

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 21 July 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 **Solidarity and Action Against The HIV Infection in India** (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:	SVETANA: Scaling up of HIV Care and Private Sector PPTCT Services in India
3.4	Grant Name:	IDA-H-SAATHII
3.5	GA Number:	859
3.6	Grant Funds:	Up to the amount of US\$4,579,042.00 (Four Million Five Hundred Seventy-Nine Thousand and Forty-Two 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:	<p>Solidarity and Action Against The HIV Infection in India 78 Pushpa Nagar Main Road, Nungambaakam, Chennai - 600034 Republic of India</p> <p>Attention: Dr. Sai Subhasree Raghavan President</p> <p>Telephone: +91 44 28173948 Facsimile: +91 44 28173947 Email: subhasree_raghavan@yahoo.com.</p>
3.9	Fiscal Year of the Principal Recipient:	01 April to 31 March
3.10	LFA:	<p>Price Waterhouse India Building 8, 7th & 8th Floor, Tower-B, DLF Cyber City, Gurgaon 122002 Haryana, India</p> <p>Attention: Mr. Heman Sabharwal</p> <p>Telephone: +91 124 4620148 Facsimile: +91 124 4620620 Email: heman.sabharwal@in.pwc.com</p>
3.11	Global Fund (Notices information for this Grant Confirmation):	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva Switzerland</p> <p>Attention: Dr. Urban Johannes Weber Head, High Impact Asia Department Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: urban.weber@theglobalfund.org</p>

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

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

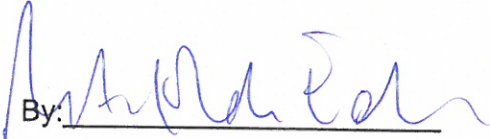
(The signature page follows.)

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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.

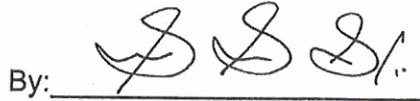
The Global Fund to Fight AIDS, Tuberculosis and Malaria

Solidarity and Action Against The HIV Infection in India

By: 

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

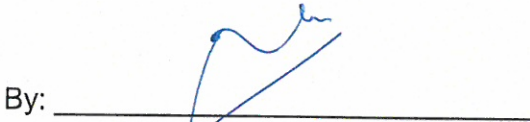
Date: 16 OCT. 2015

By: 

Name: Dr. Sai Subhasree Raghavan
Title: President

Date: 1 October 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:	SVETANA: Scaling up of HIV Care and Private Sector PPTCT Services in India
Grant Name:	IDA-H-SAATHII
Grant Number:	859
Disease:	HIV/AIDS
Principal Recipient:	Solidarity and Action Against The HIV Infection in India

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Although HIV prevalence in India is less than 1 percent, it equates to about 2.1 million individuals living with HIV, making the country's burden third highest globally. Of these, women constitute 39%, while children less than 15 years of age constitute 7%. Annually there are 27 million pregnant women delivering in India.

In order to reach the goals of national PPTCT program and Global Plan i.e. "zero new infections by 2015", universal coverage of pregnant women with HIV counseling and testing services is adopted as the primary strategy by National AIDS Control Program (NACP). Towards this, multiple measures have been undertaken including rapid scale up of Integrated Counseling and Testing Centers (ICTC) from 4,567 in 2007-08 to 15,606 in 2013-14, introduction of revised PPTCT guidelines (Option B+) and establishment of Early Infant Diagnosis (EID) Centers.

By the end of 2014, 9.7 million pregnant women were counseled and tested for HIV in India. Despite these efforts, India still has a coverage gap of 66.6% in HIV counseling and testing of pregnant women and a gap of 64.7% in identification of estimated HIV positive pregnant women. A key reason for this coverage gap is limited engagement of private sector. Only 8.3% private facilities are part of the 15,606 ICTCs to cover 36,12,903 (28%) pregnant women availing institutional deliveries in private facilities in India.

The private sector is the main source of health care for around 70% of urban and 60% of rural households in India. Besides its vast presence, the private sector also has rich experience in creating demand for the services offered. While private sector is far ahead in providing secondary and tertiary care, however, for many communicable diseases including HIV/AIDS and TB, the responsibility to provide treatment services is only shouldered by government.

Among the reasons for limited involvement of private sector in treatment of people infected with HIV and TB, are lack of a policy mandate for the private sector to provide treatment, high level of stigma associated with HIV (and TB) which is seen as a potential risk for losing their business, limited capacity within the government sector to engage the private sector and also limited capacity within the private sector in providing rationale and standardized treatment. Other reasons include vast population, diversified geography and low HIV prevalence.

SVETANA will complement NACO's efforts in working with private sector in 12 states and 2 union territories. Alongside, the programme will strengthen government's capacity in engaging/working with private sector, improve technical capacities of private facilities in providing complete cascade of PMTCT



services, leverage resources and facilitate shared responsibility in reaching HIV positive women with critical services. The 12 states and two UTs i.e. Andhra Pradesh, Telangana, Karnataka, Maharashtra, Tamil Nadu, West Bengal, Rajasthan, Jharkhand, Odisha, Kerala, Gujarat, Delhi, Goa and Pondicherry are selected for the programme because of two major reasons: comparatively higher contribution in private sector deliveries and high HIV prevalence (Table 1 and Figure 2). SVETANA will contribute to India's national of eliminating pediatric HIV by engaging the private healthcare sector.

In addition SVETANA will also continue to provide comprehensive care and support services to People Living with HIV in the states of West Bengal and Jharkhand, another Global Fund program that was initiated in 2013.

2. Goals, Strategies and Activities

Goals:

Reduce new infections by 50% (2007 Baseline of NACP III)

Provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.

Objectives:

- To improve coverage of PMTCT services through enhanced access in public and private sector and working towards elimination of pediatric HIV and keeping mothers alive healthy
- To strengthen community systems for both HIV and TB care and reduction in stigma and discrimination
- Early linkages of PLHIV including key populations to care, support and treatment services and retention in care continuum

Strategies/Interventions/ Modules

PMTCT

Treatment, care and support

TB/HIV

Planned Activities:

- Provide improved access to PMTCT services for pregnant women consulting the private sector in 12 states and 2 union territories
- Contribute to elimination of pediatric HIV by engaging the private healthcare sector
- Provide care and support services to PLHIVs in the states of West Bengal and Jarkhand
- Conduct gap analysis to identify the coverage gaps and high prevalence pockets areas and prioritization for rapid enrollment of new states
- Engage professional medical associations
- Coordinate with Government through joint monitoring and planning, participation in monthly meetings
- Conduct coordination meetings with service providers at district level
- Conduct referral and follow up services of HIV positive pregnant women
- Engage private health providers in different models of PPTCT service delivery.

Target Group/Beneficiaries

Pregnant women, children, PLHIVs



B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

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