India

IDA-607-G09-T

Grant Performance Report

External Print Version

Last Updated on: 12 March 2010

General Grant Information

Country	India				
Grant Number	IDA-607-G09-T	Component	Tuberculosis	Round	6
Grant Title	Consolidating and scaling up of RNTCP interventions in order to move towards TB related MDGs				
Principal Recipient	The Department of Economic Affairs of the Government of India				
Total Lifetime Budget	$ 8,579,594	Phase 1 Grant Amount	$ 8,579,594	Phase 2 Grant Amount	
Grant Start Date	01 Apr 2007	Phase 1 End Date	31 Mar 2009	Phase 2 End Date	
Disbursed Amount	$ 8,579,594	% of Grant Amount	100%	Latest Rating	A2
Time Elapse (at the end of the latest reporting period)	24 months	% of Grant Duration	100%	Proposal Lifetime	60 months

New GPR Report - Table of Contents

(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. The program supported by this grant aims to consolidate India's Revised National TB Control Program services and improve their quality; expand and increase the reach of the Revised National TB Control Program; introduce DOTS-Plus in a phased manner; train and involve private practitioners in the delivery of DOTS in order to improve the availability and quality of TB control services through a sustainable public-private mix approach, and contribute to measuring the Revised National TB Control Program's impact in relation to the TB targets in the Millennium Development Goals. In 2009 the grant was consolidated with IDA-202-G03-T and IDA-405-G08-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

1.4. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Financial Management and Systems	x	It is recommended that the sub recipients and sub-sub recipients work in computerized environment for easy transmission of financial information. LFA noted that the work plan values do not reconcile with the budget on individual basis as it could well be that the work plan consolidation may be on different lines than the budget. It would be essential for the PR to identify reasons for variance. However, it may be mentioned here that the total budget outlay and total work plan outlay are in agreement.
Institutional and Programmatic	x	Recruitment of additional staff as recommended under the proposal and filling up of vacancies of the existing positions needs to be done expeditiously on a continuous basis. It has been observed that program implementation has been adversely effected due to delay in recruitments under the existing rounds. It is recommended that if governmental procedures are a hindrance to filling up the vacancies, contract staffing should be considered. Continuation of the program requires refresher training after documenting inadequacies found amongst the staff from the previous programs. Training modules needs to be prepared. Training of IMA team both at the SR's administration center and the SDPs. The training should cover GFATM requirements both for programmatic implementation as well as data collection. An LFA assessment of IMA as a new SR including field visits is needed
Procurement and Supply Management	x	It will be useful to have an LFA in depth assessment of PSM system.
Monitoring and Evaluation	x	A suitably upgraded system of cross checking of data needs to be built. Data compilation should be simplified. Today it is possible to have inexpensive hand held data compilers used for compiling data and passing it on to the next level in an electronic format thus avoiding data getting garbled or mistakes creeping in. The process of recruitment of field staff should be expedited. A systematic methodology of inspection and verification of records needs to be built with very structured checking Training of the field staff has to be taken in larger numbers and the competence building should be in depth. One M&E professional be made available to each state for helping in making the field staff understand the outcomes and also pointing inconsistencies of data or wrong trends visible from the reports. However, the M&E plan should be enlarged to generate specific reports on the cases where the patient has discontinued treatment. The reconciliation of cases where the patient has moved to another location in the state and commenced treatment there should be done at the state level. In case of movement beyond the state the same can be traced if the permanent address of the patient was also captured at the time of the initial treatment. The permanent address would be a most likely methodology to trace the patient to the place of origin. The Health visitors today have no record of efforts/visits made to patients who do not turn up at the TU for administering of medicines. A suitable format to record this needs to be built to reduce discontinuance and also create data that would help in building a strategy to eliminate chances of patient going untraced. Smart ways to ensure avoidance of duplication of data e.g. a patient registering at two places for treatment, needs to be evolved.
PR Repeat Assessment	B1	

1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	CP to Phase 1 First Disbursement: The delivery by the Principal Recipient of a statement confirming the bank account into which the Grant funds will be disbursed as indicated in block 10 of the face sheet of this Agreement;		Disbursement		Yes	
2	CP to Phase 1 First Disbursement: The delivery by the Principal Recipient of 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 10 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	
3	CP to Phase 1 Second Disbursement: The delivery by the Principal Recipient to the Global Fund of a plan for the procurement, use and supply management of the Health Products for the Program as described in subsection (c) of Article 19 of the Standard Terms and Conditions of this Agreement (the “PSM Plan”)		Procurement		Yes	
4	CP to Phase 1 First Disbursement: The written approval of the Global Fund of the PSM Plan.		Disbursement		Yes	
5	CP to Phase 1 Second Disbursement: The delivery by the PR to the Global Fund, in form and substance satisfactory to the Global Fund, of the signed agreement between the PR and the IMA that sets out the terms and conditions under which IMA and the PR will conduct the Program's activities including in particular the budget as well as monitoring and evaluation mechanisms.		Disbursement		Yes	
6	CP to Phase 1 Second Disbursement: The delivery by the PR to the Global Fund of a completed version of self-assessment component of the Global Fund's Monitoring and Evaluation Strengthening Tool (Dated January 2006), as prepared by the PR and other Program stakeholders.		Disbursement		Yes	
7	CP to Phase 1 Second Disbursement: The delivery by the PR to the Global Fund of an updated plan for monitoring and evaluating Program activities ("Updated M&E Plan") that incorporates the recommendations made by the Global Fund in relation to the Monitoring and Evaluation Strengthening Tool referred to in Section B.2.a of this Annex A.		Disbursement		Yes	
8	Special Terms and Conditions: The Principal Recipient’s representations under the taxes and duties provisions of Article 12 of the Standard Terms and Conditions of this Agreement shall be limited to a representation that no Grant funds shall be used to finance any customs duties, tariffs, import taxes, or other similar levies and taxes associated with the import, manufacture, or sale of products or commodities, or the procurement of services for the Program assessed under laws in effect in the Host Country. In the event that such taxes or duties are levied, the Principle Recipient shall ensure that such taxes and duties are paid from sources other than Grant funds.		Other		Yes	

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
9	Special Terms and Conditions: The Auditor selected by the Principal Recipient under Article 13(c) of the Standard Terms and Conditions of this Agreement shall be the Controller and Auditor General of the Government of India.		Other		Yes	
10	Special Terms and Conditions: For the purpose of Article 7(e) of the Standard Terms and Conditions of this Agreement, use of the term “audits” shall mean financial and programmatic review of accounts and records relating to the financial management and programmatic implementation of the Program.		Other		Yes	
11	Special Terms and Conditions: The Principal Recipient shall ensure that the Health Products procured with the Grant funds are stored under appropriate conditions at all levels, including the National Store Depot and State-level depots. If any Health Products purchased with Grant funds cannot be used for their intended purpose due to being stored in conditions that are inappropriate or due to poor procurement and supply management practices, as determined by the Global Fund, the purchase price of such Health Products shall be deducted from the disbursements of Grant funds made by the Global Fund to the Principal Recipient. Any such deduction shall not give the right to an adjustment of either Program Budget or Program Objectives. Such lost or spoiled Health Products shall be replaced by the Principal Recipient at its own cost.		Procurement		Yes	
12	Special Terms and Conditions: The Principal Recipient shall deliver to the Global Fund evidence, no later than 1 July 2007, in form and substance satisfactory to the Global Fund, that the Principal Recipient has performed reconciliation between the work plan for the Program and the Program Budget.		Other		Yes	
13	Special Terms and Conditions: By no later than by end of Period 2 the Principal Recipient shall deliver to the Global Fund the evidence, in form and substance satisfactory to the Global Fund, of the additional training having been provided to new and existing Monitoring and Evaluation and Finance Officers, including attendance to any Global Fund organized training on financial systems and monitoring and evaluation;		Other		Yes	
14	Special Terms and Conditions: By no later than by end of Period 2, the Principal Recipient shall deliver to the Global Fund the evidence, in form and substance satisfactory to the Global Fund, that IMA staff have received training on the Global Fund programmatic and financial requirements;		Other		Yes	
15	Special Terms and Conditions: By no later than end of Period 2, the Principal Recipient shall deliver to the Global Fund the evidence, in form and substance satisfactory to the Global Fund, that systems of notification of all TB cases in the inmate population of the states of Chhattisgarh, Jharkhand and Uttaranchal are part of the national reporting system.		Other		Yes	

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
16	Special Terms and Conditions: The Principal Recipient shall deliver to the Global Fund evidence, in form and substance satisfactory to the Global Fund, that people have been engaged, with appropriate qualifications and experience to support the activities related to the Program, for the following positions: by no later than end of period 4: i. three full-time TB-HIV coordinators; by no later than end of Period 2: • three full-time Medical Officers at the state TB Cell; • one hundred and twenty full-time Senior treatment Supervisors; • one hundred and twenty full-time Senior TB laboratory Supervisors; • three full-time Finance Officers at the state TB Cell; • three full-time IEC Officers at the state TB Cell; • one hundred and fifty full-time Lab technicians; • three full-time Medical Officers at district TB Center.		Other		Yes	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1	**To decrease mortality & morbidity due to TB and to expand the reach of RNTCP through enhanced coordination with private health providers**

Impact indicator	TB prevalence rate	Baselines	
		Value	Year
		370 bacillary positive TB cases	2000

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target				280						
Result										

Impact indicator	TB mortality rate	Baselines	
		Value	Year
		30	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target				28						
Result										

Impact indicator	Prevalence of MDR TB among new untreated pulmonary TB cases (national estimates)	Baselines	
		Value	Year
		2.4%	2004

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	<3%	<3%	<3%	<3%						
Result	2,7%									

Outcome indicator	Case detection	Baselines	
		Value	Year
		66%	2005

	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	70%									

Outcome indicator	Treatment success rate	Baselines	
		Value	Year
		86%	2005

	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	86%									

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.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 - Consolidation of services with maintenance and improvement in quality of RNTCP

Treatment: Timely detection and quality treatment of cases

Indicator 1.1 - Number of new smear positive TB cases detected and registered under DOTS

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	25000 (55%)	2005	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	7,523	15,047	22,570	30,093	8,427 (non cumulative from Q4)	16,855	25,282	63,802
Result	Pending result	16,914	Pending result	32,103	Pending result	19,066	Pending result	64,569

Indicator 1.2 - Number of total TB cases (all forms) detected and registered under DOTS

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	64,000 64000	2005	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	18,549	37,098	55,647	74,196	94,385	114,574	134,762	154,951
Result	Pending result	40,749	Pending result	77,553	Pending result	119,419	Pending result	157,245

Indicator 1.4 - Number of NSP cases started on DOTS within 7 days of diagnosis

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	730	2005	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	6,395	12,790	19,937	27,084	7,584 (non cumulative from Q4)	15,168	22,753	57,422
Result	Pending result	14,434	Pending result	27,175	Pending result	14,182	Pending result	54,263

Indicator 1.5 - Number and percentage of new smear positive TB cases registered under DOTS who smear convert at the end of initial/intensive phase of treatment

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	≥90%	2005	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	NE	NE	N: 6,771 D: 7,523 P: 90%	N: 13,542 D: 15,047 P: 90%	N: 20,313 D: 22,570 P: 90%	N: 27,084 D: 30,093 P: 90%	N: 34,660 D: 38,520 P: 90%	N: 42,253 D: 46,948 P: 90%
Result	Pending result	NE	Pending result	N: 15,184 D: 16,914 P: 90%	Pending result	N: 30,106 D: 32,103 P: 94%	Pending result	N: 44,048 D: 47,372 P: 93%

Supportive Environment: Laboratory

Indicator 1.3 - Number of Designated Microscopy Centres supported (maintenance, lab supplies and civil works)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	90%	2005	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	730	730	730	730	734	738	742	746
Result	Pending result	727	Pending result	737	Pending result	724	Pending result	735

Supportive Environment: Human resources

Indicator 1.7 - Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	3234 3234	April 2003-Sept 2006	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	188	375	563	750	1,000	1,250	1,500	1,750
Result	Pending result	196	Pending result	353	Pending result	573	Pending result	1,144

Objective 2 - Expand and increase the reach of RNTCP

Supportive Environment: Community TB care (CTBC)

Indicator 2.1 - Number of NGOs and Private Practitioners involved under RNTCP DOTS programme in the 3 project states

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	326	2005	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	331	336	340	345	353	360	368	375
Result	Pending result	541	Pending result	584	Pending result	426	Pending result	400

TB/HIV

Indicator 2.2 - Number of TB suspects (HIV Positive plus HIV Negative) identified in clients attending HIV testing and counseling services and referred for TB diagnosis to RNTCP facilities

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	2005	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N/A	400	500	800	1,000	1,200	1,400	1,600
Result		345	Pending result	705	Pending result	2,211	Pending result	3,420

Indicator 2.3 - Number and % of newly diagnosed TB cases among PLWHAs referred from VCTCs to RNTCP facilities receiving TB treatment (DOTS)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	2005	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N/A	43	65	86	108	130	152	174
Result		62	Pending result	129	Pending result	240	Pending result	333

Objective 3 - Introduce DOTS Plus in a phased manner

MDR-TB

Indicator 3.1 - Number of new MDR-TB cases started on DOTS Plus treatment

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	2005	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	38	75	113	150
Result		0		0	Pending result	0	Pending result	0

Objective 4 - To train and involve private practitioners in RNTCP-DOTS, in order to improve the availability and quality of TB control services through a sustainable Public Private Mix (PPM DOTS) approach

TB: PPM (Public Private Mix)

Indicator 4.1 - Number of Private Medical Practitioners reached through Continued Medical Education

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	0	2006	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	1,000	3,000	4,500	6,000	8,000	10,000	12,000	14,000
Result	Pending result	0	Pending result	12,147	Pending result	16,661	Pending result	24,237

Indicator 4.2 - Number of private providers trained in DOTS using the RNTCP Module for Private Practitioners and International Standard of Care guidelines

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	0	2006	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	300	600	900	1,200	1,500	1,800
Result		0	Pending result	602	Pending result	2,013	Pending result	3,148

2.2.3. Cumulative Progress To Date

Latest reporting due period : 11 (01.Oct.09 - 31.Dec.09)

Objective 1	**Consolidation of services with maintenance and improvement in quality of RNTCP**
SDA	**Treatment: Timely detection and quality treatment of cases**

Indicator 1.1 - Number of new smear positive TB cases detected and registered under DOTS

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 3-People reached	8	63,802	8	64,569	101%

Indicator 1.2 - Number of total TB cases (all forms) detected and registered under DOTS

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 3-People reached	8	154,951	8	157,245	101%

Indicator 1.4 - Number of NSP cases started on DOTS within 7 days of diagnosis

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 3-People reached	8	57,422	8	54,263	94%

Indicator 1.5 - Number and percentage of new smear positive TB cases registered under DOTS who smear convert at the end of initial/intensive phase of treatment

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 0-Process/Activity Indicator	8	N: 42,253 D: 46,948 P: 90 %	8	N: 44,048 D: 47,372 P: 93 %	103%

SDA	**Supportive Environment: Laboratory**

Indicator 1.3 - Number of Designated Microscopy Centres supported (maintenance, lab supplies and civil works)

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 0-Process/Activity Indicator	8	746	8	735	99%

SDA	**Supportive Environment: Human resources**

Indicator 1.7 - Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

	Target		Result		0% 30% 60% 90% 100%
	Period	Value	Period	Value	
Level 0-Process/Activity Indicator	8	1,750	8	1,144	65%

Objective 2	Expand and increase the reach of RNTCP
SDA	Supportive Environment: Community TB care (CTBC)

Indicator 2.1 - Number of NGOs and Private Practitioners involved under RNTCP DOTS programme in the 3 project states

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	8	375	8	400						107%

SDA	TB/HIV

Indicator 2.2 - Number of TB suspects (HIV Positive plus HIV Negative) identified in clients attending HIV testing and counseling services and referred for TB diagnosis to RNTCP facilities

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	8	1,600	8	3,420						120%

Indicator 2.3 - Number and % of newly diagnosed TB cases among PLWHAs referred from VCTCs to RNTCP facilities receiving TB treatment (DOTS)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	8	174	8	333						120%

Objective 3	Introduce DOTS Plus in a phased manner
SDA	MDR-TB

Indicator 3.1 - Number of new MDR-TB cases started on DOTS Plus treatment

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	8	150	8	0						0%

Objective 4	To train and involve private practitioners in RNTCP-DOTS, in order to improve the availability and quality of TB control services through a sustainable Public Private Mix (PPM DOTS) approach
SDA	TB: PPM (Public Private Mix)

Indicator 4.1 - Number of Private Medical Practitioners reached through Continued Medical Education

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	14,000	8	24,237						120%

Indicator 4.2 - Number of private providers trained in DOTS using the RNTCP Module for Private Practitioners and International Standard of Care guidelines

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	1,800	8	3,148						120%

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	24 months	**Grant Amount**	8,579,594 $
% 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)**	8,579,594 $
Expenditures Rate (as of end date of the latest PU)	100%	**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.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:	1,018,865	2,037,730	3,056,595	4,075,460	5,324,711	6,573,962	7,823,213	9,072,464
Summary Period Budget:	1,018,865	1,018,865	1,018,865	1,018,865	1,249,251	1,249,251	1,249,251	1,249,251

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.09	01.Jul.09	01.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11
Period Covered To:	30.Jun.09	30.Sep.09	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	10,323,442	11,574,420	12,825,398	14,076,376	15,313,466	16,550,556	17,787,646	19,024,736
Summary Period Budget:	1,250,978	1,250,978	1,250,978	1,250,978	1,237,090	1,237,090	1,237,090	1,237,090

Expenditure Categories

Program Activities

Implementing Entities

	Budget Period 17	Budget Period 18	Budget Period 19	Budget Period 20	Budget Period 21	Budget Period 22	Budget Period 23	Budget Period 24
Period Covered From:	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12	01.Apr.12	01.Jul.12	01.Oct.12	01.Jan.13
Period Covered To:	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12	30.Jun.12	30.Sep.12	31.Dec.12	31.Mar.13
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	20,336,440	21,648,144	22,959,848	24,271,552	24,271,552	24,271,552	24,271,552	24,271,552
Summary Period Budget:	1,311,704	1,311,704	1,311,704	1,311,704				

Expenditure Categories

Program Activities

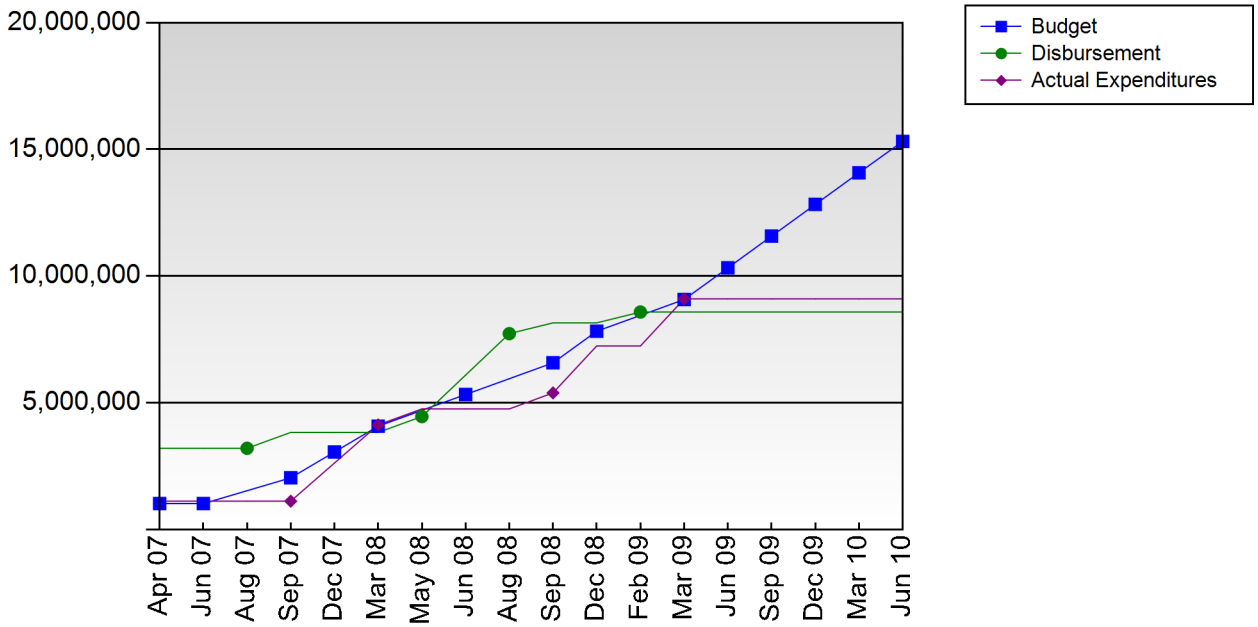
Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

Period PU4: 01.Oct.08 - 31.Mar.09	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
1. Total actual expenditures vs. budget	$ 3,708,832	$ 9,072,464	$ 9,096,396	$ -23,932	
1a. PR's Total expenditure	$ 1,947,458		$ 6,201,009		
1b. Disbursements to sub-recipients	$ 1,761,374		$ 2,895,387		
2. Health product expenditures vs. Budget (already included in "Total Actual" above)	$ 2,009,992		$ 3,658,667		
2a. Pharmaceuticals	$ 1,870,808		$ 3,120,221		
2b. Health products, commodities and equipment	$ 139,184		$ 538,445		

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	15.May.08	**To**	30.Sep.09

Annual Report due date: 15 May 2008 to 15 May 2009
Audit Report due date: 30 September 2008 to 30 September 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

Progress Updates	Disbursement Information

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
0	01.Apr.07 -				1	01.Apr.07 - 31.Dec.07	3,202,899	3,202,899	$ 3,202,899	14 Aug 2007

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
1	01.Apr.07 - 30.Sep.07			B1	2	01.Oct.07 - 29.Mar.08	1,252,689	1,248,523	$ 1,202,689	06 May 2008

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
PR's overall utilization is 52%. Low utilization is primarily because of non procurement of drugs and research studies. However, drugs shall be procured in the subsequent period and PR has taken necessary steps to make up for other shortfalls. In view of this, LFA finds B1 as the apt rating. Disbursement request period covered in DR1 was April-December 2007, and the disbursement request period in DR2 is October 2007-June 2008 resulting in overlapping of quarter October-December 2007. On data and quality reporting, SOEs were collected and collated by PR in time and also submitted to LFA with all clarifications. LFA found the data quality and reporting to be satisfactory.	Disbursement request period covered in DR1 was April 2007- December 2007 and the disbursement request period in DR2 is October 2007 – June 2008; resulting in overlapping of quarter October – December 2007. Therefore, LFA in its computations has considered budget for the period January 1, PR's overall utilization is 52%. Low utilization is primarily because of non procurement of drugs and research studies. However, drugs shall be procured in the subsequent period and PR has taken necessary steps to make up for other shortfalls.

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
1	01.Apr.07 - 30.Sep.07			B1	2.1	01.Oct.07 - 29.Mar.08			$ 50,000	06 May 2008

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
PR's overall utilization is 52%. Low utilization is primarily because of non procurement of drugs and research studies. However, drugs shall be procured in the subsequent period and PR has taken necessary steps to make up for other shortfalls. In view of this, LFA finds B1 as the apt rating. Disbursement request period covered in DR1 was April-December 2007, and the disbursement request period in DR2 is October 2007-June 2008 resulting in overlapping of quarter October-December 2007. On data and quality reporting, SOEs were collected and collated by PR in time and also submitted to LFA with all clarifications. LFA found the data quality and reporting to be satisfactory.	Overall performanceThis amount is calculated as follows: $2,139,431.49 forecasted by PR for Q 3-4 plus $1,200,483.07 for buffer period of Q5 less LFA verified cash balance of $2,087,225.65. The recommended amount is in line with the work plan and budget. This is a split disbursement. $1,202,688.90 should be disbursed to the PR. $50,000 was directly disbursed to GLC for MDR-TB treatment that is commencing in Year 2. This was already part of the Year 1 budget. GLC Bank Account details are provided in the Stop TB Partnership Secretariat letter (please see attached). The health products procurement has been initiated. As this process is lengthy (the drugs are procured centrally for the entire country and then supplied to the General Medical Store Depots for onward supply to the states), the PR will update the PRM as soon as it receives the invoices. The PR expects to receive the invoices soon.

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
2	01.Oct.07 - 31.Mar.08			A1	3	01.Apr.08 - 31.Dec.08	3,271,250	3,005,269	$ 3,271,250	21 Aug 2008

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
PR's overall utilization rate is 97%. The sharp increase since the previous DR is due to bulk procurement of drugs and equipment. This masks a rather low utilization rate in the areas of Commodities and Products (53%), Planning and Admin (66%) and Outreach (32%). Grant performance is very good although training targets are lagging behind. Training is now well underway and targets are expected to be reached in the coming periods. The grant has no major management issues.	n/a

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
3	01.Apr.08 - 30.Sep.08			A2	4	01.Oct.08 - 29.Mar.09	1,378,020	552,706	$ 852,756	06 Feb 2009

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
The grant performance is very good. Of the 11 indicators applicable to this period, 8 have achieved 100% or more of the target. Involvement of NGOs and medical colleges in program implementation has been very effective. Achievements of DOTS detection indicators are at 113% (NSP) and 104% (all forms). The indicator "Number of key staff retrained/trained in RNTCP" is still at a low 46%. Training is now well underway, however due to the large backlog the PR estimates that it will take until the end of Phase 1 to achieve the target.	The LFA is not using the correct budget amount for the disbursement period as per the grant agreement. The correct budget amount per grant agreement is USD 2'400'966. In addition the PR has requested a contribution of USD 500'000 towards the cost of retraining all the workers involved in RNTCP in the three states on new WHO Technical Guidelines, an activity not included in the Phase 1 training budget. Following detailed discussions with the PR, in light of the importance of these activities already well under way, and the fact that the PR has made considerable savings on other budget lines, the FPM has agreed to adjust the training budget adding USD 383'000 to cover both the accelerated training and some of the additional training costs. The revised budget is attached. The total revised forecasted budget, with the USD 408'163.27 for delayed procurement during the period, amounts to USD 3'192'129.27. With a cash balance of USD 2'339'372.89, we recommend a disbursement amount of USD 852'756. This is the last disbursement under Phase 1.

PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request		Disbursement Amount	Disbursement Date
4	01.Oct.08 - 31.Mar.09			A2						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.	

2.5. Contextual Information

Title	Explanatory Notes

Time-bound Actions

Issues	Description
1. At present, there is only one finance consultant at the CTD and the budgeted position of accountant is vacant. The financial consultant is not working exclusively on Global Fund grants.	1. Prior to May 2009, the PR staff shall include two finance professionals, including at least one with clearly defined roles and responsibilities in relation to Global Fund grants.
2. a.) Inadequate storage and inventory management of pharmaceuticals. b.) No realistic quantification of MDR-TB products has been provided.	2. a.) During grant consolidation with the Round 2 RCC grant, the PR shall provide a full Procurement and Supply Management (PSM) Plan for approval by the Global Fund. The Plan shall address all ongoing issues related to storage and inventory management of pharmaceuticals, including timelines to resolving them. b.) During grant consolidation with the Round 2 RCC grant, the PR shall provide a revised quantification of MDR-TB products.
3. The PR has submitted an application to the Green Light Committee (GLC), though is still waiting on approval.	3. During grant consolidation with the Round 2 RCC grant, the PR should follow up its application with the GLC to ensure certification is obtained.