

Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Framework Agreement (effective as of 26 March 2015), as amended and supplemented from time to time (the "Framework Agreement") between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **India HIV/AIDS Alliance** (the "Grantee") for the Program described herein.

2. This Grant Confirmation supplements, forms part of, and is subject to the Framework Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern.

3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of India
3.2	(Disease) Component:	HIV/AIDS
3.3	Program Title:	Strengthening community systems that benefit MSM, Transgender and hijra communities, as well as those providing Care and Support for PLHA in India
3.4	Grant Name:	IDA-H-IHAA
3.5	GA Number:	834
3.6	Grant Funds:	Up to the amount of US\$21,790,613.00 (Twenty-One Million Seven Hundred Ninety Thousand Six Hundred and Thirteen US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 October 2015 to 31 December 2017

3.8	The Principal Recipient Nominated:	India HIV/AIDS Alliance 6 Community Centre, Zamrudpur, Kailash Colony Extension, New Delhi 110048 Republic of India Attention: Mr. James Robertson Executive Director Telephone: +91 114 5367 700 Facsimile: +91 114 1633 085 Email: jrobertson@allianceindia.org
3.9	Fiscal Year of the Principal Recipient:	01 April to 31 March
3.10	LFA:	Price Waterhouse India Building 8, 7th & 8th Floor, Tower-B, DLF Cyber City, Gurgaon 122002 Haryana, India Attention: Mr. Heman Sabharwal Telephone: +91 124 4620148 Facsimile: +91 124 4620620 Email: heman.sabharwal@in.pwc.com
3.11	Global Fund (Notices information for this Grant Confirmation):	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva Switzerland Attention: Dr. Urban Johannes Weber Head, High Impact Asia Department Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: urban.weber@theglobalfund.org

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the "Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting" (2014, as amended from time to time), available at the Global Fund's Internet site, throughout the Implementation Period.
5. The Global Fund and the Grantee further agree that the following requirement is applicable to this Grant Confirmation:
- 5.1. With respect to the care and support program activities (referred to as "Vihaan") that will be



implemented in West Bengal and Jharkhand, the Grantee shall take all necessary actions to cooperate and collaborate with Solidarity and Action Against the HIV Infection in India ("SAATHII") in accordance with that certain Memorandum of Understanding between the Grantee and SAATHII with respect to Vihaan, as may be amended from time to time.

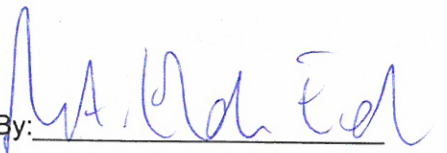
(The signature page follows.)



IN WITNESS WHEREOF, the Global Fund and the Grantee have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives as of the date of last signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

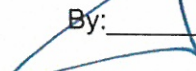
India HIV/AIDS Alliance

By: 

Name: Mr. Mark Eldon-Edington
Title: Head, Grant Management Division

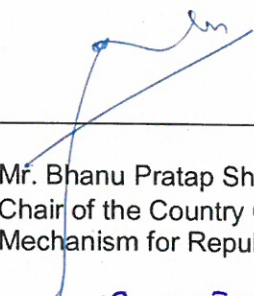
Date: 16 OCT. 2015



By: 
Name: Mr. James Robertson
Title: Executive Director

Date: 22 SEPT 2015

Acknowledged by

By: 

Name: Mr. Bhanu Pratap Sharma
Title: Chair of the Country Coordinating Mechanism for Republic of India

Date: 13 OCTOBER 2015

By: _____

Name: Mr. Rajesh Kumar
Title: Civil Society Representative of the Country Coordinating Mechanism for Republic of India

Date:

Schedule 1
Integrated Grant Description

Country:	Republic of India
Program Title:	Strengthening community systems that benefit MSM, Transgender and hijra communities, as well as those providing Care and Support for PLHA in India
Grant Name:	IDA-H-IHAA
Grant Number:	834
Disease:	HIV/AIDS
Principal Recipient:	India HIV/AIDS Alliance

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Vihaan

Of all countries, India has the third largest number of people living with HIV/AIDS. The latest report on India HIV Estimates provided a national estimate of 2.1 million people infected with HIV in 2011, of which 39% were female and 3.5% were children. Overall adult prevalence of HIV equaled -0.27 percent in 2011.

The Vihaan program is a national initiative establishing and managing 350 Care & Support Centres (CSCs) across India to expand access to essential services, increase treatment adherence, reduce stigma and discrimination, and improve the quality of life of PLHIV. The program is designed as the care & support component of the country's HIV response under National AIDS Control Program IV (NACP IV). Working in collaboration with the Department of AIDS Control and with support from the Global Fund, the program started operating in 31 states and territories since April 2013 and the program has reached 68 million PLHIV by March 2015. The Vihaan consortium is led by Alliance India and 17 state-level PLHIV networks and NGOs that in turn partner with district-level PLHIV networks and other organizations to deliver care & support services in communities. Vihaan CSCs are committed to the health and wellbeing of all PLHIV and their affected families, with special effort to reach those from underserved populations, including women, children and members of high-risk groups, such as FSWs PWID, MSM, transgenders and hijras.

IHAA will continue the Vihaan program as PR in 31 states aiming to reach 1.2 million PLHIV with care and support services by Dec 2017.

Pehchan

With Global Fund support, India HIV/AIDS Alliance has been implementing the Pehchan programme to improve HIV prevention impact in MSM, transgender and hijra communities. Pehchan (named for the Hindi word meaning 'identity,' 'recognition' or 'acknowledgement') has strengthened and built capacity of 200 community-based organizations (CBOs) to provide effective, inclusive and sustainable HIV prevention programming in 18 states of India for more than 450,000 men who have sex with men (MSM), transgender and hijras (collectively, MTH) from October 2010 to date.

Pehchan collaborates with the National AIDS Control Organization (NACO) and is aligned with the National AIDS Control Programme (NACP) which includes efforts to develop capacity in CBOs and



expand multisectoral responses to accelerate access to prevention and care services for key populations, including MTH. Along with India HIV/AIDS Alliance, the Pehchan consortium includes the Humsafar Trust, SAATHII, Sangama, and SIAAP.

Working at national scale as a Community Systems Strengthening program, Pehchan provides organizational development, technical support and capacity building to 90 SSR CBOs and 110 existing SSR CBOs working with MTH communities. Using a rights-based approach, the program has developed CBOs to serve as implementing partners with NACP-supported Targeted Interventions (TIs) that provide HIV prevention services to high-risk groups. The two major service packages implemented by the program are:

1. Pre-TI service package for the 90 new CBOs that were initiated in previously unreached districts not covered by government TIs that includes:
 - a. Organizational development support and system strengthening
 - b. Basic HIV/AIDS services and referrals
 - c. Positive living support
 - d. Crisis management
2. TI-Plus package for the 110 existing CBOs implementing TIs that provided community-specific services, including:
 - a. Advanced counselling services around family issues, partner issues, ART adherence, psychosocial support counselling
 - b. Referrals for the sexual reassignment surgery for transgenders, sexual & reproductive health, and social welfare services

Pehchan successfully completed four and a half years at the end of March 2015. The program proposed an extension through March of 2016 under the New Funding Model (NFM) to ensure systematic program closure and transition. NACO has assured that MTH responses will be transitioned and continued with World Bank support for the Government's TI program. Consequently the program and its activities are slated for closure along with transition of registered MTH clients.

2. Goals, Strategies and Activities:

Goals:

- To reduce new infections of HIV by 50% (2007 Baseline of NACP III)
- To provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.

Objectives:

- To strengthen community system for both HIV and TB care and reduction in stigma and discrimination.
- Early linkages of PLHIV including key population to Care, Support and treatment services and retention in care continuum
- Strengthen community institutions and systems for MSM, Hijra and transgender communities to increase reach and quality of services

Strategies/Interventions/Modules:

- Treatment, care and support
- TB/HIV



- Prevention programs for MSM and TGs¹

Planned Activities:

- Provide a package of care and support services including social protection and family/partner testing.
- Strengthen monitoring of on-site capacity building of existing 350 CSCs to continue providing care and support services with improved quality of services.
- Provide verbal screening of symptomatic TB cases through Intensified Case Finding approach as part of CSC activities
- Track patients lost to follow-up (LFU) and renewed enrolment in treatment.
- Provide services to special groups like single women living with HIV, children, MTH, people who inject drugs and female sex workers;
- Ensure coordination between treatment and care and support by regular coordination with ART centers.
- Conduct regular State Oversight Committee (SOC) meetings.
- Support NACO and other relevant national stakeholders for policy development and national guidelines.
- Sensitize top-level social development, Panchayati Raj, rural development decision-makers and training lawyers to provide local services to community members.
- Organize mobilization events such as observing World AIDS Day and 207 against 377
- Continue support on the field for HIV services under 78 SSRs and further strengthen for organization development
- Provide support to the National AIDS Control Organization and State AIDS Control Organization on validation process and transition
- Conduct SSR closure audits : Data audit and financial audit finalization

3. Target Group/Beneficiaries:

- Care and Support component: PLHIV, including marginalized populations who have had difficulty accessing treatment, including women, children and High Risk Groups (HRGs – FSWs, MSM, TGs, hijras and men and women IDUs).
- Pehchan Prevention component: Men having sex with men (MSM), Transgender and hijras

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

¹ This component ends in 31 March 2016 following transition to domestic budget support

