

GENERAL GRANT INFORMATION

Applicant:	Country Coordinating Mechanism
Country:	India
Round:	6
Component:	HIV/AIDS
Grant Title:	Scaling Up of Care and Support Services for Children Living With and/or Affected by HIV/AIDS in India
Grant Number:	IDA-607-G12-H
Principal Recipient:	India HIV/AIDS Alliance
Related Grants (same proposal):	IDA-607-G10-H; IDA-607-G11-H
Proposal Lifetime:	5
Lifetime Budget:	USD 259,211,574
2-Year Budget:	USD 4,170,300
Disbursed to Date:	USD 4,170,300
Signature Date:	27-Jul-2007
Program Start Date:	01-Jun-2007

A. SECRETARIAT PHASE 2 RECOMMENDATION

Phase 2 Recommendation Category:	Go
Incremental Phase 2 Amount Recommended for Board Approval(USD):*	\$10,223,153
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:
 This program, implemented by the India HIV/AIDS Alliance as Principal Recipient (PR), is one of three that emanates from a Round 6 comprehensive HIV/AIDS control proposal. It provides basic minimum package care and support services to orphans and vulnerable children (OVC) in India affected by HIV/AIDS.

The program has achieved excellent results throughout the entire grant implementation period. Examples of these results include:

- 6,154 households of children living with HIV/AIDS (CLHA) and children affected by AIDS (CAA) were covered by basic support (103% of target)
- 4,780 CLHA and CAA received nutritional counseling and demonstration services from the implementing NGO (100% of target)
- 1,972 CLHA and CAA were provided with educational support and/or vocational training (103% of target)
- 172 children support groups were formed (115% of target)
- 1,150 households were provided with income generation support (96% of target)
- 11,490 CLHA and CAA under 18 years of age benefited from a minimum package of care and support services (96% of target)
- 1,150 households were provided with income generation support (96% of target)

The overall performance of the Principal Recipient has been excellent to date. Overall, the PR has met an average of 122% of its targets.

Program management and governance:
 The management of the program has also been excellent to date and the PR has made all monthly payments to the Sub Recipients in a timely and efficient manner with an adequate buffer. On finding the Indian rupee strengthening very rapidly, the PR immediately initiated action to mitigate the consequences by receiving approval from the CCM and the Global Fund for accelerated Phase 1 implementation from 24 months to 20 months, without a reduction to achieving its intended targets.

The PR is expected to have continued success in Phase 2. The PR has managed the program well, by working with reduced resources in a shorter period of time and increasing the number of Outreach Workers, involving volunteers and expanding its area of operations. As a result of the PR's request for accelerated grant implementation in Phase 2, the term of the grant will be reduced by one year. However, as in Phase 1, the overall proposed targets remain the same and excellent results are expected, with 64,000 children targeted.

The Secretariat classifies this Request as a "Go".

Rationale for Phase 2 Recommended Amount :

In light of excellent performance in Phase 1, the Secretariat concludes that an amount of USD 10,223,153 (100% of original Phase 2 budget) is appropriate for continued funding.

SUGGESTED TIME-BOUND ACTIONS

ISSUES

DESCRIPTION OF TIME-BOUND ACTIONS

n/a

n/a

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 2,862,176	USD 3,352,349	USD 4,019,396

(*) 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 10,233,921
Expected undisbursed amount at the end of Phase 1	USD 0
Estimated Maximum Phase 2 Amount	USD 10,233,921

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 3,899,100	USD 6,064,985	USD 549,639	USD 10,513,724	103%	USD 10,513,724	103%
Global Fund Recommendation(**)	USD 3,781,100	USD 5,906,076	USD 535,977	USD 10,223,153	100%	USD 10,223,153	100%

(**) 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?

Yes | 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 increases in program costs, etc.)

n/a

2. Is the budget within the permitted maximum?

Yes | No

The budget requested by the CCM is slightly over the permitted maximum as it includes anticipated saving and exchange rate gains of \$279,802. However, as of 31 December 2008 data the anticipated savings could be around \$ 151,000 only.

3. Is the budget in line with:

3.1 Usage of funds in Phase 1?

Yes No

The activities in Phase 1 were primarily undertaken as per the Work Plan. Also, request was made by PR to the India CCM and TGF to accelerate the Phase 1, i.e. to reduce the Phase 1 period by 4 months. This request was made as the program was getting affected by exchange rate volatility, due to which the funds would have got exhausted by January 2009. PR indicated that the targets for Phase 1 would be achieved well before the stipulated time. PR's financial performance has been satisfactory, with most indicators being achieved till September 2008 and the PR achieving an expenditure utilization rate of approximately 90% of the amount budgeted till September 30, 2008.

3.2 Anticipated program realities for Phase 2?

Yes No

The LFA confirms that Phase 2 budget is reasonable considering current program realities for Phase 2.

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

Yes No

n/a

5. Are there any other comments on the budget?

Yes No

PR has proposed acceleration for Phase 2 funding. This encompasses reduction of Phase 2 period by one year, which means that Phase 2 will end in January 2011. Factors for such acceleration, as mentioned in the strategy for phase 2 submitted along with CCM request for funding were:

- Currency exchange rate fluctuation
- Demand for services much more than previously envisaged
- Ratio of children to outreach workers increased dramatically (as a direct consequence of accelerated implementation combined with a fixed ceiling of Phase 2 funding)

C. PROGRAM DESCRIPTION AND GOALS

1. Program Description Summary

The R6 India HIV proposal is being implemented by three PRs: India HIV/AIDS Alliance, Population Foundation of India, and National AIDS Control Organization. The current grant provides care and support for children infected with/affected by HIV/AIDS. It is being implemented by India HIV Alliance and brings together a broad range of experienced NGOs from different states in India.

Goal: To reduce HIV related morbidity and mortality in adults and children and address the impact of HIV on children.

Target Group/Beneficiaries:

- Children affected by HIV/AIDS
- Children infected with HIV/AIDS
- Family members of HIV/AIDS affected children

Strategies:

- Provision of direct services to children affected and infected by HIV/AIDS
- Creation of supportive environment in all settings (health, social and legal)
- Capacity building of NGOs and CBOs
- Strengthening information systems and conducting operational research

Planned Activities:

Using a home and community-based care and support model, the package of services and activities will address six critical aspects:

- Access to health care – prevention and treatment
- Provision of supplementary nutrition and health information
- Access to education through formal or informal education, and vocational skills-based training for older children
- Provision of psycho-social support for children and family members affected by AIDS through provision of counselling facilities and mainstreaming into the community
- Access to credit and skill development for livelihood options and reduce vulnerability that poverty imposes
- For children orphaned as a result of AIDS, economic support to ensure their continuance in school, to them directly or through foster homes.

Direct Services

1 Focus on Children:

- Mainstreaming children into family and home surroundings and ensuring their continuance in schools.
- Community advocacy with key stakeholders at district and state level (including service providers, local/state government officials and the 'Panchayats') in order to facilitate and increase the availability of foster care for children living with HIV and children affected by AIDS through motivating families/extended families to provide foster care

2 Referrals and Linkages

This focus area aims at ensuring effective referral and linkages with health care institutions for timely treatment and care. Access to most of the components of the package requires working with various government departments so as to avail of the benefits being provided to vulnerable sections of society. For example, this includes old age pensions for grandparents if an infected child is living with them; widow pension schemes for single women; establishing linkages with Self Help Groups and micro credit schemes for income generation programmes for single women being implemented by the Departments of Women & Child Development, Social Welfare and Rural Development.

3 Stigma Reduction in All Settings

Community advocacy against stigmatising single women-headed households and children living with or affected by HIV/AIDS is a key aspect of raising awareness and mobilising community action. The following activities are being carried out:

- Identification and classification of key stakeholders in the community through stakeholder analysis including political, religious and other influential community members; schools and health care providers.
- Development of advocacy messages and materials – with clear targeted delivery to different segments of stakeholders
- Mobilising community support through involving community in the direct service provision and for social inclusion of these groups in the community.

4 Capacity Building

Availability of desired capacity in the partners and agencies providing services is a key factor in determining the quality of services and the access and use of such services. Capacity building is carried out through the following steps:

- Identification of capacity building needs in the different service areas and for different agencies
- Strengthen capacity building by developing modules with trainers' guides by adopting/adapting modules already available or develop the modules in thematic areas where not available.
- Adopt the model of developing continuing education and training centres (centres that have institutional capacity for carrying out the capacity building as part of their ongoing work) by housing capacity building within institutions to ensure that this resource will be available even after the completion of the project. A model of training of trainers will be adopted.
- Capacity building activities will incorporate a rights-based and gender-sensitive perspective with quality assurance of training and follow-up key to all capacity building efforts.

5 Strengthening Information Systems & Conducting Operations Research

Activities include maintaining computerised beneficiary records and conducting studies on issues relating to children affected and/or living with HIV/AIDS such as ARV adherence in children and stigma reduction, in line with existing knowledge and data and in consultation with the national programme.



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Grant Scorecard

Grant Number: IDA-607-G12-H

PROGRAM GOALS AND IMPACT INDICATORS

Goal	To reduce HIV related morbidity and mortality in adults and children; and mitigate the impact of HIV on children and women headed households.	Baseline		Target				
		Value	Date	Year 1	Year 2	Year 3	Year 4	Year 5
Impact indicator	% of orphaned children compared to non-orphaned children aged 10-14 who are currently attending school	90	2007	NULLOR EMPTY	94	NULLOR EMPTY	NULLOR EMPTY	100

D. SUMMARY OF Y1-2 GRANT PERFORMANCE

1. Overall grant Rating

A. Expected or exceeding expectations

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 infection in 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 (numbered for easy reference and for linking with the SDAs). The "Goal Number" column indicates which goal objective is linked to.

Objective Number	Objective Description	Goal Number
1	Mitigate the impact of HIV on children and their families	

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 indicators 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	Care and Support: Support for orphans and vulnerable children	6	1	0	A	Performance for all 7 indicators under this SDA is very good with average achievement of 100%.
1	Supportive environment: Stigma reduction in all settings	0	0	2	A	Performance for 2 indicators under this SDA is very good. 557 sensitization meetings were held in communities against the target of 610 (91% achievement) and 6,159 participants attended those meetings against the target of 6,100 (101% achievement).
1	Supportive environment: Strengthening of civil society and institutional capacity building	0	0	1	B1	Performance for the indicator under this SDA is very good. 637 NGO/CBO staff were trained against the target of 320 (199% achievement). More trainings were organized at the SSRs and SRs request.



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; Level 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.

Mitigate the impact of HIV on children and their families						
SDA		Care and Support: Support for orphans and vulnerable children				
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%	
Level 3-People reached	Indicator 1.1 - Number of (CLHA and CAA) under 18 years of age benefiting from a minimum package of care and support services (Registrations Only)	5	12,000	11,490		96%
Level 3-People reached	Indicator 1.3 - Number of CLHA and CAA receiving nutritional services including nutritional counselling and demonstration services from the implementing NGO	5	4,800	4,780		100%
Level 3-People reached	Indicator 1.4 - Number of households of CLHA and CAA covered by basic support	5	6,000	6,154		103%
Level 3-People reached	Indicator 1.5 - Number of children referred for paediatric ART to a healthcare institution	5	600	524		87%
Level 3-People reached	Indicator 1.6 - Number of CLHA and CAA provided with educational support and/or vocational training	5	1,920	1,972		103%
Level 3-People reached	Indicator 1.7 - Number of households provided income generation support	5	1,200	1,150		96%
Level 2-Service Points supported	Indicator 1.8 - Number of Children support groups formed	5	149	172		115%

SDA		Supportive environment: Stigma reduction in all settings				
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%	
Level 1-People trained	Indicator 1.2 - Number of sensitisation meetings held in communities	5	610	557		107%
Level 1-People trained	Indicator 1.9 - Number of participants attended the sensitisation meetings held in communities	5	6,100	6,159		118%

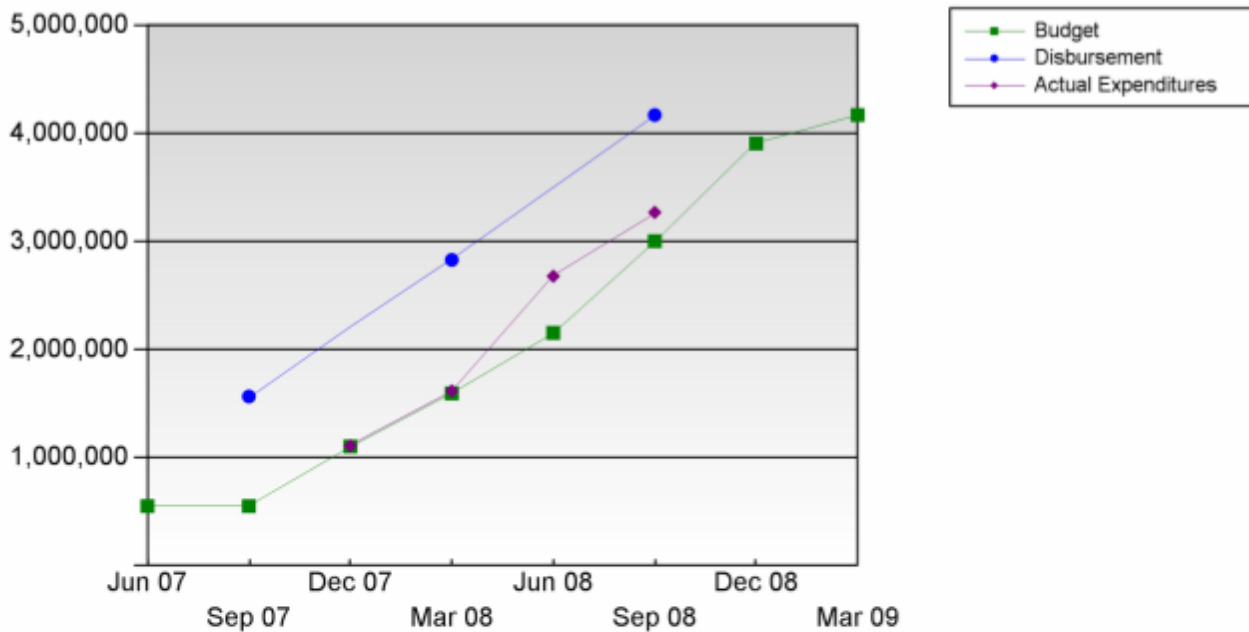
SDA		Supportive environment: Strengthening of civil society and institutional capacity building				
Level	Indicator	Charted Period	Target	Actual	0% 50% 100% 150%	
Level 1-People trained	Indicator 1.10 - Number of NGO/CBO staff trained	5	320	637		199%

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 4,170,300	0%
Less:actual disbursed to date	USD 4,170,300	100%
Less:expected additional disbursement until the end of Phase 1 grant agreement	USD 0	0%
Expected undisbursed amount at the end of Phase 1	USD 0	0%

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.)?

Months

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

If yes, please comment:

Yes | No

N/a

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:

Yes | No

N/a

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:

Yes | No

N/a

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 4,170,300	100%	30-Sep-2008
Less: Direct payments for PR Expenditures	USD 838,784	20%	30-Sep-2008
Less: PR disbursements to sub-recipients	USD 1,966,402	47%	30-Sep-2008
PR cash-balance	USD 1,365,114	33%	30-Sep-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:

Yes No

Please note that PR has received entire Phase 1 budget of USD 4,170,300. However, disbursement against DR 3 of USD 1,339,605 was received by the PR after Sep 2008 and has not been reflected in calculating the cash balance by the LFA. The LFA calculations are based on the following figures: USD 2,830,695 as actual disbursements to the PR by TGF and USD 25,509 as cash balance on 30 Sep 2008. As per LFA the following outstanding commitments are to be paid by 30 Nov 2008: IT Outsourcing cost USD 1,525; MPS Software USD 2,456; and SR/SSR audit fees USD 2,455. The following expenses have been paid in Oct 2008, but are yet to be reflected in the cash balance verified by LFA on Sep 30, 2008: Travel Expenses USD 2,725; LSE training USD 676; Accommodation for TGF meeting USD 593; State level training-VMM USD 2,890; State level training-VMM-finance USD 719; Training in AP USD 2,440; Training at SASO USD 1,250; LSE training in Maharashtra USD 431; Office supplies USD 211; Water charges USD 122; Audit fees-SR/SSR USD 357; LSE Training at SASO 2,715; LSE training at Santhome USD 3,041; Finance state level training AP USD 593.

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)

Yes No

As explained in Para 6, the table above does not give an accurate picture. Moreover, Period 6 PUDR submitted by the PR (but yet to be verified by the LFA) reveals the current cash balance of USD 460,597 as of 31 December 2008.

F. CONTEXTUAL CONSIDERATION

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

Yes | No

n/a

1.1 If yes can they be alleviated?

Yes | No

n/a

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

Yes | No

n/a

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

Yes | No

n/a

4. Are there any systemic weakness in:

4.1. Monitoring and evaluation?

Yes | No

n/a

4.2. Procurement and supply management?

Yes | No

n/a

4.3. Any other areas?

Yes | No

n/a

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

Yes | No

The quality of reports and reliability of data has been found to be satisfactory by both LFAs (UNOPS and PWC). Data-verification Rating under the LFA On-site Data Verification Report 2008 is A. Certain systemic deficiencies noted in programmatic & financial record keeping during the Phase 2 LFA assessment visits to 2 SRs and 2 SSR's have been shared with the PR for further action.

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?)

Yes | No

n/a

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

Yes | No

The program implementation has been steadily good throughout the project implementation period. Due to the exchange loss suffered by the PR in earlier part of Phase 1, the PR proposed acceleration of Phase 1 activities by 4 months. As at end of Period 5, the PR has achieved most of the accelerated targets.

8. Have there been any changes in disease trends?

Yes | No

It should be noted that although there are no 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 0.36% (i.e. 2.47 million people with HIV/AIDS) in 2006. The data is based on the National Behavioral Sentinel Surveillance conducted by the Government of India (NACO) and published in 2006 by the Government of India and then in 2007 by UNAIDS. Consequently the number of people in need of treatment has dropped from 500,000 in 2005 to 158,000 and estimated number of Children infected by HIV has fallen from 200,000 in 2005 to 93,860 in 2007. However, the nature of the epidemic did not change nor did the trends (neither geographically nor among the Most At Risk Population). There is no data available on the estimates of number of children affected by HIV/AIDS. The grant targets will still be achieved as the programme geographic reach remains in the states with the highest prevalence of HIV.

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?

Yes | No

n/a

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

Yes | No

The program is part of the National AIDS Control Program (NACP).

9.3. Provide additional resources?

Yes | No

n/a

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.)?

Yes | No

The 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).