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

Grant Scorecard
Grant Number: IDA-708-G13-H

GENERAL GRANT INFORMATION

Applicant:	CCM India
Country:	India
Round:	7
Component:	HIV/AIDS
Grant Title:	Strengthening Human and Institutional Capacities of the National Health System to Enable Accelerated Implementation of the National AIDS Control Program
Grant Number:	IDA-708-G13-H
Principal Recipient:	The Department of Economic Affairs of the Government of India
Related Grants (same proposal):	IDA-708-G14-H India Nurses Council (INC) IDA-708-G15-H Tata Institute of Social Sciences (TISS)
Proposal Lifetime:	5 years
Lifetime Budget:	USD 87,856,137
2-Year Budget:	USD 8,330,619
Disbursed to Date:	USD 3,734,625
Signature Date:	20-Jul-2008
Program Start Date:	01-Sep-2008

A. SECRETARIAT PHASE 2 RECOMMENDATION

Phase 2 Recommendation Category:	Go
Incremental Phase 2 Amount Recommended for Board Approval(USD):*	$25,858,390
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 Indian government estimates that approximately 2.4 million people in India were living with HIV as of 2007. The epidemic is highly varied across states and regions but the states identified as being most affected in 2006 are the four southern states of Andhra Pradesh, Karnataka, Tamil Nadu and Maharashtra, and the northeastern state of Manipur. The program supported by this Round 7 grant is strengthening human and institutional capacities of the national health system to ensure long-term sustainability of the national AIDS control interventions. This grant is implementing a link worker scheme to reach populations with high-risk behaviors in rural areas with education, service referrals and counseling referrals.

The Principal Recipient (PR), the Department of Economic Affairs of India, has performed adequately with 5 out of 11 indicators achieving or exceeding their targets. These included:

• 280,304 or 42% young people (15-24) reached by Link Workers village wise through one-on-one and group sessions with information on HIV prevention and risk reduction relevant to their risk group (105% of the target);
• 2,402 Red Ribbon clubs for mobilizing HIV positive youth formed among in-community (120% of the target);
• 28,997 or 40% of high risk individuals reached by Link Workers village wise through one-on-one and group sessions with information on HIV prevention and risk reduction relevant to their risk group (100% of the target); and,
• 117 District Resource Persons recruited and trained in the basics of HIV/AIDS, rural outreach, supervision and high risk group intervention (98% of target).

However, the PR has not been successful at achieving the targets set for a number of important outcome indicators, including: 11.4% of female sex workers, MSM and IDU received HIV testing in the last 12 months and know their results (57% of target); 7.8% of the FSW, MSM, IDU with STI symptoms have been seeking services from qualified medical providers (39% of target); and19.5% of people from high risk groups were referred by Link workers/volunteers to HIV services (49% of target). These results are due to a slow start following a lengthy selection procedure of lead/implementing agencies and a revision of the Program Operational Guidelines. After the midcourse correction, however, the program has been implemented in an accelerated mode. The Performance Framework will need to be revised for Phase 2.

Program management and governance:

Program management has been adequate but needs to be strengthened, particularly in financial staff. No major management issues have been identified during the Phase 1 of the grant and all Conditions in the Phase 1 grant agreement have been fulfilled. The PR has consistently submitted timely Progress Updates and Disbursement Requests (PUDR).

Program governance has been good. India is one of the few countries which have promoted a national action plan for HIV/AIDS control which includes governmental, non-governmental, bilateral, multi-lateral and private partnerships to attain a common goal of halting and reversing the epidemic. The PR has periodically kept the CCM informed about programmatic and financial issues and achievements. A copy of each PUDR submitted to the Global Fund is shared with the CCM. The current CCM Chair, the Health Secretary of the Ministry of Health and Family Welfare, was previously the Director General and Secretary of the Department of AIDS Control and therefore has an in depth understanding of the programmatic issues concerning all three Round 7 grants. The India CCM was reconstituted in 2009 increasing the representation of both civil society and the private sector as well as of people affected by the three diseases.

The Secretariat classifies this Request as a ‘Go.’ Prior to, and during Phase 2, the PR should focus efforts on fulfilling the time bound actions listed below for continued funding to be fully warranted.

Rationale for Phase 2 Recommended Amount :

In light of adequate performance overall in Phase 1, the Secretariat recommends an incremental amount of USD 25,858,390 (an efficiency savings of 15%).

SUGGESTED TIME-BOUND ACTIONS	
ISSUES	**DESCRIPTION OF TIME-BOUND ACTIONS**
1. The performance framework output indicators and targets need to be reviewed and the M&E plan updated so that M&E supervision and data quality can be maintained from the source to the PR level. Indicators on percentages of people reached require more specificity due to the lack of established baseline data for HRGs in the targeted districts.. The impact and outcome indicators in the performance framework need to be updated based on the latest available information.	1. Prior to signing the Phase 2 extension, the PR shall submit to the Global Fund an updated and revised Performance Framework (the "Revised PF"). The revised PF shall notably include the following: a. output indicators and targets revised to reflect baseline population data for High Risk Groups (HRGs) in targeted districts; and, b. impact and outcome indicators' targets based on the latest available HIV Sentinel Surveillance Data
2. Mapping of target groups at the district level needs to be completed.	2. Prior to second disbursement after signing the Phase 2 extension, the Principal Recipient shall complete the mapping of target groups in all 151 districts. The revised numerical targets for the five corresponding indicators shall be submitted to the Global Fund for written approval.
3. Quality of service indicators should be included as part of the national M&E plan.	3. Prior to second disbursement after signing the Phase 2 extension, the Principal Recipient shall provide to the Global Fund an annex to the national M&E plan detailing clear definitions for all indicators included in the Performance Framework (including measures of the quality of services provided), and measurement methods (including frequency of measurement). In addition, the annex shall detail: a. the use of reporting forms compatible with indicator definitions that will enable the collection of data for all relevant indicators used in the Performance Framework; b. measures to ensure data quality for reporting on these indicators from peripheral to central level.
4. The timeframe for the planned scale up to 151 districts appears ambitious and is not evidenced, which in turn raises questions on the related HR costs. Hence the PR could be requested to provide evidence of the timeline for the planned scale up and accordingly provide clarifications on the cost assumptions of human resources in case recruitment and placement realities require a revision of the work plan.	4a. Prior to signing the Phase 2 extension, the PR shall provide evidence of the timeline for the scale up to 151 districts. 4b. Prior to signing the Phase 2 extension, the PR shall provide clarifications on the cost assumptions of human resources in case recruitment and placement realities require a revision of the work plan.
5. Budget justifications are required for $3 million of budget lines in areas of Infrastructure and equipment, Monitoring and Evaluation, Planning and Administration.	5 Prior to signing the Phase 2 extension, the PR shall provide to the Global Fund detailed clarifications and budgetary assumptions for budget lines totalling $3 million.

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 10,000,000	USD 10,000,000	USD 10,282,091

(*) 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 30,282,091
Expected undisbursed amount at the end of Phase 1	USD 3,434,444
Estimated Maximum Phase 2 Amount	USD 33,716,535

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 9,569,020	USD 9,846,690	USD 9,694,806	USD 29,110,516	86%	USD 25,676,072	85%
Global Fund Recommendation(**)	USD 9,938,882	USD 9,277,794	USD 10,076,158	USD 29,292,834	87%	USD 25,858,390	85%

(**) 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 increasesin program costs, etc.)

There are no Phase 1 funds included in the Phase 2 budget.

2. Is the budget within the permitted maximum?

● Yes ○ No

The amount of the full proposal was US$ 37,521,342. The maxium amount for the Phase 2 would be US$ 32,625,167. The budget recommended budget is: US$ 30,248,035.

3. Is the budget in line with:

3.1 Usage of funds in Phase 1?

● Yes ○ No

After the initial delay in implementation of the program, in the last semester (Oct 09 to March 10), the PR has accelerated the program implementation.

By comparision, the cumulative utilisation till the last DR (for the progress period April to September 2009) was about 12%. The utilisation (based on LFA verified expenditure) for the latest DR (for the progress period October 2009 to March 2010) is approximately 68% for the current reporting period and approximately 41% cumulatively.

3.2 Anticipated program realities for Phase 2?

● Yes ○ No

The phase 2 budget is based on the projected work plans for the 3 years. The work plan gives a detailed breakdown of activities based on targets which are achievable in the light of constraints and resources available.

Based on the information made available to LFA, the assumptions used by PR for arriving at the cost estimates for the activities planned for Year 3, 4 & 5 under Phase 2 are based on current existing rates, operational guidelines and on the past experiences of PR. We believe these are reasonable.

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

○ Yes ● No

Overall yes, there is sufficient detail for the key budget assumptions. However the LFA points out items that were estimated on a lump sum basis. The LFA declined to comment on the reasonableness of these items totaling US$ 3,068,422. However on further review, given NACO's experience on many levels of implementation of campaign, research studies and evaluations, the regional team believe these estimates are reasonable.

5. Are there any other comments on the budget?

● Yes ○ No

There could be very significant potential savings in HR, i.e. no of salaries paid to district staff recruited and placed in time. Depending on the speed of implementation, the total amount required could vary significantly.

C. PROGRAM DESCRIPTION AND GOALS

1. Program Description Summary

The Indian government estimates that approximately 2.4 million people in India were living with HIV as of 2007. The epidemic is highly varied across states and regions but the states identified as being most affected in 2006 are the four southern states of Andhra Pradesh, Karnataka, Tamil Nadu and Maharashtra, and the northeastern state of Manipur. The program supported by this grant is strengthening human and institutional capacities of the national health system to ensure long-term sustainability of the national AIDS control interventions This grant is implementing a link worker scheme to reach populations with high-risk behaviors in rural areas with education, service referrals and counseling referrals.

PROGRAM GOALS AND IMPACT INDICATORS

Goal	To halt and reverse the epidemic in India over the next 5 years by integrating programmes for prevention, care, support and treatment (overall goal of the NACP III)	Baseline		Target				
		Value	Date	Year 1	Year 2	Year 3	Year 4	Year 5
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	Percentage of female sex workers who are HIV infected	4.90%	2006	4.9%	4.9%	4.9%	4.9%	4.9%
Impact indicator	% of female sex workers reporting the use of a condom with every client in the last month	Will be established in first outcome study	2008	TBD	TBD	TBD	TBD	TBD
Impact indicator	% of young people aged 15-24 reporting the use of a condom the last time they had sex with a non-regular sexual partner	55%	2006	NULLOR EMPTY	NULLOR EMPTY	NULLOR EMPTY	70%	NULLOR EMPTY

D. SUMMARY OF Y1-2 GRANT PERFORMANCE

1.Overall grant Rating

B2. Inadequate but potential demonstrated

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
3	Build a rural community outreach model to address the complex needs of rural prevention, care and support requirments (objective addressed by this PR)	

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)
3	HSS: Human resources	0	1	2	B1	As stated before, the program had a delayed start and has made important progress; therefore a B1 rating is appropriate
3	Prevention: Behavioral Change Communication - Community Outreach	5	20	0	B1	Overall rating is appropriate. However, several targets lag behind due to slow start up.

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.

Build a rural community outreach model to address the complex needs of rural prevention, care and support requirments (objective addressed by this PR)					
SDA	**HSS: Human resources**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 0-Process/Activity Indicator	Indicator 3.1 - Number of districts implementing the Link Worker projects	6	N: 60 D: 120 P: 50%	N: 70 D: 117 P: 60%	120%
Level 1-People trained	Indicator 3.2 - Number of District Resource Persons recruited and trained in the basics of HIV/AIDS, rural outreach, supervision and high risk group intervention	6	120	117	98%
Level 1-People trained	Indicator 3.3 - Number of Link workers recruited and trained in HIV/AIDS, rural outreach and dissemination of information	6	2,400	1,902	79%
Level 1-People trained	Indicator 3.4 - Number of village volunteers recruited and trained in outreach, basics of HIV/AIDS and reporting	6	45,000	29,957	67%
SDA	**Prevention: Behavioral Change Communication - Community Outreach**				
Level	**Indicator**	**Charted Period**	**Target**	**Actual**	**0% 50% 100% 150%**
Level 2-Service Points supported	Indicator 3.5 - Number of information centers established to provide information on health, HIV, empowerment of women, negotiation skills and condom use	6	3,500	3,243	93%
Level 3-People reached	Indicator 3.6 - Number and percent of high risk individuals reached by Link Workers village wise through one-on-one and group sessions with information on HIV prevention and risk reduction relevant to their risk group	6	N: D: P: 40%	N: 28,997 D: 72,811 P: 40%	100%
Level 3-People reached	Indicator 3.7 - Number and percent of young people (15-24) reached by Link Workers village wise through one-on-one and group sessions with information on HIV prevention and risk reduction relevant to their risk group	6	N: D: P: 40%	N: 280,304 D: 668,277 P: 42%	105%
Level 3-People reached	Indicator 3.9 - Number and percent of people from high risk groups referred by Link Workers/volunteers to HIV related services	6	N: D: P: 40%	N: 14,180 D: 72,811 P: 20%	49%
Level 2-Service Points supported	Indicator 3.10 - Number of Red Ribbon clubs for mobilizing HIV positive youth formed among in-community	6	1,500	2,402	120%
Level 3-People reached	Indicator 3.11 - Percentage of female sex workers, MSM and IDU who received HIV testing in the last 12 months and who know their results	6	N: D: P: 20%	N: 8,279 D: 72,811 P: 11%	57%
Level 3-People reached	Indicator 3.12 - Percentage of FSW, MSM, IDU with STI symptoms, seeking services from qualified medical providers	6	N: D: P: 20%	N: 5,708 D: 72,811 P: 8%	39%

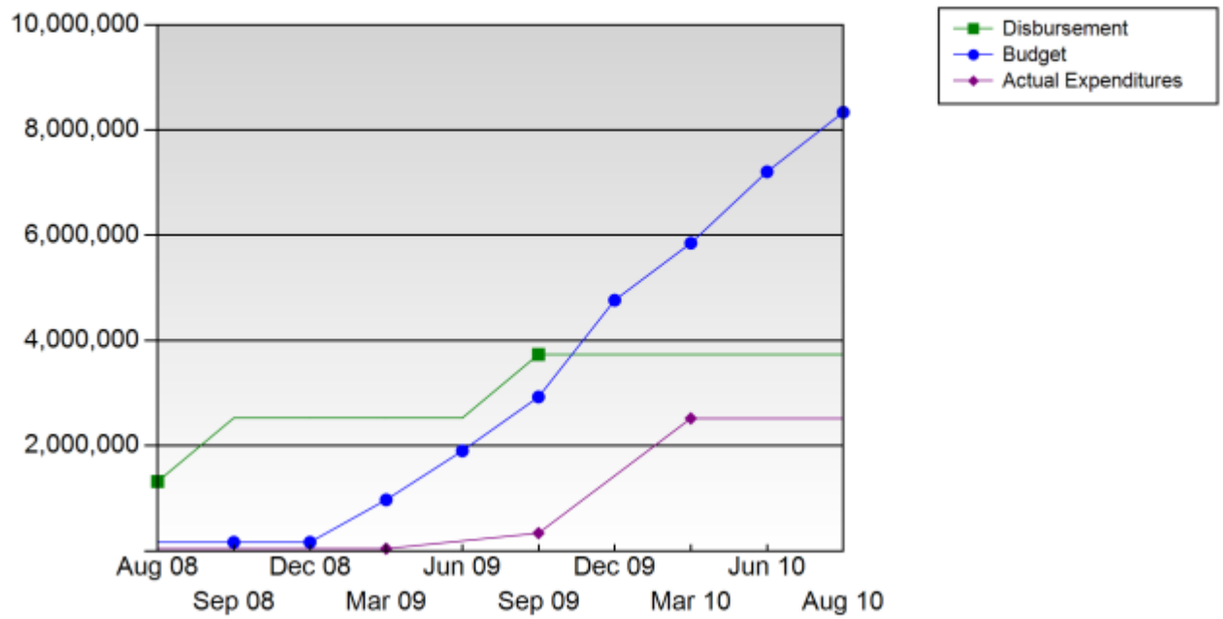
4. Disbursement History

*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 8,330,619	0%
Less:actual disbursed to date	USD 3,734,625	45%
Less:expected additional disbursement until the end of Phase 1 grant agreement	USD 1,161,550	14%
Expected undisbursed amount at the end of Phase 1	USD 3,434,444	41%

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.)?

19 **Months**

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

If yes, please comment:

● Yes ○ No

The cumulative budget till March 31, 2010 is US$ 5,869,231 and the total disbursements till that period are US$ 3,734,625, which represents approximately 64% of the budget.

The main reason for low disbursement/ low expenditure utilisation is that the grant implementation was delayed and there was a change in implementation strategy and a revision in Operational Guidelines for LWS midway during Phase-1 of the grant. Since then, however, the grant implementation has picked up due to accelerated 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:

● Yes ○ No

As implementation was delayed additional funds were not disbursed. However as the implementation has now accelerated, actual expenditure is keeping pace and the current utilization rate was approximately 80%.

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

Against a budget (revised) of US$ 8,326,280, the anticipated undisbursed funds amount to US$ 3,434,444 (about 41% of the budget amount). The main reason for the low utilisation at the PR & SR levels due to delayed implementation of the program, due to the following reasons attributed by the PR:

1. The scheme being a pilot project for rural intervention faced many unforeseen challenges like attrition, referral issues etc and the program evolved gradually in the process.
2. Lengthy process of selection of lead agencies and further identification of implementing NGOs was followed by NACO and SACS.
3. The completion of rural mapping (takes 2 months) was considered necessary for identification of vulnerable villages for further selection of Link Workers. Once the Link Worker is in place, due to cultural barriers it takes almost 2-3 month for a Link Worker to start discussing about STI, safe sex and other related issues. Therefore during the initial 4-5 months only identification of villages and rapport building took place.
4. Based on the above mentioned field level experience and inputs from several technical experts the Operational Guidelines of the scheme was revised in the month of September 2009, incorporating more focus on capacity building and intensive mid media approach. This was followed by recruitment and training of the staff as per the new Operational Guidelines. The process of revision resulted into delay in the field activities.

Thus, due to the Human Resources not in place and ground level activities not carried out in the initial period of the grant, the expenditure was low, resulting in high anticipated undisbursed amount.

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 3,734,625	100%	31-Mar-2010
Less: Direct payments for PR Expenditures	USD 400,121	11%	31-Mar-2010
Less: PR disbursements to sub-recipients	USD 2,024,005	54%	31-Mar-2010
PR cash-balance	USD 1,310,499	35%	31-Mar-2010

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

We understand that there are no outstanding commitments from the cash balance on 31 March, 2010.

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

The cash balance of the PR as computed above is approx. 35% of the total disbursements till March 31, 2010. The cash balance represents unspent amounts from cash balances from previous periods as the program implementation in first year of the grant was slow and no disbursements were received for the last progress period. However, the program implementation has picked up since October 2009 with a utilisation of 68% for the progress period October 2009 to March 2010. The PR expects the utilisation to increase in Phase-2 of the grant.

F. CONTEXTUAL CONSIDERATION

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

○ Yes ● No

There have been no significant adverse external influences

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

No there are no unresolvable internal issues

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

The successful implementation of the Program rests on the work carried out by Link Workers at the village level. The is a full time occupation, however salaries are based on part time work and are low compared to other similar work available. This has contributed to high levels of Link Worker attrition during Phase 1. While the Program achievements over the past 6 months have been positive high attrition can have a potential negative impact on implementation.

District AIDS Prevention and Control Units (DAPCUs) are being established at all high prevalence districts for better management oversight of HIV/ AIDS activities in the districts. DAPCUs have the potential to play a critical role in monitoring of the program at the field level. However, their involvement in the Link Worker Scheme during Phase 1 has been minimal.

As mentioned before, the Program was slow to take off but has witnessed very rapid progress over the past 6 months. When a Program goes from reaching almost none of the targeted populations to reaching between 50 -100% over the course of 6 months the probability of the quality of services being affected adversely is high. The LFA observed during the two field visits carried out as part of the Phase 2 Assessment that while the program was running well in one district, in another district, the information centers, Red Ribbon Clubs and condom depots established under the program were barely functional and underutilized. While keeping in mind the objective of meeting programmatic targets, more focus could have been placed on ensuring the quality of services.

There are only 2 members of staff in the NACO finance division who are involved in working on the different Global Fund grants. Considering the volume of work involved, this appears to be inadequate.

4. Are there any systemic weakness in:

4.1. Monitoring and evaluation?

● Yes ○ No

A number of errors and inconsistencies have been identified during PUDR reviews in Phase 1. There appears to be a lack of clarity regarding how some indicators included in the Performance Framework are being captured and reported as the required level of detail is not present in the currently used reporting formats under the program.

Examples of this lack of clarity include instances where indicator descriptions used by the PR have been changed to simplify the indicators for the district level staff, who were not clear on how to collect the information for the required indicators. There were also instances (later corrected) where numerator related to the actual coverage of target groups in all the identified districts, whereas, the denominator did not pertain to all districts, but only those districts where the mapping had been completed and mapping data was available. This resulted in the reported results being inflated.

A review of the current and previous DRs submitted by the PR has also shown that in some of the districts, there is a significant difference in the mapping and Situational Need Assessment (SNA) data for different target groups. In addition, in some districts, the total number of target groups contacted is more than estimates. Without reliable estimates of the target group, it is difficult to estimate target group coverage by the program. Further, since for many of the indicators proposed the targets are in percentages, without clarity on the denominator the indicator may not provide appropriate results.

In addition there are weaknesses in relation to the travel budget for monitoring not being sufficient and monitoring responsibilities for supervisors and Program Officers being impossible to manage due to the large number of districts or villages allotted.

4.2. Procurement and supply management?

○ Yes ● No

N/A

4.3. Any other areas?

○ Yes ● No

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

● Yes ○ No

A number of errors and inconsistencies have been identified during PUDR reviews in Phase 1. There appears to be a lack of clarity regarding how some indicators included in the Performance Framework are being captured and reported as the required level of detail is not present in the currently used reporting formats under the program.

Examples of this lack of clarity include instances where indicator descriptions used by the PR have been changed to simplify the indicators for the district level staff, who were not clear on how to collect the information for the required indicators. There were also instances (later corrected) where numerator related to the actual coverage of target groups in all the identified districts, whereas, the denominator did not pertain to all districts, but only those districts where the mapping had been completed and mapping data was available. This resulted in the reported results being inflated.

In addition, a review of the current and previous DRs submitted by the PR shows that in some of the districts, there is a significant difference in the mapping and Situational Need Assessment (SNA) data for different target groups. In addition, in some districts, the total number of target groups contacted is more than estimates. Without reliable estimates of the target group, it is difficult to estimate target group coverage by the program. Further, since for many of the indicators proposed the targets are in percentages, without clarity on the denominator the indicator may not provide appropriate results.

Due to the delays in implementation the originally planned OSDV was postponed to July/August 2010. The OSDV was carried out in 8 districts. The data was rated 100% A. The LFA however has made several observations which indicate areas for improvement which would enhance analysis including improved reporting formats. In addition, as many of the estimate of the target groups (numbers of FSWs, IDUs, etc in various locations are difficult to determine, the coverage rates are also estimates. Indicators on the grassroots level in the performance framework need better denominator definition. In terms of financial management the OSDV reported that overall the grant is well managed.

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

During the course of Phase 1 a greater emphasis has been placed on harmonization with the UN agencies and USAID implementing the scheme.
In order to enhance the performance of the scheme, a meeting with UN partners was organized on February 5, 2010 to discuss ways in which partners could provide technical support to enhance the program. Accordingly based on the available technical expertise and experience it was decided that UNDP and UNICEF would carry out key activities in support of the program such as outcome studies, operational research, and the development of a communication kit.

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

● Yes ○ No

In the first year of implementation, the scheme witnessed a slow start up and delayed service delivery and was significantly behind targets. Based on the field level experience and inputs from several technical experts the PR revised its implementation strategy and the Operational Guidelines in August 2009. Since then the program has gone into accelerated mode. To enhance performance the following actions were taken by NACO with guidance from the Global Fund:

1. Meeting with UN partners was organized to obtain technical support for implementation.
2. A targeted approach was devised for the priority states based on vulnerability and the number of districts. Accordingly, field visit to all the priority states were made by the NACO Link Worker Scheme team for supportive supervision.
3. A review of the lead agencies and SACS was conducted in February 2010 and weekly targets were provided with follow up.
4. ICTC and IEC vans were provided to the remote villages where ICTC testing is very low due to distance from the district hospitals/centres. In addition health camps on STIs were organized focusing on rural woman (spouses of bridge population) youth & High Risk Groups.

Following the revision of the implementation strategy significant progress has been made in the implementation of the grant activities. At the end of Period 6 the PR had met most of the key targets for recruitment and training of personnel, setting up of information centers and Red Ribbon Clubs.
In addition, as a result of the strategies employed by the PR (mobile ICTC vans, health camps etc.), the achievement against the targets set for coverage of the target population by services have also shown significant improvement. From Period 4 to Period 6 the Program has gone from a quantitative indicator rating of ‘C’ to a ‘B1’.

8. Have there been any changes in disease trends?

○ Yes ● No

There has been a slight revision of trend estimates using HIV Sentinel Surveillance data from 2006 to 2008, from 2.47 million in 2006 to 2.31 million in 2007 and 2.27 million in 2008. This is not a major revision, but provides better contextual information on the AIDS control program as a whole and will help to re-direct resources to plan for strengthening and trainings of nurses based on evidence and need.

According to the 2010 UNGASS India Country Progress report, the preliminary results of the 2008-09 HIV Sentinel Survey have revealed different trends among the various districts, pointing to a continuously changing distribution of the HIV epidemic in India. While an overall decline in HIV prevalence among Anti Natal Clinic (ANC) attendees is noted, especially in high prevalence states, an increased trend is observed in some low and moderate prevalence states such as Gujarat, Rajasthan, Orissa, Uttar Pradesh, Bihar and West Bengal. Of the 108 districts that have shown 1 percent or more HIV prevalence among ANC attendees, a third of them (34 districts) are in low prevalence states and 87 districts have shown 5 percent or more HIV prevalence among HRG. The low prevalence states in India account for approximately one third of the country’s HIV burden.

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

India is one of the few countries which have promoted a national action plan for HIV/AIDS control which includes governmental, non-governmental, bilateral, multi-lateral and private partnerships to attain a common goal of halting and reversing the epidemic. The R7 grant aims to build a rural community outreach model to address the capacity needs of rural prevention, care and support requirement and is instrumental to facilitate the envisaged expansion of India's National AIDS Control Program.

Under this grant the Government of India through NACO is the PR but grant implementation of the Link Worker Scheme relies heavily on the services of various non-governmental SRs.

In Phase 1 of the grant, the scheme is being implemented with support from 10 agencies in 60 districts across 13 states. These agencies further identified and selected the district level NGOs with support from State AIDS Control Societies (SACS). In phase 2 of the grant, coverage of the program is proposed to be increased to a total of 151 districts across the country through district level NGOs.

The program also aims at creating an enabling environment for PLHIV and their families, reducing stigma and discrimination against them through interactions with existing community structures/groups, e.g. Village Health Committees (VHC), Self Help Groups (SHG) and Panchayati Raj Institutes (PRI).

Under the National Program, as per the original proposal, it was planned to implement the scheme in 187 A & B category districts and out of this the Global Fund was to support 121 districts, the remaining 66 districts being funded by UNICEF, UNDP & USAID.

During the course of Phase 1 a greater emphasis has been placed on harmonization with the UN agencies implementing the scheme.
In order to enhance the performance of the scheme, a meeting with UN partners was organized on February 5, 2010 for technical support for expediting the program and financial targets. Accordingly based on technical expertise and experience it was decided that UNDP and UNICEF would carry out key activities such as outcome studies, operational research, and the development of a communication kit.

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

○ Yes ● No

The National Rural Health Mission (NRHM) is involved in the delivery of services in rural areas through Primary Health Centers (PHCs), Community Health Centers (CHCs) & rural hospitals. Under the NRHM, the Accredited Social Health Activist (ASHA) is a cadre of health worker appointed by the Health Departments to facilitate the work of the Department and the other Departmental structures. One ASHA is being appointed in each village. The focus of their work is on all health aspects, compared to the Link Worker who focuses on HIV and AIDS (in select 100 villages in each high prevalence district). Based on experience during Phase 1 in the state of Gujarat where there has been successful convergence of services by involving ASHA workers in HIV/AIDS outreach work, it is proposed under Phase 2 to conduct operational research to examine whether the ASHA workers can play the same role of the link workers. It is proposed that in 5 districts ASHA workers will be trained and provided technical support to perform the role of Link Workers, with no extra remuneration. In another 5 districts, small financial incentives will be provided along with capacity building and technical support. This Operations research will inform future Link Worker strategies.

The Revised National TB Control Program (RNTCP) is involved in testing & treatment of HIV/TB co-infected patients. Under the Link Worker Scheme, referral and follow-up linkages are being established for the general population and high risk groups in rural areas for various services including testing and treatment for TB. In addition, referral and follow-up linkages are being established with various HIV related services including treatment for STIs, ICTC/PPTCT services, HIV care and support services including ART.

9.3. Provide additional resources?

○ Yes ● No

India's National AIDS Control Program is funded through a variety of sources and partnerships. Besides governmental funds, various partners like DFID, BMGF and multilateral agencies like USAIDS, UNICEF, UNDP and World Bank provide assistance to the HIV control effort of the country.
Considerable efforts have been made to streamline funds for the program. Separate accounting mechanisms for Global Funds are maintained. Further, all activities of various donor supported programs are regularly monitored to minimize the duplication of effort through national level and state level reviews by donor coordination committees on a regular basis (six monthly at the national level and three monthly at state level).

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

This Program, implemented by the National AIDS Control Organization focuses on building a rural community outreach model to address the needs of rural prevention, care and support requirements.

It forms part of a larger Round 7 proposal which aims to strengthen rural community outreach in highly vulnerable districts through improved education, counseling and referrals of HIV positive people. The other two Round 7 grants focus on enhancing the capacity of counselors and key counselor training institutes (PR TATA Institute of Social Sciences) and strengthening the institutional capacity for nurses' training on HIV/AIDS in India (PR India Nursing Council)
Grants from The Global Fund under Rounds 2, 3, 4 and 6 have been instrumental in expanding ART services, counseling and testing, HIV-TB linkages in the India. However, strategies to reach High Risk Groups have been limited to targeted interventions mainly in urban areas. The Round 7 Link Worker Scheme has been formulated to reach these populations in rural areas. The 2008 HIV Sentinel Survey shows that 57% of PLHIVs live in rural areas, the Scheme is therefore instrumental to achieving the envisaged goal of halting and reversing the Indian HIV epidemic by 2012.