

## General Grant Information

Country	India				
Grant Number	IDA-910-G22-M	Component	Malaria	Round	09
Grant Title	Intensified Malaria Control Project II				
Principal Recipient	Caritas India				
Grant Status	Active - Phase II				
Grant Start Date	01 Oct 2010	Grant End Date	30 Sep 2015		
Current* Phase Start Date	01 Oct 2012	Current* Phase End Date	30 Sep 2015	Latest Rating	B2
Current* Phase Signed Amount	\$ 7,400,309	Current* Phase Committed Amount	\$ 4,250,745	Current* Phase Disbursed Amount	\$ 4,250,745
Cumulative Signed Amount	\$ 11,825,545	Cumulative Committed Amount	\$ 8,675,981	Cumulative Disbursed Amount	\$ 8,675,981
				% Disbursed	100%
Time Elapsed (at the end of the latest reporting period)	48 months	Proposal Lifetime	Not Available	% of Grant Duration	80%

\* Latest Phase if grant is closed

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*(For ExternalVersion)*

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## 1. Program Description and Contextual Information

### 1.1. Grant Summary - Web

Malaria is a major public health challenge in India, accounting for about 800 million people considered at risk of Malaria. According to World Health Organization, 11 million Malaria cases and about 15,000 deaths due to Malaria occur annually in India. The Round 9 program aims to scale up effective preventive and curative interventions in those areas of the country where the intensity of transmission is highest and the health care delivery system constraints are the most severe. The program aims at universal coverage catalysing decline in Malaria related mortality and morbidity and contributing to achievement of national goals and Millennium Development Goals (MDGs); based on the experiences gained and lessons learnt during the implementation of the Intensified Malaria Control Project (IMCP) supported by the Round 4 grant since 2005 as well as the national program with domestic resources. Implemented by two Principal Recipients, under the Dual Track Financing scheme, the program plans to achieve universal coverage by 2015 by having effective preventive interventions for population living in high risk areas.

### 1.2. Country Latest Statistics

Malaria	Estimate	Year	Source
Estimated malaria cases, 2010	24,161,690	2012	World Malaria Report 2012
Estimated malaria deaths, 2010	29,401	2012	World Malaria Report 2012
Malaria: probable and Confirmed (total), 2011	1,310,367	2012	World Malaria Report 2012
Malaria: suspected (total), 2011	119,352,231	2012	World Malaria Report 2012
Nets distributed (ITNs & LLINs)	3,662,755	2014	Mid-2014 Global Fund Results
Background and Health Spending	Estimate	Year	Source
Population, total	1,236,686,732	2012	The World Bank Group (Data latest 2013 (update: 2012)
Birth rate, crude (per 1,000 people)	22	2011	The World Bank Group (Data latest 2013 (update: 2011)
Death rate, crude (per 1,000 people)	8	2011	The World Bank Group (Data latest 2013 (update: 2011)
External resources for health (% of total expenditure on health)	1	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure per capita (current US\$)	59	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, private (% of GDP)	3	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of GDP)	1	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of government expenditure)	8	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of total health expenditure)	31	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, total (% of GDP)	4	2011	The World Bank Group (Data latest 2013 (update: 2011)
Life expectancy at birth, total (years)	65	2011	The World Bank Group (Data latest 2013 (update: 2011)
Nurses and midwives (per 1,000 people)	1	2010	The World Bank Group (Data latest 2013 (update: 2010)
Physicians (per 1,000 people)	1	2010	The World Bank Group (Data latest 2013 (update: 2010)
Community health workers (per 1,000 people)		2005	The World Bank Group (Data latest 2013 (update: 2005)
Hospital beds (per 1,000 people)	1	2005	The World Bank Group (Data latest 2013 (update: 2005)

## 1.3. Comments on Key Discrepancies between Approved Proposal and Grant

## 1.5. Conditions Precedent

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	1. No later than 31 December 2010, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, a final version of a Project Implementation Plan for the effective and accountable management of the Program. The Principal Recipient shall share and discuss the Project Implementation Plan with the National Vector Borne Disease Control Programme ("NVBDCP") and each Sub-recipient under the Program. The Project Implementation Plan shall include, but will not be limited to, a coordination mechanism composed of the Principal Recipient, the NVBDCP and each Sub-recipient under the Program (the "Project Steering Committee").		Other	31.Dec.10	Waived	During the signature of the Phase 2 Grant Agreement, the CT recommended waiving this CP, and this was approved. This SC has been overtaken by events. In the accompanying management letter, the Global Fund confirms the effective implementation of a PIP with modified arrangements whereby Caritas will provide logistical support to NVBDCP in distribution of QAP compliant LLINs and RDTs, as well as staff support to the national program PIU; this in addition to its other grant activities.
	Condition Precedent	3. The Principal Recipient acknowledges and agrees to maintain a fixed asset register with identification and tracking of assets and to perform periodic physical verifications of assets procured under the Program.		Other		Waived	During the signature of the Phase 2 Grant Agreement, the CT recommended waiving this CP, and this was approved. This CP was effectively replaced by Management Action 4: The PR shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that it has conducted physical verification of fixed assets.
	Condition Precedent	7. No later than 31 March 2011, the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has instituted a system for the conduct of an annual internal audit of the use of Grant funds under the Program. The annual internal audit shall include, but will not be limited to, an assessment of the Principal Recipient and recommendations for addressing any programmatic, managerial and financial capacity gaps.		Other	31.Mar.11	Waived	During the signature of the Phase 2 Grant Agreement, the CT recommended waiving this CP, and this was approved. This CP was effectively replaced by Management Action 5: Upon request from the Global Fund, the PR shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence of progress of the external audit for the first 18 months of program implementation due on 30 September 2012.

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>Phase 2 CP:</p> <p>Condition Precedent to Transfer or Use of Grant Funds for Training Activities</p> <p>The transfers of Grant funds from the Global Fund to the Principal Recipient or the use by the Principal Recipient of Grant funds to finance training activities for the Phase 2 of the Grant is subject to the satisfaction of the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of a costed training plan relating to training activities to be conducted for such entire period (the "Detailed Training Plan and Budget"), which shall be in line with the Global Fund's Budgeting Guidelines (Module 7) and shall demonstrate that no duplication of training activities will occur, that these activities are linked to the Program's objectives and that cash transactions related to cost of logistics and per diem are limited, whenever possible; and</p> <p>b. the written approval by the Global Fund of the Detailed Training Plan and Budget.</p>		Other		Met	This CP was fulfilled by the PR on 12 June 2013, after the PR responded to comments from a conditional approval by Global Fund.
	Condition Precedent	<p>Phase 2 CP:</p> <p>Condition Precedent to Transfer or Use of Grant Funds for Payment of Incentives to CHVs</p> <p>The transfers of Grant funds from the Global Fund to the Principal Recipient or the use by the Principal Recipient of Grant funds to finance the payment of increased incentives to Community Health Volunteers is subject to the delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, of required Government approvals (including the Cabinet) of a corresponding human resource policy for Accredited Social Health Activists under the Government of India's 12th Five-Year plan</p>		Other		Met	NVBDCP is currently implementing the revised policy on incentives of ASHAs and based on this, the Global Fund has also approved the revised incentives payable to the CHV's working with Caritas India.
	Condition Precedent	<p>Phase 2 STC:</p> <p>1. No later than 30 April 2013, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, the latest external audit report, including an action plan to address significant issues (if any) identified in the audit report</p>		Other	30.Apr.13	Met	Caritas India submitted its Audit Report on 2 January 2014 to Global Fund.

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>Phase 2 STC:</p> <p>2. Within three months after signing of this Phase 2 Agreement, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, a plan for the procurement, use and supply management of the Health Products for the Program as described in Article 19 of the Standard Terms and Conditions of this Agreement (the "PSM Plan") detailing, among others, the distribution arrangements for Health Products in line with NVBDCP's procurement schedule, and which is aligned to the targets in the Performance Framework.</p>				Waived	The Country Team approved NVBDCP's Phase 2 PSM plan on 9 January 2014. Caritas submitted its PSM Plan in December 2014. The CT waived this CP and will conduct PSM capacity assessment of Caritas as part of the NFM capacity implementation arrangements scheduled for March 2015.
	Condition Precedent	<p>Phase 2 STC:</p> <p>3. Within six months after signing of this Phase 2 Agreement, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that the Principal Recipient has instituted a system for the conduct of an annual internal audit of the use of Grant funds under the Program, which shall include, but will not be limited to, an assessment of the Principal Recipient and recommendations for addressing any programmatic, managerial and financial capacity gaps</p>				In Progress	<p>PR had submitted the Terms of Reference for internal audit which also mentioned the selection of the internal auditor by the PR. The same was approved by Global Fund. However, as explained to us by the PR, they are facing budgetary constraints in getting the internal audit/statutory audit done and have planned to get only statutory audit done for the program. This will be reviewed during the CAT assessment to be conducted in the coming months. Therefore, this CP is not applicable.</p> <p>Any remaining weaknesses will be addressed during the NFM, since Caritas is continuing as PR.</p>
	Condition Precedent	<p>Phase 2 STC:</p> <p>4. If, by 15 November 2013, the Principal Recipient does not deliver to the Global Fund evidence, in form and substance satisfactory to the Global Fund, that there has been a significant improvement in the programmatic performance of the Program (i.e. minimum B1 or higher performance rating), then the Global Fund in its sole discretion, may undertake any one or more of the following actions:</p> <p>a. determine not to release or postpone the release of any future commitment of funds;</p> <p>b. require the Principal Recipient to reprogram Program activities and de-commit Grant funds from the Grant; and</p> <p>c. implement any other measures considered appropriate by the Global Fund (including without limitation, changing the Principal Recipient, transferring Program Assets and closing the Grant)</p>			15.Nov.13	Met	<p>The Country Team noted that Caritas had achieved a "B2" rating for the period ending 30 September 2013 which does not address this requirement. For the period ending 30 September 2014, the PR is still "B2" rated. However, and as explained in various documentation, Caritas depends on NVBDCP (PR-1) for procurement of LLINs, ACTs and RDTs but NVBDCP has not been able to procure due to government administrative delays. However, late 2014, NVBDCP has subscribed for PPM which will allow for the program to procure LLINs into 2015.</p> <p>Given the reliance by Caritas on NVBDCP's inputs for health commodities and products, the CT has not considered the indicators related to prevention, testing and treatment since the products were not availed by the national program. As a result, it should be noted that Caritas' performance is "B1" rated with an average performance on all indicators of 89%.</p> <p>The MoH&amp;FW has set up a new procurement unit which would be responsible for future procurement of the health products. Pending finalisation of the assessment by the CT for which recommendations has been provided, we expect that this unit will alleviate the procurement issues. Therefore, this STC is not applicable.</p>

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>Phase 2 STC:</p> <p>5. The Principal Recipient acknowledges and agrees that the documents relating to the Grant are subject to further review by the Global Fund and that additional information and documents and additional modifications to the grant documents (including the face sheet, this Annex A, the Summary Budget and the Performance Framework) may be required as a result of such review, in which case the Principal Recipient agrees to cooperate fully with the Global Fund and do any and all such further things as may be reasonably necessary to provide such information and documents to the Global Fund and to implement such modifications identified by the Global Fund. These potential modifications to the grant documents include reducing the face sheet amount as a result of final verification of the actual cash balance remaining with the Principal Recipient as of 30 September 2012</p>				Met	

## 2. Key Grant Performance Information

### 2.1. Program Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025

<b>Goal 1</b>	<b>To reduce malaria related mortality and morbidity in project areas by at least 30% by 2015 as compared to 2008</b>
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Impact indicator	API (Annual Parasite Incidence)--malaria positive cases per thousand population										Baselines			
											Value		Year	
											3.82		2010	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	4	4	3	3	3										
Result				2											
Data source of Results															

Impact indicator	Number of deaths due to malaria (confirmed malaria diagnosis)										Baselines			
											Value		Year	
											290		2010	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	312	297	261	232	203										
Result				119											
Data source of Results															

Outcome indicator	Percentage of households in high risk areas (with API $\geq$ 2) with at least two LLIN										Baselines			
											Value		Year	
											42		2010	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target		77	70	80	90										
Result															
Data source of Results															

Outcome indicator	Percentage of household residents who slept under LLIN the previous night										Baselines			
											Value		Year	
											57.6		2010	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target		50	60	70	80										
Result															
Data source of Results															

Outcome indicator	Percentage of persons reporting fever within last two weeks, who have obtained a test result (RDT/ microscopy) within 24 hours following onset of fever										Baselines			
											Value		Year	
											0.3		2010	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target		60	30	50	70										
Result															
Data source of Results															



Outcome indicator	Percentage of malaria (confirmed) hospital admissions among all hospital admissions in sentinel sites										Baselines				
											Value		Year		
											3.3		2012		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	TBD	TBD	TBD	TBD	TBD										
Result															
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.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	01.Apr.12 30.Jun.12	01.Jul.12 30.Sep.12

## 2.2.2. Program Objectives, Service Delivery Areas and Indicators

**Objective 1 - To achieve near universal coverage by 2015 by effective preventive intervention (LLIN) for population living in high risk project areas from 42% (2009-10). (Caritas Inida (PR 1) and NVBDCP (PR2))**

**Prevention: Insecticide-treated nets (ITNs)**

Indicator 1.1 - Number of LLIN distributed in LLIN eligible areas (API ≥ 2) by functionaries of PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)														
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8						
Level 3-People reached	160588 2210000	2012	Y	N														
Target		30,000						45,000						75,000				150,000
Result		0						0						120,345				45,237
Target								480,000						162,213		162,213		216,213
Result								176						0	Pending result			0
Target																		
Result																		
Target		0	144,000	144,000	240,000													
Result		Pending result																

**Objective 2 - To achieve at least 80% coverage by parasitological diagnosis; and prompt, effective treatment of malaria through public and private health care delivery systems in project areas by 2015. (PR 1 and PR2)**

**Treatment: Diagnosis**

Indicator 2.1 - Number of fever cases tested with RDT by non-government community health volunteers (CHVs) of PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 3-People reached	30575	2012	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	50,538	62,743	143,898	223,408	51,459	63,886	146,521	227,481				
Result	Pending result	0	Pending result	0	Pending result	5,659	Pending result	30,029				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	52,227	64,840	148,708	230,877	52,995	65,793	150,895	234,272				
Result	Pending result	Pending result	Pending result	51,040	Pending result	6,461	Pending result	43,287				
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target	53,917	66,938	153,520	238,347								
Result	Pending result	Pending result										

Indicator 2.2 - Number of fever cases tested with RDT at non-government health facilities (dispensaries, clinics, etc. of PR2)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 3-People reached	125	2012	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	12,634	15,685	35,974	55,852	12,865	15,972	36,631	56,871				
Result	Pending result	0	Pending result	0	Pending result	0	Pending result	125				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	13,057	16,210	37,177	57,719	13,249	16,449	37,724	58,568				
Result	Pending result	Pending result	Pending result	194	Pending result	63	Pending result	512				
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target	13,479	16,734	38,379	59,586								
Result	Pending result	Pending result										

**Treatment: Prompt, effective antimalarial treatment**

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## Indicator 2.3 - Number of Pf cases treated with ACT according to national policy by non-government community health volunteers (CHVs) of PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Level 3-People reached	1806	2012	Y	N										
Target	2,026	2,482	7,417	11,136	1,841	2,256	6,740	10,119						
Result	Pending result	0	Pending result	0	Pending result	164	Pending result	1,991						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	1,680	2,058	6,150	9,234	1,519	1,861	5,562	8,351						
Result	Pending result	Pending result	Pending result	1,261	Pending result	108	Pending result	2,967						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	1,383	1,695	5,065	7,605										
Result	Pending result	Pending result												

## Indicator 2.4 - Number of Pf cases treated with ACT according to national policy at non-government health facilities (dispensaries, clinics, etc.) of PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Level 3-People reached	291	2012	Y	N										
Target	506	620	1,854	2,784	460	564	1,685	2,530						
Result	Pending result	0	Pending result	0	Pending result	0	Pending result	291						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	420	515	1,538	2,309	380	466	1,391	2,088						
Result	Pending result	Pending result	Pending result	6	Pending result	1	Pending result	80						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	346	424	1,267	1,902										
Result	Pending result	Pending result												

## Indicator 2.5 - Percentage of CHVs with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Level 0-Process/Activity Indicator	TBD	2013	N	N										
Target														
Result														

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Indicator 2.6 - Percentage of non-government health facilities (dispensaries, clinics, etc.) of PR2 with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Level 0-Process/Activity Indicator	TBD	2013	N	N										
Target														
Result														

**Objective 3 - To achieve at least 80% coverage of villages in project areas by appropriate BCC activities by 2015 to improve knowledge, awareness and responsive behavior with regard to effective preventive and curative malaria control interventions (PR 1 and PR2)**

**Prevention: Behavioral Change Communication - Community Outreach**

Indicator 3.1 - Number of infotainment activity conducted in PR2 areas by PR2 (Rephrased during Phase 2 from "Number of people reached through infotainment activity")

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)															
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8							
Level 3-People reached	11,781	2012	N	N															
Target	0	0	84,900	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930
Result		0	Pending result	50,671	Pending result	151,152	97,363	109,916											
Target	1,415	2,830	4,246	5,661	1,415	2,830	4,246	5,661											
Result	Pending result	Pending result	Pending result	4,723	Pending result	2,953	Pending result	4,976											
Target	1,415	2,830	4,246	5,661															
Result	Pending result	Pending result																	

Indicator 3.2 - Percentage of people (please specify target groups) who know the cause of, symptoms of, treatment for or preventive measures for malaria

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)															
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8							
Level 0-Process/Activity Indicator	TBD	2011	N	N															
Target																			
Result																			

Indicator 3.3 - Number of miking activity conducted in PR2 areas by PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)															
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8							
Level 0-Process/Activity Indicator	17,212	2012	N	N															
Target																			
Result																			
Target	2,830	5,660	8,492	11,322	2,830	5,660	8,492	11,322											
Result	Pending result	Pending result	Pending result	8,663	Pending result	4,822	Pending result	8,962											
Target	2,830	5,660	8,492	11,322															
Result	Pending result	Pending result																	

Indicator 3.4 - Number of people reached through community message dissemination session by PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	73,574	2012	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	28,300	56,600	84,920	113,220	28,300	56,600	84,920	113,220
Result	Pending result	Pending result	Pending result	120,134	Pending result	63,536	Pending result	104,111
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	28,300	56,600	84,920	113,220				
Result	Pending result	Pending result						

**Objective 4 - To strengthen program planning and management, monitoring and evaluation, and coordination and partnership development to improve service delivery in project areas. (PR 1 and PR2)**

**HSS: Information System**

Indicator 4.1 - Number of supervisory visits by District Project Officer of PR2 to community level (village level) and report submitted to Regional Project Manager of PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	395	2012	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target				66	66	66	66	66
Result				114	Pending result	155	81	81
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	66	66	66	66	66	66	66	66
Result	Pending result	Pending result	Pending result	225	61	69	71	82
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	66	66	66	66				
Result	Pending result	Pending result						



**Objective 5 - To strengthen health systems through training, capacity building to improve service delivery in project areas (PR 1 and PR2)****HSS: Service delivery**

## Indicator 5.1 - Number of ASHAs/volunteers trained/re-trained (by PR2)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)															
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8							
Level 1-People trained	13,034	2012	Y	Y															
Target	0	3,000	9,000	15,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000
Result		0	Pending result	2,911	Pending result	10,136	Pending result	10,136	Pending result	10,136	Pending result	10,136	Pending result	10,136	Pending result	10,136	Pending result	10,136	13,034
Target	0	2,000	5,000	6,000	1,000	2,000	2,661	2,661	2,661	2,661	2,661	2,661	2,661	2,661	2,661	2,661	2,661	2,661	2,661
Result		Pending result	Pending result	3,141	Pending result	2,619	Pending result	2,619	Pending result	2,619	Pending result	2,619	Pending result	2,619	Pending result	2,619	Pending result	2,619	3,735
Target	0	0	0	0															
Result																			

**HSS: Health Workforce**

## Indicator 5.2 - Number of private health care service providers trained in diagnosis and treatment of malaria by PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)																
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8								
Level 1-People trained	631	2012	Y	Y																
Target									1,000	2,000	3,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	
Result									Pending result	0	Pending result	503	503	503	503	503	503	503	503	
Target	0	300	900	1,500	1,250	2,250	3,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	4,500	
Result		Pending result	Pending result	1,016	Pending result	1,201	Pending result	1,528	1,528	1,528	1,528	1,528	1,528	1,528	1,528	1,528	1,528	1,528	1,528	
Target	1,250	2,275	3,525	3,525																
Result	Pending result	Pending result																		

## 2.2.3. Cumulative Progress To Date

Latest reporting due period : 18 (01.Jan.15 - 31.Mar.15)

<b>Objective 1</b>	To achieve near universal coverage by 2015 by effective preventive intervention (LLIN) for population living in high risk project areas from 42% (2009-10). (Caritas Inida (PR 1) and NVBDCP (PR2))									
<b>SDA</b>	Prevention: Insecticide-treated nets (ITNs)									
<b>Indicator 1.1 - Number of LLIN distributed in LLIN eligible areas (API ≥ 2) by functionaries of PR2</b>										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	18	144,000	14	0						0%

<b>Objective 2</b>	To achieve at least 80% coverage by parasitological diagnosis; and prompt, effective treatment of malaria through public and private health care delivery systems in project areas by 2015. (PR 1 and PR2)									
<b>SDA</b>	Treatment: Diagnosis									
<b>Indicator 2.1 - Number of fever cases tested with RDT by non-government community health volunteers (CHVs) of PR2</b>										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	18	66,938	14	6,461						10%

<b>Indicator 2.2 - Number of fever cases tested with RDT at non-government health facilities (dispensaries, clinics, etc. of PR2)</b>										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	18	16,734	14	63						0%

<b>SDA</b>	Treatment: Prompt, effective antimalarial treatment									
<b>Indicator 2.3 - Number of Pf cases treated with ACT according to national policy by non-government community health volunteers (CHVs) of PR2</b>										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	18	1,695	14	108						6%

<b>Indicator 2.4 - Number of Pf cases treated with ACT according to national policy at non-government health facilities (dispensaries, clinics, etc.) of PR2</b>										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	18	424	14	1						0%

<b>Indicator 2.5 - Percentage of CHVs with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month</b>										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 0-Process/Activity Indicator	N/A		N/A	Not Found						Cannot Calculate

<b>Indicator 2.6 - Percentage of non-government health facilities (dispensaries, clinics, etc.) of PR2 with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month</b>										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 0-Process/Activity Indicator	N/A		N/A	Not Found						Cannot Calculate

**Objective 3** To achieve at least 80% coverage of villages in project areas by appropriate BCC activities by 2015 to improve knowledge, awareness and responsive behavior with regard to effective preventive and curative malaria control interventions (PR 1 and PR2)

**SDA** Prevention: Behavioral Change Communication - Community Outreach

**Indicator 3.1 - Number of infotainment activity conducted in PR2 areas by PR2 (Rephrased during Phase 2 from "Number of people reached through infotainment activity")**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	18	2,830	16	4,976						120%

**Indicator 3.2 - Percentage of people (please specify target groups) who know the cause of, symptoms of, treatment for or preventive measures for malaria**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	N/A		N/A	Not Found						Cannot Calculate

**Indicator 3.3 - Number of miking activity conducted in PR2 areas by PR2**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	18	5,660	16	8,962						120%

**Indicator 3.4 - Number of people reached through community message dissemination session by PR2**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	18	56,600	16	104,111						120%

**Objective 4** To strengthen program planning and management, monitoring and evaluation, and coordination and partnership development to improve service delivery in project areas. (PR 1 and PR2)

**SDA** HSS: Information System

**Indicator 4.1 - Number of supervisory visits by District Project Officer of PR2 to community level (village level) and report submitted to Regional Project Manager of PR2**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	18	66	16	82						120%

**Objective 5** To strengthen health systems through training, capacity building to improve service delivery in project areas (PR 1 and PR2)

**SDA** HSS: Service delivery

**Indicator 5.1 - Number of ASHAs/volunteers trained/re-trained (by PR2)**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	18	0	16	3,735						Cannot Calculate

**SDA** HSS: Health Workforce

**Indicator 5.2 - Number of private health care service providers trained in diagnosis and treatment of malaria by PR2**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	18	2,275	16	1,528						67%

**2.3. Financial Performance****2.3.1. Grant Financial Key Performance Indicators (KPIs)**

<b>Grant Duration (months)</b>	60 months	<b>Grant Amount</b>	8,675,981 \$
<b>% Time Elapsed (as of end date of the latest PU)</b>	80%	<b>% disbursed by TGF (to date)</b>	100%
<b>Time Remaining (as of end date of the latest PU)</b>	12 months	<b>Disbursed by TGF (to date)</b>	8,675,981 \$
<b>Expenditures Rate (as of end date of the latest PU)</b>	69%	<b>Funds Remaining (to date)</b>	

**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.Oct.10	01.Jan.11	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12	01.Apr.12	01.Jul.12
Period Covered To:	31.Dec.10	31.Mar.11	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12	30.Jun.12	30.Sep.12
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	45,833	497,667	1,512,974	3,249,670	3,851,387	4,384,786	4,889,634	2,895,856
Summary Period Budget:	45,833	451,834	1,015,307	1,736,696	601,717	533,399	504,848	840,000

**Expenditure Categories****Program Activities****Implementing Entities**

	Budget Period 9	Budget Period 10	Budget Period 11	Budget Period 12	Budget Period 13	Budget Period 14	Budget Period 15	Budget Period 16
Period Covered From:	01.Oct.12	01.Jan.13	01.Apr.13	01.Jul.13	01.Oct.13	01.Jan.14	01.Apr.14	01.Jul.14
Period Covered To:	31.Dec.12	31.Mar.13	30.Jun.13	30.Sep.13	31.Dec.13	31.Mar.14	30.Jun.14	30.Sep.14
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	3,420,821	4,109,894	4,911,398	6,274,341	6,881,464	7,616,131	8,328,025	8,954,137
Summary Period Budget:	524,965	689,073	801,504	1,362,943	607,123	734,667	711,894	626,112

**Expenditure Categories****Program Activities****Implementing Entities**

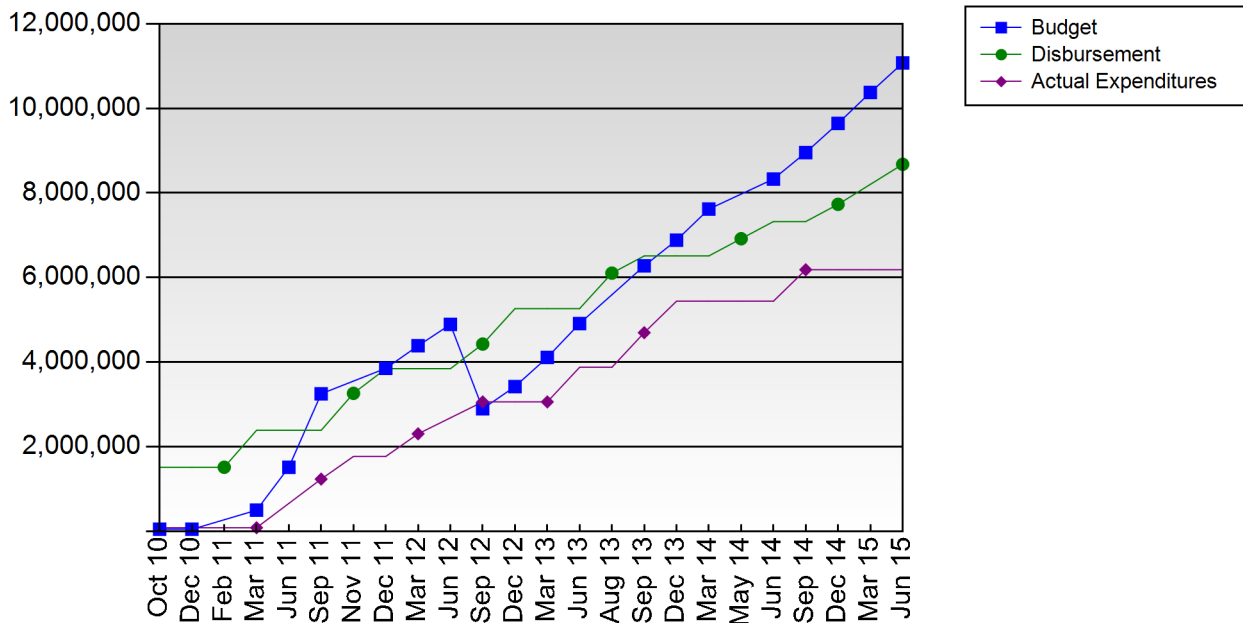
	Budget Period 17	Budget Period 18	Budget Period 19	Budget Period 20	Budget Period 21	Budget Period 22	Budget Period 23	Budget Period 24
Period Covered From:	01.Oct.14	01.Jan.15	01.Apr.15	01.Jul.15	01.Oct.15	01.Jan.16	01.Apr.16	01.Jul.16
Period Covered To:	31.Dec.14	31.Mar.15	30.Jun.15	30.Sep.15	31.Dec.15	31.Mar.16	30.Jun.16	30.Sep.16
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	9,643,200	10,374,460	11,071,033	11,825,525	11,825,525	11,825,525	11,825,525	11,825,525
Summary Period Budget:	689,063	731,260	696,573	754,492				

**Expenditure Categories****Program Activities****Implementing Entities****- Comments and additional information**

2.3.3. Program Expenditures

Period PU7: 01.Oct.13 - 30.Sep.14	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
<b>1. Total cash outflow vs. budget</b>	\$ 1,488,666	\$ 8,954,137	\$ 6,183,455	\$ 2,770,682	
<b>1a. PR's Total expenditure</b>	\$ 208,884		\$ 975,545		
<b>1b. Disbursements to sub-recipients</b>	\$ 1,279,782		\$ 5,187,504		
<b>1c. Expenditure Adjustments</b>			\$ 20,406		Reason for adjustments
<b>2. Pharmaceuticals &amp; Health Product expenditures vs budget</b>					
<b>2a. Medicines &amp; pharmaceutical products</b>					
<b>2b. Health products and health equipment</b>					

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.Oct.10 -			N/A	1	01.Jul.11 - 31.Mar.11	1,512,974	\$ 1,512,975	10 Feb 2011
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
This is the 1st Disbursement under this grant agreement					N/A				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Oct.10 - 31.Mar.11			B2	2	01.Apr.11 - 30.Sep.11	1,408,562	\$ 1,747,714	03 Nov 2011
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>This is the second disbursement under the Round 9 malaria grant for Caritas India. The Round 9 malaria program is implemented by two Principal Recipients: National Vector Borne Disease Control Program (NVBDCP), the government Principal Recipient, and Caritas India, the civil society Principal Recipient.</p> <p>Caritas is dependent on NVBDCP for inputs and coordination of activities for key program activities including distribution of LLINs, RDT testing and ACT treatment. Training activities conducted by ASHAs (Accredited Social Health Activists) and CHVs (community health volunteers) were also dependent on an agreement on the distribution of villages in the project districts between NVBDCP and Caritas. This agreement was reached late, which caused equal delays in identifying CHVs for the assigned villages.</p> <p>As of 31 March 2011, the grant had not achieved any results relative to its coverage indicators. Program activities had just begun due to the time lag between the start date, grant signature date and the date of receipt of the first disbursement. A series of cascading delays plagued the start-up of the program. For example, following the official October 2010 start, Caritas signed its agreement with the National Program in February 2011. This delay led to delays in procurement, distribution, testing and treatment activities. Caritas signed agreements with its sub-recipients only in April 2011, likewise affecting implementation of grant activities. However, Caritas is in the process of accelerating program activities, including BCC interventions at the state and district levels, in quarters 3 and 4. Caritas released funds to its SRs in April-May 2011, permitting the latter to also start activities in the current quarter.</p>					<p>The PR requested the US\$ 1,408,561 for the ensuing semi-annual period of implementation plus 3 month buffer. The recommended and disbursed amount of US \$1,741,714 includes monies for training activities through December 2011. However, there is a stipulation that the PR should not spend monies for training during the buffer period, in the amount of US \$145,880, prior to final Global Fund approval of a training plan covering that period.</p>				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Apr.11 - 30.Sep.11			C	3	01.Oct.11 - 31.Mar.12	1,554,017		N/A
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>Even though Caritas has rolled out project activities on the ground, the backlog of activities including those directly tied to performance framework targets in P1 and P2 would only be possible to achieve in a staggered manner over the next quarters. Following the GF's approval of NVBDCP's revised PSM plan on 10 May 2012, this is particularly relevant for activities such as RDT usage, LLIN distribution and training of Community Health Volunteers (CHVs)/ASHAs and other activities that require active coordination with NVBDCP and its SRs/SSRs. P3 and P4 were focused mainly on strengthening coordination between the Caritas consortium and national, state and district VBDCPs.</p>					<p>Following the GF's approval of NVBDCP's revised PSM plan on 10 May 2012, it was agreed with Caritas that it should resubmit a revised PU/DR reflecting correspondingly adapted implementation arrangements that would permit the Global Fund to disburse an amount greater than the LFA recommended amount of US \$162,219.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Oct.11 - 31.Mar.12			B2	3	01.Apr.12 - 30.Sep.12	2,400,868	\$ 1,164,547	18 Sep 2012
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The grant generated a quantitative "C" rating. The PR has shown some, albeit not major, progress during the period. It should be noted that the performance of the PR is dependent on NVBDCP for the LLINs and RD kits which were received late (only since Q4) and in limited quantities. This has adversely effected 4 "Top Ten" indicator results. Similarly, results for the two training indicators ( i.e. training of ASHA workers/private health care providers) are also dependent on NVBDCP: in the first instance for lists of untrained staff; and in the second instance for resource persons made available for training. In light of the PRs efforts to coordinate activities with the national program, including Global Fund-requested secondment of essential staff to serve in NVBDCP's PIU, the Country Team recommends an upgrade in the grant's rating to "B2."</p>					<p>The adjusted PR forecast for 1 April -30 September 2012 (through the end of Phase 1 only) was based on requirements for activities the PR could reasonably be expected to complete by the end of Phase 1. For its part, in view of an end of September Renewal Panel meeting date for this program, the Country Team is recommending inclusion of a Q9 buffer period as part of a standard Type 1 grant extension.</p>				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Apr.12 - 30.Sep.12			C	4	01.Oct.12 - 30.Sep.13	2,461,230	\$ 1,677,584	29 Aug 2013
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During the current reporting period 1 April to 30 September 2012, notably, 2 out of the 3 indicators not dependent on the inputs from NVBDCP have achieved over 120% as per the attached Grant Rating Tool. These are (i) "Number of people reached through infotainment performance" with 129% achievement; and (ii) "Number of supervisory visits to community level (village) in a quarter by District Project Officer and report submitted to the Regional Project Manager" with 123% achievement. The 3rd indicator, "Number of ASHAs/volunteers trained/re-trained (by PR2)" achieved 72%. For the 6 indicators dependent on NVBDCP, the PR achieved between 0% - 30%. This illustrates the continued dependence of this grant on the inputs from NVBDCP for provision of LLINs, RDTs and ACTs to conduct the prevention, diagnosis and treatment activities.</p> <p>This picture is reflected in the grant's quantitative "C" rating with an average performance of 44% on all indicators (from 48% reported during the previous period) and a 20% average on "Top Ten" indicators (from 9% reported during the previous period).</p>					<p>The forecasted expenditure for Caritas have been adjusted not to exceed 80% of the budgeted amount given the Program's inability to secure sufficient health products for distribution.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
5	01.Oct.12 - 31.Mar.13			B2					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>A one-year progress review was conducted and summarised in the below section.</p>									



Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	01.Apr.13 - 30.Sep.13			B2	5	01.Oct.13 - 31.Dec.14	2,782,371	\$ 813,408	19 May 2014
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>During the reporting period 1 October 2012 - 30 September 2013, Caritas's performance merited a "B2" performance rating, inasmuch as it continues to depend on NVBDCP for LLIN, RDT and ACT inputs. An emergency procurement undertaken in 2013 by NVBDCP through WHO for RDTs and ACTs was received in March 2014. While late in coming, the procurement itself marked a policy milestone for IMCP-II, moving the treatment regimen from A+SP (Artesunate + sulfadoxine-pyrimethamine) to A+AL (artemether – lumefantrine) in the project areas. Of those activities not dependent on NVBDCP's inputs, Caritas achieved an average of 117% of its targets.</p>					<p>The approved Phase 2 budget for the 1-year period + buffer (Periods 13 to 16 plus Period 17) is US\$ 3,368,859, shown below per cost category:</p> <p>US\$ 1,538,699: Human Resources  US\$ 286,821: Technical Assistance  US\$ 216,228: Training  US\$ 54,729: Procurement and Supply Management Costs  US\$ 425,003: Communication Materials  US\$ 427,692: Monitoring and Evaluation  US\$ 419,687: Planning &amp; Administration  US\$ 3,368,859: Total Approved Phase 2 budget</p> <p>Plus:  US\$ 151,937: Newly proposed activities including NIMR accreditation  US\$ 929,251: Carried forward activities  US\$ 4,450,047: Revised total forecast</p> <p>Minus:  US\$ 309,065: LLIN related activities due to delayed procurement  US\$ 198,364: Savings due to discontinued activities as proposed by PR and LFA  US\$ 80,397: SR Expenditure review ineligible expenditure - VHAI  US\$ 127,054: Reduced buffer period amount - Communication materials  US\$ 510,843: Savings due to exchange rate gains  US\$ 21,381: Interest on fixed deposit  US\$ 3,202,943: Total revised forecast amount</p> <p>Minus cash balance:  US\$ 1,376,029: PR level  US\$ 200,098: SR level</p> <p>US\$ 1,626,816: Disbursement amount.</p> <p>This disbursement will be released in two equal tranches of US\$ 813,408. This is the first.</p>				
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>During the reporting period 1 October 2012 - 30 September 2013, Caritas's performance merited a "B2" performance rating, inasmuch as it continues to depend on NVBDCP for LLIN, RDT and ACT inputs. An emergency procurement undertaken in 2013 by NVBDCP through WHO for RDTs and ACTs was received in March 2014. While late in coming, the procurement itself marked a policy milestone for IMCP-II, moving the treatment regimen from A+SP (Artesunate + sulfadoxine-pyrimethamine) to A+AL (artemether – lumefantrine) in the project areas. Of those activities not dependent on NVBDCP's inputs, Caritas achieved an average of 117% of its targets.</p>					<p>Release of the second tranche to Caritas India</p>				

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
6	01.Apr.13 - 30.Sep.13		B2	5.2	01.Oct.13 - 30.Sep.14	2,782,371	\$ 78,686	19 Dec 2014	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During the reporting period 1 October 2012 - 30 September 2013, Caritas's performance merited a "B2" performance rating, inasmuch as it continues to depend on NVBDCP for LLIN, RDT and ACT inputs. An emergency procurement undertaken in 2013 by NVBDCP through WHO for RDTs and ACTs was received in March 2014. While late in coming, the procurement itself marked a policy milestone for IMCP-II, moving the treatment regimen from A+SP (Artesunate + sulfadoxine-pyrimethamine) to A+AL (artemether – lumefantrine) in the project areas. Of those activities not dependent on NVBDCP's inputs, Caritas achieved an average of 117% of its targets.</p>					<p>Release of the second tranche to WHO for NIMR accreditation process</p>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
7	01.Oct.13 - 30.Sep.14		B2	6	01.Oct.14 - 30.Sep.15	3,317,190	\$ 946,345	29 Jun 2015	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				

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

