Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

Grant Scorecard

Grant Number: IDA-607-G11-H

GENERAL GRANT INFORMATION

Applicant:	Country Coordinating Mechanism
Country:	India
Round:	6
Component:	HIV/AIDS
Grant Title:	Expanding Access to Anti-Retroviral Treatment & Counseling & Testing Facilities in Focus Geographic Areas of India
Grant Number:	IDA-607-G11-H
Principal Recipient:	The Department of Economic Affairs of the Government of India
Related Grants (same proposal):	IDA-607-G10 by Population Foundation of India; IDA-607-G12 by HIV Alliance
Proposal Lifetime:	5 Years
Lifetime Budget:	USD 259,211,571
2-Year Budget:	USD 63,866,000
Disbursed to Date:	USD 16,731,833
Signature Date:	27-Aug-2007
Program Start Date:	01-Jul-2007

A. SECRETARIAT PHASE 2 RECOMMENDATION

Phase 2 Recommendation Category:	Conditional Go
Incremental Phase 2 Amount Recommended for Board Approval(USD):*	$97,852,982
Euro Equivalency:	€ 0

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

Rationale for Recommendations :

Program Performance:
The Principal Recipient (PR), the Department of Economic Affairs of the Government of India, has demonstrated excellent results to date, achieving or exceeding most of its targets for this Round 6 HIV grant in India. The program, part of the National AIDS Control Program, reported strong performance in the following:

- 40,232 adults received antiretroviral therapy (192% of target capped at 120%)
- 53,313 PLWHAs (People Living with HIV/AIDS) received care at Community Care Centers (508% of target capped at 120%)
- 92 Community Care Centers were established (119% of target)
- 13,197 children received antiretroviral therapy (110% of target)
- 1,087 Integrated Counseling and Testing Centers (ICTC) were established (116% of target)

However, the PR did not place any PLWHA on ART health smart cards, as originally scheduled in Phase 1. This delay in implementation was caused by the need to change the non-performing Sub-Recipient (SR) responsible for this activity. A new SR has been selected and the initiative is expected to begin in Phase 2.

Furthermore, the PR only met 59% of its target for the indicator “number of opportunistic infections (OI) treated” due to initial delays in developing an adequate reporting system. The reporting system is now underway and the PR expects a substantial increase of the results in Phase 2.

Program management and governance:
The PR has adequately managed this grant to date, disbursing funds in a timely and efficient manner. However, while the estimated HIV prevalence in India has declined from 0.91% in 2005 to 0.34% in 2007, the PR has not addressed assumptions used to arrive at the reduction in targets from the original proposal for some activities in this program. Moreover, there appear to be inconsistencies between the increased targets, the reduced HIV prevalence, and the National AIDS Control Organization (NACO) grant targets decrease relating to the number of adults on ARV treatment. The Secretariat recommends that the PR address the assumptions used to set up the new targets, and clarify any potential inconsistencies between targets used for this program and the general trends in national prevalence.

The PR manages Round 2, 3, 4 6 and 7 HIV grants, all of which are a part of the National AIDS Control Program. The Secretariat recommends that the PR work towards consolidating grants wherever possible.

The Secretariat classifies this Request as a “ Conditional Go.”

Rationale for Phase 2 Recommended Amount :

In light of good performance in Phase 1, the Secretariat concludes that an incremental amount of $97,852,982 (65% of original Phase 2 budget) is appropriate for continued funding. The funding of the integrated counseling and testing component has been reduced to five months, since it is already included in the approved Round 2 RCC proposal.

SUGGESTED TIME-BOUND ACTIONS	
ISSUES	**DESCRIPTION OF TIME-BOUND ACTIONS**
1. The PR has not integrated the financial management of the grant in the revised CPFMS (Computerized Project Financial Management System) as required in a condition contained in the Grant Agreement.	Condition: 1. By not later than 30 September 2009 the PR shall submit to the Global Fund evidence that it has fully integrated the financial management of the grant into its revised CPFMS (Computerized Project Financial Management System).
2. The PR has revised the targets for the program from the original proposal for Phase 2, but has not submitted the revised the detailed budget and work plan.	TBAs: 2. Prior to signing the Phase 2 extension, the PR shall submit to the Global Fund a clarification of the proposed new targets in relation to the revised prevalence estimates, as well as a detailed budget and work plan that accounts for the revised Phase 2 targets and impact indicators.
3. The Enhanced Financial Report (EFR) for the first year of the Phase 1 period submitted by the PR does not correspond to the Global Fund requirements.	3. Prior to signing the Phase 2 extension, the PR shall submit to the Global Fund a revised EFR for the first year of the Phase 1 period that complies with the Global Fund requirements.
4. The PR has not provided sufficient information on the health products being procured under this grant.	4. Prior to signing the Phase 2 extension, the PR shall provide to the Global Fund a completed 'List of Health Products' (Annex 1a/1b to the Procurement and Supply Management Plan template) including quantities, unit pack, unit costs and total cost. The PR shall include all assumptions used to determine quantities – taking into account the stock on hand – and unit costs and should clearly link to targets where appropriate, aligning the budget accordingly. The PR shall also adequately update its procurement information for the relevant health products in the Global Fund's Price and Quality Reporting (PQR) system.

B. PHASE 2 BUDGET AND IMPLEMENTATION ARRANGEMENTS

1.Estimated funds available for Phase 2

	Year 3	Year 4	Year 5
Original Phase 2 Adjusted Proposal Amount (*)	USD 39,850,628	USD 49,466,221	USD 60,967,909

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

Particulars	Total
Original Phase 2 Adjusted Proposal Amount (table above)	USD 150,284,758
Expected undisbursed amount at the end of Phase 1	USD 4,738,686
Estimated Maximum Phase 2 Amount	USD 155,023,444

2.Phase 2 Budget and Recommended Amount

	Year 3	Year 4	Year 5	Total Phase 2 Amount	% of maximum Phase 2 Amount	Incremental Phase 2 Amount	% of original Phase 2 Proposal Amount
CCM Request(**)	USD 39,850,628	USD 49,466,221	USD 60,967,909	USD 150,284,758	97%	USD 145,546,072	97%
Global Fund Recommendation(**)	USD 29,635,074	USD 34,782,190	USD 38,174,404	USD 102,591,668	66%	USD 97,852,982	65%

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

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

m Yes l No

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

The total undisbursed funds at the end of Phase 1 is expected to be USD 4,738,686. Except for the anticipated cost of the smart card program that was budgeted for during Phase 1 but not implemented, all activities of the Phase 2 budget pertain to Phase 2 only. The smart card program is in the budget of the Phase 2.

2. Is the budget within the permitted maximum?

l Yes m No

The budget is 13% lower than the permitted maximum ceiling for funding.

3. Is the budget in line with:

3.1 Usage of funds in Phase 1?

l Yes m No

Up until 31 December 2008 (end of Period 6) the LFA verified utilisation rate was 91%. The Phase recommended amount represents a 13% saving from the maximum Phase 2 amount.

3.2 Anticipated program realities for Phase 2?

l Yes m No

Non applicable

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

m Yes l No

The PR has submitted a detailed budget however the workplan provided does not give details of activities to be carried out during Phase 2. It provides only the details of the indicators as per the Performance Framework and the targets and does not provide SDA wise activities and the quarters in which the activities will be carried out as normally presented in work plans. The work plan needs to be revised to appropriately present the activities to be carried out to achieve the objectives.

5. Are there any other comments on the budget?

l Yes m No

The Phase 2 budget includes cost of HIV Test kits and cost of ICTCs in all 3 years. The PR has submitted an RCC proposal (proposed to begin from January 1, 2010) which includes as part of a consolidation the ICTC component of Phase 2. If the RCC proposal is approved for funding, it would result in the cost of HIV test kits (including fees for Procurement Consultant) and for ICTCs for Phase 2 being budgeted both under this grant as well as proposed RCC grant and would need to be removed from one of the grants. We propose that these costs be included here and removed from the RCC proposal if indeed it is approved by the board.

C. PROGRAM DESCRIPTION AND GOALS

1. Program Description Summary

The overall objective of the Program is to provide ART services by increasing the number of ART centers and related activities such as Integrated Counseling and Testing Centers (ICTCs) for expanding access and Scaling up Care, Support and Treatment. The Program will also provide access to treatment and prophylaxis of Opportunistic Infections (OI). It is designed that the services will cater to the People Living with HIV/AIDS (PHLA) particularly below the poverty line and those with low income levels. These are people who seek services from the public health system. Additional ART Centers will be established in Focus Geographic Areas to provide treatment to PHLA, including children.
Towards this end, capacity building of the staff and infrastructure strengthening at the ART and ICTCs will be undertaken. The related aspects of early detection of HIV infections in infants exposed to risk through the DNA-PCR testing and CD4 testing has been included as part of the Program.
Establishment of Community Care Centers (CCC) will provide the linkage between services for Treatment, Care and Support. These will provide services to PHLAs requiring a short period of institutional care. Two way linkages between the ART Centres and the CCCs will facilitate promotion of adherence and coping mechanisms. Through outreach workers these CCCs will identify and monitor PHLA on ART for treatment adherence. From being stand alone hospices, the CCCs will be integrated with the health system. All CCCs will be run and managed by NGOs.
District Level networks of PHLA are proposed to be established in 100 districts of 3 highly vulnerable states: Uttar Pradesh, Madhya Pradesh and Rajasthan and will provide the outreach for mobilization of the people for testing, Prevention of Parent to Child Transmission (PPTCT) and for treatment adherence. In the states of Gujarat, West Bengal, Bihar, Chattisgarh and Orissa, the outreach and mobilization for testing, PPTCT and for treatment adherence will be done by the health outposts of faith based organizations. In the case of other states it will be carried out through the general outreach of the CCCs. The CCCs will provide care and support to about 170,000 PHLA by end of the Program period. Out of the 228 additional CCCs, 100 would be established and managed by PFI and the balance 128 would be established and managed through sub-granting from NACO.
In formulating a public policy response to the issue related mitigation of the impact of HIV/AIDS on vulnerable populations, namely women and children a pilot project will be undertaken by the Principal Recipient in four states by a consortium of NGOs. The Program will reach out to about 64,000 Children/women Living with HIV/AIDs and Children/women affected by AIDS in the four states of Tamil Nadu, Maharashtra, Andhra Pradesh and Manipur. A package of services will be provided consisting of various components: education, nutrition, income generation, facilitation of access to ART services and support for access to hygiene etc. These services will be provided by forging linkages with the concerned departments of Rural Development, Women and Child Development and Social Justice and Empowerment, Education etc. The Program will carry out advocacy to reduce stigma and discrimination and also evolve models on mainstreaming the issues of children and women into ongoing activities of the different departments.
2. Goals: To reduce HIV related morbidity and mortality in adults and children and to mitigate the impact of HIV in children and women headed households
3. Target Group/Beneficiaries: Persons infected with HIV/AIDS and requiring treatment for Opportunistic Infections and ART
4. Strategies:
• Increasing the proportion of people living with HIV/AIDS receiving care, support and treatment;
• Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programs at the district, state and national levels;
• Strengthening the monitoring and evaluation system for ensuring high levels of drug adherence and patient care.
5. Planned Activities:
The following activities will be implemented to achieve the Program Objectives:
Objective 1. Expanding access to counseling and testing
• Establishing Integrated Counseling and Testing Centers (ICTCs) in the Focus Geographic Areas;
• Ensuring access to the services such as Information, Education and Communication (IEC), Behavior Change Communication (BCC), Condom Promotion, Sexually Transmitted Infections (STI) treatment linkages, prophylaxis and early management of OI, DOTS for TB and Antiretroviral treatment (ART) through the ART Centres.
• Providing the infrastructure facilities for establishment of new ICTCs, including equipment, recruitment and training of staff- laboratory technicians, counselors, and IEC activities for demand generation and patient information.
Objective 2. Widening access to treatment (including ART)
• Establishing ART centers;
• Providing treatment through the ART centers
• Providing CD4 machines to certain ART centers (based on the patient load) and ensuring that the ART centers that do not have CD4 machines are linked to the hospitals having the diagnostic facilities;
• Providing ART to children. In order to diagnose the status of infants exposed to HIV risk at an early stage after their birth, DNA PCR testing will be taken.
• Providing ARV and OI drugs not only to ART centres but also CCC and other hospitals in the Public Sector to all ART Centers;
• Ensuring appropriate staffing norms at the ART Centers. The ART centers personnel will consist of Senior Medical Officer, Medical Officer, Lab Technician, Counselors, Pharmacist, Statistical Assistant, Peer Educator and Programme Coordinator as per norms.
• Ensuring appropriate and regular training to all personnel after recruitment using a standardized training curriculum.
Objective 3. Ensuring access to OI treatment and improving drug adherence by establishing Community Care Centers
• Establishing CCCs;
• Providing Drugs for treatment of OIs
• Ensuring appropriate staffing norms and drugs availability in the CCCs;
• Ensuring drug adherence through provisioning of five day inpatient care and counseling on drug adherence, nutrition, preventive behavior, such as use of condoms;
• Identifying patients addresses and ensuring follow up for drug adherence through house visits;
• Ensuring regular follow up for monthly check ups.
Objective 4. Strengthening Information Systems and Operational Research
• Providing smart cards to the ART patients as per plan to ensure drug adherence and regular follow up.
• Developing a network on the basis of their computerized records.
• Providing both hardware and software and adequate staff training.
• Ensuring that the patients' cards are maintained in the CCCs and ICTCs and included in the Computerized Management Information System;
• Maintaining computerized beneficiary records;
• Establishing a full fledged monitoring and evaluation system.

PROGRAM GOALS AND IMPACT INDICATORS

Goal	To reduce HIV related morbidity and mortality in adults and children	Baseline		Target				
		Value	Date	Year 1	Year 2	Year 3	Year 4	Year 5
Impact indicator	% of adults and children with HIV still alive 12 months after initiation of antiretroviral therapy (extend to 2, 3, 5 years as program matures)	Not available	2007	N: D: P: 75%	N: D: P: 80%	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%
Impact indicator	% of adults aged 15-49 who are HIV infected	0.36%	2007	0,36%	0,36%	0,36%	0,36%	0,36%
Impact indicator	% of infants born to HIV infected mothers who are infected	27.50%	2006	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 10%

D. SUMMARY OF Y1-2 GRANT PERFORMANCE

1.Overall grant Rating

B1. Adequate

This section contains the assessment of performance by service delivery area (SDA).Each grant is structured into goals, objectives, and SDAs.
.Goals are broad and overarching and will typically reflect national disease program goals. The results achieved will usually be the result of collective action undertaken by a range of actors.Examples include "Reduced HIV-related mortality", "Reduced burden of tuberculosis", "Reduced transmission of malaria".
.Objectives describe the intention of the program for which funding is sought and provide a framework under which services are delivered.Examples linked to the goals listed above include "To improve survival rates in people with advanced HIV infectionin four provinces","To reduce transmission of tuberculosis among prisoners in the ten largest prisons" or "To reduce malaria-related morbidity among pregnant women in seven rural districts".
.SDAs describe the key services to be delivered to achieve objectives.The service delivery area is a defined service that is provided.Examples for the objectives listed above include "Antiretroviral treatment and monitoring for HIV/AIDS","Timely detection and quality treatment of cases for Tuberculosis" or "Insecticide-treated nets for Malaria".A standard list of service delivery areas agreed and used by international partners is contained in the Monitoring & Evaluation Toolkit.
The table below lists the objectives for this grant (numberes for easy referenceand for linkingwith the SDAs). The "Goal Number" column indicates which goal objective is linked to.

Objective Number	Objective Description	Goal Number
1	Widen access to treatment (including ART) and expanding access to counseling and testing	
2	Ensure access to OI treatment and improve drug adherence by establishing Community Care Centres	
3	Mitigate the impact of HIV on children and women	

2. Service Delivery Area (SDA) Ratings

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

Objective	SDA	Level3	Level2	Level1	Rating	Evaluation of Performance (at the SDA level)
1	Treatment: Antiretroviral treatment (ARV) and monitoring	2	3	0	A	Actual results of adults on ART is 118%. The number of children is 110% of the target. The number of new ART centers is lower than the targeted one.
1	Prevention: Counseling and testing	1	0	0	B1	The result is 4,506,246 people counselled and tested (80% of the target)
2	Prevention: Counseling and testing	0	1	0	A	116% of the target have been met.
2	Treatment: Prophylaxis and treatment for opportunistic infections	1	0	0	B1	This is rated B1 because of underreporting confirmed by the LFA.
2	Care and Support: Care and support for the chronically ill	1	1	0	A	53,313 PLHA were provided care in all states (120% of the target) and 92 CCC established (119% of the target)
3	Supportive Environment: Coordination and partnership development (national, community, public-private)	0	0	1	B1	548 staff members were trained against the target of 130.
3	HSS: Information system & Operational research	1	1	0	C	The implementation of the Smart Card program has been delayed due to problems with the SR originally selected to implement the program. A new implementor has been selected and the Smart Card system will be functional in Phase 2. Under operational research, two projects were completed and results disseminated.

3. Indicator level Performance

PROGRAM OBJECTIVES,SERVICE DELIVERY AREAS (SDAS), INDICATORS, TARGETS AND RESULTS.

The numbers to the left of the indicators refer to the coverage level: Level 3, people reached; Levael 2, service points supported; and Level 1, people trained.these early grants typically reported on a quarterly basis, so each period usually represents one quarter.Therefore, results reported in Period 6 are typically from month 18 of the grant term and are the most recent results available.Coverage indicators that have reached more than 80% of their targets are green and others red.

Widen access to treatment (including ART) and expanding access to counseling and testing					
SDA	**Treatment: Antiretroviral treatment (ARV) and monitoring**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 3-People reached	Indicator 1.1 - Number of people (adults) currently receiving Antiretroviral therapy (Round VI States)	6	21,000	40,232	120%
Level 3-People reached	Indicator 1.2 - Number of children currently receiving Antiretroviral therapy (All States)	6	12,000	13,197	110%
Level 2-Service Points supported	Indicator 1.3 - Number of new ART Centers established (Round VI States)	6	26	18	69%
Level 2-Service Points supported	Indicator 1.4 - Number of health care facilities with laboratory capacity to conduct CD4 counts (Round6 states)	6	20	27	120%
Level 2-Service Points supported	Indicator 1.5 - Number of CD4 tests performed (R6 states)	6	42,000	109,314	120%

SDA	**Prevention: Counseling and testing**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 3-People reached	Indicator 1.6 - Number of people counselled and tested for HIV including provision of results at ICTC (R6 states)	6	5,600,000	4,506,246	80%

Ensure access to OI treatment and improve drug adherence by establishing Community Care Centres					
SDA	**Treatment: Prophylaxis and treatment for opportunistic infections**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 3-People reached	Indicator 2.1 - Number of cases of OI treated (R6 states) at ICTC and CCC	6	300,000	176,091	59%

SDA	**Prevention: Counseling and testing**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 2-Service Points supported	Indicator 2.2 - Number of ICTCs set up (R6 states)	6	941	1,087	116%

SDA	**Care and Support: Care and support for the chronically ill**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 2-Service Points supported	Indicator 2.3 - Number of Community Care Centers established (all states)	6	77	92	119%
Level 3-People reached	Indicator 2.4 - Number of PLHAs provided care at Community Care Centers (all states)	6	10,500	53,313	120%

Mitigate the impact of HIV on children and women					
SDA	**Supportive Environment: Coordination and partnership development (national, community, public-private)**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 1-People trained	Indicator 3.1 - Number of ART staff and CCC staff trained in counselling services and referral.	6	130	548	120%

SDA	HSS: Information system & Operational research				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 2-Service Points supported	Indicator 3.2 - Number of PLHAs (Adults & Children) on ART issued smart cards (all states)	6	30,000	0	0%
Level 0-Process/Activity Indicator	Indicator 3.3 - Number of Operation Research Projects completed and results disseminated	6	2	2	100%

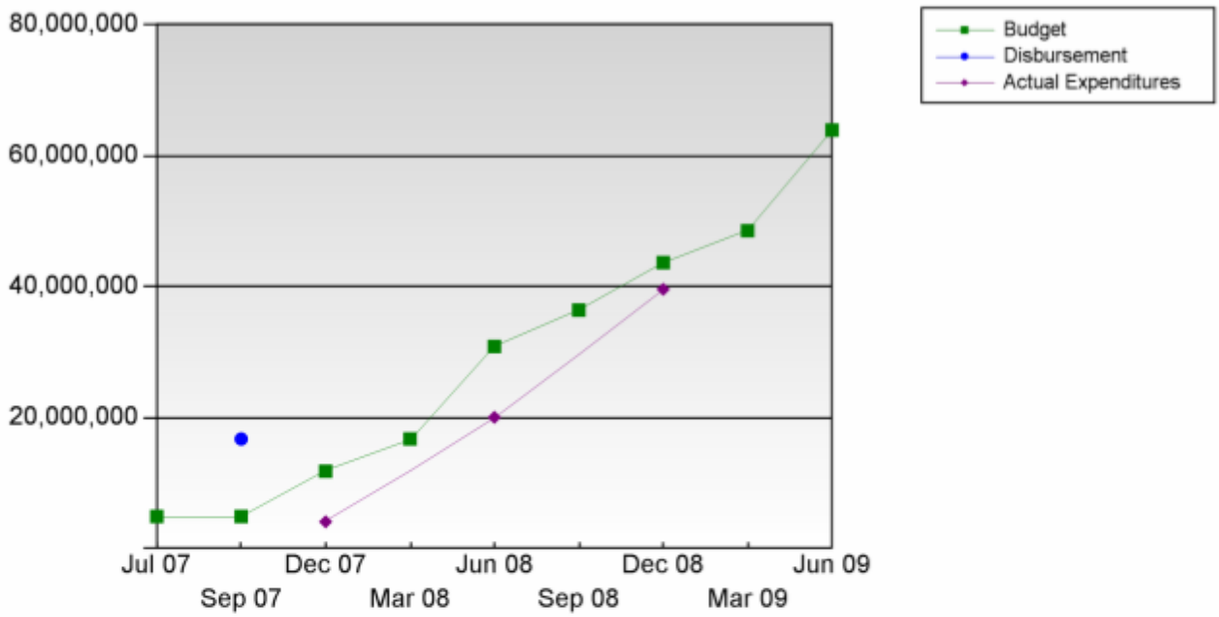
4. Disbursement History

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

EXPECTED VS ACTUAL DISBURSEMENTS

Disbursement Request	Expected Date	Actual Date	Expected Amount	Actual Amount	Expected Cumulative	Actual Cumulative

Expected vs. Actual Disbursements



5. Estimated under -disbursement in phase 1

Estimated under -disbursement in phase 1	Amount	Amount (in %)
Phase 1 grant agreement amount	USD 63,866,000	0%
Less:actual disbursed to date	USD 16,731,833	26%
Less:expected additional disbursement until the end of Phase 1 grant agreement	USD 42,395,481	66%
Expected undisbursed amount at the end of Phase 1	USD 4,738,686	7%

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

9 **Months**

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

If yes, please comment:

l Yes m No

Out of three disbursement requests submitted by the PR, only the first disbursement has been made covering the first 9 months of the grant. The reason for this is that the subsequent two LFA verified requests reached the Global Fund late and more up-to-date programmatic and financial data had to be requested. A disbursement request covering the remaining months of Phase 1 is currently being processed by the Country Team. It is important to note that as the PR is the Government of India, the non-receipt of funds has not had an impact on implementation.

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

If yes, please comment:

l Yes m No

Out of three disbursement requests submitted by the PR, only the first disbursement has been made covering the first 9 months of the grant. The reason for this is that the subsequent two LFA verified requests reached the Global Fund late and more up-to-date programmatic and financial data had to be reqested. A disbursement request covering the remaining months of Phase 1 is currently being processed by the Country Team.

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

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

l Yes m No

At the end of the Phase 1 period, USD 4,738,686 are expected to remain undisbursed.

6. Expenditures and Cash Balance

Principal Recipient cash Balance	Amount (in USD)	Amount (in %)	Date
Actual disbursed to date by the Global Fund (to PR)	USD 16,731,833	100%	31-Dec-2008
Less: Direct payments for PR Expenditures	USD 14,199,171	85%	31-Dec-2008
Less: PR disbursements to sub-recipients	USD 25,377,309	152%	31-Dec-2008
PR cash-balance	USD(22,844,647)	-137%	31-Dec-2008

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

If yes, please give detailed comments:

m Yes l No

Non applicable

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

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

l Yes m No

The cash balance with the PR is negative and the amount is large in comparison to disbursement received from the Global Fund. However as explained previously, out of three disbursement requests submitted by the PR, only the first disbursement has been made covering the first 9 months of the grant. The reason for this is that the subsequent two requests reached the Global Fund late and more up-to-date programmatic and financial data had to be requested. A disbursement request covering the remaining months of Phase 1 is currently being processed by the Country Team.

F. CONTEXTUAL CONSIDERATION

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

m Yes l No

No major natural disasters & major epidemics have been reported in India in last two years. However, there have been major currency fluctuations since the grant signing date.

1.1 If yes can they be alleviated?

m Yes l No

Non applicable

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

m Yes l No

Non applicable

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

l Yes m No

Financial management remains a challenge and there is a constant need to maintain and increase capacity at NACO and at state/SR levels. The PR reports expenditure in the disbursement requests based on actual expenses of the the PR and the Statement of Expenditures for the states/SRs. It is noted that with such a large number of states reporting, not all states reporting in a timely and consistance manner. However there are no problems encountered in terms of disbursements to sub-recipients based on certificates of expenditure. The PR needs to expedite the full implementation of the computerized accounting system.

4. Are there any systemic weakness in:

4.1. Monitoring and evaluation?

l Yes m No

This program has been growing very rapidly. There are some inconsistencies identified by the LFA in data reported in the PR's Annual Report and in Disbursement Requests submitted to the Global Fund. This highlights that there are some shortcomings in the analysis of data reported to the PR by SRs. The PR is aware of these and is addressing them through continued training and capacity building with the MIS system.

4.2. Procurement and supply management?

l Yes m No

UNOPS was appointed the procurement agent in Phase 1. However its mandate ended March 31, 2009. The mandate has been extended but it is unclear when or if a new PA will be appointed. The Ministry of Health and Family Welfare and NACO need to expedite the selection and decision on a new or continued procurement agent. Even though there has been some strengthening of the NACO procurement team, several areas of concern need to be addressed especially in managing the entirety of the various supply chain streams, and effective accountability by NACO of states/SR procurement.

4.3. Any other areas?

m Yes l No

Non applicable

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

m Yes l No

Non applicable

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

l Yes m No

The Ministry of Health & Family Welfare has created a new department into which NACO has been absorbed. Creating a department for HIV control or converting NACO into a department demonstrates the commitment of India to this cause. This is likely to ensure greater sustainability in the long run, and also better integration with the National Rural Health Mission and other programmes of the Ministry.

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

l Yes m No

In the last 6 months most of the key achievements against targets were 80% or above, except for the number of new ART centers established, the number of people counseled and tested (67%) and the number CCCs established was 37%. However overall the program rating has an indicator rating of A2 with the average performance of 96% in the first 18 months.

8. Have there been any changes in disease trends?

m Yes l No

It should be noted that although there are no major changes in disease trends as such, the most recent data represents a significant reduction in the estimates submitted in the original Round 6 proposal. The latest methodology reveals reduction of adult prevalence rate from 0.91% (i.e. 5.206 million in 2005) to 0.34% (i.e. 2.31 million people with HIV/AIDS) in 2007. The data is based on the National Behavioral Sentinel Surveillance conducted by the Government of India (NACO) in 2006 and then in 2007 by UNAIDS.

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

9.1. Promote broad and inclusive partnerships?

m Yes l No

India is one of the countries which have encouraged non-governmental agencies to be the Principal Recipient (PR) for the Global Fund grants. In addition to NACO, the current Round 6 is implemented by two non-government PRs (HIV Alliance and PFI) and involves non-government SRs and SSRs. All these work in close collaboration with the government infrastructure to help meet national goals.

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

m Yes l No

The program is part of the National AIDS Control Program (NACP). NACP synergizes all its services with the National Rural Health Missions (NRHM), especially with the Reproductive and Child Health (RCH) programme and the Revised National TB Control Programme (RNTCP). Action Plans prepared by the State Health Society set up under NRHM and the State AIDS Control Society and their Monitoring & Evaluation (M&E) systems are dovetailed for more effective implementation. NRHM is involved in delivery of services in rural areas through Primary Health Centers (PHCs), Community Health Centers (CHCs) & rural hospitals. Reproductive and Child Health (RCH) program is involved in Delivery of Prevention of Parent to Child Transmission (PPTCT) program & Sexually Transmitted Infection / Reproductive Tracked Infection (STI/RTI) services while Revised National TB Control Programme (RNTCP) is involved in testing & treatment of HIV/TB co-infected patients.

9.3. Provide additional resources?

m Yes l No

The Global Fund grant funds are a portion of the total sources of funds for NACP III. The earlier allocations to Care, Support & Treatment, as a part of the National Programme, were not substantial. With the availability of funds from the Global Fund, this component has been expanded. The government of India uses its own funds for the base health programme in the country. Other donors for HIV/AIDS include the World Bank, Department for International Development (DFID), United States Agency for International Development (USAID), UN agencies, Bill & Melinda Gates Foundation, and Clinton Foundation.

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

l Yes m No

The Global Fund has funded NACO through Round 2, 3, 4, 6 and 7. Both Round 2 and Round 4 have been qualified for RCC. NACO synergizes all its services with the National Rural Health Mission, especially with the Reproductive and Child Health (RCH) programme and the Revised National TB Control Programme (RNTCP). In addition, NACO prepares Action Plans with the State Health Society set up under NRHM and the State AIDS Control Society (SRs of NACO for grants) and their Monitoring & Evaluation (M&E) systems are coodinated for more effective implementation. The current grant is part of the R6 India CCM Proposal "Scaling up care, support and treatment for HIV India" implemented jointly by HIV Alliance India, National AIDS Control Organization (NACO) of the Government of India and Population Foundation India (PFI).