,745,478	$ 50,000	21 Aug 2008

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The performance of the program is very good. 10 out of 12 indicators show over 100% achievement. All level 3 indicators show over 100% achievement. The number of staff trained in conducting Drug Resistance Surveillance has fallen behind target (71%) during the period due to procedural delays, but training is expected to take place during the next period. The production and distribution of survey reports has also not reached the target (60%), but the reports should be ready by the end of the next period. Significant efforts have been made on behalf of the CTD to accelerate activities in the state of Orissa where performance has lagged behind. Technical assistance is being provided by IUATLD as part of Phase II approved funding and the performance in the poorly performing districts is beginning to improve.	Fee for GLC

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
6	01.Oct.07 - 31.Mar.08			A1	5.3	01.Apr.08 - 30.Sep.08	5,745,478	5,745,478	$ 66,024	21 Aug 2008

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The performance of the program is very good. 10 out of 12 indicators show over 100% achievement. All level 3 indicators show over 100% achievement. The number of staff trained in conducting Drug Resistance Surveillance has fallen behind target (71%) during the period due to procedural delays, but training is expected to take place during the next period. The production and distribution of survey reports has also not reached the target (60%), but the reports should be ready by the end of the next period. Significant efforts have been made on behalf of the CTD to accelerate activities in the state of Orissa where performance has lagged behind. Technical assistance is being provided by IUATLD as part of Phase II approved funding and the performance in the poorly performing districts is beginning to improve.	pls see rationale for DR 5

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
7	01.Apr.08 - 30.Sep.08			A1	6	01.Oct.08 - 31.Mar.09	1,655,051	1,537,756	$ 1,537,756	12 Jan 2009

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The program is performing very well, with 10 out of 12 and all Level 3 indicators showing over 100% achievement. Only in the production and distribution of survey reports is the program lagging behind (60%). However the two pending reports for Orissa and AP have been completed and are currently being reviewed by the National Impact Assessment Conference in Bangalore.	According to the LFA the PR is using an incorrect exchange rate to estimate the budget for the disbursement period. This in addition to an incorrect inclusion of a direct payment to the IUATLD leads the LFA to lower slightly the recommended disbursement amount to USD 1'537'755.87 . The FPM concurs with the LFA recommendation.

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
8	01.Oct.08 - 31.Mar.09			A1	6.1	01.Oct.08 - 31.Mar.09	1,655,051	1,537,756	$ 49,720	04 May 2009

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The grant has been consolidated through RCC with R2 and R6 from 1 April 2009.	The current DR 6.1 forms part of DR 6 processed in January 2009. The PR had in PU/DR 6 requested that an additional disbursement of USD 49'720 be made to the IUALTD for services rendered. The LFA verified that the amount requested was correct. However, as the bank account details of IUALTD could not be sufficiently confirmed by the LFA at the time the additional disbursement could not be made. The account details have now been LFA confirmed. The amount disbursed to the PR under DR 6 was the full LFA recommended amount which already included the amount requested to be directly disbursed to the IUALTD.

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
8	01.Oct.08 - 31.Mar.09			A1	7	01.Apr.09 - 30.Jun.09				N/A

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The grant has been consolidated through RCC with R2 and R6 from 1 April 2009.	The grant has been consolidated through RCC with R2 and R6 from 1 April 2009.

2.5. Contextual Information

Title	Explanatory Notes
Major changes in the program supporting environment (e.g. changes in the partner relationships, introduction of new partners, etc.)	The National Rural Health Mission (NRHM), launched in April 2005, by the Prime Minister, envisages to further strengthen the entire public health system.
External financial issues (e.g. inflation, currency depreciation, etc.)	Currency appreciated against US dollars but not major.
Issues with the CCM (e.g. changes in membership, composition, etc.)	CCM report was completed in July 2006. CCM is now fully complied with Global Fund requirement.
Additional Contextual Issues	Central TB Division (CTD) has a strong management team and good implementation arrangement. Program performance is as per plan except for the surveys. A joint review mission led by WHO took place in October 2006. Key recommendations: Introduce MDR-TB treatment, strengthen M&E, enhance private sector and NGO participation, and improve quality. Overall performance is excellent with 11 out of 12 indicators showing over 100% achievement. As of September 2007, cumulative expenditure rate is 69% but funds utilization for the period April to September 2007 is 125% of budgeted amount. In order to improve storage facilities, the Government Medical Stores Depots have completed their assessments and will now initiate improvements. IUALTD has started technical support in Orissa. WHO technical support in Orissa is also strengthened. Orissa government has also strengthened monitoring and evaluation by holding monthly review meetings.

2.6. Phase 2 Grant Renewal

Performance Rating	B1. Adequate	Recommendation Category	Go

Rationale for Phase 2 Recommendation Category

Program performance:
This program is implemented in 2 states of India: Andhra Pradesh and Orissa, covering a population of approximately 119 million. Overall, the performance of this grant has been satisfactory; principally due to strong performance in Andhra Pradesh State which has compensated for relatively weaker performance in Orissa State. Good results in key 'people reached' indicators include:
• 41,780 new smear positive cases detected and put on treatment (100% of target);
• 101,559 patients put on treatment under the National TB Control Program (NTCP) (96% of target);
• 438 HIV positive TB cases put on DOTS (175% of target); and
• 6,633 suspected TB patients referred from voluntary counseling and testing centres to NTCP facilities (221% of target).

In Andhra Pradesh, the key TB indicators are strong for case detection: 75% compared with 71% nationally, and with a cure rate of 84%. Whereas in Orissa, case detection and cure rates are performing below grant targets and below the national standards.

In terms of capacity building, there are good results in coordination and partnership development activities and some good outcomes in the strengthening of health facilities. However, laboratory facilities have not been established as planned and there has been poor performance in training of health staff for DOTS.

The spirit of the Proposal is maintained and indicators are consistent with Proposal activities.

Program management and governance:
The Principal Recipient (PR) is the Government's Department of Economic Affairs. The Central TB Division is the implementing unit of the Ministry of Health who has demonstrated satisfactory management of the grant to date. Programmatic delivery is proceeding largely as planned and capacity is now in place for a significant scale up in Phase 2. The PR's financial management structures are working well at the central level and regular and timely disbursements are made by the PR to Sub-recipients (SRs) to ensure the smooth implementation of program activities. However, there remain a number of systemic management weaknesses, particularly relating to financial management and monitoring and evaluation (M&E) at the state and district levels. These weaknesses are outlined below on page 3 and are to be addressed as Time Bound Actions.

The Country Coordinating Mechanism (CCM) has a broad multi-sectoral representation and has played an exemplary role in oversight and governance of the program throughout Phase 1. The CCM and PR have also encouraged broad participation from the various state and district committees and there is strong technical support from a number of international NGOs. However, moving forward, the program needs greater involvement from civil society actors and the private sector, particularly in the delivery of DOTS services. Additionally, technical assistance is required from partners such as WHO and IUALTD to improve performance in Orissa, and improve M&E in both states. The CCM has recommended the use of grant funds for technical assistance to improve implementation in difficult districts of Orissa and strengthen state level systems.

The Secretariat classifies this Request as a "Go". In Phase 2, the PR should focus efforts on fulfilling the suggested Time Bound Actions as stated on page 3 of this Grant Score Card.

Rationale for Phase 2 Recommendation Amount

In light of satisfactory performance, the Secretariat concludes that an amount of US$19,504,383 (96% of maximum) is appropriate for continued funding. As US$499,900 of undisbursed Phase 1 funds are available to partially fund this amount the Secretariat recommends to the Board to commit an incremental Phase 2 funding amount of US$19,004,483 for this program.

Time-bound Actions	
Issues	**Description**
1. Financial management continues to be weak at the state and district levels. Additional financial management capacity is required at CTD.	1. Financial management training shall be organized for all state finance and TB officials by 30 December, 2007. Also, a finance officer for CTD shall be recruited under WHO technical support by 30 December, 2007.
2. M&E continues to be weak in data analysis and outreach program evaluation. In addition, M&E for DOTS for migrant population tracing is inadequate.	2. Each State (Andhra Pradesh and Orissa) shall appoint an M&E professional and provide additional training to state officials. These activities shall be completed by 30 December, 2007. Secondly, WHO and IUALTD technical support shall be arranged to improve program performance and M&E for tracing DOTS of migrant and tribal populations especially in Orissa.
3. The cross referrals between TB centers and VCCT centers is inadequate because of weak coordination between TB and HIV/AIDS program.	3. Prior to 1 January 2008, WHO technical support shall be arranged to improve referral arrangements between RNTCP and VCCT centers.
4. Private sector participation continues to be challenging due to problems with private practitioners low interest in the TB program.	4. CTD shall partner with the India Medical Practitioners Association (IMPA) and Christian Medical Association in Orissa to provide training to doctors in the Andhra Pradesh and Orissa States which shall be completed by 30 September, 2008.
5. NGO participation in Orissa is weak which is hampering community mobilization and support.	5. A review of NGO participation by CTD shall be completed by Quarter 11 so that recommended actions to improve NGO participation can be implemented from 30 December, 2007.