

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 1 October 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** (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:	Malaria
3.3	Program Title:	Intensified Malaria Control Project-3 (IMCP-3)
3.4	Grant Name:	IDA-M-NVBDCP
3.5	GA Number:	855
3.6	Grant Funds:	Up to the amount of US\$104,535,701.00 (One Hundred Four Million Five Hundred Thirty-Five Thousand Seven Hundred and One 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>The Department of Economic Affairs, Ministry of Finance, Government of India, 238 B North Block, New Delhi Republic of India</p> <p><u>Implementing through:</u> National Vector Borne Diseases Control Programme, New Delhi Republic of India</p> <p>Attention: Dr. A.C. Dhariwal Director</p> <p>Telephone: 91-11-22185936/37 Facsimile: 91-11-22185935 Email: dracdhariwal@gmail.com;nvbdcpc-mohfw@nic.in</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 acting through the Principal Recipient 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.

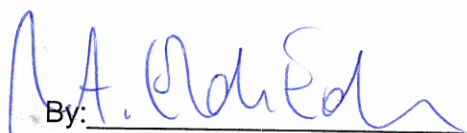
6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations and warranties as follows:

6.1. The Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

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

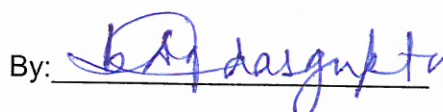
The Global Fund to Fight AIDS, Tuberculosis and Malaria

India
Acting through
The Department of Economic Affairs, Ministry of Finance

By: 

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

Date: 11 DEC. 2015

By: 

Name: Mr. Bhaskar Dasgupta
Title: Director (MI), Department of Economic Affairs

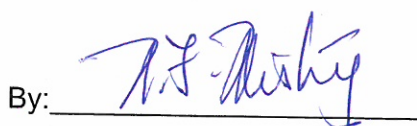
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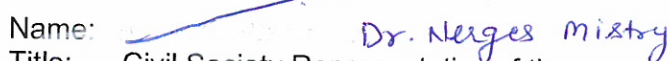
Acknowledged by

By: 

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

Date:

By: 

Name: 
Title: Civil Society Representative of the Country Coordinating Mechanism for Republic of India

Date:

5. The Global Fund and the Grantee acting through the Principal Recipient further agree that the following requirements are applicable to this Grant Confirmation:

5.1. Beginning 1 October 2016, the use of Grant Funds by the Grantee acting through the Principal Recipient for the procurement of artemisinin-based combination therapy ("ACT") and rapid diagnostic testing ("RDT") kits (the "ACT and RDT Procurement") is subject to the satisfaction of each of the following conditions:

- (1) the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of data on the actual consumption of ACTs and RDTs during the 12 month period beginning 1 October 2015;
- (2) the delivery by the Principal Recipient to the Global Fund of a revised "List of Health Products," in form and substance satisfactory to the Global Fund, if the Global Fund and the Principal Recipient determine that such revision is required based on the data provided pursuant to Section 5.1(1) of this Grant Confirmation; and
- (3) the written approval by the Global Fund of the ACT and RDT Procurement.

5.2. The use of Grant Funds by the Grantee acting through the Principal Recipient to finance operational research studies and surveys that are proposed to be conducted under the Program (each, an "Operational Research Study or Survey") is subject to the satisfaction of each of the following conditions with respect to the relevant Operational Research Study or Survey:

- (1) the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a study protocol, including the detailed costed work plan, for such Operational Research Study or Survey (the "Study Protocol"); and
- (2) the written approval by the Global Fund of the Study Protocol.

5.3. The amount of Grant Funds set forth in Section 3.6 of this Grant Confirmation represents the amount of Grant Funds disbursable by the Global Fund to the Principal Recipient during the Implementation Period and is composed of the following:

- (1) Undisbursed funds under previous grants and/or implementation periods, in the amount of US\$ 43,473,424; and
- (2) New funding allocated to the Principal Recipient, in the amount of US\$ 61,062,277.

The Summary Budget also includes the amount of US\$ 2,916,666, which is the estimated cash balance as of 30 September 2015 under the previous grant to the Principal Recipient. This amount is not included in the amount set forth in block 3.6 of this Grant Confirmation.

SCHEDULE 1. INTEGRATED GRANT DESCRIPTION

Country:	Republic of India
Program Title:	Intensified Malaria Control Project-3 (IMCP-3)
Grant Name:	IDA-M-NVBDCP
Grant Number:	855
Disease:	Malaria
Principal Recipient:	The Department of Economic Affairs, Ministry of Finance, Government of India

A. PROGRAM DESCRIPTION**1. Background and Rationale for the Program**

Malaria remains one of the public health problems in India. Though approximately 82% of the country's population lives in malaria transmission risk areas, 80% of malaria occurs among 20% of the people classified as "high risk." These high-risk populations are found in some 200 districts of Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Odisha, West Bengal and seven northeastern (NE) states. As per NVBDCP's 2012 Annual Report, 90% of malaria cases reported by 16 states namely Odisha, Jharkhand, Chhattisgarh, Maharashtra, Madhya Pradesh, Gujarat, West Bengal, Andhra Pradesh, and Karnataka and 7 north-east states. 90% of Pf cases are reported by 8 states namely Odisha, Chhattisgarh, Jharkhand, Assam, Madhya Pradesh, Andhra Pradesh, Meghalaya, and Maharashtra. 90% of deaths are reported by 8 states: Odisha, Maharashtra, Madhya Pradesh, Meghalaya, Assam, Arunachal Pradesh, Chhattisgarh, and Mizoram.

Overall, the malaria cases have consistently declined from 2.08 million in 2001 to 0.88 million in 2013. In 2014, provisional data indicated an increase to 0.97 million due to focal outbreaks in northeastern region indicating that malaria is characterized by local and focal occurrences and achievements in malaria mortality and morbidity are very fragile.

Epidemiologically, initial reduction in malaria mortality/morbidity is achievable. For further reduction (pre-elimination/elimination), sustained and more intensive efforts are needed. These areas are hard-to-reach areas where intensity of transmission is the highest and the health care delivery system constraints are yet to be optimal.

Due to continuous socio-political challenges, besides tribal/ethnic groups having diverse institutions, health seeking behavior are at high risk. Surveillance data are also largely from public sector.

There is risk of emergence of possible resistance to Artemisinin in view of long international porous borders with frequent migration of population and possible indiscriminate use as monotherapy.

There are inadequate resources vis-à-vis the need to realize the vision of pre-elimination and then elimination.

Under the Global Fund's Funding Model, "Intensified Malaria Control Project-3" (IMCP-3) includes all 125 districts of 8 States (7 NE States & Odisha). NVBDCP will continue to be supported by its Civil Society partner, Caritas India which is a Faith-Based Organization leading a civil society consortium complementing NVBDCP's efforts at community level.

2. Goals, Strategies and Activities

Goal:

To reduce malaria related mortality and morbidity by at least 50% in project areas (08 states) by 2017 as compared to 2012.

Objectives:

- To achieve near universal coverage (80%) by 2017 by effective preventive intervention (LLIN) for population living in high risk project areas (API>1).
- To achieve near universal coverage (80%) of fever cases by correct, affordable and appropriate parasitological diagnosis; and prompt, effective treatment according to the national drug policy in project areas by 2017.
- To achieve 100% coverage in project areas by appropriate BCC activities to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative malaria control interventions by 2017.
- To strengthen surveillance and M&E, program planning and management, and coordination and partnership development to improve service delivery in project areas by 2017.
- To strengthen health systems, community systems through capacity building (training) to improve service delivery in project areas by 2017.

Strategies:

- i) Prevention:
- ii) Early diagnosis and complete treatment:
- iii) Behavior Change Communication (BCC):
- iv) Monitoring & Evaluation:
- v) Coordination and partnership development:
- vi) Capacity Building:

Planned Activities:

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- Human resource & capacity building
- Case Management including IEC/BCC
- Vector Control including long-lasting insecticidal nets (LLIN) – Mass campaign
- Health Information System and Monitoring & Evaluation
- Programme Management including Infrastructure and other Equipments

3. Target Group/Beneficiaries:

The focus under the Funding Model period would continue in 7 north-eastern states as well as Odisha due to the high disease burden, problems of accessibility, ethnic diversity, and socio-political challenges.

Together, these states have a population of approx. 90 million people in 125 districts. The target group/beneficiaries include marginalized groups, tribal population, and women and children and other key population like Jhum cultivators (shifting cultivators); forest workers; migrant and mobile populations (especially in border areas).

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

