

**India****IDA-910-G16-T****Grant Performance Report****External Print Version***Last Updated on: 19 March 2012***General Grant Information**

Country	India				
Grant Number	IDA-910-G16-T	Component	Tuberculosis	Round	9
Grant Title	Providing Universal Access to DR TB Control Services and Strengthening Civil Society Involvement in TB Care and Control				
Principal Recipient	International Union Against Tuberculosis and Lung Disease				
Total Lifetime Budget	\$ 199,544,948	Phase 1 Grant Amount	\$ 13,979,465	Phase 2 Grant Amount	
Grant Start Date	01 Apr 2010	Phase 1 End Date	31 Mar 2012	Phase 2 End Date	
Disbursed Amount	\$ 11,061,319	% of Grant Amount	79%	Latest Rating	A1
Time Elapse (at the end of the latest reporting period)	18 months	% of Grant Duration	75%	Proposal Lifetime	127 months

New GPR Report - Table of Contents

(For ExternalVersion)

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

TB is one of the deadliest and most devastating health burdens India has known over the past decades. Globally, India ranks first in terms of absolute numbers of cases, but TB incidence is now estimated to be declining. The program supported by this grant intends to address challenges such as insufficient laboratory capacity for detection and follow-up of requisite drug resistance cases in the country and funding gaps for procurement of second-line drugs for all multidrug-resistant TB cases for which treatment is planned to start.

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	1,224,614	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 0-4 (in 1000s)	127,979	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 15-49 (in 1000s)	654,884	2010	United Nations. World Population Prospects: .The 2010 Revision
Physicians (number)	660,801	2000-2010	WHO. World Health Statistics 2011
Nursing and midwifery personnel (number)	1,430,555	2000-2010	WHO. World Health Statistics 2011
Infant mortality rate (per 1,000 live births)	48	2010	UNICEF. Child mortality database (http://www.childinfo.org/mortality_imrcountrydata.php) accessed on 01 December 2011
Under-5 mortality rate (per 1,000 live births)	63	2010	UNICEF. Child mortality database (http://www.childinfo.org/mortality_u5mrcountrydata.php) accessed on 01 December 2011
Income level	Lower middle income	2011	World Bank. World Development Indicators database
GNI per capita, Atlas method (current US\$)	1,340	2010	World Bank. World Development Indicators database
Total health expenditure per capita (USD)	45	2008	WHO. World Health Statistics 2011
ODA commitments in health sector (Current US\$ millions)	263	2009	.OECD
ODA commitments in all sectors (Current US\$ millions)	4,159	2009	.OECD
Human development index	medium	2011	UNDP. Human development index (http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf) accessed on 01 December 2011
Tuberculosis	Estimate	Year	Source
TB prevalence, all forms (number)	3,100,000	2010	.WHO. Global Tuberculosis Control report 2011
TB prevalence, all forms (rate per 100,000 population)	256	2010	.WHO. Global Tuberculosis Control report 2011
TB incidence, all forms (number)	2,300,000	2010	.WHO. Global Tuberculosis Control report 2011
TB incidence, all forms (per 100,000)	185	2010	.WHO. Global Tuberculosis Control report 2011
TB mortality, all forms excl HIV (number)	320,000	2010	.WHO. Global Tuberculosis Control report 2011
TB mortality, all forms excl HIV (per 100,000)	26	2010	.WHO. Global Tuberculosis Control report 2011
TB treatment success rate (%)	88	2009	.WHO. Global Tuberculosis Control report 2011
DALYs ('000), Tuberculosis	7,286	2004	WHO. (http://www.who.int/healthinfo/global_burden_disease/gbddeaths2004countryestimates2004.xls) accessed on 01 December 2011
New smear-positive TB cases detected and treated	840,000	2011	Global Fund-supported programs, end 2011 results

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	the delivery by the Principal Recipient to the Global Fund of a statement confirming the bank account into which the Grant funds will be disbursed as indicated in block 10 of the face sheet of this Agreement; and	Legal	Disbursement	18.Apr.10	Yes	
2	the delivery by the Principal Recipient to the Global Fund of a letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign disbursement requests under Article 10 of the Standard Terms and Conditions of this Agreement and, in the event a disbursement request may be signed by more than one person, the conditions under which each may sign.	Legal	Disbursement	18.Apr.10	Yes	
3	the delivery by the Principal Recipient to the Global Fund of a plan for monitoring and evaluating Program activities (the "M&E Plan") that follows guidelines from the Global Fund and that incorporates the recommendations made by the Program stakeholders and the Global Fund upon completion of the Monitoring and Evaluation Systems Strengthening Tool. Such a Plan shall be devised in collaboration with the other principal recipient (World Vision) and shall demonstrate, in particular, the linkages between the Program's management information system (MIS) and the National M&E Plan clearly evidencing how the Program will contribute to the strengthening of the National M&E System. The Plan shall also include clear guidelines and reporting mechanisms for Sub-recipients;	M&E	Disbursement	30.Sep.10	Yes	The Regional Team received the M&E plan on 14 October 2010 and was approved on 18 October 2010
4	the delivery by the Principal Recipient to the Global Fund of a costed action plan resulting from the recent Monitoring and Evaluation Systems Strengthening Tool workshop;	M&E	Disbursement	30.Sep.10	Yes	The Regional Team received the M&E plan on 14 October 2010 and additional information on costed action plan was requested by the Regional Team on 14 October 2010. and ME plan was approved on 18 October 2010.
5	the delivery by the Principal Recipient to the Global Fund of a revised budget for the Program Term (the "Revised Budget") if the action plan and budget listed above result in amendments to the Program budget as approved at the time of the effective date of this Grant Agreement; and	M&E	Disbursement	30.Sep.10	Yes	M&E plan complies with the conditions detailed in sub sections (a) and (b) describing the development of this plan. This plan and budget does not require any amendment to the programme budget already approved and therefore a revised budget (described in subsection (c) has not been submitted.
6	the written approval of the Global Fund of the M&E Plan and Revised Budget (the latter only being applicable if condition c. of this subsection B.2 is applicable)	Finance	Disbursement	30.Sep.10	Yes	The CP is not applicable as condition c. of this subsection B.2 is not applicable.
7	delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, of the following:				No	
8	the Principal Recipient has conducted a complete assessment of the capacity of the Sub-recipient to implement Program activities;	Others	Other		No	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
9	(ii) the Principal Recipient has established adequate procedures to ensure that the Sub-recipient has established appropriate financial controls and reporting mechanisms governing the use of Grant funds, including Financial and Management Systems; and				No	
10	(iii) the Principal Recipient has recommended measures, based on the assessment described in (i) above, to the Sub-recipient for enhancing the capacity of the Sub-recipient.				No	
11	Special Condition: 1. Notwithstanding Article 3(c) of the Standard Terms and Conditions of this Agreement, the Global Fund and the Principal Recipient agree that the Phase 1 Starting Date of the Program shall be 1 April 2010.				No	
12	Special Condition 2. The Principal Recipient acknowledges and agrees that it shall provide to the Global Fund on a quarterly basis an official communication stating the amount of income taxes, if any, associated with the receipt of Grant funds and the generation of interest income on Grant funds (cumulatively, "income taxes on Grant funds"). The Principal Recipient acknowledges and agrees that Grant funds may not under any circumstances be used for purposes of paying income taxes on Grant funds.				Yes	The PR had sent letters dated 12th August 2011 and 10 November 2011 communicating the tax deducted on interest earned during Q5 and Q6 respectively.
13	Special Condition: 3. No later than 31 March 2011, the Principal Recipient shall submit evidence, in form and substance satisfactory to the Global Fund, that it has submitted to the Country Coordinating Mechanism a report concerning the payment of taxes and duties on the purchase of goods and services for Program purposes (the "Report on Taxes and Duties"). The Report on Taxes and Duties should include, among other things, (i) a general approximation of the aggregate amount of taxes and duties paid on a yearly basis by the Principal Recipient on purchases of goods and services with Global Fund Grant funds (the "taxes on Grant funds"); (ii) obstacles faced by the Principal Recipient in obtaining exemption from taxes and duties and (iii) a request to the Country Coordinating Mechanism for support in addressing the issue of the imposition of taxes on Grant funds.				No	
14	Special Condition: 4. No later than 30 September 2011, the Principal Recipient shall submit, in form and substance acceptable to the Global Fund, a Sub-Recipient Management Plan. Such a plan shall in particular include details on the following aspects of the Principal Recipient's management of Sub-recipients:				No	
15	4a procedures for complying with Article 14 of the Standard Terms and Conditions of this Agreement with regards to the standards of assessment and selection of Sub-recipients;				No	
16	4b procedures for negotiation of Sub-recipient agreements as described in Article 14(b) of the Standard Terms and Conditions of this Agreement, involving among other things a detailed budget and work plan, as well as obligations of the Sub-recipients to provide programmatic and financial reporting, including an accounting of the use of disbursed funds;				No	
17	4c procedures for the Principal Recipient's programmatic and financial oversight of Sub-recipients;				No	

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18	4d procedures to apply an efficient and transparent disbursement system for Sub-recipients based on the budget and programmatic and financial reporting approved by the Global Fund;				No	
19	4e reporting timelines and frameworks for Sub-recipients; and				No	
20	4f a plan for the organization of periodic Sub-recipient workshop meetings involving, among other things, discussion of the implementation of adequate financial controls and reporting mechanisms.				No	
21	5. The Principal Recipient acknowledges and agrees that The Union South East Asia Office will be responsible for implementation of the Program.				Yes	This was acknowledged during the LFA assessment conducted for the PR in form of power of attorney provided in favour of the Director USEA Office. The porwer of attorney clearly mentions that the Global Fund grant would be managed through the The Union South East Asia (USEA) Office.

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019

Goal 1	Decrease morbidity and mortality due to drug resistant TB (DR-TB) in India and improve access to quality TB care and control services through enhanced civil society participation								
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Impact indicator	TB incidence rate					Baselines				
						Value		Year		
						75 new smear positive (NSP) cases per 100,000 population		2002		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target		67 NSP cases per 100,000 population. Reporting due date Jan 2012			60 NSP cases per 100,000 population.					
Result										
Data source of Results										

Impact indicator	TB prevalence rate					Baselines				
						Value		Year		
						370 bacillary positive TB cases per 100,000 population		2000		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target		280 bacillary positive cases per 100,000 population			200 bacillary positive cases per 100,000 population					
Result										
Data source of Results										

Impact indicator	TB mortality rate					Baselines				
						Value		Year		
						28 deaths per 100,000 population		2006		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	26 Reporting due date Oct 2011	25 Reporting due date Oct 2012	24	23	21					
Result										
Data source of Results										

Outcome indicator	Case detection	Baselines	
		Value	Year
		54 new smear positive (NSP) cases per 100,000 population (72%)	2009

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 70%	N: D: P: 70%	N: D: P: 70%	N: D: P: 70%	N: D: P: 70%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										

Outcome indicator	Treatment success rate	Baselines	
		Value	Year
		87%	2008

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										

Outcome indicator	Average default rate of smear positive re-treatment patients in 374 target districts	Baselines	
		Value	Year
		14%	2008

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 13%	N: D: P: 12%	N: D: P: 11%	N: D: P: 10%	N: D: P: 9%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										

2.2. Programmatic Performance

2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
N/A	01.Apr.10 30.Jun.10	01.Jul.10 30.Sep.10	01.Oct.10 31.Dec.10	01.Jan.11 31.Mar.11	01.Apr.11 30.Jun.11	01.Jul.11 30.Sep.11	01.Oct.11 31.Dec.11	01.Jan.12 31.Mar.12

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 3 - Improve the reach, visibility and effectiveness of RNTCP through civil society support in 374 districts across 23 states by 2015 (World Vision and International Union Against Tuberculosis and Lung Disease)

ACSM (Advocacy, communication and social mobilization)

Indicator 3.4 - Number of new partners signing a Letter of Commitment with the Partnership

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	30	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	2	5	7	9	12	15
Result			Pending result	14	Pending result	23		

Indicator 3.6 - Number of people trained at state level TOTs' for NGOs/CBOs/PP training

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	0	2009	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	20	40	60	120	180	260	320
Result		25	Pending result	68	Pending result	239		

Indicator 3.7 - Number of episodes broadcasted Radio Programme and TV/Video spots

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	0	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	0	0	0	0	2,752	7,050
Result								

Improving diagnosis

Indicator 3.8 - Number of NGOs sensitized at state level to register under RNTCP schemes for sputum collection/transport/microscopy

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	0	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	48	96	144	336	528	720	912
Result		52	Pending result	159	Pending result	564		

Indicator 3.9 - Number and percentage of target districts with an active District TB officer

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	n/a	n/a	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	n/a	n/a	n/a	n/a	n/a	n/a	n/a	≥355 (≥95%)
Result								

Objective 4 - Engage communities and community-based care providers in 374 districts across 23 states by 2015 to improve TB care and control, especially for marginalized and vulnerable populations including TB-HIV patients (World Vision and International Union Against Tuberculosis and Lung Disease)

All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care)

Indicator 4.1 - Number of rural healthcare providers sensitized on referral, DOT provision and eligible schemes

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	0	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	1,350	2,700	4,500	6,300	8,100	9,900
Result			Pending result	3,154	Pending result	8,691		

TB/HIV

Indicator 4.2 - Number of people from District Level Networks sensitized on TB

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	0	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	30	60	60	180	300	420	480
Result		28	Pending result	58	Pending result	315		

2.2.3. Cumulative Progress To Date

Latest reporting due period : 6 (01.Jul.11 - 30.Sep.11)

Objective 3	Improve the reach, visibility and effectiveness of RNTCP through civil society support in 374 districts across 23 states by 2015 (World Vision and International Union Against Tuberculosis and Lung Disease)
SDA	ACSM (Advocacy, communication and social mobilization)
Indicator 3.4 - Number of new partners signing a Letter of Commitment with the Partnership	

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	6	9	6	23					120%	

Indicator 3.6 - Number of people trained at state level TOTs' for NGOs/CBOs/PP training	
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	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	6	180	6	239					120%	

Indicator 3.7 - Number of episodes broadcasted Radio Programme and TV/Video spots	
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	Target		Result		0%	30%	60%	90%	100%
	Period	Value	Period	Value					
No Level	N/A		N/A	Not Found					Cannot Calculate

SDA	Improving diagnosis
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Indicator 3.8 - Number of NGOs sensitized at state level to register under RNTCP schemes for sputum collection/transport/microscopy	
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	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	6	528	6	564					107%	

Indicator 3.9 - Number and percentage of target districts with an active District TB officer	
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	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found					Cannot Calculate	

Objective 4	Engage communities and community-based care providers in 374 districts across 23 states by 2015 to improve TB care and control, especially for marginalized and vulnerable populations including TB-HIV patients (World Vision and International Union Against Tuberculosis and Lung Disease)
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SDA	All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care)
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Indicator 4.1 - Number of rural healthcare providers sensitized on referral, DOT provision and eligible schemes	
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	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	6	6,300	6	8,691					120%	

SDA	TB/HIV
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Indicator 4.2 - Number of people from District Level Networks sensitized on TB	
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	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	6	300	6	315					105%	

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	24 months	Grant Amount	13,979,465 \$
% Time Elapsed (as of end date of the latest PU)	75%	% disbursed by TGF (to date)	79%
Time Remaining (as of end date of the latest PU)	6 months	Disbursed by TGF (to date)	11,061,319 \$
Expenditures Rate (as of end date of the latest PU)	87%	Funds Remaining (to date)	2,918,146 \$

2.3.2. Program Budget

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12
Period Covered To:	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	575,940	1,579,578	2,757,868	4,346,810	6,537,392	9,018,859	12,448,449	15,532,438
Summary Period Budget:	575,940	1,003,638	1,178,290	1,588,942	2,190,582	2,481,467	3,429,590	3,083,989

Expenditure Categories

Program Activities

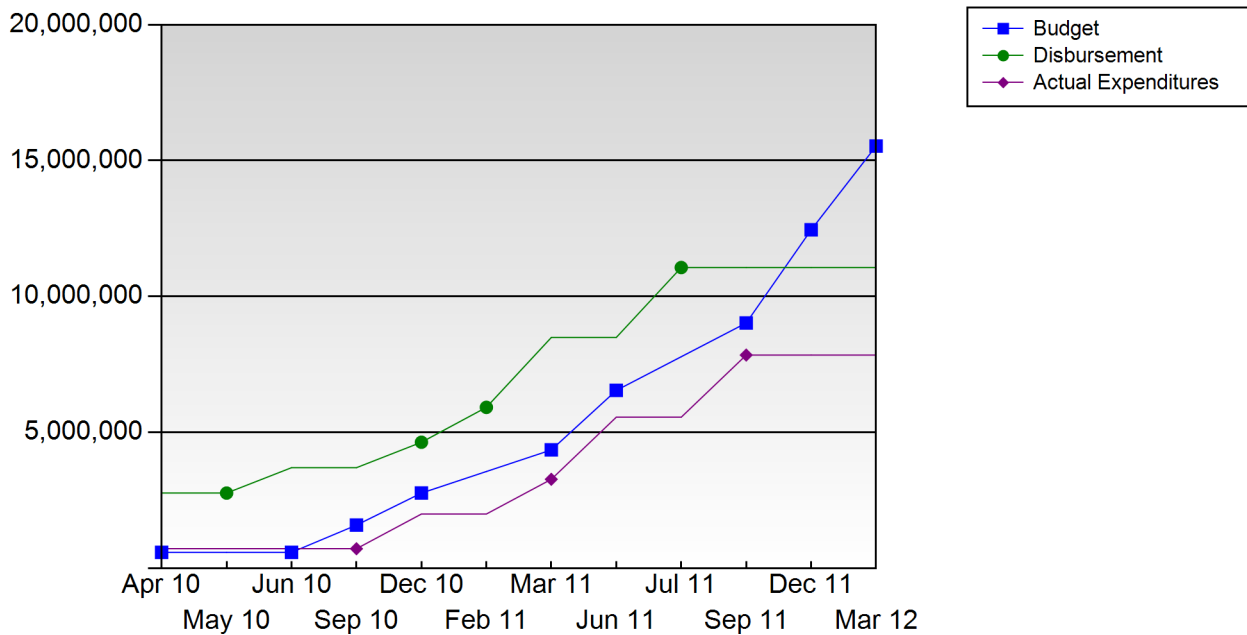
Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

Period PU3: 01.Apr.11 - 30.Sep.11	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 4,573,408	\$ 9,018,859	\$ 7,839,251	\$ 1,179,608	
1a. PR's Total expenditure	\$ 826,791		\$ 1,800,330		
1b. Disbursements to sub-recipients	\$ 3,746,617		\$ 6,038,921		
1c. Expenditure Adjustments					
2. Pharmaceuticals & Health Product expenditures vs budget					Reason for adjustments
2a. Medicines & pharmaceutical products					
2b. Health products and health equipment					

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



2.4. Progress Update and Disbursement Information

Rating	Description
A1	Exceeding expectations
A2	Meeting expectations
B1	Adequate
B2	Inadequate but potential demonstrated
C	Unacceptable

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
0	01.Jun.10 -			N/A	1	01.Apr.10 - 31.Dec.10	2,757,869	\$ 2,757,869	21 May 2010
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
First disbursement					N/A				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Apr.10 - 30.Sep.10			A2	2	01.Oct.10 - 31.Mar.11	3,217,352	\$ 1,871,769	14 Dec 2010
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Out of the 11 Indicators assigned to this grant, only 3 indicators are relevant during the period under review, as the start dates for the remaining indicators are slated to begin from Period 4. In the period under review, the three indicators related to training of TOTs for NGOs/CBOs/PP training and sensitization of NGOs at the state level and district level networks to register under RNTCP schemes for sputum collection and DOTS respectively have registered excellent results.					Amount pertaining to Training budget line was reduced (US\$ 1,284,598). This will be disbursed once a training plan is in place.				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Apr.10 - 30.Sep.10			A2	2.1	01.Oct.10 - 31.Mar.11	3,217,352	\$ 1,284,598	17 Feb 2011
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Out of the 11 Indicators assigned to this grant, only 3 indicators are relevant during the period under review, as the start dates for the remaining indicators are slated to begin from Period 4. In the period under review, the three indicators related to training of TOTs for NGOs/CBOs/PP training and sensitization of NGOs at the state level and district level networks to register under RNTCP schemes for sputum collection and DOTS respectively have registered excellent results.					As per the revised communication to the PRs from the Global Fund on trainings, the PR has requested the amount to be released in order to conduct the training activities until 31 March 2011. This is the second part of DR 2 pertaining to the training budget line.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Oct.10 - 31.Mar.11			A1	3	01.Apr.11 - 30.Sep.11	5,597,263	\$ 5,147,083	08 Jul 2011
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The PR continues to demonstrate very good performance during the reporting period covering Q3 and Q4, i.e. from 1 October 2010 to 31 March 2011, significantly exceeding its targets for 8 out of 11 coverage indicators. The grant rating of A1 reflects the PR's success in implementation of their activities under this grant.</p> <p>Out of 8 indicators for which results were reported during this period, the PR overachieved targets for 5 indicators and reached 97%, 84% and 79%, respectively, of its respective targets for the following three indicators:</p> <ul style="list-style-type: none"> - Number of people from District Level Networks sensitised on TB; - Number of districts with new smear positive case detection rate \geq 70% in 300 target districts; and - Percentage and number of target districts where at least 90% of all smear positive TB patients are started on treatment within 7 days of TB diagnosis. 					<p>The following adjustments were considered to the PR request:</p> <p>(+) US\$ 8,767,294 Total forecasted net cash expenditure (as opposed to the PR's forecasted an amount of US\$ 9,207,275)</p> <p>(-) US\$ 2,795,956 Cash balance with PR at end of reporting period (as opposed to the PR's reported cash balance of US\$ 2,785,758)</p> <p>(-) US\$ 824,254 Cash balance with SRs as on 30 September 2010.</p> <p>Based on the adjustments outlined above, the Global Fund recommended the amount of US \$5,147,083. This amount covers Q5 to Q6 plus a Q7 buffer.</p>				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Apr.11 - 30.Sep.11			A1	4	01.Oct.11 - 31.Mar.12	4,128,421		N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>This is the fourth disbursement under this grant. This progress update covers the reporting period from 1 April 2011 to 30 September 2011 (P5 and P6). The grant performance is very good. The Top Ten indicator rating is A1 with an average performance of 120%. The all indicator rating is A1 with average performance of 114%. The overall quantitative indicator rating is A1.</p>					<p>The PR's expenditure rate for the reporting period (1 April till 30 September 2011) was 73% of its corresponding budget. The PR spent 68% of its budget and the SRs spent 74% of their corresponding budgets. Considering a cumulative disbursement of US \$6,038,921 to the SRs, the PR's cumulative expenditure rate through the reporting period is 87% of the cumulative budget.</p> <p>The PR's positive variance of US \$413,376 is attributable to the following factors:</p> <ul style="list-style-type: none"> - US \$55,418 under Human Resources; - US \$228,613 under Technical Assistance – the variance is mainly due to under-spending on the maintenance and insurance costs of Binocular Microscopes. In addition, the remuneration cost of consultants placed at CTD is less than budgeted; - US \$65,204 under Training – a number of trainings planned for the reporting period could not be conducted which resulted in the underspent amount under this category; - US \$11,820 under Infrastructure & equipment; - US \$12,567 under Communication Materials; - US \$30,265 under Planning and Administration; - US \$ 9,490 under Overheads. <p>The PR overspent US \$16,632 under Monitoring & Evaluation because the PR conducted additional number of monitoring visits using savings from the previous reporting period.</p> <p>The cumulative expenditure of the 9 SRs is US \$2,566,612. SR-related under-spending of US \$1,413,730 is attributed to the following factors:</p> <ul style="list-style-type: none"> - US \$138,593 under Human Resources; - US \$30,545 under Technical Assistance; - US \$580,716 under Training; - US \$244,925 under Communication Materials; - US \$74,187 under Monitoring and Evaluation; - US \$254,253 under Planning and Administration; - US \$90,511 under Overheads; <p>An amount of US \$5,482 under Infrastructure and other Equipment was overspent by the SRs because Netbook and data cards were procured for all DCs which was not originally budgeted but approved by the Global Fund.</p>				

2.5. Contextual Information

Title	Explanatory Notes

2.6. Phase 2/ Periodic Review Grant Renewal

Performance Rating	Recommendation Category
Rationale for Phase 2/ Periodic Review Recommendation Category	
Rationale for Phase 2/ Periodic Review Recommendation Amount	
Time-bound Actions	
Issues	Description

