

General Grant Information

Country	India				
Grant Number	IDA-911-G23-M	Component	Malaria	Round	09
Grant Title	"Intensified Malaria Control Project, Phase II (IMCP-II)"				
Principal Recipient	The Department of Economic Affairs, Ministry of Finance, Government of 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	\$ 54,666,556	Current* Phase Committed Amount	\$ 38,257,939	Current* Phase Disbursed Amount	\$ 11,193,132
Cumulative Signed Amount	\$ 64,959,075	Cumulative Committed Amount	\$ 48,550,458	Cumulative Disbursed Amount	\$ 21,485,651
				% Disbursed	44%
Time Elapsed (at the end of the latest reporting period)	42 months	Proposal Lifetime	Not Available	% of Grant Duration	70%

* Latest Phase if grant is closed

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

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	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	31.Jan.11	Met	
	Condition Precedent	2a. Delivery by the Principal Recipient to the Global Fund of a completed Monitoring and Evaluation Systems Strengthening Tool (MESST) prepared by the Principal Recipient in consultation with the other principal recipient of the Program, Caritas India, and other relevant stakeholders including the World Health Organization, World Bank, and other partners	M&E	Disbursement	31.Mar.11	Met	The MESST workshop was carried out by the PR, with PR2 and other stakeholders on 3 June 2011 in Guwahati
	Condition Precedent	2b. Delivery by the Principal Recipient to the Global Fund of an updated addendum to the National M&E Plan for monitoring and evaluation of activities financed under the Program which (i) incorporates the recommendations made by Program stakeholders upon completion of the MESST; (ii) synchronizes all indicators described therein with the reporting periods specified in the Performance Framework of this Agreement; (iii) provides a clear description of M&E coordination at the district level between the Principal Recipient and the other principal recipient under this Program (Caritas India);	M&E	Disbursement	31.Mar.11	Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This has been replaced by Special Condition 2 in the Annex A to the Grant Agreement and a Management Action.
	Condition Precedent	2c. Delivery by the Principal Recipient to the Global Fund of a revised budget for the Program Term (the "Revised Program Budget") if any amendments included in the Updated M&E addendum Plan necessitate amendments to the Program budget that was approved by the Global Fund as of the effective date of this Agreement	Finance	Disbursement	31.Mar.11	Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This has been replaced by Special Condition 2 in the Annex A to the Grant Agreement.
	Condition Precedent	2d. Delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has developed a plan detailing the transmission of program related reports through the Health Management information System ("HIMIS") of National Rural Health Mission ("NRHM"). Such a plan should integrate programs funded by the Global Fund funded in national reporting systems and should be an integral part of the NRHM Management Information System portal	Others	Disbursement	31.Mar.11	Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This has been replaced by Special Condition 2 in the Annex A to the Grant Agreement.

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	2e. Delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has procured and installed appropriate accounting software to account for and ensure regular reporting on the receipt and use of Grant funds in compliance with suitable chart of accounts and data storage mechanisms	Others	Disbursement	31.Mar.11	Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This has been replaced by Special Condition 3 in the Annex A to the Grant Agreement.
	Condition Precedent	2f. Written approval by the Global Fund of the materials delivered by the Principal Recipient to the Global Fund under each of the sub-conditions listed above under this Condition Precedent to Second Disbursement (conditions B.2(a) – (e))	Others	Disbursement	31.Mar.11	Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved.
	Condition Precedent	3a. delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of 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: (i) procedures for the coordination of the work of Sub-recipients; (ii) procedures for the Principal Recipient's programmatic and financial oversight of Sub-recipients, including, without limitation, procedures governing the frequency of reporting by Sub-recipients and quality controls to ensure the integrity of financial and programmatic data; (iii) procedures for quarterly on-site monitoring visits to the Sub-recipient levels for review and verification of programmatic and financial data, including a system for tracking the conduct of the on-site monitoring visits, deficiencies or other issues identified during such monitoring visits and the status of Sub-recipient efforts to address such issues; (iv) 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; and (v) reporting timelines and frameworks for Sub-recipients.		Disbursement	31.Jan.11	Met	At the time of PU/DR review, only one of the five listed conditions have been met, i.e. "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". For the remaining 4 CPs, the SR Management plan was submitted to the Global Fund on 6 June 2012 and a conditional approval has been given by the Country Team through the Management Letter to disbursement No. 1 of September 2012.
	Condition Precedent	4a. the delivery by the Principal Recipient to the Global Fund of a plan for the procurement, use and supply management of the Health Products for the Program as described in subsection (c) of Article 19 of the Standard Terms and Conditions of this Agreement (the "PSM Plan"). The revised plan should clearly detail all assumptions used for the quantification of Health Products including where applicable the link to targets in the Performance Framework	Procurement	Disbursement		Met	PR has submitted a revised PSM Plan which was approved by Global Fund on 10 May 2012.
	Condition Precedent	4b. the written approval of the Global Fund of the PSM Plan	Procurement	Disbursement		Met	PR has submitted a revised PSM Plan which was approved by Global Fund on 10 May 2012.

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	Condition Precedent	4c. Any savings resulting from the revised forecasting of Health Products will be re-directed for alternative purposes, including, but not limited to, de-commitment of the amount of such savings from the Program or reinvestment of the savings into the Program based upon a detailed workplan and budget submitted by the Principal Recipient to address identified needs and approved by the Global Fund	Procurement	Disbursement		Met	PR has submitted a revised PSM Plan which was approved by Global Fund on 10 May 2012, however, PR has till date not planned to put to alternate uses of the savings due to reduction of costs of Health Products & Pharmaceuticals to other uses.
	Condition Precedent	Special Terms and Conditions: 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 October 2010.				Met	
	Condition Precedent	Special Terms and Conditions: 2. For the avoidance of doubt, The Department of Economic Affairs of the Government of India confirms that the National Vector Borne Disease Control Program of the Ministry of Health and Family Welfare will be the implementing agency for the purposes of this Agreement				Met	
	Condition Precedent	Special Terms and Conditions: 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				Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This has been replaced by Special Condition 4 in the Annex A to the Grant Agreement.
	Condition Precedent	Special Terms and Conditions: 4. By no later than 31 January 2011, the Principal Recipient shall deliver to the Global Fund a coordination plan, in form and substance satisfactory to the Global Fund, for the effective national coordination of the Program, prepared in close collaboration with Caritas India and relevant program stakeholders, including Sub-recipients at the state and district level. Such coordination plan shall include, but will not be limited to, a coordination mechanism composed of the Principal Recipient, Caritas India and each Sub-recipient under the Program (the "Project Steering Committee")			31.Jan.11	Met	A PIP has been developed with stakeholders. The PIP Plan contains a coordination mechanism in the form of "Project Steering Committee (PSC)". Please refer to comments in Special Terms and Conditions No. 5 below on PSC meetings held.
	Condition Precedent	Special Terms and Conditions: 5. The Principal Recipient acknowledges and agrees that the Project Steering Committee, chaired by the Principal Recipient and described in condition C(5), above, shall conduct meetings on a quarterly basis to review the programmatic, financial and managerial status of the Program. All documentation provided to the Global Fund by the Principal Recipient through condition B (3), above, shall be provided to the Project Steering Committee				Met	With regard to this special condition, the PR has constituted a Project Steering Committee (PSC) chaired by NVBDCP as per the requirement of GF. PSC meetings were held on the following dates: - 10 March 2011 - 9 June 2011. - 19 September 2011 - 20 December 2011 - 26 March 2012. The PR had discussed the details with regard to reviewing programmatic, financial and managerial status of the programme in the Project Steering Committee (PSC) meetings.

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	Condition Precedent	<p>Special Terms and Conditions:</p> <p>6. No later than 31 January 2011, the Principal Recipient shall provide a plan, in form and substance satisfactory to the Global Fund, for the annual training activities under the Program (the "Annual Training Plan"). The Annual Training Plan shall include, but will not be limited to, a detailed budget and assumptions for all training programs under the Program, procedures for the Principal Recipient's financial oversight over expenditures to finance training activities and controls to protect Grant funds for training from the risk of misuse or diversion</p>			31.Jan.11	Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This has been replaced by Condition Precedent to Disbursement for training activities.
	Condition Precedent	<p>Special Terms and Conditions:</p> <p>7. By no later than 1 April 2011, the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that it has recruited and contracted the finance staff described in the Program budget with appropriate qualifications and experience at the Central and State Level, including amongst other positions that of a Finance and Account Officer for each of the seven states under the Program. The Principal Recipient acknowledges and agrees to provide suitable trainings to all finance staff appointed under the Program in the area of financial management and reporting</p>			01.Apr.11	Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This will be monitored through management actions.
	Condition Precedent	<p>Special Terms and Conditions:</p> <p>8. By no later than 30 June 2011, the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund:</p> <p>a) That storage facilities identified at the State and District level have been assessed by the LFA as conforming to internationally recognized standards (Good Storage Practices) for the storage of health products procured using Grant funds; and</p> <p>b) a plan of action for addressing any gaps identified in the aforementioned assessment of storage facilities</p>			30.Jun.11	Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This will be monitored through management actions.
	Condition Precedent	<p>Special Terms and Conditions:</p> <p>9. The Principal Recipient acknowledges and agrees that throughout the Program term, the Principal Recipient shall ensure that systems for the effective management and oversight of the Health Product supply chain are implemented. These shall include, but are not limited to, ensuring the routine submission of patient- and inventory-related information by Sub-Recipients, implementing regular supervision visits by experienced and qualified personnel to sites responsible for the receipt and management of Health Products, ensuring that storage conditions meet the minimum requirements in terms of good storage practices, and implementing corrective measures to address any gaps identified</p>				Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This will be monitored through management actions.

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	Condition Precedent	Special Terms and Conditions: 10. By no later than 30 June 2011, the Principal Recipient shall deliver to the Global Fund evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has implemented an updated Standard Operating Procedure Manual for Inventory Management, including but not limited to Storage, Distribution and Quality Assurance (inclusive of quality control)			30.Jun.11	Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This will be monitored through management actions.
	Condition Precedent	Special Terms and Conditions: 11. The Principal Recipient acknowledges and agrees the LFA shall periodically (e.g., every 6 months) review the procurement processes of the Procurement Agent, RITES, to procure health products using grant resources in order to ensure compliance with Global Fund policies as well as Country Procedures				Met	In meetings with the Global Fund since last year, the PR has acknowledged RITES as the procurement agent.
	Condition Precedent	Special Terms and Conditions: 12. The Principal Recipient acknowledges and agrees that following the procurement of Health Products, the Principal Recipient shall update the information for key health products in the Global Fund's on-line Price and Quality Reporting (PQR) database, in accordance with Global Fund guidelines on Price and Quality Reporting				Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This repeats a standard term and condition.
	Condition Precedent	Special Terms and Conditions: The parties to this Agreement acknowledge and agree that the Auditor selected by the Principal Recipient in accordance with Article 13 (c) of the Standard Terms and Conditions of this Agreement shall be the Controller and Auditor General of the Government of India				Met	The Controller and Auditor General (CAG) of the Government of India is currently the PR's auditor.
	Condition Precedent	Special Terms and Conditions: No later than 31 March 2011, the Principal Recipient shall provide to the Global Fund evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has instituted a system of internal audit for this Program.				Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This was replaced by Special Condition 1 and will also be monitored through a management action.
	Condition Precedent	Special Terms and Conditions: The Principal Recipient shall ensure that Grant funds are not used to finance the payment of any taxes or duties referred to in Article 12 of the Standard Terms and Conditions of this Agreement. In the event that such taxes or duties are imposed on this Agreement or on the procurement of any goods or services using Grant funds by the Principal Recipient or Sub-recipient, the Principal Recipient shall ensure that such taxes and duties are paid from sources other than Grant funds				Waived	During the signature of the Phase 2 Grant Agreement, the County Team recommended waiving this CP, and this was approved. This repeats a standard term and condition.

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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>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 procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement), is subject to the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of a revised 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 "Revised PSM Plan"), supported by a finalized forecast for the Health Products to be financed under the Grant, which plan shall clearly outline the mechanism for procurement to be utilized by the Principal Recipient and be consistent with the approved work plan and budget and, where applicable, linked to the targets in the Performance Framework; and</p> <p>b. the written approval of the Global Fund of the Revised PSM Plan.</p>		Procurement		Met	The revised Phase 2 PSM plan was submitted on 23 August 2013 by NVBDCP and was approved by Global Fund on 9 January 2014 after clarifications were received from NVBDCP.
	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 plan 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	The training plan of the Phase 2 period of the grant was submitted by NVBDCP and this has been approved by Global Fund on 28 October 2013.

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	Condition Precedent	Phase 2 Special Terms and Conditions: 1. No later than 30 June 2013, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that it has (a) installed accounting software for separate accounting of the Grant expenditure and (b) developed mechanisms for separate accounting of the Grant expenditure, regular data backups and adequate data storage.			30.Jun.13	In Progress	At Implementing Agency (NVBDCP) Level: NVBDCP has started the process of procuring the accounting software and this is expected to be operational by 1 April 2014. At SR Level: All SRs had been instructed to use TALLY software to monitor grant expenditure. However, as explained by NVBDCP, this has only been done in 2 states (Assam and Anurachal Pradesh). The remaining five states are in the implementing process. Separate accounting would be done for the grant funds by this software.
	Condition Precedent	Phase 2 Special Terms and Conditions: 2. No later than 30 June 2013, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that it has developed a system of tracking of assets procured at principal recipient/sub-recipient level and that it has established a control mechanism to reconcile the same with expenses reported under the "infrastructure and equipment" cost category.			30.Jun.13	In Progress	At Implementing Agency Level: NVBDCP has not prepared a fixed assets register procured using Global Fund grant. At SR level Status of implementation of this special condition is not known to NVBDCP. As explained by the NVBDCP, in a finance workshop conducted by the PR on 26-29 July 2011, the SRs were instructed to maintain fixed assets registers for assets procured using grant funds. However, these were not provided during the verification visits in the states of Assam and Arunachal Pradesh. A system needs to be established for reconciling the amount spent on fixed assets according to the fixed asset register with the amounts reported as expenditure under the "infrastructure and equipment" budget category on periodic basis.
	Condition Precedent	Phase 2 Special Terms and Conditions: 3. No later than 30 June 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.			30.Jun.13	In Progress	Audit for the Phase-1 of the grant i.e. for the period October 2010 to September 2012 has been done by CAG at NVBDCP level. The report was shared by NVBDCP with Global Fund on 25 March 2013. Adjustments on account of the audit report has been made in the expenditure reported in the PUDR for Periods 7 and 8. NVBDCP has not yet provided any action plan to address the issues in the audit report.
	Condition Precedent	Phase 2 Special Terms and Conditions: 4. No later than 30 June 2013, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, an updated National M&E Plan for monitoring and evaluation of activities financed under the Round 9 Global Fund Malaria Grant.			30.Jun.13	Met	The M&E plan has been submitted and approved by the Global Fund on 16 December 2014.

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	Condition Precedent	<p>Phase 2 Special Terms and Conditions:</p> <p>5. If, by 31 December 2013, the Principal Recipient does not deliver to the Global Fund, the following, in form and substance satisfactory to the Global Fund:</p> <p>a. an unqualified audit report for the full duration of the Round 4 Grant confirming the total grant expenditure; and</p> <p>b. evidence of significant improvement on the financial management, M&E and procurement systems of the Principal Recipient,</p> <p>then the Global Fund, in its sole discretion, may undertake any one or more of the following actions:</p> <p>i. determine not to release or postpone the release of any future commitment of funds;</p> <p>ii. require the Principal Recipient to reprogram Program activities and de-commit Grant funds from the Grant; and</p> <p>iii. 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>				In Progress	<p>The re-audit of Round 4 grant has been done by CAG and the audit report of the same has been shared with Global Fund. However, the audit report had certain qualifications and the total NVBDCP expenses as per the audit report were not reconciling with the total NVBDCP expenses reported in the PUDR. Adjustments on account of these qualifications have been made in the PUDR covering the period until 31 March 2014. The Round 4 grant is currently in the process of closure, following the submission of this reconciliation from CAG.</p> <p>As explained by NVBDCP, they are strengthening the financial management, M&E and procurement systems. However, issues related to reporting were observed in the current PUDR.</p>

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	Condition Precedent	<p>Phase 2 Special Terms and Conditions:</p> <p>6. No later than 31 December 2013, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that it has strengthened its Management Information Systems (MIS) with clarity at all levels of data collection, collation and reporting channels to ensure coverage and data quality.</p> <p>In connection with the above, the Principal Recipient shall specifically take the following steps:</p> <p>a. ensure maintenance of standardized registers and reports as prescribed by the Program at all levels and duplication of reporting at various levels stopped immediately;</p> <p>b. ensure clarity on reporting time lines from lower level entities to higher level entities;</p> <p>c. ensure there is a system in place to include the achievements of the previous periods in the subsequent reporting period, if the same are not captured in the reporting for relevant months;</p> <p>d. ensure there is a system of reviews/checks for validation at each level to ensure data quality, coverage and timely availability of the reports sent to higher levels/received from lower levels; and</p> <p>e. ensure that all the entities in each State (including State office itself) are given instructions to keep back-ups of data reported to higher levels.</p>			31.Dec.13	In Progress	The M&E plan has been developed to address all the issues mentioned in the special condition and submitted to Global Fund for approval or comments. The implementation of the same shall be verified by LFA in the next SR expenditure review/OSDV.
	Condition Precedent	<p>Phase 2 Special Terms and Conditions:</p> <p>7. 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 measures to ensure quality of Malaria Diagnostics have been put into place in order to comply with The Global Fund's Quality Assurance Policy, which measures shall include, but not be limited to, conducting lot-testing for such commodities at centers assessed by WHO as meeting the relevant requirements for such testing.</p>			16.Nov.13	In Progress	NVBDCP, working in collaboration with NIMR, Caritas India and the Country Team, are in the process of getting NIMR to be a WHO recognized lot testing facility, with Global Fund support. This would enable testing of RDTs to ensure that the quality assurance requirements for RDT's are met. However, this is still in progress and Caritas India is working out the possibilities to transfer advance to WHO for the same. This is being discussed with Caritas and the payment to WHO will be released soon.

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	Condition Precedent	<p>Phase 2 Special Terms and Conditions:</p> <p>8. 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	By signing the Grant Agreement the parties agree to this Special Condition.
	Condition Precedent	<p>Phase 2 Special Terms and Conditions:</p> <p>9. For the avoidance of doubt, The Department of Economic Affairs of the Government of India confirms that the National Vector Borne Disease Control Program of the Ministry of Health and Family Welfare will be the implementing agency for the purposes of this Agreement.</p>				Met	By signing the Grant Agreement the parties agree to this Special Condition.

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	2011	2014	2015	2011	2017	2018	2019	2020	2021	2022	2023	2024	2025

Goal 1 To reduce malaria related mortality and morbidity in project areas by at least 30% by 2015 as compared to 2008

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 with malaria confirmation													
	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 (API >2) with at least two LLINs													
	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															

Grant Performance Report

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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). (PR 1 and PR2)

Prevention: Insecticide-treated nets (ITNs)

Indicator 1.1 - Number of LLIN distributed in LLIN eligible areas (API ≥ 2) by functionalities of PR1

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	3,427,242	2012	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		170,000		255,000		625,000		650,000
Result		Pending result	2,555,415	66,701	188,454	554,279		354,253
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	0	0	0	2,720,000	0	919,207	919,207	1,225,207
Result		33,050	0	0	0	0	Pending result	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	0	1,416,000	1,416,000	2,360,000				
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 ASHA

	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	362,056	2012	Top 10 Equ.	N														
Target	544,855	676,434	1,551,378	2,408,593	554,791	688,769	1,579,669	2,452,517										
Result	Pending result	Pending result	148,625	44,910	28,326	53,513	Pending result	168,519										
Target	175,960	218,453	501,015	777,851	214,257	265,999	610,059	947,148										
Result	Pending result	52,796	44,342	49,085	Pending result	32,906	Pending result	Pending result										
Target	290,644	360,833	827,558	1,284,826														
Result																		

Indicator 2.2 - Number of fever cases tested with RDT at public sector health facilities (Sub-center, PHC, CHC, etc.)

	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	1,267,342	2012	Top 10 Equ.	N														
Target	136,214	169,109	387,845	602,149	138,698	172,193	394,918	613,130										
Result	Pending result	Pending result	427,151	202,062	71,286	171,175	Pending result	638,409										
Target	527,880	655,359	1,503,044	2,333,553	499,933	620,664	1,423,471	2,210,012										
Result	Pending result	266,044	242,915	212,922	Pending result	170,396	Pending result	Pending result										
Target	435,967	541,250	1,241,338	1,927,240														
Result																		

Treatment: Prompt, effective antimalarial treatment

Indicator 2.3 - Number of Pf cases treated with ACT by ASHA

	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	18,946	2012	Y	N										
Target	21,841	26,762	79,966	120,064	19,843	24,314	72,652	109,082						
Result	Pending result	Pending result	10,523	Pending result	Pending result	1,678	Pending result	5,813						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	5,660	6,935	20,723	31,114	6,143	7,527	22,491	33,769						
Result	Pending result	1,770	1,300	1,562	Pending result	1,691	Pending result	Pending result						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	7,458	9,138	27,305	40,997										
Result														

Indicator 2.4 - Number of Pf cases treated with ACT at public sector health facilities (Sub-center, PHC, CHC, etc.)

	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	94,328	2012	Y	N										
Target	5,460	6,690	19,991	30,015	4,961	6,079	18,164	27,272						
Result	Pending result	Pending result	41,618	Pending result	Pending result	11,557	Pending result	38,541						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	16,980	20,806	62,169	93,343	14,333	17,562	52,477	78,791						
Result	Pending result	10,435	10,431	10,036	Pending result	7,858	Pending result	Pending result						
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24						
Target	11,187	13,707	40,958	61,496										
Result														

Indicator 2.5 - Percentage of ASHAs 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	2012	N	N										
Target														
Result														

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Indicator 2.6 - Percentage of public sector facilities 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	2012	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 3.2 - Number of miking activity conducted in PR1 areas by PR1

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	N/A	2012	N	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	18,068	36,136	54,204	72,274	18,068	36,136	54,204	72,274
Result	Pending result	32,093	11,362	8,410	Pending result	2,881	Pending result	Pending result
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Target	18,068	36,136	54,204	72,274				
Result								

Objective 4 - To strengthen program planning and management, monitoring and evaluation, and coordination and partnership development to improve service delivery in project areas. (PR1 and PR2)**HSS: Service delivery**

Indicator 4.1 - Number of supervisory visits to district periphery in a quarter by District VBDCP (Malaria) Officer (program/project) and report submitted to state program officer/district chief medical officer

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 0-Process/Activity Indicator	219	2012	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	0	0	154	154	191	192	232	232				
Result			881	452	462	494	Pending result	494				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	464	464	464	464	464	464	464	464				
Result	Pending result	452	887	810	Pending result	4,593	Pending result	Pending result				
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24				
Target	464	464	464	464								
Result												

HSS: Information System

Indicator 4.2 - Percentage of people in target areas 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										
Level 0-Process/Activity Indicator	TBD	2011	N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target												
Result												

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

HSS: Health Workforce

Indicator 5.1 - Number of Malaria Technical Supervisor (MTS) trained/retrained by PR1 (Rephrased in Phase 2 from "Number of Malaria Technical Supervisor (MTS) trained")

	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	158	2012	Y	Y															
Target	0	0	76	150	150	200	200	250											
Result			0	42	80	100	Pending result	219											
									Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16			
Target	0	75	75	75	0	0	0	0											
Result		0	54	34		19													
									Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24			
Target	125	225	225	225															
Result																			

HSS: Service delivery

Indicator 5.2 - Number of ASHAs trained/re-trained (by PR1)

	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	N/A	2012	Y	Y															
Target																			
Result																			
									Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16			
Target	0	0	2,250	4,500	3,375	6,750	10,125	13,500											
Result		496	2,519	2,579	Pending result	10,982	Pending result	Pending result											
									Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24			
Target	0	0	0	0															
Result																			

2.2.3. Cumulative Progress To Date

Latest reporting due period : 16 (01.Jul.14 - 30.Sep.14)

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). (PR 1 and PR2)									
SDA	Prevention: Insecticide-treated nets (ITNs)									
Indicator 1.1 - Number of LLIN distributed in LLIN eligible areas (API ≥ 2) by functionaries of PR1										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	16	1,225,207	14	0						0%

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)									
SDA	Treatment: Diagnosis									
Indicator 2.1 - Number of fever cases tested with RDT by ASHA										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	16	947,148	14	32,906						3%

Indicator 2.2 - Number of fever cases tested with RDT at public sector health facilities (Sub-center, PHC, CHC, etc.)										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	16	2,210,012	14	170,396						8%

SDA	Treatment: Prompt, effective antimalarial treatment									
Indicator 2.3 - Number of Pf cases treated with ACT by ASHA										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	16	33,769	14	1,691						5%

Indicator 2.4 - Number of Pf cases treated with ACT at public sector health facilities (Sub-center, PHC, CHC, etc.)										
	Target		Result							
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	16	78,791	14	7,858						10%

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

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

Indicator 2.6 - Percentage of public sector facilities with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month

	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 3.2 - Number of miking activity conducted in PR1 areas by PR1						
	Target		Result			
	Period	Value	Period	Value	0%	30%
					60%	90%
					100%	
Level 0-Process/Activity Indicator	16	72,274	14	2,881		4%

Objective 4	To strengthen program planning and management, monitoring and evaluation, and coordination and partnership development to improve service delivery in project areas. (PR1 and PR2)					
SDA	HSS: Service delivery					
Indicator 4.1 - Number of supervisory visits to district periphery in a quarter by District VBDCP (Malaria) Officer (program/project) and report submitted to state program officer/district chief medical officer						
	Target		Result			
	Period	Value	Period	Value	0%	30%
					60%	90%
					100%	
Level 0-Process/Activity Indicator	16	464	14	4,593		120%

SDA	HSS: Information System					
Indicator 4.2 - Percentage of people in target areas who know the cause of, symptoms of, treatment for or preventive measures for malaria						
	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 5	To strengthen health systems through training, capacity building to improve service delivery in project areas (PR 1 and PR2)					
SDA	HSS: Health Workforce					
Indicator 5.1 - Number of Malaria Technical Supervisor (MTS) trained/retrained by PR1 (Rephrased in Phase 2 from "Number of Malaria Technical Supervisor (MTS) trained")						
	Target		Result			
	Period	Value	Period	Value	0%	30%
					60%	90%
					100%	
Level 1-People trained	16	0	14	19		Cannot Calculate

SDA	HSS: Service delivery					
Indicator 5.2 - Number of ASHAs trained/re-trained (by PR1)						
	Target		Result			
	Period	Value	Period	Value	0%	30%
					60%	90%
					100%	
Level 1-People trained	16	13,500	14	10,982		81%

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	60 months	Grant Amount	48,550,458 \$
% Time Elapsed (as of end date of the latest PU)	70%	% disbursed by TGF (to date)	44%
Time Remaining (as of end date of the latest PU)	18 months	Disbursed by TGF (to date)	21,485,651 \$
Expenditures Rate (as of end date of the latest PU)	38%	Funds Remaining (to date)	27,064,807 \$

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:	425,712	11,180,790	12,944,379	15,237,785	17,012,709	22,185,943	23,615,098	7,785,670
Summary Period Budget:	425,712	10,755,078	1,763,589	2,293,406	1,774,924	5,173,234	1,429,155	2,393,751

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:	9,094,734	24,797,349	29,857,299	32,177,616	33,482,480	44,365,854	46,399,761	48,249,930
Summary Period Budget:	1,309,064	15,702,615	5,059,950	2,320,317	1,304,864	10,883,374	2,033,907	1,850,169

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:	49,488,578	65,044,180	66,914,357	68,766,486	68,766,486	68,766,486	68,766,486	68,766,486
Summary Period Budget:	1,238,648	15,555,602	1,870,177	1,852,129				

Expenditure Categories

Program Activities

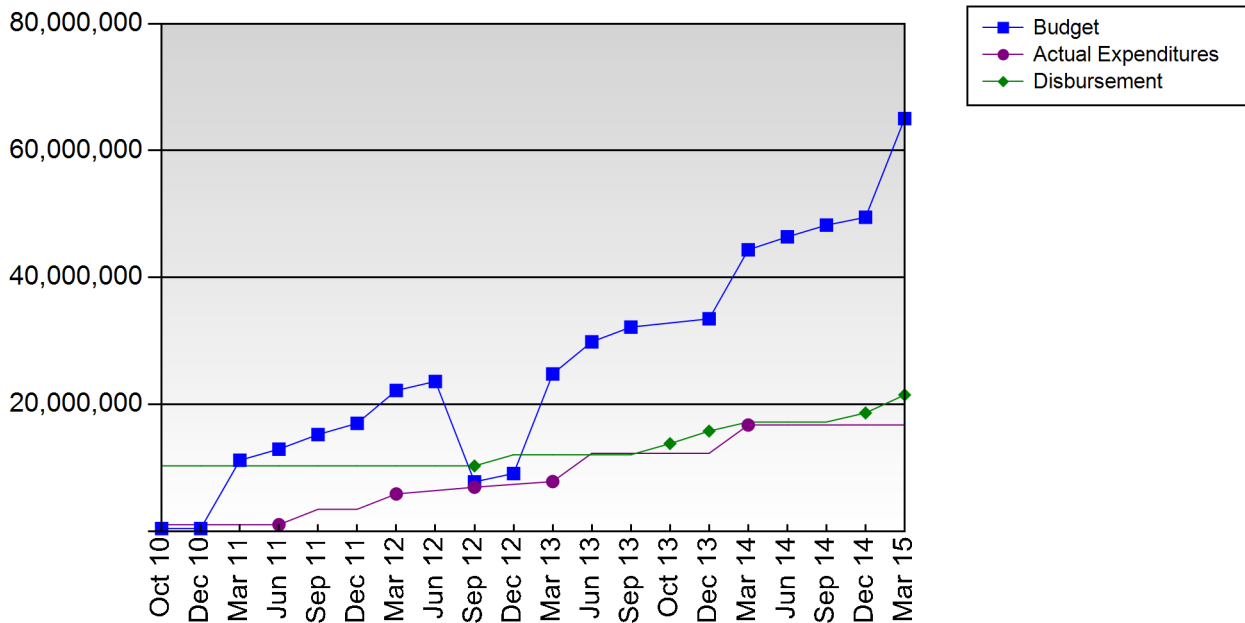
Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

Period PU5: 01.Apr.13 - 31.Mar.14	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 8,911,617	\$ 44,365,854	\$ 16,741,960	\$ 27,623,894	
1a. PR's Total expenditure	\$ 206,565		\$ 3,586,372		
1b. Disbursements to sub-recipients	\$ 8,169,737		\$ 12,620,273		
1c. Expenditure Adjustments	\$ 535,315		\$ 535,315		Reason for adjustments
2. Pharmaceuticals & Health Product expenditures vs budget			\$ 3,471,442		This amount is to align the expenditure verified by LFA.
2a. Medicines & pharmaceutical products					
2b. Health products and health equipment			\$ 3,471,442		

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	0	01.Oct.10 - 30.Jun.11	16,867,952		N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
n/a					No disbursement				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Oct.10 - 30.Jun.11			B2					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jul.11 - 31.Mar.12			B2	1	01.Apr.12 - 30.Sep.12	13,029,288		18 Sep 2012
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>This grant has to date not received any disbursement from the Global Fund due to Quality Assurance Policy and financial issues. However, the Principal Recipient's cash balance of US \$3,807,411 from the Round 4 Malaria grant currently under closure was ascribed to the first six quarters of the Round 9 grant, i.e. covering the period 1 October 2010 to 31 March 2012. However, this cash balance requires full account reconciliation prior to the closure of the Round 4 grant.</p> <p>Due to the government's forward funding of NVBDCP, the program was able to generate a quantitative indicator rating of "B1" for the reporting period covering 1 July 2011 through 31 March 2012. The key performance results show a 62% achievement on the Top Ten indicators and a 70% achievement on all indicators. Due to management issues the grant is downgraded to a quantitative rating of "B2". However, it should be noted here that given the objective epidemiological achievements of the national program and near-term resolution of the major accounting and quality assurance issues affecting grant implementation, the PR's performance is expected to improve.</p>					<p>This is the first disbursement under this grant.</p>				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jul.11 - 31.Mar.12			B2	1.1	01.Apr.12 - 30.Sep.12	13,029,288		11 Oct 2013
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>This grant has to date not received any disbursement from the Global Fund due to Quality Assurance Policy and financial issues. However, the Principal Recipient's cash balance of US \$3,807,411 from the Round 4 Malaria grant currently under closure was ascribed to the first six quarters of the Round 9 grant, i.e. covering the period 1 October 2010 to 31 March 2012. However, this cash balance requires full account reconciliation prior to the closure of the Round 4 grant.</p> <p>Due to the government's forward funding of NVBDCP, the program was able to generate a quantitative indicator rating of "B1" for the reporting period covering 1 July 2011 through 31 March 2012. The key performance results show a 62% achievement on the Top Ten indicators and a 70% achievement on all indicators. Due to management issues the grant is downgraded to a quantitative rating of "B2". However, it should be noted here that given the objective epidemiological achievements of the national program and near-term resolution of the major accounting and quality assurance issues affecting grant implementation, the PR's performance is expected to improve.</p>					<p>This is an emergency procurement for ACTs and RDTs through WHO.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Apr.12 - 30.Sep.12			B1					N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Oct.12 - 31.Mar.13			B2	2	01.Apr.13 - 31.Mar.14	20,385,924		12 Dec 2013
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During the Phase 1 period, poor performance for this grant was linked to initial programmatic delays and the quality assurance policy compliance issues involving both ACTs and RDTs. These factors contributed to the poor performance of both of the country's malaria grant implementers, NVBDCP and Caritas India. The administrative delays have contributed to this poor performance. We also await decision from NVBDCP or MoH&FW regarding the inclusion of LLIN procurement through the VPP mechanism for the 2013 procurement cycle.</p> <p>NVBDCP submitted two separate progress updates for this disbursement request covering a 12-month period from 1 April 2012 to 31 March 2013. During this reporting period, procurement of LLINs, RDT Kits and ACTs was not conducted at central level due to administrative delays, which has adversely affected the program. However, a disbursement in the amount of US \$3,519,806 on 11 October 2013 was made to WHO for the emergency procurement of ACTs and RDTs for the north-east states.</p>					<p>NVBDCP request: US \$20,385,924 based on the forecast amount of US \$25,704,079 and a cash balance of US \$5,318,155.</p> <p>The cash balance has been adjusted by the Global Fund to US \$5,833,653, considering adjustments to the PR's reported expenditure as explained in Section 3 above, with which the Country Team concurs.</p> <p>The CT adjusted the forecast as follows:</p> <p>US \$19,568,503: Budget 1 April 2013 to 31 March 2014 (Q11-14); US \$2,033,906: Budget for the buffer period, 1 April to 30 June 2014 (Q15). Add: US \$11,787,263: Carried forward LLINs budget. Total forecast: US \$ 33,389,671</p> <p>Less: US \$278,164: Activities not carried forward in P11; US \$3,519,806: Emergency procurement funds that have been disbursed - "Cash in transit"; US \$3,216,592: Savings in Year 4 budget; and US \$1,468,028: Savings due to exchange rate fluctuation. Total adjustments US \$8,482,591.</p> <p>Therefore the adjusted forecast is US \$24,907,080</p> <p>Less: US \$5,833,653: Cash balance as at 31 March 2013</p> <p>US\$ 19,073,428: Disbursement decision.</p> <p>This Annual Disbursement amount will be released to the PR in two transfers. The first release in the amount of US \$1,976,666 and a second release of US \$17,096,761, which is subject to the NVBDCP's decision as to whether to go through VPP or direct procurement.</p>				
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>During the Phase 1 period, poor performance for this grant was linked to initial programmatic delays and the quality assurance policy compliance issues involving both ACTs and RDTs. These factors contributed to the poor performance of both of the country's malaria grant implementers, NVBDCP and Caritas India. The administrative delays have contributed to this poor performance. We also await decision from NVBDCP or MoH&FW regarding the inclusion of LLIN procurement through the VPP mechanism for the 2013 procurement cycle.</p> <p>NVBDCP submitted two separate progress updates for this disbursement request covering a 12-month period from 1 April 2012 to 31 March 2013. During this reporting period, procurement of LLINs, RDT Kits and ACTs was not conducted at central level due to administrative delays, which has adversely affected the program. However, a disbursement in the amount of US \$3,519,806 on 11 October 2013 was made to WHO for the emergency procurement of ACTs and RDTs for the north-east states.</p>					<p>The second tranche of US \$17,096,761 has not been released. However, this is being processed under a new PU/DR which follows the PR's registration of procurement of LLINs under VPP/PPM mechanism.</p>				

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
5	01.Apr.13 - 31.Mar.14		B2	3	01.Apr.14 - 31.Mar.15	39,572,962		19 Dec 2014	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
5	01.Apr.13 - 31.Mar.14		B2	3.2		39,572,962		13 Mar 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

