

## General SSF Information

Country	India				
SSF Agreement Number	IDA-T-CTD	Component	Tuberculosis	Last Round	09
SSF Title	Consolidating and scaling-up the revised national tuberculosis control program (RNTCP) to achieve Tuberculosis-related MDGs, provide universal access to drug resistant TB control services, & strengthen civil society involvement in TB care and control				
Principal Recipient	The Department of Economic Affairs, Ministry of Finance, Government of India				
SSF Status	Active -				
SSF Start Date	01 Oct 2011	SSF End Date	31 Dec 2017		
Current* Implementation Period Start Date	01 Apr 2013	Current* Implementation Period End Date	31 Dec 2015	Latest Rating	B1
Current* Implementation Period Signed Amount	\$ 272,016,650	Current* Implementation Period Committed Amount	\$ 243,243,242	Current* Implementation Period Disbursed Amount	\$ 243,131,268
Cumulative Signed Amount	\$ 289,960,867	Cumulative Committed Amount	\$ 261,187,459	Cumulative Disbursed Amount	\$ 261,075,485
				% Disbursed	100%
Time Elapsed (at the end of the latest reporting period)	39 months				

\* Latest Implementation Period if SSF is closed

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*(For ExternalVersion)*

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## 1. Program Description and Contextual Information

### 1.1. Grant Summary - Web

### 1.2. Country Latest Statistics

Tuberculosis	Estimate	Year	Source
Estimated mortality of TB cases (all forms, excluding HIV) per 100 000 population	24	2012	Global tuberculosis report 2012
Estimated number of deaths from TB (all forms, excluding HIV)	300,062	2012	Global tuberculosis report 2012
Estimated number of incident TB cases (all forms)	2,243,990	2012	Global tuberculosis report 2012
Estimated prevalence of TB (all forms)	3,095,751	2012	Global tuberculosis report 2012
Estimated prevalence of TB (all forms) per 100 000 population	249	2012	Global tuberculosis report 2012
Estimated TB incidence (all forms) per 100 000 population	181	2012	Global tuberculosis report 2012
New smear-positive TB cases detected and treated	1,110,066	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	<p>The first disbursement of Grant funds by the Global Fund to the Principal Recipient is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of the following:</p> <p>a. evidence that the addendum to the National Monitoring and Evaluating Plan (the "Updated M&amp;E Plan") has been completed which incorporates the following:</p> <p>(1) aspects of M&amp;E relating to DOTS Plus mentioned in the DOTS Plus guidelines and work plan;</p> <p>(2) detailed guidelines and formats for data collection, analysis and reporting for MDR-TB; and</p> <p>(3) aspects of M&amp;E related to advocacy, communication and social mobilization (ACSM).</p> <p>b. a revised budget for the current Implementation Period if the amendments incorporated into the Updated M&amp;E Plan necessitate amendments to the budget that was approved by the Global Fund with effect from the start of the current Implementation Period (as amended from time to time).</p>	M&E	Disbursement	30.Dec.12	Met	<p>The PR submitted its updated M&amp;E plan ["Supervision and Monitoring Strategy in RNTCP -March 2012"] via email dated November 1, 2012. The updated M&amp;E plan has not been reviewed by LFA, however, the aspects mentioned in the CP are provided in the M&amp;E plan except detailed guidelines and formats for data collection, analysis and reporting for MDR-TB, which are contained in the separate document ["Guidelines for PMDT in India-May 2012"] also sent to Global Fund through the same email.</p> <p>It was explained by the PR that no budgetary changes would be required as a result of the above amendments in the M&amp;E plan.</p> <p>Update as of 25 March 2013: The CT is able to conditionally approve the PR's M&amp;E plan, subject to observations shared with the PR in a new management letter, attached.</p> <p>It was explained by the PR that no budgetary changes would be required as a result of the above amendments in the M&amp;E plan.</p> <p>However, written approval of Updated M&amp;E Plan is yet to be received from Global Fund as required by the CP, hence this CP has been considered as 'unmet-In Progress'.</p>

## IDA-T-CTD

Last Updated on: 02 October 2015

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance activities of Sub-recipients is subject to the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of a Sub-recipient Management Plan, in form and substance satisfactory to the Global Fund, which shall include, without limitation, the following elements:</p> <p>i. procedures for the negotiation of Sub-recipient agreements as described in Article 14b of the Standard Terms and Conditions of this Agreement, including, without limitation, a detailed procedure for the programmatic and financial reporting of Sub-recipients, including the proper accounting of use of disbursed funds;</p> <p>ii. identification of gaps and/or weaknesses in Sub-recipients' capacity and the description of relevant measures to be taken to address these gaps and/or weaknesses;</p> <p>iii. a plan for the on-going monitoring and supervision of Sub-recipients' performance and for capacity-building activities for Sub-recipients;</p> <p>iv. 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 integrity of financial and programmatic data;</p> <p>v. procedures for the development and implementation of an efficient and transparent disbursement system for Sub-recipients based on the agreed upon budget and work plan;</p> <p>vi. procedures for internal control, ensuring that adequate mechanisms are in place at the Principal Recipient and Sub-recipient levels for proper segregation of duties with respect to disbursement and oversight of Sub-recipients and their staff; and</p> <p>vii. procedures for oversight of Sub-recipient inventory management of assets and Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement) procured with grant funds;</p> <p>b. simultaneously with the submission of each se</p>	Others	Disbursement		Met	<p>Global fund via email dated November 1, 2012. The SR management plan has not been reviewed by LFA, however the aspects mentioned in the CP are provided in the SR Management Plan. The Country Team will review the plan following consultations with the LFA.</p> <p>b. According to this CP, PR is required to submit a progress report on the implementation of SR Management Plan. This has not been done. The CT has recommended to withhold funds related to this CP.</p> <p>c. FIND-related costs were assessed independently by the LFA and, following adjustments, found to be reasonable by the CT in the amount indicated in this ddmf.</p> <p>Update as of 25 March 2013: The PR submitted a new SR management plan with its latest PU//DR, currently under LFA review. During the latest reporting period the PR conducted: a) review meeting with IMA ; b) biannual meeting with STOs in June 2012; c) biannual review meeting with CBCI; d) review of Bihar &amp; UP State programs; and e) annual lab review meeting. CTD conducted a coordination meeting with its co-PRs and SRs in May 2012 . CTD's team also traveled to Haryana and Uttarakhad for program monitoring and a separate audit was completed for all the civil society SRs in September 2012 . Minutes and reports for all meetings were attached to the PR's latest submission.</p>

## IDA-T-CTD

Last Updated on: 02 October 2015

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	The disbursement by the Global Fund to the Principal Recipient or 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), including without limitation first- and second-line anti-tuberculosis drugs, is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a revised plan for the procurement, use and supply management of the Health Products for the Program (PSM) as described in subsection (b) of Article 19 of the Standard Terms and Conditions of this Agreement that addresses the issues raised by the Global Fund during negotiations of this consolidated Grant including detailed and verifiable costing assumptions for all health products and other associated PSM costs.	Procurement	Disbursement		Met	<p>A revised PSM plan has yet to be submitted by the PR to the Global Fund. The CT is not recommending to disburse any funds to the PR without receiving the PSM Plan.</p> <p>Update as of 25 March 2013: The CT seeks additional clarifications on the PR's recently submitted revised PSM plan, pending which the approval may be granted. Detailed comments found in the attached management letter.</p> <p>Update as of 11.11.2013: The Global Fund approved CTD's revised PSM plan on 21 October 2013</p>
	Condition Precedent	<p>In addition to the condition described in paragraph 3 above, the disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of second-line anti-tuberculosis drugs, is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of the following:</p> <p>a. a current detailed multi-drug resistant tuberculosis ("MDR-TB") expansion plan (including the number of MDR-TB patients to be treated and the list and quantifications of the medicines to be procured for the MDR-TB program reflecting the Principal Recipient's finalized forecast for the grant implementation period covered by the Grant Agreement) and the national guidelines for programmatic management of MDR-TB, both of which have been developed in collaboration with a technical partner acceptable to the Global Fund; and</p> <p>b. for each disbursement request that includes funds for the procurement of MDR-TB medicines, a pro forma invoice issued by the designated Procurement Agent of the Global Drug Facility, as delegated by the Green Light Committee Initiative.</p>	Procurement	Disbursement		Met	<p>a. The PR submitted the MDR TB expansion plan [PMDT Scale up plan] and the national guidelines for programmatic management of MDR-TB [Guidelines for PMDT in India-May 2012] to Global Fund via email dated November 1, 2012. The Country Team will review the plan. Please expect our comments on this plan in the nearest future.</p> <p>b. Pro forma invoices for second line TB Drugs have yet to be received by the Global Fund for the current estimated forecast.</p> <p>Update as of 25 March 2013, a total pro-forma invoices of 17, 464,620.33 has been submitted by IDA to the Global Fund for the procurement MDR and XDR TB drugs.</p> <p>Both the expansion plan with assumptions for quantification (reflecting the Principal Recipient's finalized forecast (for Intensive Phase (MDT-TB) and full course for XDR-TB) together with National Guidelines for PMDT have been received and considered acceptable based on its development in collaboration with WHO and other relevant partners.</p>

## IDA-T-CTD

Last Updated on: 02 October 2015

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	Condition Precedent	<p>The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance training activities for the current Implementation Period is subject to the satisfaction to 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 the current Implementation Period (the "Detailed Training Plan and Budget"). This plan 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. In line with the Global Fund's "Guidelines for Budgeting in Global Fund Grants (Module 7, Point 119)," approval of this plan shall supersede any requirement for submission of semi-annual or annual training plans by the Principal Recipient to the Global Fund.</p>	Others	Disbursement		Met	<p>The PR's training plan for the 2012-13 fiscal year submitted by the PR on 26 September 2012 and reviewed by the LFA in a report submitted 10 January 2013.</p> <p>For now it can be observed that the PR reports training expenses based on the expenditure details and supporting documents provided by training institutes. However, list of participants were not made available in case of all trainings reported in PR expenditure. The PR should request the training institutes to submit participant lists, along with the SOE and other supporting documents for record keeping purposes.</p> <p>Update as of November 2014: The Global Fund is not supporting training conducted directly by RNTCP staff. CTD submitted its relevant training plans covering SRs, FIND, IMA and CBCI on 23 October 2013. The Country Team reviewed those plans and concluded that expenditure related to training events should always follow the approved grant budget. All expenditure verifications happen against the budgets and not against the training plan.</p>
	Condition Precedent	<p>The disbursement of Grant funds to the Principal Recipient or use by the Principal Recipient of up to US \$3,187,718 of Grant funds to finance ACSM, training and/or administrative activities is subject to submission by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of detailed and verifiable costing assumptions and/or invoices.</p>	Others	Disbursement		Met	<p>The PR expressed its inability to provide any further details on these costs. The CT has recommended to withhold the disbursement of US\$3,187,718 of Grant funds to finance ACSM, training and/or administrative activities until the PR provides further details for these costs.</p> <p>Update as of 21 March 2013: Details of costs budgeted for the underlying items have been provided on the basis of Annual Action Plans approved for the involved states. A review of the assumptions provided, leads the CT to recommend a downward adjustment in the cost for this line item of US \$208,696. This yields a budget of US \$2,979,022. Please see the attached Appendix 1 from the CT.</p>

Condition Precedent	<p>Special terms and conditions</p> <p>It is understood that as an exceptional interim measure, the Global Fund shall disburse Grant funds directly to FIND, a Sub-recipient under this Grant. This waiver of the Global Fund's policy on non-direct payment to Sub-recipients shall not exceed 12 months from the date of signing of this consolidated Grant. During this time, the Principal Recipient shall deliver to the Global Fund on a six-monthly basis, a report on the progress made to allow the Principal Recipient to make direct payments to FIND.</p>			31.Dec.16	In Progress	<p>While no formal progress report has been submitted by the PR on FIND activities to the Global Fund, during the course of our review, FIND informed the Country Team directly that its application for registration has been approved by Ministry of Home Affairs and is pending with the Ministry of Economic Affairs for approval. FIND also updated us on the status of its ongoing activities and expenditures which, in lieu of grant payments, are being funded by its home office in Geneva.</p> <p>Update as per the verified PU/DR submitted on 15 November 2013: On 7 June 2013, FIND informed CTD of the Reserve Bank of India's approval to upgrade its Liaison Office status to a Branch Office (FE.CO.FID/23854/10.83.418/2012-13, dated 28 May 2013). The approval is subject to the establishment of the Branch Office within six months from 28 May 2013. However, as of 22 November, FIND has not yet established its Branch Office. It is important that CTD monitors this process closely and updates the Global Fund as soon as possible.</p> <p>On 29 April 2014, CTD sent to the Global Fund an updated email message with the letter received from RBI through the ministry of Finance for permission to upgrade FIND Liaison Office to Branch Office along with the actions taken by FIND that have been summarized in a reply letter sent to RBI. On 4 December 2014, CTD informed the Global Fund by email that the process for setting up a 'Section 8 Organization' for FIND in India is on track. The DIN and DSC has been obtained for all 3 directors and the Head of Operations in Geneva is working on the next steps for incorporation documents. The moment Luthra and Luthra (the legal firm that has been engaged to incorporate a 'Section 8 Organization for FIND) has these documents; it will make an application to the Registrar of Companies for name availability and shall proceed accordingly on the incorporation. In order to be able to receive foreign sourced funds directly in India, FIND then needs to apply for, and receive, FCRA approval. CTD is asked to ensure that this condition is met before the implementation of an NFM agreement in 2015.</p> <p>In February 2015, the Global Fund met with FIND representatives in Geneva. During the meeting, FIND representatives explained that the registration process and approval from the Indian authorities as per their Lawyer's advice will take at least 18 months to get the local office registered. As a result, we agreed to extend the timeline until December 2016 for FIND to obtain registration as a Branch Office in India. Until then, the Global Fund will continue to make direct disbursements to FIND Geneva.</p>
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## IDA-T-CTD

Last Updated on: 02 October 2015

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>Special terms and conditions</p> <p>The Principal Recipient represents that the policy of the Government of India prohibits the purchase of insurance for Program property for which insurance is required under Article 20(a) of this Agreement. The Global Fund confirms that Article 20(a) does not require the Principal Recipient to purchase insurance until such time as the insurance becomes legally available under the laws of India, but notes that nothing in this Special Condition affects the application or interpretation of Article 20(b)</p>				Met	<p>This is an agreed term in the grant agreement and not a special condition which requires any action on the part of the PR. Further, it may be noted that during the 1st DR review for Round 9 grant, PR had, vide letter dated June 10, 2012, confirmed that policy of Government of India prohibits the purchase of Insurance for programme properties.</p>
	Condition Precedent	<p>Special terms and conditions</p> <p>Within 6 months of signing this Agreement, the Principal Recipient shall deliver to the Global Fund evidence, in form and substance satisfactory to the Global Fund and verified by the LFA, that storage arrangements for all Health Products procured with Global Fund resources (whether implemented by the Principal Recipient or otherwise) confirm to internationally recognized standards (Good Storage Practices) as set out in Article 19(o) of the Standard Terms and Conditions (entitled "Supply Chain and Inventory Management").</p>				Met	<p>The PR has not submitted evidence to confirm that storage arrangements for health products procured with Global Fund resources conform to internationally recognised standards. The PR has indicated that it communicated to state level SRs to send a detailed report on storage arrangements and the final consolidated report would be shared with GF in next PU/DR. The CT recommends that the PR take immediate action on this SC.</p> <p>Update as of 25 March 2013: The PR has submitted a check-list for assessing storage condition and capacity at the various levels. Based on this, the PR may submit developed plans for upgrading and renovations of selected storage sites which have to be detailed during quarters 1 and 2 of 2013.</p> <p>The PR will be requested to provide action plan with realistic timelines to address gaps identified on the check-list for storage.</p> <p>As of November 2013, the PR has requested the states to submit development plan for storage facilities and is waiting for their responses. Given that the CTD has not submitted the development plan, this Special Condition is still considered "In Progress".</p> <p>As of December 2014, CTD could not provide the Global Fund with any concrete update on this Special Condition. In view of its systemic nature, the Global Fund will address it during NFM negotiations in 2015.</p>
	Condition Precedent	<p>Special terms and conditions</p> <p>The Principal Recipient shall cooperate with the relevant office of the Green Light Committee (the "GLC") in the GLC's efforts to provide support to the Principal Recipient with respect to the implementation, management and monitoring of the MDR-TB-related services provided in-country and any needed scale-up of such services. Accordingly, the Principal Recipient shall budget and authorize the Global Fund to disburse \$50,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.</p>				Met	<p>In view of the lateness of this PU/DR, the Country Team recommends payment of US \$100,000 to WHO to cover GLC fees for 2012 and 2013.</p>

## IDA-T-CTD

Last Updated on: 02 October 2015

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>Special terms and conditions</p> <p>In addition to the condition described in paragraph B.3 above, the disbursement of Grant funds to the Principal Recipient for the procurement of Gene X-pert is subject to the delivery by the Principal Recipient, in form and substance acceptable to the Global Fund (and verified by the LFA), of a "checklist of pre-requisites to country implementation of Xpert MTB/RIF and key action points at country level" and all assumptions used to forecast the quantity of the health product.</p>				Met	<p>No such checklist has been submitted by PR to GF. Further it was noted that PR has not procured any Gene X-pert from Global Fund resources and also does not plan to procure it in the current disbursement period. Accordingly, the same has also been adjusted from the forecast amount in the current PU/DR. The CT is not recommending to disburse any funds related to the procurement of Gene X-pert until this SC is met by the PR.</p> <p>Update as of 21 March 2013: The PR submitted a checklist of 'Key pre-requisites before country implementation of the Xpert MTB/RIF assay' to the GF. The PR does not plan to carry out procurement of GeneXpert machines in Phase-1 of the SSF grant, carrying this forward to Phase-2.</p>
	Condition Precedent	<p>Special terms and conditions</p> <p>The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the construction or refurbishment of medical infrastructure is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of (a) detailed pro-forma invoices for provisions of said construction and/or refurbishment services which are in line with the funds for the refurbishment of State drug storage facilities in the total amount of US\$569,565 which is not supported by detailed and verifiable costing assumptions, such detailed and verifiable costing assumptions.</p>				Waived	<p>The PR expressed its inability to provide details on these costs. Accordingly, the amount of US\$ 569,565 has been disallowed.</p>
	Condition Precedent	<p>Special terms and conditions</p> <p>The disbursement of Grant funds to the Principal Recipient for the Procurement of technical assistance (TA) services is subject to the delivery by the Principal Recipient to the Global Fund (in no event later than 30 September 2012), in form and substance acceptable to the Global Fund, of a costed TA plan and the terms of reference for each position covered under the costed TA plan. The parties agree that the budget for TA services may also be used by the Central TB Division (CTD), subject to applicable regulations, to directly hire suitably qualified staff (including without limitation a program manager, finance specialist, procurement specialist and monitoring and evaluation specialists) exclusively dedicated for Global Fund-supported programs.</p>				Met	<p>The PR has indicated that the TA plan will be submitted along with the next PU/DR. We will expect it by the time of the grant's periodic review. The CT is not recommending to disburse any funds related to TA during this disbursement.</p> <p>Update as of 21 March 2013: The PR provided a costed TA plan for WHO-provided PIU staff on 7 March 2013.</p>

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	Condition Precedent	<p>Special terms and conditions</p> <p>The Principal Recipient agrees that if the review of the detailed assumptions with respect to any budget line described above leads to reduction of the total budget amount, the amount of reduction may be deducted from the amount committed for the Grant per Block 8 of the face sheet.</p>				Met	<p>This condition is not applicable at this stage because no updated costing assumptions have been provided to the GF. N/A to disbursement.</p> <p>Update as of 25 March 2013: The CT is currently reviewing costing assumptions for the relevant lines per the above-listed conditions.</p> <p>The CT has disallowed certain costs such as infrastructure and FIND related costs.</p>
	Condition Precedent	<p>SSF II CONDITIONS</p> <p>The transfer 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), including without limitation first- and second-line anti-tuberculosis drugs, is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a revised plan for the procurement, use and supply management of the Health Products for the Program (PSM) as described in subsection (a), (b) and (c) of Article 19 of the Standard Terms and Conditions of this Agreement including detailed and verifiable costing assumptions for all Health Products and associated PSM costs, including those with respect to up to US \$3,924,890 in savings which may be used to procure additional Health Products.</p>				Met	<p>The CT and PR finalised the PSM plan in October 2013.</p>
	Condition Precedent	<p>Prior to the use of Grant funds by the Principal Recipient to finance the procurement of second-line anti-tuberculosis drugs, the Principal Recipient shall make available to the Global Fund, in form and substance satisfactory to the Global Fund, (i) a current detailed multi-drug resistant tuberculosis ("MDR-TB") expansion plan (including the number of MDR-TB patients to be treated and the list and quantifications of the medicines to be procured for the MDR-TB program reflecting the Principal Recipient's finalized forecast for the grant implementation period covered by the Grant Agreement) and (ii) the national guidelines for programmatic management of MDR-TB, both of which have been developed in collaboration with a technical partner acceptable to the Global Fund.</p>				Met	<p>As per the LFA report, the PR is in process of updating the MDR expansion plan as well as national guidelines for programmatic management of MDR-TB and will submitted it to the Global Fund prior to the submission of the next PUDR. Therefore, the CP is considered as 'In Progress'.</p> <p>Update as of December 2014, CTD discussed and provided the quantification to the Country Team, but it has not shared the expansion plan. It is understood from the discussions that CTD has certainly expansion plan has been considered for the forecasting the expansion, exercise in coordination with WHO, but may need to have a formal endorsement from WHO. The Country Team would anticipate the submission of this plan is with the NFM due in 2015.</p> <p>To discuss with Rozina when She is back.</p>
	Condition Precedent	<p>SSF II Special Terms and Conditions</p> <p>No later than 30 days prior to a scheduled cash transfer that includes funds for the procurement of MDR-TB medicines, the Principal Recipient shall deliver to the Global Fund a pro forma invoice issued by the designated Procurement Agent of the Global Drug Facility, as delegated by the Green Light Committee Initiative.</p>				Met	<p>The GF received quotation for MRD TB medicine from GDF with the PR's approval to allow the procurement of essential drugs.</p>

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Last Updated on: 02 October 2015

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	Condition Precedent	The Principal Recipient shall cooperate with the Green Light Committee (the "GLC") in the efforts of the GLC to provide technical support and assistance to the Principal Recipient with respect to monitoring and the scaling-up of MDR-TB-related services provided in-country. Accordingly, the Principal Recipient shall budget and authorize the Global Fund to disburse up to a maximum of US\$ 50,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.				Met	In view of the lateness of the verified PU/DR, the Country Team recommends payment of US \$2,068,804 to WHO, which includes GLC fees for 2013.
	Condition Precedent	Within six months after signing of this Agreement, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that it has recruited the following staff with the appropriate qualifications dedicated to Global Fund grants: a grant manager, a finance specialist and an M&E specialist.				Met	PR is in the process of recruiting a grant manager, a finance specialist and an M&E specialist. As of December 2014, the PR recruited a grant manager, a finance specialist and an M&E specialist.

## 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
2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026

**Goal 1** To reduce the burden (morbidity and mortality) of TB including drug-resistant TB (DR-TB) in India by 2015, in line with the Millennium Development Goals, and eliminate TB as a public health problem in the country by 2050

Impact indicator	TB incidence rate													
	Baselines													
	Value							Year						
	67 NSP cases/100,000							2009						

	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	N: 67 D: 100,000 P: 0%	N: 65 D: 100,000 P: 0%	N: 63 D: 100,000 P: 0%	N: 60 D: 100,000 P: 0%	N: 58 D: 100,000 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 75 D: 100,000 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Impact indicator	TB prevalence rate													
	Baselines													
	Value							Year						
	249 All forms of TB cases/100,000							2009						

	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	N: 249 D: 100,000 P: 0%	N: 233 D: 100,000 P: 0%	N: 216 D: 100,000 P: 0%	N: 200 D: 100,000 P: 0%	N: 185 D: 100,000 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 249 D: 100,000 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Impact indicator	TB mortality rate													
	Baselines													
	Value							Year						
	23/100,000							2009						

	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	N: 23 D: 100,000 P: 0%	N: 23 D: 100,000 P: 0%	N: 23 D: 100,000 P: 0%	N: 21 D: 100,000 P: 0%	N: 21 D: 100,000 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 24 D: 100,000 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Outcome indicator	Notification rate: new smear positive TB cases										Baselines				
											Value		Year		
											54/100,000		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	≥ 51/100,000	≥ 51/100,000	≥ 51/100,000	≥ 51/100,000	≥ 51/100,000										
Result	≥53/100,000														
Data source of Results															

Outcome indicator	Treatment success rate: new smear positive TB cases										Baselines				
											Value		Year		
											87%		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	≥85%	≥85%	≥85%	≥85%	≥85%										
Result	≥80%														
Data source of Results															

Outcome indicator	Notification rate: all forms TB cases										Baselines				
											Value		Year		
											127/100,000		2011		

	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	N: 120 D: 100,000 P: 0%	N: 120 D: 100,000 P: 0%	N: 120 D: 100,000 P: 0%	N: 120 D: 100,000 P: 0%	N: 120 D: 100,000 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 125 D: 100,000 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Outcome indicator	Treatment success rate										Baselines				
											Value		Year		
											52%		2011		

	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	N: D: P: 52%	N: D: P: 52%	N: D: P: 54%	N: D: P: 54%	N: D: P: 56%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: 46%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

## 2.2. Programmatic Performance

### 2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
N/A	01.Oct.11 31.Dec.11	01.Jan.12 31.Mar.12	01.Apr.12 30.Jun.12	01.Jul.12 30.Sep.12	01.Oct.12 31.Dec.12	01.Jan.13 31.Mar.13	01.Apr.13 31.Mar.14	01.Apr.14 31.Dec.14

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

**Objective 1 - To achieve and sustain universal access to high quality services for all forms of Tuberculosis including TB-HIV and drug resistant TB.**

#### Improving diagnosis

Indicator 1.1 - Number of functional Designated Microscopy Centres supported under RNTCP in the project states

	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					
No Level	3733 3733	2011	N	N													
Target					3,739	3,745	3,751	3,756	3,763	3,769	3,854	3,888					
Result					Pending result	4,176	Pending result	4,368	Pending result	3,820	3,738	4,037					
					Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16					
Target					3,837	3,854	3,867	3,878	3,888	3,896	3,906	3,916					
Result						3,738											

Indicator 1.2 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy

	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					
No Level	3611 (86%)	2011	N	N													
Target						N: 3,380 D: 3,558 P: 95%				N: 3,380 D: 3,558 P: 95%	N: 3,453 D: 3,837 P: 90%						
Result					N: D: P: %	Pending result	N: D: P: %	N: D: P: %	N: D: P: %	N: 2,805 D: 3,160 P: 89%	N: 0 D: 0 P: 0%	N: D: P: %					
					Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16					
Target					N: D: P: %	N: 3,453 D: 3,837 P: 90%	N: D: P: %	N: D: P: %	N: D: P: %	N: 3,499 D: 3,888 P: 90%	N: D: P: %	N: D: P: %					
Result					N: D: P: %	N: 0 D: 0 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %					

#### Indicator 1.3 - Number of laboratories performing Line Probe Assay

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	11	2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	15	15	19	19	25	25		
Result	Pending result	19	Pending result	26	Pending result	30		

#### Indicator 1.4 - Number of laboratories with enhanced sputum processing capacity

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level		2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result		0		18			0	

#### Indicator 1.5 - Number of DR TB suspects examined for MDR TB

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	32950	2011	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		21,000		29,000	20,000	24,000	144,000	128,000
Result		18,990		58,127	Pending result	72,114	196,840	200,506

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		144,000	40,000	48,000	40,000	32,000	42,500	51,000
Result		196,840						

#### High Quality DOTS

#### Indicator 1.6 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (non-cumulative)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	48635	2011	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		93,007		102,771	49,410	45,457	304,640	251,328
Result		87,473		98,545	Pending result	88,662	174,636	135,534

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target		304,640	78,540	94,248	78,540	62,832	80,920	97,104
Result		174,636						



## Indicator 1.7 - Number of TB cases (All forms) registered for treatment under RNTCP DOTS

	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					
No Level	327783	2011	Top 10 Equ.	N													
Target	426,707	106,957	228,825	337,637	437,743	109,096	448,000	369,600									
Result	Pending result	98,312	Pending result	314,558	Pending result	97,757	386,892	305,237									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16									
Target		448,000	115,500	138,600	115,500	92,400	119,000	142,800									
Result		386,892															

## Indicator 1.8 - Number and percentage of new smear positive pulmonary TB cases registered in a specified period that are successfully treated

	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					
No Level	40357/46465 (87%)	2010	Y	N													
Target	N: 156,391 D: 183,989 P: 85%	N: 36,270 D: 42,671 P: 85%	N: 75,796 D: 89,172 P: 85%	N: 121,913 D: 143,427 P: 85%	N: 163,088 D: 191,868 P: 85%	N: 37,881 D: 44,566 P: 85%	N: 155,124 D: 175,548 P: 88%	N: 80,425 D: 91,392 P: 88%									
Result	Pending result	N: 41,783 D: 47,123 P: 89%	Pending result	N: 128,543 D: 147,452 P: 87%	Pending result	N: 42,056 D: 47,805 P: 88%	N: 155,124 D: 175,548 P: 88%	N: 115,701 D: 132,678 P: 87%									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16									
Target	N: 67,021 D: 76,160 P: 88%	N: 53,617 D: 60,928 P: 88%	N: 69,036 D: 78,450 P: 88%	N: 82,938 D: 94,248 P: 88%	N: 69,036 D: 78,450 P: 88%	N: 55,292 D: 62,832 P: 88%	N: 71,210 D: 80,920 P: 88%	N: 85,451 D: 97,104 P: 88%									
Result	N: D: P: %	N: 155,124 D: 175,548 P: 88%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %									

## Indicator 1.9 - Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP

	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	11027	2011	Y	Y													
Target	11,000	11,250	11,500	11,750	12,000	12,000											
Result	Pending result	Pending result	Pending result	20,234	Pending result	22,829											

#### Procurement and Supply management

Indicator 1.10 - Number of reporting units (districts) reporting no stock out of first line anti TB drugs

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	194/194	2010	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 194 D: 194 P: 100%	N: 194 D: 194 P: 100%	N: 194 D: 194 P: 100%	N: 194 D: 194 P: 100%	N: 194 D: 194 P: 100%	N: 194 D: 194 P: 100%	N: D: P: %	N: D: P: %
Result	Pending result	N: 196 D: 196 P: 100%	Pending result	N: 196 D: 196 P: 100%	Pending result	N: 196 D: 196 P: 100%	N: D: P: %	N: D: P: %

#### M&E

Indicator 1.11 - Number of districts evaluated (as per RNTCP guidelines) by the State and central level evaluation teams

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	1 per quarter per state	2010	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		16		16		16		
Result		3		10		12		

#### ACSM (Advocacy, communication and social mobilization)

Indicator 1.12 - Number of project districts where at least 30% of all forms of TB cases registered during the quarter are receiving DOT through community volunteers

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	164/194	2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 164 D: 194 P: 85%	N: 168 D: 194 P: 87%	N: 172 D: 194 P: 89%	N: 176 D: 194 P: 91%	N: 180 D: 194 P: 93%	N: 184 D: 194 P: 95%	N: D: P: %	N: D: P: %
Result	Pending result	N: 152 D: 194 P: 78%	Pending result	N: 174 D: 196 P: 89%	Pending result	N: 172 D: 196 P: 88%	N: D: P: %	N: D: P: %

Indicator 1.16 - Laboratory staff trained on line probe assay

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	115	2012	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result		57		58				

**High-risk groups**

Indicator 1.13 - Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving ≥85% treatment success rate among NSP cases

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	62/85 (73%)	2010	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 65 D: 85 P: 77%	N: 65 D: 85 P: 77%	N: 65 D: 85 P: 77%	N: 68 D: 85 P: 80%	N: 68 D: 85 P: 80%	N: 68 D: 85 P: 80%	N: D: P: %	N: D: P: %
Result	Pending result	N: 61 D: 84 P: 73%	Pending result	N: 65 D: 85 P: 77%	Pending result	N: 62 D: 86 P: 72%	N: D: P: %	N: D: P: %

**TB/HIV**

Indicator 1.14 - Number and percentage of TB patients who had an HIV test result recorded (positive and negative) in the TB register (among all registered patients in 8 project states)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	23017 (45%)	2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: 67,904 D: 107,784 P: 63%	N: D: P: %	N: 74,144 D: 106,682 P: 70%	N: D: P: %	N: 121,281 D: 299,504 P: 41%	N: 222,432 D: 444,800 P: 50%	N: 222,915 D: 369,600 P: 60%
Result	N: D: P: %	N: 61,135 D: 100,565 P: 61%	N: D: P: %	N: 74,971 D: 109,485 P: 69%	N: D: P: %	N: 108,900 D: 192,721 P: 57%	N: 277,465 D: 386,892 P: 72%	N: 235,332 D: 305,237 P: 77%

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: D: P: %	N: 222,432 D: 448,000 P: 50%	N: 66,990 D: 115,500 P: 58%	N: 83,160 D: 138,600 P: 60%	N: 72,765 D: 115,500 P: 63%	N: 60,060 D: 92,400 P: 65%	N: 83,300 D: 119,000 P: 70%	N: 107,100 D: 142,800 P: 75%
Result	N: D: P: %	N: 277,465 D: 72 P: 386,892%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 1.15 - Number and percentage of HIV positive TB patients who receive at least one dose of cotrimoxazole preventive therapy during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in 8 project states)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	2395 (88%)	2010	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: 4,817 D: 5,474 P: 88%	N: D: P: %	N: 4,926 D: 5,504 P: 90%	N: D: P: %	N: 5,090 D: 7,831 P: 65%	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: 5,476 D: 5,047 P: 109%	N: D: P: %	N: 5,253 D: 5,612 P: 94%	N: D: P: %	N: 5,452 D: 6,196 P: 88%	N: D: P: %	N: D: P: %

# Grant Performance Report

## External Print Version

### IDA-T-CTD

Last Updated on: 02 October 2015

**Objective 2 - To scale-up care and management of DR-TB in 35 states/Union Territories of India resulting in the initiation of treatment of 67,550 additional cases of Drug Resistant TB (DR-TB) by 2015**

#### MDR-TB

Indicator 2.1 - Number of lab-confirmed MDR-TB patients enrolled in second-line anti-TB treatment (DOTS Plus treatment)

	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				
No Level	4597 4,597	2013	Top 10 Equ.	N												
Target		3,305						10,133				16,681			25,000	24,000
Result		3,134						7,885				8,786			21,619	18,552
					Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target		25,500	7,500	9,000	7,500	6,000	7,750	9,300								
Result		21,619														

Indicator 2.2 - Number and percentage of lab confirmed MDR- TB patients successfully treated among those enrolled in second line anti-TB treatment (according to program guidelines) during a specified period of time

	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				
No Level	54/117 (46%)	2011	Y	N												
Target	N: D: P: %	N: 367 D: 733 P: 50%	N: D: P: %	N: 565 D: 1,026 P: 55%	N: D: P: %	N: 590 D: 1,021 P: 58%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: 314 D: 614 P: 51%	N: D: P: %	N: 393 D: 852 P: 46%	N: D: P: %	N: 553 D: 1,179 P: 47%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 2.3 - Number of DR TB suspects examined for MDR TB

	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				
No Level	32,950	2011	N	N												
Target																
Result																

**Objective 3 - To consolidate TB control efforts towards achieving the goal of TB control through sustainable and effective public-private partnership to involve all health care providers**
**All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care)**
**Indicator 3.1 - Number of NGOs and Private Practitioners involved and supported (undersigned MoUs) under RNTCP-DOTS Programme**

	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					
No Level	681	2011	N	N													
Target	711	796	881	966	1,051	1,136											
Result	Pending result	728	Pending result	810	Pending result	1,122											

**Indicator 3.2 - Number of IMA members from the 15+1 project states/UTs who have signed an MoU under one of the RNTCP PPM schemes**

	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					
No Level	5,052 5052	2011	N	N													
Target	2,217	2,417	2,617	2,817	3,017	5,400	6,000	6,600	6,600	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800
Result	Pending result	3,913	Pending result	5,052	Pending result	5,118	5,168	6,007	6,007	6,007	6,007	6,007	6,007	6,007	6,007	6,007	6,007
Target	5,800	6,000	6,200	6,400	6,600	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800	6,800
Result		5,168															

**Indicator 3.3 - Number of Private Practitioners sensitized on RNTCP through CMEs conducted by the IMA-PPM project**

	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					
No Level	15,232	2011	N	N													
Target	26,752	38,272	51,872	65,472	79,072	92,672	152,000	189,500	189,500	189,500	189,500	189,500	189,500	189,500	189,500	189,500	189,500
Result	Pending result	27,122	Pending result	41,511	Pending result	43,137	51,326	61,947	61,947	61,947	61,947	61,947	61,947	61,947	61,947	61,947	61,947
Target	137,168	152,000	164,500	177,000	189,500	202,000	202,000	202,000	202,000	202,000	202,000	202,000	202,000	202,000	202,000	202,000	202,000
Result		51,326															

Indicator 3.4 - Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centres) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP

	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		
No Level	198	2011	N	N										
Target	260	290	320	350	380	410	650	725						
Result	Pending result	187	Pending result	147	Pending result	228	688	697						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	600	650	675	700	725	750	750	750						
Result		688												

Indicator 3.5 - Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs

	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		
No Level	50060	2011	N	N										
Target	63,560	77,060	90,560	104,060	117,560	131,060								
Result	Pending result	81,315	Pending result	112,697	Pending result	158,832								

Indicator 3.7 - Number and percentage of Public Health Institutions under IMA Umbrella are participating under RNTCP

	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		
No Level			N	N										
Target	N: 2,800 D: 4,000 P: %	N: 3,000 D: 4,285 P: %	N: 3,200 D: 4,571 P: %	N: 3,400 D: 4,857 P: %	N: 3,600 D: 5,142 P: %	N: 3,800 D: 5,428 P: %	N: 3,800 D: 5,428 P: %	N: 3,800 D: 5,428 P: %	N: 3,800 D: 5,428 P: %					
Result	N: D: P: %	N: 0 D: 0 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 0 D: 0 P: 0%	N: D: P: %				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	N: 2,800 D: 4,000 P: 70%	N: 3,000 D: 4,285 P: 70%	N: 3,200 D: 4,571 P: 70%	N: 3,400 D: 4,857 P: 70%	N: 3,600 D: 5,142 P: 70%	N: 3,800 D: 5,428 P: 70%	N: 3,800 D: 5,428 P: 70%	N: 3,800 D: 5,428 P: 70%	N: 3,800 D: 5,428 P: 70%					
Result	N: D: P: %	N: 0 D: 0 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %				

## Indicator 3.8 - Number of TB patients (All forms) notified in each quarter by IMA

	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		
No Level			N	N										
Target												61,000	61,200	
Result												10,826	79,040	
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target		61,800	19,200	20,400	21,600	22,800	22,800	22,800						
Result		10,826												

## Indicator 3.9 - Number of TB patients (All forms) notified in each quarter by CBCI

	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	
No Level			N	N									
Target												4,600	4,200
Result												9,741	7,366
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16					
Target			1,350	1,400	1,450	1,500	1,500	1,500					
Result		9,741											

## MDR-TB

## Indicator 3.6 - Number of XDR TB patients put on treatment

	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	
No Level	150 150 150	2013	Top 10 Equ.	N									
Target												300	375
Result												471	1,089
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16					
Target		300	125	125	125	125	250	250					
Result		471											

# Grant Performance Report

## External Print Version

IDA-T-CTD

Last Updated on: 02 October 2015

### Objective 4 - To establish and enhance capacity for quality assured rapid diagnosis of DR TB suspects in 43 culture & drug susceptibility testing laboratories in India by 2015

#### Improving diagnosis

#### Indicator 4.1 - Number and percentage of districts diagnosing DR TB through using CBNAAT Technology

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	108/674	2013	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 475 D: 674 P: 71%	N: 550 D: 674 P: 82%
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 315 D: 704 P: 45%	N: 431 D: 729 P: 59%

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 450 D: 674 P: 67%	N: 475 D: 674 P: 71%	N: 500 D: 674 P: 74%	N: 525 D: 674 P: 78%	N: 550 D: 674 P: 82%	N: 575 D: 674 P: 85%	N: 600 D: 674 P: 89%	N: 650 D: 674 P: 96%
Result	N: D: P: %	N: 315 D: 704 P: 45%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

#### Indicator 4.2 - Number of laboratories performing Liquid Culture

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	10	2012	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target							19	28
Result							6	17

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	19	16	22	25	28	31	33	33
Result		6						

#### Indicator 4.3 - Laboratory staff trained on line probe assay

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	115 115 115	Sep 2012	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target							319	361
Result							254	313

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	289	319	333	347	361	375	389	403
Result		254						



**IDA-T-CTD**

*Last Updated on: 02 October 2015*

**Indicator 4.4 - Number of laboratories with enhanced sputum processing capacity**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	0	2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	12	6	4	2	5	30	33
Result		Pending result	Pending result	Pending result	Pending result	Pending result	18	32
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	25	30	30	33	33	33	33	33
Result		18						

**Objective 5 - To achieve and sustain universal access to high quality diagnosis and patient friendly treatment under DOTS including MDR TB & TB HIV**

**Improving diagnosis**

**Indicator 5.1 - Number of Designated Microscopy Centres supported under RNTCP in the project states**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
No Level	3722	2011	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								4,037

**Indicator 5.2 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
No Level	86%	2011	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result								
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 3,499 D: 3,888 P: 90%	N: D: P: %	N: D: P: %
Result								

#### High Quality DOTS

Indicator 5.3 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (non-cumulative)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	48,635	2011	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								135,534

Indicator 5.4 - Number of TB cases (All forms) registered for treatment under RNTCP DOTS

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	327,783	2011	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								

Indicator 5.5 - Number and percentage of new smear positive pulmonary TB cases registered in a specified period that are successfully treated

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	86.9%	2010	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 5.6 - Number and percentage of TB patients who had an HIV test result recorded (positive and negative) in the TB register (among all registered patients in 8 project states)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	45%	2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

### 2.2.3. Cumulative Progress To Date

Latest reporting due period : 8 (01.Apr.14 - 31.Dec.14)

<b>Objective 1</b>	To achieve and sustain universal access to high quality services for all forms of Tuberculosis including TB-HIV and drug resistant TB.
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<b>SDA</b>	Improving diagnosis
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#### Indicator 1.1 - Number of functional Designated Microscopy Centres supported under RNTCP in the project states

	Target		Result		Progress				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	10	3,854	10	3,738	97%				

#### Indicator 1.2 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy

	Target		Result		Progress				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	10	N: 3,453 D: 3,837 P: 90 %	10	N: 0 D: 0 P: 0 %	0%				

#### Indicator 1.3 - Number of laboratories performing Line Probe Assay

	Target		Result		Progress				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	6	25	6	30	120%				

#### Indicator 1.4 - Number of laboratories with enhanced sputum processing capacity

	Target		Result		Progress				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	N/A		N/A	Not Found	Cannot Calculate				

#### Indicator 1.5 - Number of DR TB suspects examined for MDR TB

	Target		Result		Progress				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	10	144,000	10	196,840	120%				

SDA		High Quality DOTS									
<b>Indicator 1.6 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (non-cumulative)</b>											
		Target		Result							
		Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level		10	304,640	10	174,636						57%
<b>Indicator 1.7 - Number of TB cases (All forms) registered for treatment under RNTCP DOTS</b>											
		Target		Result							
		Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level		10	448,000	10	386,892						86%
<b>Indicator 1.8 - Number and percentage of new smear positive pulmonary TB cases registered in a specified period that are successfully treated</b>											
		Target		Result							
		Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level		10	N: 53,617 D: 60,928 P: 88 %	10	N: 155,124 D: 175,548 P: 88.4 %						100%
<b>Indicator 1.9 - Number of key RNTCP staff (DTOs, MO-DTC, MO, STS, STLS and Lab Techs) retrained/trained in RNTCP</b>											
		Target		Result							
		Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 1-People trained		6	12,000	6	22,829						120%
SDA		Procurement and Supply management									
<b>Indicator 1.10 - Number of reporting units (districts) reporting no stock out of first line anti TB drugs</b>											
		Target		Result							
		Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level		6	N: 194 D: 194 P: 100 %	6	N: 196 D: 196 P: 100 %						100%
SDA		M&E									
<b>Indicator 1.11 - Number of districts evaluated (as per RNTCP guidelines) by the State and central level evaluation teams</b>											
		Target		Result							
		Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level		6	16	6	12						75%
SDA		ACSM (Advocacy, communication and social mobilization)									
<b>Indicator 1.12 - Number of project districts where at least 30% of all forms of TB cases registered during the quarter are receiving DOT through community volunteers</b>											
		Target		Result							
		Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level		3	N: 172 D: 194 P: 88.7 %	2	N: 152 D: 194 P: 78.4 %						88%
<b>Indicator 1.16 - Laboratory staff trained on line probe assay</b>											
		Target		Result							
		Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 1-People trained		N/A		4	58						Cannot Calculate

**SDA High-risk groups**

**Indicator 1.13 - Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving ≥85% treatment success rate among NSP cases**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	6	N: 68 D: 85 P: 80 %	6	N: 62 D: 86 P: 72.1 %						90%

**SDA TB/HIV**

**Indicator 1.14 - Number and percentage of TB patients who had an HIV test result recorded (positive and negative) in the TB register (among all registered patients in 8 project states)**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	10	N: 222,432 D: 448,000 P: 49.6 %	10	N: 277,465 D: 71.7 P: 386892 %						120%

**Indicator 1.15 - Number and percentage of HIV positive TB patients who receive at least one dose of cotrimoxazole preventive therapy during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in 8 project states)**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	4	N: 4,926 D: 5,504 P: 89.5 %	4	N: 5,253 D: 5,612 P: 93.6 %						105%

**Objective 2 To scale-up care and management of DR-TB in 35 states/Union Territories of India resulting in the initiation of treatment of 67,550 additional cases of Drug Resistant TB (DR-TB) by 2015**

**SDA MDR-TB**

**Indicator 2.1 - Number of lab-confirmed MDR-TB patients enrolled in second-line anti-TB treatment (DOTS Plus treatment)**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	10	25,500	10	21,619						85%

**Indicator 2.2 - Number and percentage of lab confirmed MDR- TB patients successfully treated among those enrolled in second line anti-TB treatment (according to program guidelines) during a specified period of time**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	6	N: 590 D: 1,021 P: 57.8 %	6	N: 553 D: 1,179 P: 46.9 %						81%

**Indicator 2.3 - Number of DR TB suspects examined for MDR TB**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	N/A		N/A	Not Found						Cannot Calculate

**Objective 3 To consolidate TB control efforts towards achieving the goal of TB control through sustainable and effective public-private partnership to involve all health care providers**

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

**Indicator 3.1 - Number of NGOs and Private Practitioners involved and supported (undersigned MoUs) under RNTCP-DOTS Programme**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	5	1,051	4	810						77%

**Indicator 3.2 - Number of IMA members from the 15+1 project states/UTs who have signed an MoU under one of the RNTCP PPM schemes**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	10	6,000	10	5,168						86%

**Indicator 3.3 - Number of Private Practitioners sensitized on RNTCP through CMEs conducted by the IMA-PPM project**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	10	152,000	10	51,326						34%

**Indicator 3.4 - Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centres) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	10	650	10	688						106%

**Indicator 3.5 - Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	6	131,060	6	158,832						120%

**Indicator 3.7 - Number and percentage of Public Health Institutions under IMA Umbrella are participating under RNTCP**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	10	N: 3,000 D: 4,285 P: 70 %	10	N: 0 D: 0 P: 0 %						0%

**Indicator 3.8 - Number of TB patients (All forms) notified in each quarter by IMA**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	10	61,800	10	10,826						18%

**Indicator 3.9 - Number of TB patients (All forms) notified in each quarter by CBCI**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	8	4,200	10	9,741						120%

SDA MDR-TB

**Indicator 3.6 - Number of XDR TB patients put on treatment**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	10	300	10	471						120%

**Objective 4** To establish and enhance capacity for quality assured rapid diagnosis of DR TB suspects in 43 culture & drug susceptibility testing laboratories in India by 2015

**SDA** Improving diagnosis

**Indicator 4.1 - Number and percentage of districts diagnosing DR TB through using CBNAAT Technology**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	10	N: 475 D: 674 P: 70.5 %	10	N: 315 D: 704 P: 44.7 %						63%

**Indicator 4.2 - Number of laboratories performing Liquid Culture**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	10	16	10	6						38%

**Indicator 4.3 - Laboratory staff trained on line probe assay**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	10	319	10	254						80%

**Indicator 4.4 - Number of laboratories with enhanced sputum processing capacity**

	Target		Result		Progress (%)					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	10	30	10	18						60%



**Objective 5** To achieve and sustain universal access to high quality diagnosis and patient friendly treatment under DOTS including MDR TB & TB HIV

**SDA** Improving diagnosis

**Indicator 5.1 - Number of Designated Microscopy Centres supported under RNTCP in the project states**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		8	4,037						Cannot Calculate

**Indicator 5.2 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found						Cannot Calculate

**SDA** High Quality DOTS

**Indicator 5.3 - Number of new smear positive cases reported to the national authorities and registered for treatment under RNTCP DOTS (non-cumulative)**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found						Cannot Calculate

**Indicator 5.4 - Number of TB cases (All forms) registered for treatment under RNTCP DOTS**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found						Cannot Calculate

**Indicator 5.5 - Number and percentage of new smear positive pulmonary TB cases registered in a specified period that are successfully treated**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found						Cannot Calculate

**Indicator 5.6 - Number and percentage of TB patients who had an HIV test result recorded (positive and negative) in the TB register (among all registered patients in 8 project states)**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found						Cannot Calculate

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

<b>Grant Duration (months)</b>	75 months	<b>Grant Amount</b>	261,187,459 \$
<b>% Time Elapsed (as of end date of the latest PU)</b>	52%	<b>% disbursed by TGF (to date)</b>	100%
<b>Time Remaining (as of end date of the latest PU)</b>	36 months	<b>Disbursed by TGF (to date)</b>	261,075,485 \$
<b>Expenditures Rate (as of end date of the latest PU)</b>	85%	<b>Funds Remaining (to date)</b>	111,974 \$

**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.11	01.Jan.12	01.Apr.12	01.Jul.12	01.Oct.12	01.Jan.13	01.Apr.13	01.Jul.13
Period Covered To:	31.Dec.11	31.Mar.12	30.Jun.12	30.Sep.12	31.Dec.12	31.Mar.13	30.Jun.13	30.Sep.13
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	27,512,279	35,002,544	48,310,986	62,816,902	98,503,297	51,584,119	144,533,283	171,539,799
Summary Period Budget:	27,512,279	7,490,265	13,308,442	14,505,916	35,686,395	9,236,554	92,949,164	27,006,516

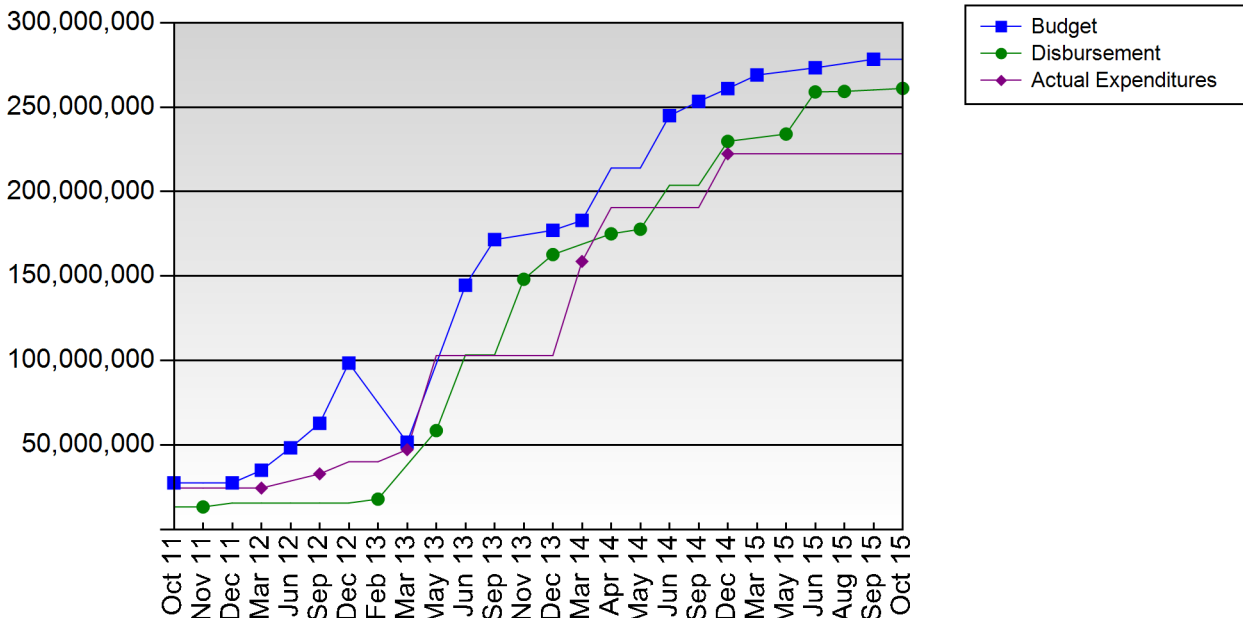
**Expenditure Categories****Program Activities****Implementing Entities**

	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.13	01.Jan.14	01.Apr.14	01.Jul.14	01.Oct.14	01.Jan.15	01.Apr.15	01.Jul.15
Period Covered To:	31.Dec.13	31.Mar.14	30.Jun.14	30.Sep.14	31.Dec.14	31.Mar.15	30.Jun.15	30.Sep.15
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	177,074,989	182,912,663	244,932,134	253,359,276	261,001,743	268,998,412	273,272,861	278,331,828
Summary Period Budget:	5,535,190	5,837,674	62,019,471	8,427,142	7,642,467	7,996,669	4,274,449	5,058,967

**Expenditure Categories****Program Activities****Implementing Entities****- Comments and additional information****2.3.3. Program Expenditures**

Period PU6: 01.Apr.14 - 31.Dec.14	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
<b>1. Total cash outflow vs. budget</b>	\$ 63,694,116	\$ 261,001,743	\$ 222,348,221	\$ 38,653,522	This cumulative variance of US\$38,653,522 is different from the LFA cumulative variance of US\$36,396,573 because the LFA used the original grant budget amount instead of the revised approved budget which was finalised after grant document signing. The main reasons are underutilisation under the following categories: <ul style="list-style-type: none"> <li>•Delays in the approval process for the procurement of GeneXpert, Binocular Microscope and LED Microscope.</li> <li>• PSM costs invoices for procurement fees not yet received from the procurement agent for most of the procurements.</li> <li>• Activity TSG at Central Level not carried out and no spending under T&amp;MA budget.</li> <li>•No expenditure has been incurred in Phase 2 against budget of 1st line drugs.</li> <li>•Less expenditure under HR cost due to vacancies and turnover.</li> </ul>
<b>1a. PR's Total expenditure</b>	\$ 51,045,307		\$ 170,110,503		
<b>1b. Disbursements to sub-recipients</b>	\$ 12,648,809		\$ 51,337,193		
<b>1c. Expenditure Adjustments</b>			\$ 900,525		
<b>2. Pharmaceuticals &amp; Health Product expenditures vs budget</b>	\$ 47,748,706		\$ 67,730,268		
<b>2a. Medicines &amp; pharmaceutical products</b>	\$ 45,493,651		\$ 61,717,091		
<b>2b. Health products and health equipment</b>	\$ 2,255,055		\$ 6,013,177		
<b>Reason for adjustments</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.11 -		N/A	1	01.Oct.11 - 31.Mar.12		\$ 13,315,541	24 Nov 2011	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Oct.11 - 31.Mar.12		B1	2.1	01.Apr.12 - 30.Sep.12	58,175,764	\$ 4,528,676	20 Feb 2013	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The PR fully met and /or exceeded its targets for 8 out of 22 indicators on which results were reported for the current reporting period. The Global Fund Grant Rating Tool generated an A2 Quantitative Indicator rating for the reporting period. However, the Country Team has downgraded the PR to a B1 rating because of management issues described in this DDMF and also noted in the attached management letter.</p> <p>In view of outstanding issues such as lack drug quantification and pro-forma invoices, and non-fulfillment of disbursement related CP/Special Conditions, the India Country Team is limiting its recommendation to a split disbursement to the grant's major SR, Geneva-based Foundation for Innovative New Diagnostics (FIND) and to the WHO Stop TB Partnership to cover the regional GLC fees for 2012 and 2013.</p> <p>Out of the 22 indicators, the PR significantly achieved or over-achieved its targets on the following indicators:</p> <ul style="list-style-type: none"> <li>• Number of Designated Microscopy Centers (DMCs) established and supported under the revised National TB Control Program (RNTCP) in the Catholic Health Facilities, with a 112% achievement rate.</li> <li>• No. of Labs performing LPA with achievement rate of 112%.</li> <li>• No. of reporting units (districts) reporting no stock-out of 1st line TB drugs with an achievement rate of 100%.</li> <li>• No. &amp; % of HIV+ TB patients who has received at least one doze of CTZ during or at the end of TB treatment (8 state- out of HIV+), with an achievement rate of 120% .</li> <li>• No and % of lab confirmed MDR TB patients successfully treated among those enrolled in 2nd line treatment during a specified period of time, with 102% achievement rate.</li> <li>• Number of IMA members from 15+1 project states/UT who have signed a MOU in any of RNTCP</li> </ul>					<p>This grant is forward funded by the government.</p> <p>The total expenditure for this reporting period (01 October 2011 to 31 March 2012) is US \$24,473,916 against a total budget of US \$35,002,542, representing 70% of the corresponding budget and accounted as:</p> <ul style="list-style-type: none"> <li>• US \$15,432,796 for PR expenditure against a budget of US \$21,618,607 ( 71% )</li> <li>• US \$ 9,041,120 for SR disbursements against a budget of US \$13,383,935 ( 68% )</li> </ul> <p>The positive total variance of US\$ 10,528,626 between the total budget and total expenditure is attributed to the following factors:</p> <p>Under-spending of:</p> <ul style="list-style-type: none"> <li>US \$1,668,870 under Human Resource due to vacant position at both PR and SR levels during the reporting.</li> <li>US \$551,630 under Technical Assistance mainly because of non-booking of salary accounts for NRL and of vacancies at the state level.</li> <li>US \$1,247,240 under Training due to non-submission of training expenditure; need based expenditure; delays in receipt of last installment from the Global Fund as well as delays in implementing training activities.</li> <li>US \$603,311 under Health Product &amp; Equipment due need based expenditure and late release of fund to FIND for equipment purchasing.</li> <li>US \$5,458,604 under Pharmaceutical because for-1st line drugs, the budget is for the whole year, however US \$2,103,699 has been charged in the current PUDR based on actual invoices received. For 2nd line drugs, against a budget of US \$14,336,116 only US \$13,315,541 for disbursed and balance is yet to be paid to the GDF procurement agent.</li> <li>US \$200,593 under PSM Costs because invoices from the procurement agent have not been received by PR, hence, no PSM cost has been booked during the period.</li> <li>US \$25,573 under Infrastructure and other Equipment;</li> <li>US \$920,408 under Communication Material because of slow ASCM implementation.</li> <li>US \$993,507 under Monitoring and Evaluation due to sub-optimal monitoring and supervision activities by states for the period; vacancies of MOs/STOs; less Monitoring and Evaluation activities; travel costs of NTF/ZTF/STF Chairperson and members to ZTF covered by WHO; underutilization of budgeted cost of proposals from States and Medical; booking of vehicle costs under "Planning &amp; Administration".</li> <li>US \$ 149,956 under Planning and Administration because expenditures were charged to World bank and not to the Global Fund and certain SR activities were rolled out more slowly than expected.</li> </ul>				

schemes with a 120% achievement rate.

- No of TB suspects referred for sputum smear examination from (CHF) to RNTCP DMCs with an achievement rate of 106%.

On the other hand, the PR could not fully achieve its targets on the following indicators:

- The Number of laboratories with enhanced sputum processing capacity indicator, which pertains to FIND (an SR) had a 0% achievement rate because the equipment being set up for this reporting period are funded under other agencies and not under the Global Fund funding.
- For the number of DR TB suspects examined for MDR TB, the achievement rate is 90%
- For the number of new smear positive cases reported to the national authorities and registered for treatment under DOTS, the achievement rate is 94%
- Number and percentage of new smear positive pulmonary TB cases registered in a specified that are successfully treated achievement rate is 94%.
- Number of districts evaluated (as per RNTCP guideline) by the state and central level evaluation team is only 19%; the PR could not provide a definite reasons for variation with the targets.
- Number of project districts where at least 30% of all forms of TB cases registered during the quarter are receiving DOTS through community volunteer achievement rate is 91%.
- Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving >85% treatment success rate among NSP cases achievement rate is 95%
- Number and percentage of TB patients who had an HIV test result recorded positive and negative in the TB register (8 states) achievement rate is 97%
- For the laboratories staff trained on line probe assay indicator pertaining to FIND, the achievement rate is only 74% because of the delay in receiving the last installment from the Global Fund. For this indicator, most of the activities were planned under other project and very few under the Global Fund, resulting in less staff trained.
- Number of laboratories confirmed MDR TB patients enrolled in 2nd line anti TB treatment, the PR had an achievement rate of 95%
- Number of NGOs and Private Practitioner (PP) involved and supported (undersigned MOUs) under one of the RNTCP schemes achievement rate is 91%
- Number of PP sensitized on RNTCP through CMEs conducted by IMA PPM schemes achievement rate is only 71%. The reasons for variance between targets and results could not be explained, however it was informed that variance could be due to operational issues and inadequate co-ordination with IMA at the level of district health societies.
- Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centers) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP achievement rate is also only 64%. The exact reasons for variance between targets and results could not be explained, however it was informed that variance could be due to operational issues and inadequate co-ordination with CBCI at the level of district health societies.

In addition, results against the two indicators listed below could not be reported during this period:

- "Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy" -- The PR has reported this indicator based on 2 quarters of available data for the reporting period. This is an annual indicator and hence should be reported when the corresponding data becomes available;
- "Number of key RNTCP staff retrained/ trained in RNTCP( MO-TC./DTO/lab tech/ STS/ STLS /MO)" -- The PR could not generate any data from its

Over-spending of:

US \$755,106 under Living Support to Clients due to the involvement of more community volunteers as DOTS providers, resulting in high honorarium payments.

US \$535,966 under Overheads.

This being the first PU/DR under the IDA-T-CTD grant, the current budget and expenditures are the same as cumulative figures. Therefore comments provided for the reporting period would also be applicable for cumulative figures.

"Epicentre" software for October-December 2011.

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Oct.11 - 31.Mar.12		B1	2.2	01.Apr.12 - 30.Sep.12	58,175,764	\$ 100,000	20 Feb 2013	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The PR fully met and /or exceeded its targets for 8 out of 22 indicators on which results were reported for the current reporting period. The Global Fund Grant Rating Tool generated an A2 Quantitative Indicator rating for the reporting period. However, the Country Team has downgraded the PR to a B1 rating because of management issues described in this DDMF and also noted in the attached management letter.</p> <p>In view of outstanding issues such as lack drug quantification and pro-forma invoices, and non-fulfillment of disbursement related CP/Special Conditions, the India Country Team is limiting its recommendation to a split disbursement to the grant's major SR, Geneva-based Foundation for Innovative New Diagnostics (FIND) and to the WHO Stop TB Partnership to cover the regional GLC fees for 2012 and 2013.</p> <p>Out of the 22 indicators, the PR significantly achieved or over-achieved its targets on the following indicators:</p> <ul style="list-style-type: none"> <li>• Number of Designated Microscopy Centers (DMCs) established and supported under the revised National TB Control Program (RNTCP) in the Catholic Health Facilities, with a 112% achievement rate.</li> <li>• No. of Labs performing LPA with achievement rate of 112%.</li> <li>• No. of reporting units (districts) reporting no stock-out of 1st line TB drugs with an achievement rate of 100%.</li> <li>• No. &amp; % of HIV+ TB patients who has received at least one doze of CTZ during or at the end of TB treatment (8 state- out of HIV+), with an achievement rate of 120% .</li> <li>• No and % of lab confirmed MDR TB patients successfully treated among those enrolled in 2nd line treatment during a specified period of time, with 102% achievement rate.</li> <li>• Number of IMA members from 15+1 project states/UT who have signed a MOU in any of RNTCP schemes with a 120% achievement rate.</li> <li>• No of TB suspects referred for sputum smear examination from (CHF) to RNTCP DMCs with an achievement rate of 106%.</li> </ul> <p>On the other hand, the PR could not fully achieve its targets on the following indicators:</p> <ul style="list-style-type: none"> <li>• The Number of laboratories with enhanced sputum processing capacity indicator, which pertains to FIND (an SR) had a 0% achievement rate because the equipment being set up for this reporting period are funded under other agencies and not under the Global Fund funding.</li> <li>• For the number of DR TB suspects examined for MDR TB, the achievement rate is 90%</li> <li>• For the number of new smear positive cases reported to the national authorities and registered for treatment under DOTS, the achievement rate is 94%</li> <li>• Number and percentage of new smear positive pulmonary TB cases registered in a specified that are successfully treated achievement rate is 94%.</li> <li>• Number of districts evaluated (as per RNTCP guideline) by the state and central level evaluation team is only 19%; the PR could not provide a definite reasons for variation with the targets.</li> <li>• Number of project districts where at least 30% of all</li> </ul>					<p>This grant is forward funded by the government.</p> <p>The total expenditure for this reporting period (01 October 2011 to 31 March 2012) is US \$24,473,916 against a total budget of US \$35,002,542, representing 70% of the corresponding budget and accounted as:</p> <ul style="list-style-type: none"> <li>• US \$15,432,796 for PR expenditure against a budget of US \$21,618,607 ( 71% )</li> <li>• US \$ 9,041,120 for SR disbursements against a budget of US \$13,383,935 ( 68% )</li> </ul> <p>The positive total variance of US\$ 10,528,626 between the total budget and total expenditure is attributed to the following factors:</p> <p>Under-spending of:</p> <ul style="list-style-type: none"> <li>US \$1,668,870 under Human Resource due to vacant position at both PR and SR levels during the reporting.</li> <li>US \$551,630 under Technical Assistance mainly because of non-booking of salary accounts for NRL and of vacancies at the state level.</li> <li>US \$1,247,240 under Training due to non-submission of training expenditure; need based expenditure; delays in receipt of last installment from the Global Fund as well as delays in implementing training activities.</li> <li>US \$603,311 under Health Product &amp; Equipment due need based expenditure and late release of fund to FIND for equipment purchasing.</li> <li>US \$5,458,604 under Pharmaceutical because for-1st line drugs, the budget is for the whole year, however US \$2,103,699 has been charged in the current PUDR based on actual invoices received. For 2nd line drugs, against a budget of US \$14,336,116 only US \$13,315,541 for disbursed and balance is yet to be paid to the GDF procurement agent.</li> <li>US \$200,593 under PSM Costs because invoices from the procurement agent have not been received by PR, hence, no PSM cost has been booked during the period.</li> <li>US \$25,573 under Infrastructure and other Equipment;</li> <li>US \$920,408 under Communication Material because of slow ASCM implementation.</li> <li>US \$993,507 under Monitoring and Evaluation due to sub-optimal monitoring and supervision activities by states for the period; vacancies of MOs/STOs; less Monitoring and Evaluation activities; travel costs of NTF/ZTF/STF Chairperson and members to ZTF covered by WHO; underutilization of budgeted cost of proposals from States and Medical; booking of vehicle costs under "Planning &amp; Administration".</li> <li>US \$ 149,956 under Planning and Administration because expenditures were charged to World bank and not to the Global Fund and certain SR activities were rolled out more slowly than expected.</li> </ul> <p>Over-spending of:</p> <ul style="list-style-type: none"> <li>US \$755,106 under Living Support to Clients due to the involvement of more community volunteers as DOTS providers, resulting in high honorarium payments.</li> <li>US \$535,966 under Overheads.</li> </ul> <p>This being the first PU/DR under the IDA-T-CTD grant, the current budget and expenditures are the same as cumulative figures. Therefore comments provided for the reporting period would also be applicable for cumulative figures.</p>				

forms of TB cases registered during the quarter are receiving DOTS through community volunteer achievement rate is 91%.

- Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving >85% treatment success rate among NSP cases achievement rate is 95%
- Number and percentage of TB patients who had an HIV test result recorded positive and negative in the TB register (8 states) achievement rate is 97%
- For the laboratories staff trained on line probe assay indicator pertaining to FIND, the achievement rate is only 74% because of the delay in receiving the last installment from the Global Fund. For this indicator, most of the activities were planned under other project and very few under the Global Fund, resulting in less staff trained.
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In addition, results against the two indicators listed below could not be reported during this period:

- "Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy" -- The PR has reported this indicator based on 2 quarters of available data for the reporting period. This is an annual indicator and hence should be reported when the corresponding data becomes available;
- "Number of key RNTCP staff retrained/ trained in RNTCP( MO-TC,/DTO/lab tech/ STS/ STLS /MO)" -- The PR could not generate any data from its "Epicentre" software for October-December 2011.

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Apr.12 - 30.Sep.12		B1	02.3	01.Oct.12 - 31.Mar.13	56,777,359	\$ 22,283,156	14 May 2013	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
				<p>Update as of 26 March 2013:</p> <p>Taking into account the receipt of requisite pro-forma invoices from the GDF procurement agent dated 08-03-2013 and the fulfillment of CPs/SCs by the PR as updated above in the DDMF, the Country Team recommends a direct disbursement to the Procurement Agent (IDA Foundation) of US \$18,285,394.33 for:</p> <ul style="list-style-type: none"> <li>- US \$15,328,006.18 for procurement of MDR TB drugs;</li> <li>- US \$2,136,614.15 for procurement of XDR TB drugs;</li> <li>- US \$820,774 for the balance payment to IDA Foundation for last year's procurement.</li> </ul> <p>A further amount of US \$22,283,156 for direct payment to the Department of Economic Affairs, Ministry of Finance, Government of India is recommended following:</p> <ol style="list-style-type: none"> <li>1. Release of a supplementary second commitment of US \$44,922,950, as documented in the Face Sheet of the signed phase 1 Grant Agreement. The Finance Officer has confirmed that the commitment is required to make the second part of the current split disbursement. The Country Team sent a Notification Letter concerning the release of this commitment on 26 March 2013; and</li> <li>2. A Type-1 3 month extension for the first Phase of the CTD grant, scheduled to end 31 March, the Implementation Letter for which will be sent pending LFA verification of the PR's budget for April-June 2013 (expected by 29 March).</li> </ol> <p>The final recommended amount of US \$22,283,156 differs from the initial amount recommended for direct disbursement to DEA (US \$23,061,417) as a result of a further CT adjustment as per the latest update provided for CP. 6, see above.</p>					



Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Apr.12 - 30.Sep.12			B1	02.4	01.Oct.12 - 31.Mar.13	56,777,359	\$ 18,285,394	14 May 2013
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
					<p>Update as of 26 March 2013:</p> <p>Taking into account the receipt of requisite pro-forma invoices from the GDF procurement agent dated 08-03-2013 and the fulfillment of CPs/SCs by the PR as updated above in the DDMF, the Country Team recommends a direct disbursement to the Procurement Agent (IDA Foundation) of US \$18,285,394.33 for:</p> <ul style="list-style-type: none"> <li>- US \$15,328,006.18 for procurement of MDR TB drugs;</li> <li>- US \$2,136,614.15 for procurement of XDR TB drugs;</li> <li>- US \$820,774 for the balance payment to IDA Foundation for last year's procurement.</li> </ul> <p>A further amount of US \$22,283,156 for direct payment to the Department of Economic Affairs, Ministry of Finance, Government of India is recommended following:</p> <ol style="list-style-type: none"> <li>1. Release of a supplementary second commitment of US \$44,922,950, as documented in the Face Sheet of the signed phase 1 Grant Agreement. The Finance Officer has confirmed that the commitment is required to make the second part of the current split disbursement. The Country Team sent a Notification Letter concerning the release of this commitment on 26 March 2013; and</li> <li>2. A Type-1 3 month extension for the first Phase of the CTD grant, scheduled to end 31 March, the Implementation Letter for which will be sent pending LFA verification of the PR's budget for April-June 2013 (expected by 29 March).</li> </ol> <p>The final recommended amount of US \$22,283,156 differs from the initial amount recommended for direct disbursement to DEA (US \$23,061,417) as a result of a further CT adjustment as per the latest update provided for CP. 6, see above.</p>				
<b>Progress Updates</b>					<b>Disbursement Information</b>				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Oct.12 - 31.Mar.13			B2	3.0.1	01.Apr.13 - 30.Jun.14	167,941,820	\$ 6,614,773	22 Nov 2013
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p><b>Overall Grant Performance and Rating</b></p> <p>The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management is based on the overall performance for the period of 1 October 2012 to 31 March 2013, merits a B2 rating.</p> <p>The grant rating tool generated a 'B1' rating for the grant based on the programmatic performance. However, the overall grant rating has been downgraded from 'B1' to 'B2' due the following issues noted during the first implementation period:</p> <ul style="list-style-type: none"> <li>• Inadequate monitoring and evaluation of the programmatic and financial performances of the SRs;</li> <li>• Inadequate financial performance such as weak SRs financial monitoring; low absorption of funds; delays in the submission of audit reports; and inadequate budget monitoring;</li> <li>• Incomplete compliance with the conditions precedent and special conditions of the grant agreement;</li> <li>• Inability to recruit qualified staff such as a grant manager, a finance specialist and an M&amp;E specialist dedicated to the Global Fund grant as one of the</li> </ul>					<p>Due to the late signing of the SSF II grant, the PR's progress update report for 1 October 2012 to 31 March 2013 and disbursement request for 1 April 2013 to 30 June 2014 in conformance with the terms of the recently signed SSF II grant agreement was delayed.</p> <p>In view of the time urgency of essential drug procurements and support for quality laboratory diagnostics, as well as the necessity of maintaining on-site technical assistance to RNTCP at the state level, the India Country Team is recommending a disbursement amount of US \$92,794,935 in the form of direct transfers to: 1) IDA for the procurement of second line medicines; 2) FIND for strengthening and quality assurance of laboratory diagnostics undertaken by the national program; and 3) WHO for the provision of technical assistance to RNTCP. We would not wish to see these activities unfunded through the end of 2013.</p> <p>The disbursement amount of US \$92,794,935 will be split as follows:</p> <ul style="list-style-type: none"> <li>• US \$80,891,427.08 to IDA Foundation for second line drugs to be released as a single cash transfer;</li> <li>• US \$9,331,249 to FIND to be released in two cash transfers of US \$6,614,773 and US \$2,716,476; and</li> <li>• US \$2,572,259 to WHO to be released in two cash transfers of US \$2,068,804 and US \$503,455</li> </ul> <p>The split disbursements for FIND and WHO are based on their approved Q7-Q11 SSF-II budgets. The disbursement amount to WHO includes US \$50,000 to cover the regional GLC fee for 2014.</p> <p>The IDA disbursement is being made on the basis of pro-forma invoices</p>				

special conditions in the grant agreement. This caused delays in submission of PU/DRs, Budget, PSM and Performance Framework documents, as well data quality issues. We would note in particular that in the interest of prompt SLD procurement, the Country Team completed the necessary drug quantification exercise with the IDA Foundation, leading to the first set of disbursements this reporting period. While successful in this instance, you will agree that this is not a sustainable mechanism for program management under the Global Fund NFM.

derived from a quantification exercise performed by the Country Team, together with CTD, GDF and IDA.

#### Programmatic Achievements

The analysis below is based on the overall performance for the period of 1 October 2012 to 31 March 2013.

Out of the 23 coverage indicators evaluated, CTD achieved or exceeded its targets for the following 12 indicators:

- Number of functional Designated Microscopy Centers supported under RNTCP in the project states with an achievement rate of 101%;
- Number of laboratories performing LPA with an achievement rate of 120% (results are capped at 120% in the Grant Rating Tool);
- Number of DR TB suspects examined for MDR TB with an achievement rate 120%;
- Number of new smear positive cases reported to the national authorities and registered for treatment under DOTS with an achievement rate of 120%;
- Number of reporting units (districts) reporting no stock-out of 1st line TB drugs with an achievement rate of 100%;
- Number and % of HIV positive TB patients who has received at least one dose of CPT during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in 8 project states) with an achievement of 120%;
- Number and percentage of new smear positive pulmonary TB cases registered in a specified that are successfully treated achievement of 104%;
- Number of key RNTCP staff retrained/trained in RNTCP (MO-TC/DTO/lab tech/ STS/STLS /MO) with an achievement of 120%;
- Number of IMA members from 15+1 project states/UT who have signed a MOU in any of RNTCP schemes with an achievement rate of 120%;
- Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs with an achievement rate of 120%;
- Number of laboratories staff trained on line probe assay indicator pertaining to FIND with an achievement rate of 120%;
- Number and percentage of TB patients who had an HIV test result recorded positive and negative in the TB register (8 states) with an achievement rate of 120%.

Further, CTD substantially met its targets for the following 7 indicators:

- Number and percentage of laboratories confirmed MDR TB patients successfully treated among those enrolled in 2nd line treatment during a specified period of time, with an achievement rate of 81%;
- Number of districts evaluated (as per RNTCP guideline) by the state and central level evaluation team with an achievement rate of 75%;
- Number of project districts where at least 30% of all forms of TB cases registered during the quarter are receiving DOTS through community volunteer with an achievement rate of 93%;
- Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving >85% treatment success rate among NSP cases achievement rate is 90%;

- Number of NGOs and Private Practitioner (PP) involved and supported (undersigned MOUs) under one of the RNTCP schemes with an achievement rate of 99%;
- Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy with an achievement rate of 93%; and
- Number of TB cases (All forms) registered for treatment under RNTCP DOTS with an achievement rate of 90%.

On the other hand, CTD did not meet its targets for the following 4 indicators:

- Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centers) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP with an achievement rate of 56%;
- Number of laboratories confirmed MDR TB patients enrolled in second-line anti TB treatment, the PR with an achievement rate of 53%;
- Number of PP sensitized on RNTCP through CMEs conducted by IMA PPM schemes with an achievement rate of only 47%; and
- Number of laboratories with enhanced sputum processing capacity with an achievement rate of 0%.

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Oct.12 - 31.Mar.13		B2	3.0.2	01.Apr.13 - 30.Jun.14	167,941,820	\$ 2,068,804	22 Nov 2013

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
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**Overall Grant Performance and Rating**

The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management is based on the overall performance for the period of 1 October 2012 to 31 March 2013, merits a B2 rating.

The grant rating tool generated a 'B1' rating for the grant based on the programmatic performance. However, the overall grant rating has been downgraded from 'B1' to 'B2' due the following issues noted during the first implementation period:

- Inadequate monitoring and evaluation of the programmatic and financial performances of the SRs;
- Inadequate financial performance such as weak SRs financial monitoring; low absorption of funds; delays in the submission of audit reports; and inadequate budget monitoring;
- Incomplete compliance with the conditions precedent and special conditions of the grant agreement;
- Inability to recruit qualified staff such as a grant manager, a finance specialist and an M&E specialist dedicated to the Global Fund grant as one of the special conditions in the grant agreement. This caused delays in submission of PU/DRs, Budget, PSM and Performance Framework documents, as well data quality issues. We would note in particular that in the interest of prompt SLD procurement, the Country Team completed the necessary drug quantification exercise with the IDA Foundation, leading to the first set of disbursements this reporting period. While successful in this instance, you will agree that this is not a sustainable mechanism for program management under the Global Fund NFM.

Due to the late signing of the SSF II grant, the PR's progress update report for 1 October 2012 to 31 March 2013 and disbursement request for 1 April 2013 to 30 June 2014 in conformance with the terms of the recently signed SSF II grant agreement was delayed.

In view of the time urgency of essential drug procurements and support for quality laboratory diagnostics, as well as the necessity of maintaining on-site technical assistance to RNTCP at the state level, the India Country Team is recommending a disbursement amount of US \$92,794,935 in the form of direct transfers to: 1) IDA for the procurement of second line medicines; 2) FIND for strengthening and quality assurance of laboratory diagnostics undertaken by the national program; and 3) WHO for the provision of technical assistance to RNTCP. We would not wish to see these activities unfunded through the end of 2013.

The disbursement amount of US \$92,794,935 will be split as follows:

- US \$80,891,427.08 to IDA Foundation for second line drugs to be released as a single cash transfer;
- US \$9,331,249 to FIND to be released in two cash transfers of US \$6,614,773 and US \$2,716,476; and
- US \$2,572,259 to WHO to be released in two cash transfers of US \$2,068,804 and US \$503,455

The split disbursements for FIND and WHO are based on their approved Q7-Q11 SSF-II budgets. The disbursement amount to WHO includes US \$50,000 to cover the regional GLC fee for 2014.

The IDA disbursement is being made on the basis of pro-forma invoices derived from a quantification exercise performed by the Country Team, together with CTD, GDF and IDA.

The analysis below is based on the overall performance for the period of 1 October 2012 to 31 March 2013.

Out of the 23 coverage indicators evaluated, CTD achieved or exceeded its targets for the following 12 indicators:

- Number of functional Designated Microscopy Centers supported under RNTCP in the project states with an achievement rate of 101%;
- Number of laboratories performing LPA with an achievement rate of 120% (results are capped at 120% in the Grant Rating Tool);
- Number of DR TB suspects examined for MDR TB with an achievement rate 120%;
- Number of new smear positive cases reported to the national authorities and registered for treatment under DOTS with an achievement rate of 120%;
- Number of reporting units (districts) reporting no stock-out of 1st line TB drugs with an achievement rate of 100%;
- Number and % of HIV positive TB patients who has received at least one dose of CPT during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in 8 project states) with an achievement of 120%;
- Number and percentage of new smear positive pulmonary TB cases registered in a specified that are successfully treated achievement of 104%;
- Number of key RNTCP staff retrained/trained in RNTCP (MO-TC/DTO/lab tech/ STS/STLS /MO) with an achievement of 120%;
- Number of IMA members from 15+1 project states/UT who have signed a MOU in any of RNTCP schemes with an achievement rate of 120%;
- Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs with an achievement rate of 120%;
- Number of laboratories staff trained on line probe assay indicator pertaining to FIND with an achievement rate of 120%;
- Number and percentage of TB patients who had an HIV test result recorded positive and negative in the TB register (8 states) with an achievement rate of 120%.

Further, CTD substantially met its targets for the following 7 indicators:

- Number and percentage of laboratories confirmed MDR TB patients successfully treated among those enrolled in 2nd line treatment during a specified period of time, with an achievement rate of 81%;
- Number of districts evaluated (as per RNTCP guideline) by the state and central level evaluation team with an achievement rate of 75%;
- Number of project districts where at least 30% of all forms of TB cases registered during the quarter are receiving DOTS through community volunteer with an achievement rate of 93%;
- Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving >85% treatment success rate among NSP cases achievement rate is 90%;
- Number of NGOs and Private Practitioner (PP) involved and supported (undersigned MOUs) under one of the RNTCP schemes with an achievement rate of 99%;
- Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy with an achievement rate of 93%; and
- Number of TB cases (All forms) registered for treatment under RNTCP DOTS with an achievement rate of 90%.

On the other hand, CTD did not meet its targets for the following 4 indicators:

- Number of Church health facilities (medical

colleges, hospitals, dispensaries and TB centers) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP with an achievement rate of 56%;

- Number of laboratories confirmed MDR TB patients enrolled in second-line anti TB treatment, the PR with an achievement rate of 53%;
- Number of PP sensitized on RNTCP through CMEs conducted by IMA PPM schemes with an achievement rate of only 47%; and
- Number of laboratories with enhanced sputum processing capacity with an achievement rate of 0%.

## Progress Updates

## Disbursement Information

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Oct.12 - 31.Mar.13		B2	3.0.3	01.Apr.13 - 30.Jun.14	167,941,820	\$ 80,891,427	22 Nov 2013

## Summary of Progress

## Reasons for variance between PR Request and Actual Disbursement

## Overall Grant Performance and Rating

The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management is based on the overall performance for the period of 1 October 2012 to 31 March 2013, merits a B2 rating.

The grant rating tool generated a 'B1' rating for the grant based on the programmatic performance. However, the overall grant rating has been downgraded from 'B1' to 'B2' due the following issues noted during the first implementation period:

- Inadequate monitoring and evaluation of the programmatic and financial performances of the SRs;
- Inadequate financial performance such as weak SRs financial monitoring; low absorption of funds; delays in the submission of audit reports; and inadequate budget monitoring;
- Incomplete compliance with the conditions precedent and special conditions of the grant agreement;
- Inability to recruit qualified staff such as a grant manager, a finance specialist and an M&E specialist dedicated to the Global Fund grant as one of the special conditions in the grant agreement. This caused delays in submission of PU/DRs, Budget, PSM and Performance Framework documents, as well data quality issues. We would note in particular that in the interest of prompt SLD procurement, the Country Team completed the necessary drug quantification exercise with the IDA Foundation, leading to the first set of disbursements this reporting period. While successful in this instance, you will agree that this is not a sustainable mechanism for program management under the Global Fund NFM.

## Programmatic Achievements

The analysis below is based on the overall performance for the period of 1 October 2012 to 31 March 2013.

Out of the 23 coverage indicators evaluated, CTD achieved or exceeded its targets for the following 12 indicators:

- Number of functional Designated Microscopy Centers supported under RNTCP in the project states with an achievement rate of 101%;
- Number of laboratories performing LPA with an achievement rate of 120% (results are capped at 120% in the Grant Rating Tool);

Due to the late signing of the SSF II grant, the PR's progress update report for 1 October 2012 to 31 March 2013 and disbursement request for 1 April 2013 to 30 June 2014 in conformance with the terms of the recently signed SSF II grant agreement was delayed.

In view of the time urgency of essential drug procurements and support for quality laboratory diagnostics, as well as the necessity of maintaining on-site technical assistance to RNTCP at the state level, the India Country Team is recommending a disbursement amount of US \$92,794,935 in the form of direct transfers to: 1) IDA for the procurement of second line medicines; 2) FIND for strengthening and quality assurance of laboratory diagnostics undertaken by the national program; and 3) WHO for the provision of technical assistance to RNTCP. We would not wish to see these activities unfunded through the end of 2013.

The disbursement amount of US \$92,794,935 will be split as follows:

- US \$80,891,427.08 to IDA Foundation for second line drugs to be released as a single cash transfer;

- US \$9,331,249 to FIND to be released in two cash transfers of US \$6,614,773 and US \$2,716,476; and

- US \$2,572,259 to WHO to be released in two cash transfers of US \$2,068,804 and US \$503,455
- The split disbursements for FIND and WHO are based on their approved Q7-Q11 SSF-II budgets. The disbursement amount to WHO includes US \$50,000 to cover the regional GLC fee for 2014.

The IDA disbursement is being made on the basis of pro-forma invoices derived from a quantification exercise performed by the Country Team, together with CTD, GDF and IDA.

- Number of DR TB suspects examined for MDR TB with an achievement rate 120%;
- Number of new smear positive cases reported to the national authorities and registered for treatment under DOTS with an achievement rate of 120%;
- Number of reporting units (districts) reporting no stock-out of 1st line TB drugs with an achievement rate of 100%;
- Number and % of HIV positive TB patients who has received at least one dose of CPT during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in 8 project states) with an achievement of 120%;
- Number and percentage of new smear positive pulmonary TB cases registered in a specified that are successfully treated achievement of 104%;
- Number of key RNTCP staff retrained/trained in RNTCP (MO-TC/DTO/lab tech/ STS/STLS /MO) with an achievement of 120%;
- Number of IMA members from 15+1 project states/UT who have signed a MOU in any of RNTCP schemes with an achievement rate of 120%;
- Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs with an achievement rate of 120%;
- Number of laboratories staff trained on line probe assay indicator pertaining to FIND with an achievement rate of 120%;
- Number and percentage of TB patients who had an HIV test result recorded positive and negative in the TB register (8 states) with an achievement rate of 120%.

Further, CTD substantially met its targets for the following 7 indicators:

- Number and percentage of laboratories confirmed MDR TB patients successfully treated among those enrolled in 2nd line treatment during a specified period of time, with an achievement rate of 81%;
- Number of districts evaluated (as per RNTCP guideline) by the state and central level evaluation team with an achievement rate of 75%;
- Number of project districts where at least 30% of all forms of TB cases registered during the quarter are receiving DOTS through community volunteer with an achievement rate of 93%;
- Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving >85% treatment success rate among NSP cases achievement rate is 90%;
- Number of NGOs and Private Practitioner (PP) involved and supported (undersigned MOUs) under one of the RNTCP schemes with an achievement rate of 99%;
- Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy with an achievement rate of 93%; and
- Number of TB cases (All forms) registered for treatment under RNTCP DOTS with an achievement rate of 90%.

On the other hand, CTD did not meet its targets for the following 4 indicators:

- Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centers) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP with an achievement rate of 56%;
- Number of laboratories confirmed MDR TB patients enrolled in second-line anti TB treatment, the PR with an achievement rate of 53%;
- Number of PP sensitized on RNTCP through CMEs conducted by IMA PPM schemes with an achievement rate of only 47%; and
- Number of laboratories with enhanced sputum processing capacity with an achievement rate of 0%.

PU	PU Period	TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Oct.12 - 31.Mar.13	B2	3.0.4	01.Apr.13 - 30.Jun.14	167,941,820	\$ 14,618,446	10 Dec 2013
Summary of Progress			Reasons for variance between PR Request and Actual Disbursement				
<p>Overall Grant Performance and Rating</p> <p>The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management is based on the overall performance for the period of 1 October 2012 to 31 March 2013, merits a B2 rating.</p> <p>The grant rating tool generated a 'B1' rating for the grant based on the programmatic performance. However, the overall grant rating has been downgraded from 'B1' to 'B2' due the following issues noted during the first implementation period:</p> <ul style="list-style-type: none"> <li>• Inadequate monitoring and evaluation of the programmatic and financial performances of the SRs;</li> <li>• Inadequate financial performance such as weak SRs financial monitoring; low absorption of funds; delays in the submission of audit reports; and inadequate budget monitoring;</li> <li>• Incomplete compliance with the conditions precedent and special conditions of the grant agreement;</li> <li>• Inability to recruit qualified staff such as a grant manager, a finance specialist and an M&amp;E specialist dedicated to the Global Fund grant as one of the special conditions in the grant agreement. This caused delays in submission of PU/DRs, Budget, PSM and Performance Framework documents, as well data quality issues. We would note in particular that in the interest of prompt SLD procurement, the Country Team completed the necessary drug quantification exercise with the IDA Foundation, leading to the first set of disbursements this reporting period. While successful in this instance, you will agree that this is not a sustainable mechanism for program management under the Global Fund NFM.</li> </ul> <p>Programmatic Achievements</p> <p>The analysis below is based on the overall performance for the period of 1 October 2012 to 31 March 2013.</p> <p>Out of the 23 coverage indicators evaluated, CTD achieved or exceeded its targets for the following 12 indicators:</p> <ul style="list-style-type: none"> <li>• Number of functional Designated Microscopy Centers supported under RNTCP in the project states with an achievement rate of 101%;</li> <li>• Number of laboratories performing LPA with an achievement rate of 120% (results are capped at 120% in the Grant Rating Tool);</li> <li>• Number of DR TB suspects examined for MDR TB with an achievement rate 120%;</li> <li>• Number of new smear positive cases reported to the national authorities and registered for treatment under DOTS with an achievement rate of 120%;</li> <li>• Number of reporting units (districts) reporting no stock-out of 1st line TB drugs with an achievement rate of 100%;</li> <li>• Number and % of HIV positive TB patients who has received at least one dose of CPT during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in 8 project states) with an achievement of 120%;</li> <li>• Number and percentage of new smear positive pulmonary TB cases registered in a specified that</li> </ul>			<p>During the second week of November 2013, the India Country Team recommended, under the SSF II grant, a first disbursement amount of US \$92,794,935.08, split as follows:</p> <ul style="list-style-type: none"> <li>• US \$80,891,427.08 to the IDA Foundation for the procurement of second line medicines and released as a single cash transfer on 22 November 2013;</li> <li>• US \$9,331,249 to FIND for strengthening and quality assurance of laboratory diagnostics undertaken by the national program, split in two cash transfers of US \$6,614,773 (released on 22 November 2013) and US \$2,716,476 to be released on 1 April 2014 after verification of related conditions precedent/special conditions and actual expenditure; and</li> <li>• US \$2,572,259 to WHO for the provision of technical assistance to RNTCP, split in two cash transfers of US \$2,068,804 (released on 22 November 2013) and US \$503,455 to be released on 1 April 2014 after verification of related conditions precedent/special conditions and actual expenditure.</li> </ul> <p>Update as of 21 November 2013:</p> <p>Taking into account the receipt of the LFA verified PU/DR on 15 November 2013 and the analysis of the programmatic and financial performance of the IDA-T-CTD grant, the Country Team recommends a second disbursement amount of US \$67,774,045.</p> <p>The computation of the disbursement amount is shown below:</p> <p>Total Budget for the forecast period including buffer US \$193,348,017</p> <p>Deductions</p> <p>Savings due to exchange rate fluctuation US \$3,913,959</p> <p>Current period activities that will not be undertaken now US \$659,167</p> <p>Savings in HR budget due to vacant positions US \$24,722</p> <p>Amount disbursed directly to IDA, FIND and WHO US \$92,794,935</p> <p>Amount disbursed during the extension period US \$40,568,550</p> <p>Adjusted forecast US \$55,386,684</p> <p>less: Cash balance US \$ - 12,387,361</p> <p>Total Country Team Recommended second disbursement amount is: US \$67,774,045</p> <p>The second disbursement amount of US \$67,774,045 will be released as follow:</p> <ul style="list-style-type: none"> <li>• US \$14,618,446 to the Department of Economic Affairs, Ministry of Finance on 25 November 2013;</li> <li>• US \$12,298,074 to the Department of Economic Affairs, Ministry of Finance, to be released on 1 April 2014 after receipt of the purchase orders for first line drugs; verification of related conditions precedent/special conditions and actual expenditure; and the fulfillment of the prerequisites such as the upgrading, renovation and logistics strengthening of the laboratories as well as the confirmation of CTD's readiness to procure GeneXpert machines and cartridges as budgeted in year three.</li> <li>• US \$40,857,525 to the IDA Foundation for the procurement of second line medicines, to be released on 1 April 2014 after receipt of the purchase orders for second line medicines from GDF and verification of actual expenditure.</li> </ul> <p>The difference of US \$51,496,712 between the CT and the LFA recommended amounts (\$160,568,980 -\$109,072,268) is due to the fact that the LFA did not include in its recommendation the budget for first and second line drugs for year four, which also brings the cumulative disbursement amount to be outside of the indicative range.</p>				

are successfully treated achievement of 104%;

- Number of key RNTCP staff retrained/trained in RNTCP (MO-TC/DTO/lab tech/ STS/STLS /MO) with an achievement of 120%;
- Number of IMA members from 15+1 project states/UT who have signed a MOU in any of RNTCP schemes with an achievement rate of 120%;
- Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs with an achievement rate of 120%;
- Number of laboratories staff trained on line probe assay indicator pertaining to FIND with an achievement rate of 120%;
- Number and percentage of TB patients who had an HIV test result recorded positive and negative in the TB register (8 states) with an achievement rate of 120%.

Further, CTD substantially met its targets for the following 7 indicators:

- Number and percentage of laboratories confirmed MDR TB patients successfully treated among those enrolled in 2nd line treatment during a specified period of time, with an achievement rate of 81%;
- Number of districts evaluated (as per RNTCP guideline) by the state and central level evaluation team with an achievement rate of 75%;
- Number of project districts where at least 30% of all forms of TB cases registered during the quarter are receiving DOTS through community volunteer with an achievement rate of 93%;
- Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving >85% treatment success rate among NSP cases achievement rate is 90%;
- Number of NGOs and Private Practitioner (PP) involved and supported (undersigned MOUs) under one of the RNTCP schemes with an achievement rate of 99%;
- Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy with an achievement rate of 93%; and
- Number of TB cases (All forms) registered for treatment under RNTCP DOTS with an achievement rate of 90%.

On the other hand, CTD did not meet its targets for the following 4 indicators:

- Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centers) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP with an achievement rate of 56%;
- Number of laboratories confirmed MDR TB patients enrolled in second-line anti TB treatment, the PR with an achievement rate of 53%;
- Number of PP sensitized on RNTCP through CMEs conducted by IMA PPM schemes with an achievement rate of only 47%; and
- Number of laboratories with enhanced sputum processing capacity with an achievement rate of 0%.

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Oct.12 - 31.Mar.13		B2	3.0.4.1	01.Apr.13 - 30.Jun.14	167,941,820	\$ 12,298,074	25 Apr 2014	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
Overall Grant Performance and Rating				The Country Team recommends to release the second cash transfer of US \$12,298,074 to the Department of Economic Affairs, Ministry of Finance, Government of India after receiving the audit report from CTD and ensuring that the PR has met the required conditions such as the strengthening of laboratories and its readiness to procure the GeneXpert machines.					
The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management is based on the overall performance for the period of 1 October 2012 to 31									



March 2013, merits a B2 rating.

The grant rating tool generated a 'B1' rating for the grant based on the programmatic performance. However, the overall grant rating has been downgraded from 'B1' to 'B2' due the following issues noted during the first implementation period:

- Inadequate monitoring and evaluation of the programmatic and financial performances of the SRs;
- Inadequate financial performance such as weak SRs financial monitoring; low absorption of funds; delays in the submission of audit reports; and inadequate budget monitoring;
- Incomplete compliance with the conditions precedent and special conditions of the grant agreement;
- Inability to recruit qualified staff such as a grant manager, a finance specialist and an M&E specialist dedicated to the Global Fund grant as one of the special conditions in the grant agreement. This caused delays in submission of PU/DRs, Budget, PSM and Performance Framework documents, as well data quality issues. We would note in particular that in the interest of prompt SLD procurement, the Country Team completed the necessary drug quantification exercise with the IDA Foundation, leading to the first set of disbursements this reporting period. While successful in this instance, you will agree that this is not a sustainable mechanism for program management under the Global Fund NFM.

#### Programmatic Achievements

The analysis below is based on the overall performance for the period of 1 October 2012 to 31 March 2013.

Out of the 23 coverage indicators evaluated, CTD achieved or exceeded its targets for the following 12 indicators:

- Number of functional Designated Microscopy Centers supported under RNTCP in the project states with an achievement rate of 101%;
- Number of laboratories performing LPA with an achievement rate of 120% (results are capped at 120% in the Grant Rating Tool);
- Number of DR TB suspects examined for MDR TB with an achievement rate 120%;
- Number of new smear positive cases reported to the national authorities and registered for treatment under DOTS with an achievement rate of 120%;
- Number of reporting units (districts) reporting no stock-out of 1st line TB drugs with an achievement rate of 100%;
- Number and % of HIV positive TB patients who has received at least one dose of CPT during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in 8 project states) with an achievement of 120%;
- Number and percentage of new smear positive pulmonary TB cases registered in a specified that are successfully treated achievement of 104%;
- Number of key RNTCP staff retrained/trained in RNTCP (MO-TC/DTO/lab tech/ STS/STLS /MO) with an achievement of 120%;
- Number of IMA members from 15+1 project states/UT who have signed a MOU in any of RNTCP schemes with an achievement rate of 120%;
- Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs with an achievement rate of 120%;
- Number of laboratories staff trained on line probe assay indicator pertaining to FIND with an achievement rate of 120%;
- Number and percentage of TB patients who had an HIV test result recorded positive and negative in the

TB register (8 states) with an achievement rate of 120%.

Further, CTD substantially met its targets for the following 7 indicators:

- Number and percentage of laboratories confirmed MDR TB patients successfully treated among those enrolled in 2nd line treatment during a specified period of time, with an achievement rate of 81%;
- Number of districts evaluated (as per RNTCP guideline) by the state and central level evaluation team with an achievement rate of 75%;
- Number of project districts where at least 30% of all forms of TB cases registered during the quarter are receiving DOTS through community volunteer with an achievement rate of 93%;
- Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving >85% treatment success rate among NSP cases achievement rate is 90%;
- Number of NGOs and Private Practitioner (PP) involved and supported (undersigned MOUs) under one of the RNTCP schemes with an achievement rate of 99%;
- Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy with an achievement rate of 93%; and
- Number of TB cases (All forms) registered for treatment under RNTCP DOTS with an achievement rate of 90%.

On the other hand, CTD did not meet its targets for the following 4 indicators:

- Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centers) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP with an achievement rate of 56%;
- Number of laboratories confirmed MDR TB patients enrolled in second-line anti TB treatment, the PR with an achievement rate of 53%;
- Number of PP sensitized on RNTCP through CMEs conducted by IMA PPM schemes with an achievement rate of only 47%; and
- Number of laboratories with enhanced sputum processing capacity with an achievement rate of 0%.

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Oct.12 - 31.Mar.13		B2	3.0.4.2	01.Apr.13 - 30.Jun.14	167,941,820	\$ 2,716,476	05 May 2014

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
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**Overall Grant Performance and Rating**

The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management is based on the overall performance for the period of 1 October 2012 to 31 March 2013, merits a B2 rating.

The grant rating tool generated a 'B1' rating for the grant based on the programmatic performance. However, the overall grant rating has been downgraded from 'B1' to 'B2' due the following issues noted during the first implementation period:

- Inadequate monitoring and evaluation of the programmatic and financial performances of the SRs;
- Inadequate financial performance such as weak SRs financial monitoring; low absorption of funds; delays in the submission of audit reports; and inadequate budget monitoring;

The Country Team recommends to release the second cash transfer of US \$2,716,476 to FIND after ensuring that it has met all the required conditions.

- Incomplete compliance with the conditions precedent and special conditions of the grant agreement;
- Inability to recruit qualified staff such as a grant manager, a finance specialist and an M&E specialist dedicated to the Global Fund grant as one of the special conditions in the grant agreement. This caused delays in submission of PU/DRs, Budget, PSM and Performance Framework documents, as well as data quality issues. We would note in particular that in the interest of prompt SLD procurement, the Country Team completed the necessary drug quantification exercise with the IDA Foundation, leading to the first set of disbursements this reporting period. While successful in this instance, you will agree that this is not a sustainable mechanism for program management under the Global Fund NFM.

#### Programmatic Achievements

The analysis below is based on the overall performance for the period of 1 October 2012 to 31 March 2013.

Out of the 23 coverage indicators evaluated, CTD achieved or exceeded its targets for the following 12 indicators:

- Number of functional Designated Microscopy Centers supported under RNTCP in the project states with an achievement rate of 101%;
- Number of laboratories performing LPA with an achievement rate of 120% (results are capped at 120% in the Grant Rating Tool);
- Number of DR TB suspects examined for MDR TB with an achievement rate 120%;
- Number of new smear positive cases reported to the national authorities and registered for treatment under DOTS with an achievement rate of 120%;
- Number of reporting units (districts) reporting no stock-out of 1st line TB drugs with an achievement rate of 100%;
- Number and % of HIV positive TB patients who has received at least one dose of CPT during or at the end of TB treatment (among all HIV positive TB patients registered over a given period of time in 8 project states) with an achievement of 120%;
- Number and percentage of new smear positive pulmonary TB cases registered in a specified that are successfully treated achievement of 104%;
- Number of key RNTCP staff retrained/trained in RNTCP (MO-TC/DTO/lab tech/ STS/STLS /MO) with an achievement of 120%;
- Number of IMA members from 15+1 project states/UT who have signed a MOU in any of RNTCP schemes with an achievement rate of 120%;
- Number of TB suspects referred for sputum smear examination from the Church Health facilities to RNTCP DMCs with an achievement rate of 120%;
- Number of laboratories staff trained on line probe assay indicator pertaining to FIND with an achievement rate of 120%;
- Number and percentage of TB patients who had an HIV test result recorded positive and negative in the TB register (8 states) with an achievement rate of 120%.

Further, CTD substantially met its targets for the following 7 indicators:

- Number and percentage of laboratories confirmed MDR TB patients successfully treated among those enrolled in 2nd line treatment during a specified period of time, with an achievement rate of 81%;
- Number of districts evaluated (as per RNTCP guideline) by the state and central level evaluation team with an achievement rate of 75%;
- Number of project districts where at least 30% of all forms of TB cases registered during the quarter are

receiving DOTS through community volunteer with an achievement rate of 93%;

- Number and percentage of identified predominantly tribal and poor districts in the 8 project states achieving >85% treatment success rate among NSP cases achievement rate is 90%;
- Number of NGOs and Private Practitioner (PP) involved and supported (undersigned MOUs) under one of the RNTCP schemes with an achievement rate of 99%;
- Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy with an achievement rate of 93%; and
- Number of TB cases (All forms) registered for treatment under RNTCP DOTS with an achievement rate of 90%.

On the other hand, CTD did not meet its targets for the following 4 indicators:

- Number of Church health facilities (medical colleges, hospitals, dispensaries and TB centers) supported under signed schemes (diagnosis, treatment and DOT supervision) and involved under RNTCP with an achievement rate of 56%;
- Number of laboratories confirmed MDR TB patients enrolled in second-line anti TB treatment, the PR with an achievement rate of 53%;
- Number of PP sensitized on RNTCP through CMEs conducted by IMA PPM schemes with an achievement rate of only 47%; and
- Number of laboratories with enhanced sputum processing capacity with an achievement rate of 0%.

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		B1	4.01	01.Apr.14 - 30.Jun.15	79,358,521	\$ 50,711,953	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		B1	4.02	01.Apr.14 - 30.Jun.15	79,358,521	\$ 1,303,785	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		B1	4.03	01.Apr.14 - 30.Jun.15	79,358,521	\$ 4,337,875	15 May 2015	
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	
6	01.Apr.14 - 31.Dec.14		B1	5	01.Jan.15 - 30.Sep.15	14,719,701	\$ 24,920,752	10 Jun 2015	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management during the period of 01 April 2014– 31 December 2014 merits a B1 rating. For details on the programmatic achievements and rating, please refer to the attached grant rating tool.</p>				<p>To date, the Global Fund has disbursed US \$234,074,380 to CTD under the SSF grants, representing approximately 90% of the cumulative grant's signed amount of US \$261,423,384.</p> <p>CTD requested a disbursement amount of US \$14,719,701 for a forecast budget of US \$36,388,945 for the period 1 January to 30 September 2015 by taking into account a closing cash balance of US \$21,669,244 as of 31 December 2014.</p> <p>The Country Team adjusted the disbursement amount to US \$25,347,398 and the forecast amount to US \$47,632,473 by taking into account the following calculation:  + 39,172,872 - Carry forward and commitment amount for pharmaceuticals and health products of Year 3 and Year 4 (2013-14 and 2014-15). This includes binocular and led microscopes, CBNAAT machines and cartridges, 1st line TB drugs and PSM cost  + 3,104,529 - Budget for government SRs &amp; HR cost of PR until September 2015. Note: this forecast excludes FIND's, which will be released in Q3 once the IL for topping up the grant is signed. Considering that FIND reported cash balance of \$4.4m as of 31-Mar-15, its cash release is postponed to Q3. The Country Team approves FIND's forecast and encourage FIND to continue the implementation of the planned activities.  + 1,755,072 - WHO forecast based on signed contract budget.  + 3,600,000 cost of 200 CBNAAT machines - brought forward from NFM period in order to initiate timely delivery.  = 47,632,473 is the total forecast for January to September 2015, of which \$1,755,072 pertains to WHO and \$45,877,401 to CTD.</p> <p>Out of the forecast amount, the Country Team deducted US \$17,947,200 as cash balance at 31December 2014 (\$16,618,774 CTD + \$ 1,328,426 WHO) and US \$4,337,875 as cash in transit processed in May 2015 to CTD to arrive to the recommended disbursement amount of US \$25,347,398.</p>					

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
6	01.Apr.14 - 31.Dec.14		B1	5.02	01.Jan.15 - 30.Sep.15	14,719,701	\$ 314,672	18 Aug 2015	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management during the period of 01 April 2014– 31 December 2014 merits a B1 rating. For details on the programmatic achievements and rating, please refer to the attached grant rating tool.</p>				<p>This grant will transition to NFM as of 1 October 2015. In order to secure timely labs preparedness, uninterrupted supply of SLD, a budget of US \$30.4 million will be brought forward to the current grant. Therefore, once the Board approves the secretariat request for topping up of the current grant, the CT will prepare a supplementary ADMF to release funds for SLD as well as the forecast for SR FIND, responsible for laboratory upgrading. For the current reporting period for 1 April to 31 December 2014 for which CTD demonstrated a good performance with a B1 rating, the C recommended respectively a forecast and a disbursement amounts of US \$47,632,473 and US \$25,347,398 as per the calculation below:  + 39,172,872 - Carry forward and commitment amount for pharmaceuticals and health products of Year 3 and Year 4 (2013-14 and 2014-15). This includes binocular and led microscopes, GeneXpert machines and cartridges, 1st line TB drugs and PSM cost  + 3,104,529 - Budget for government SRs &amp; HR cost of PR till September 2015. The forecast is in line with the approved grant SR budget. Note: this forecast excludes FIND's, which will be released in Q3 once the IL for grant top-up is signed.  Considering that FIND reported cash balance of \$4.4m at 31-Mar-15, their cash release can be postponed to Q3  + 1,755,072 - WHO forecast based on signed contract budget  + 3,600,000 Cost of 200 GeneXpert machines - brought forward from NFM period in order to initiate timely delivery  = US \$47,632,473 total forecast for Jan-Sept 2015, of which \$1,755,072 pertains to WHO and US \$45,877,401 pertains to CTD.  Out of the forecast amount, the CT deducted US \$17,947,200 as Cash balance at 31-Dec-14 (\$16,618,774 CTD + \$ 1,328,426 WHO) and US \$ 4,337,875 as Cash in transit processed in May 2015 to CTD to arrive to the recommended disbursement amount of US \$25,347,398 to be split as US\$24,920,752 for CTD (\$45,877,401 forecast less \$16,618,774 cash balance as at 31-Dec-14 less \$4,337,875 cash in transit) and US\$426,646 for WHO ( \$1,755,072 forecast less \$1,328,426 cash balance as at 31-Dec-14) .</p> <p>WHO reported cash balance as of 31 Mach 2015 was \$1.1 million, as a result the Country Team recommends to postpone the release of the US \$426,646 to 15 July 2015 after submission of the updated cash balance as of 30 June 2015. After submission of the cash balance as of 30 June, and review of the forecast, the CT released US \$314,672 to WHO.</p>					

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
6	01.Apr.14 - 31.Dec.14		B1	5.03	01.Jan.15 - 30.Sep.15	14,719,701	\$ 1,765,681	01 Oct 2015	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management during the period of 01 April 2014– 31 December 2014 merits a B1 rating. For details on the programmatic achievements and rating, please refer to the attached grant rating tool.</p>					<p>This grant will transition to NFM as of 1 October 2015. In order to secure timely labs preparedness, uninterrupted supply of SLD, a budget of US \$30.4 million will be brought forward to the current grant. Therefore, once the Board approves the secretariat request for topping up of the current grant, the CT will prepare a supplementary ADMF to release funds for SLD as well as the forecast for SR FIND, responsible for laboratory upgrading. For the current reporting period for 1 April to 31 December 2014 for which CTD demonstrated a good performance with a B1 rating, the C recommended respectively a forecast and a disbursement amounts of US \$47,632,473 and US \$25,347,398 as per the calculation below:  + 39,172,872 - Carry forward and commitment amount for pharmaceuticals and health products of Year 3 and Year 4 (2013-14 and 2014-15). This includes binocular and led microscopes, GeneXpert machines and cartridges, 1st line TB drugs and PSM cost  + 3,104,529 - Budget for government SRs &amp; HR cost of PR till September 2015. The forecast is in line with the approved grant SR budget. Note: this forecast excludes FIND's, which will be released in Q3 once the IL for grant top-up is signed.  Considering that FIND reported cash balance of \$4.4m at 31-Mar-15, their cash release can be postponed to Q3  + 1,755,072 - WHO forecast based on signed contract budget  + 3,600,000 Cost of 200 GeneXpert machines - brought forward from NFM period in order to initiate timely delivery  = US \$47,632,473 total forecast for Jan-Sept 2015, of which \$1,755,072 pertains to WHO and US \$45,877,401 pertains to CTD.  Out of the forecast amount, the CT deducted US \$17,947,200 as Cash balance at 31-Dec-14 (\$16,618,774 CTD + \$ 1,328,426 WHO) and US \$ 4,337,875 as Cash in transit processed in May 2015 to CTD to arrive to the recommended disbursement amount of US \$25,347,398 to be split as US\$24,920,752 for CTD (\$45,877,401 forecast less \$16,618,774 cash balance as at 31-Dec-14 less \$4,337,875 cash in transit) and US\$426,646 for WHO ( \$1,755,072 forecast less \$1,328,426 cash balance as at 31-Dec-14) .</p> <p>Update as of 16/09 2015 for FIND's forecast and disbursement recommendation:  Continuation of activities 750,001  Payment required for Existing procurements under process with procurement agency 550,000  Activities to be undertaken in existing project 784,310  Additional Activities proposed (after re-programming) 3,300,000  Expected gain due to forex changes -200,000  TOTAL Forcast until 30 september 2015 5,184,311  Less cash balance as on 30June 2015 3,418,630  Disbursement recommended 1,765,681</p> <p>After submission of the cash balance as of 30 June and review of the revised forecast from FIND, the CT recommends a disbursement of US \$1,765,681 to FIND.</p>				
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The overall performance of the program, including the implementation of activities, completion of conditions and management actions, as well as program management during the period of 01 April 2014– 31 December 2014 merits a B1 rating. For details on the programmatic achievements and rating, please refer to the attached grant rating tool.</p>									

**2.5. Contextual Information**

Title	Explanatory Notes

**2.6. Phase 2/ Periodic Review Grant Renewal**

<b>Performance Rating</b>		<b>Recommendation Category</b>	
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**Rationale for Phase 2/ Periodic Review Recommendation Category**

**Rationale for Phase 2/ Periodic Review Recommendation Amount**

<b>Time-bound Actions</b>	
<b>Issues</b>	<b>Description</b>



