

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Centre for Health Research and Innovation** (the "Principal Recipient" or the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 31 October 2017, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant 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), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1.	Host Country or Region:	Republic of India
3.2.	Disease Component:	Tuberculosis
3.3.	Program Title:	Joint Effort for Elimination of Tuberculosis (JEET) for patients seeking care in private sector
3.4.	Grant Name:	IND-T-CHRI
3.5.	GA Number:	1621
3.6.	Grant Funds:	Up to the amount of USD 15,596,592.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 March 2021 (inclusive)
3.8.	Principal Recipient:	Centre for Health Research and Innovation 15th Floor, Dr. Gopal Das Bhawan 28 Barakhamba Road 110001 New Delhi Republic of India Attention Mr. Neeraj Jain Country Director

		Telephone: (011) 406-4000 Facsimile: Email: njain@path.org
3.9.	Fiscal Year:	1 April to 31 March
3.10.	Local Fund Agent:	Price Waterhouse Chartered Accountants LLP Building 8, 7th & 8th Floor, Tower-B DLF Cyber City 122002 Gurgaon Republic of India Attention Mr. Heman Sabharwal Telephone: 911244620510 Facsimile: +97714004578 Email: heman.sabharwal@in.pwc.com
3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland Attention Urban Weber Department Head Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: urban.weber@theglobalfund.org

4. **Policies.** The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2017, as amended from time to time), (2) the Health Products Guide (2017, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee from time to time.

5. **Covenants.** The Global Fund and the Grantee further agree that:

5.1. The use of Grant Funds to finance the mapping of private practitioners in India, which is proposed to be conducted under the Program (the "Mapping Activity"), is subject to the satisfaction, by no later than 31 March 2018, of each of the following conditions:

i. The delivery by the Grantee to the Global Fund, in form and substance satisfactory to the Global Fund, of a plan for mapping activity, including the detailed costed work plan, for such Mapping Activity (the "Budgeted Work Plan");

ii. Evidence in the Budgeted Work Plan that confirms that the Mapping Activity will not overlap with similar efforts undertaken under the National TB Program; and

iii. The written approval by the Global Fund of the Budgeted Work Plan.

5.2. During implementation of the Program, the Grantee shall take all necessary actions to cooperate and collaborate with the Foundation for Innovative New Diagnostics India and the William J Clinton Foundation (together, the "JEET Entities") pursuant to a Memorandum of Understanding, in form and substance satisfactory to the Global Fund, to be entered into by the Grantee and the JEET Entities with respect to such Program Activities.

5.3. The Grantee agrees to take all necessary actions to coordinate and cooperate with the Central TB Division, Directorate General of Health Services ("CTD") during implementation of the Program, including through participation in the following two coordination meetings that shall be hosted by CTD at a place, date and time and in a manner to be determined by CTD:

i. Principal Recipient Coordination Committee Meeting; and

ii. National Biannual Review Meeting.

5.4. The Grantee acknowledges and agrees that (i) the commitment and disbursement of Grant Funds under the Grant Agreement is subject to the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), and (ii) 20% of India's allocation will be made available upon increases in co-financing as required under the STC Policy.

5.5. With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), it is understood and agreed that (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain information that could be used to identify a person or people, and (2) the Grantee has undertaken or has caused to be undertaken prior to collection and thereafter whatever is required under the applicable laws of India to ensure that such information may be transferred to the Global Fund for such purpose upon request.

[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 on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Centre for Health Research and Innovation

By: MA. Ed. Edin

By: Neeraj Jain

Name: Mark Edington
Title: Head, Grant Management Division

Name: Mr. Neeraj Jain
Title: Country Director

Date: Jan 23, 2018

Date: 22 January 2018

Acknowledged by

By: Preeti Sudan

Name: Ms. Preeti Sudan
Title: Chair of the Country Coordinating Mechanism for Republic of India

Date: 01.03.2018

By: N. F. Mistry

Name: Dr. Nerges Mistry
Title: Civil Society Representative of the Country Coordinating Mechanism for Republic of India

Date: 07/03/2018

Schedule I

Integrated Grant Description

Country:	Republic of India
Program Title:	Joint Effort for Elimination of Tuberculosis (JEET) for patients seeking care in private sector
Grant Name:	IND-T-CHRI
GA Number:	1621
Disease Component:	Tuberculosis
Principal Recipient:	Centre for Health Research and Innovation (CHRI)

A. PROGRAM DESCRIPTION

1. Background and Rational for the Program:

The private sector for TB is massive, heterogeneous and growing, accounting for roughly 80% of the first contact of patients with health-care providers in the country. Studies conducted since the 1990s have documented that more than half of the TB cases are diagnosed and treated in the private sector. Recent evidence on drug sales in the private market also suggests an estimated 2.2 million TB patients seeking care in the private sector. Despite the mandatory notification advisory by the Govt. of India, a significant number of patients are still not getting notified to the RNTCP. Two decades of attempts to improve collaboration between the public and private sectors have yielded limited results. Reaching TB patients in the private sector, ensuring quality of care, and reducing the cost incurred by patients are the three important aspects to address in a holistic manner.

There have been some successes such as the pilots in Mumbai, Patna and Mehsana under the Universal Access to TB Care (UATBC) project along with the efforts to engage private sector laboratories under the Initiative to Promote Affordable and Quality TB Tests (IPAQT) and the pediatric access project focused on private sector engagement in 10 cities. However, it is important to replicate the learnings from these successful pilots and scale them up to the national level to achieve the ambitious NSP (2017-2025).

The proposed strategy for private sector engagement under the current grant involves development of constructive partnership with private providers by establishing linkages to enhance notifications and tracking patients to ensure successful completion of treatment. The proposed private sector approach under the grant builds upon the lessons learnt from UATBC project, which was aimed at improving TB notifications by using ICT support, providing free TB drugs for notified TB patients, and extending adherence support to patients diagnosed and treated in the private sector.

2. Goal:

1. To achieve a rapid decline in burden of TB morbidity and mortality while working towards elimination of TB in India by 2025

3. Strategies:

The NSP aims to evolve a high-quality patient centered model of TB care to "go where the patients go". In line with the NSP strategic approach, the specific project related strategic elements include:

- Contract agencies at district level to work closely with the patient and all patient touchpoints including chemists, pharmacies, clinics, providers, hospitals, laboratories, and RNTCP.
- Engage with RNTCP network at national, state and district levels.
- Increase nationwide access to WHO approved quality TB diagnosis through public and private lab network.
- Ensure notifications and microbiological confirmation of TB patients
- Facilitate early treatment initiation and adherence support systems for improved treatment completion rates
- Develop mechanisms to reduce catastrophic costs to TB patients.

4. Planned activities:

The proposal is designed to enhance the RNTCP's management capacity for private sector engagement by establishing a Patient Provider Support Agency (PPSA) in designated geographies. The grant will support to set up such PPSAs in 40 RNTCP districts (in 17 cities/urban agglomerations/corporations), each covering more than one million population and state level management units. The intervention would focus on the urban populations of the districts. Program implementation arrangement will also include capacity building through training of RNTCP staff.

In the 40 RNTCP districts, intensified activities will be carried out which will include close coordination with private practitioners, linkages for free diagnostics, drugs and treatment support to ensure treatment outcomes of TB patients seeking care in the private sector. State Program Management Units will be established to support the program in the 10 states of the country under.

National Project Management Unit (NPMU) at country level and State Program Management Unit at state level, will be responsible to ensure private sector engagement and coordination with national and state level stakeholders including RNTCP, National Technical Working Group, state TB Control Programs, State Technical Working Group (STWG), and other stakeholders.

Provider Mapping

Project will undertake active mapping in areas with intensified activities. For the remaining areas, passive mapping will be done by collecting the information on existing private sector providers from CTD, available secondary sources and from respective districts through the existing health system enabling countrywide mapping.

Patient Provider Support Agency (PPSA)

Patient Provider Support Agency (PPSA) would be responsible for continuous, end-to-end engagement of private sector to provide quality TB services to patients seeking care in private sector. PPSAs will be established in 40 RNTCP districts in following 17 cities/ urban agglomerations/corporations: Mumbai, Navi Mumbai, Nagpur, Thane, Pune, Nasik, Lucknow, Agra, Kanpur, Allahabad, Bareilly, Ghaziabad, Gorakhpur, Guwahati, Meerut, Moradabad, Varanasi

The service delivery model for PPSA includes the following major activities:

1. Engagement of private providers – PPSA Field Officers will network with private sector providers. PPSA will promote quality and early diagnosis, use of rapid diagnostics, DST, TB notifications, treatment as per Standards for TB Care in India (STCI) and utilization of available public-sector services for the patients seeking care in the private sector.
2. Notification of TB patients– PPSA will support both engaged and non-engaged private sector providers for TB notifications in Nikshay/eNikshay through sensitization of private practitioners and by establishing mechanisms / modalities to support private sector notifications.
3. Linkage to free diagnostics services by RNTCP;

4. Linkage to free treatment services by RNTCP including adherence support through ICT enabled mechanisms, social support schemes, and RNTCP supported incentives to patients and providers as provisioned in NSP;
5. In additions to their respective focus geography, PPSA field officers will undertake engagement of champion TB providers and provide adherence support to patients seeking TB care through them in the peripheral cities/towns.

Non-PPSA Model

For 165 cities across the 10 states, following activities will be supported by the project staff from PPSA cities, and State PMUs in the non PPSA cities in close association with RNTCP staff to ensure sustainability and transferability of capacity and learnings.

1. Capacity building of RNTCP's private sector engagement network (PPM coordinators, TBHVs, TB supervisor - new position for private sector engagement under NSP), through trainings, providing job aids, information materials etc.
 2. Engagement of private providers – assist TBHVs, PPM coordinators, TB supervisor and other district level staff to engage with private sector providers.
 3. Notification of TB – support planning and execution of activities for sensitizing private sector providers for TB notifications in eNikshay through existing programme staff to support private sector notifications into eNikshay as per NSP.
 4. Free diagnostics and treatment services – Training/sensitization of private sector to promote utilization of free diagnostics and treatment services of TB available in public sector, and technical support for establishing linkages to ICT enabled adherence mechanism in private sector, and linkages to social welfare schemes.
5. Target Group/Beneficiaries
The private sector engagement intervention takes a multi-pronged approach to engaging with private sector by working with providers, pharmacies, presumptive and microbiologically confirmed TB patients in coordination with the RNTCP.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	India			
Grant Name	IND-T-CHRI			
Implementation Period	01-Jan-2018 - 31-Mar-2021			
Principal Recipient	Centre for Health Research and Innovation			
Reporting Periods	01-Jan-2018	01-Oct-2018	01-Apr-2019	01-Oct-2019
	30-Sep-2018	31-Mar-2019	30-Sep-2020	31-Mar-2021
PU includes DR?	No	Yes	No	No
		Yes	No	No

Program Goals and Impact Indicators

1 To achieve a rapid declining burden of TB morbidity and mortality while working towards elimination of TB in India by 2025

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
1 TB I-2: TB incidence rate per 100,000 population	India	217	2015 WHO Global TB Report 2016		N: 142 D: P: % Due Date: 31-Dec-2021	N: 15 D: P: % Due Date: 31-Dec-2021	N: 142 D: P: % Due Date: 31-Dec-2021	The baseline for incidence rate is from WHO Global TB report 2016 and the target for the same has been proposed based on NSP (2017-2025). It is based on calendar year. The PR has provided target for the last year of the grant period i.e. 2020 as 142 (~34.5% decline from the baseline) which is appropriate as measurement of incidence rate in between will be a challenge. NSP does not have annual targets. For the target in 2020, the PR is planning to use results from TB prevalence survey.
2 TB I-3(M): TB mortality rate per 100,000 population	India	32	2015 WHO Global TB Report 2016		N: 30 D: P: % Due Date: 31-Dec-2019	N: 24 D: P: % Due Date: 31-Dec-2020	N: 15 D: P: % Due Date: 31-Dec-2021	The baseline for TB mortality rate is reported from the WHO Global report 2016 as 37/100,000 population. The targets for the three years grant period (Yr 1 as 30, Yr 2 as 24 and Yr 3 as 15) are in line with the NSP document. The population size 1,372,067,039 is used in 2018 with an average of 1.13% growth rate.
3 TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	India	2.84%	2015 NDRS results		N: 1 D: P: % Due Date: 31-Mar-2018	N: 1 D: P: % Due Date: 31-Mar-2018	N: 1 D: P: % Due Date: 31-Mar-2018	NDRS results used for the baseline are yet to be published. The proportion of MDR TB is only for new smear positive cases and not all new cases. Targets will be set during first quarter of grant implementation, i.e. by 31 Mar 2018. PF will be revised based on this new information.

Program Objectives and Outcome Indicators

1 Systematically engage the private providers with an increase in case notification to 2 million cases annually
2 Improving treatment adherence and treatment support by adoption of ICT tools and partnerships

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
1 TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	India	59%	2015 WHO Global TB Report 2016		N: 2,400,000 D: 3,131,884 P: 76.63% Due Date: 01-Apr-2019	N: 2,690,000 D: 3,085,600 P: 86.86% Due Date: 01-Apr-2020	N: 2,890,000 D: 3,040,000 P: 94.74% Due Date: 01-Apr-2021	The baseline of 59% for this indicator is from the WHO Global TB report 2016. The numerator includes "Number of new and relapse cases that were notified and treated" whereas the denominator will include "Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)" The source of the information for the numerator will be Nikshay whereas the denominator is based on the programme estimations.
2 TB O-4(M): Treatment success rate of RR-TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	India	46%	2015 Annual Status Report 2017	TB case definition	N: 15,687 D: 108,196 P: 48.00% Due Date: 01-Apr-2019	N: 60,590 D: 74,632 P: 56.00% Due Date: 01-Apr-2020	N: 48,511 D: 74,632 P: 65.00% Due Date: 01-Apr-2021	Baseline figure was reported in 2015, based on cohort from two quarters in 2013 to two quarters in 2014. Treatment success rate for patients on short term regimen will be disaggregated in Year 3 or if available earlier.

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation			2018			2019			2020			Comment
				Country and Geographic Area	Baseline	Required Disaggregation	01-Jan-2018	30-Sep-2018	01-Oct-2018	31-Mar-2019	01-Apr-2019	01-Apr-2020	30-Sep-2020	01-Oct-2019	31-Mar-2020	
3	India	127.2	2015 WHO Global TB Report 2016	Country: India; Coverage: Subnational	N-Non-cumulative	Gender, HIV test status, Age	N: 179 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 209 D: P: %	N: 209 D: P: %	The PR has provided the baseline for this indicator from the WHO Global TB report 2016 as 127. The targets are calculated based on the TB case notifications (from public sector and private sector) of the new and retreatment cases which will be reported from Nikshay and the projected populations (census data). The population size 1,372,067,039 is used in 2018 with an average of 1.13% growth rate.		
4	India	36%	2015 WHO Global TB Report 2016	Country: India; Coverage: Subnational	N-Non-cumulative	Gender, HIV test status, Age	N: 179 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 209 D: P: %	N: 209 D: P: %	The Numerator and Denominator includes the notifications from Private Sector.		

Coverage Indicators		Country and Geographic Area		Baseline		Baseline Year and Source		Required Disaggregation		Cumulation for AFD		Required Disaggregation		01-Jan-2018		30-Sep-2018		01-Oct-2018		31-Mar-2019		01-Apr-2019		30-Sep-2020		01-Oct-2020		31-Mar-2021		Comments	
TCP-2(M): Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases		Country: India; Coverage: Subnational		N: D: P: %	N-Non-cumulative	Gender, HIV test status, Age	N: 179 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	- No baseline has been provided for this indicator as there is no previous information available on the treatment success rate across the implementing districts. Data Source: NIKSHAY/ JEET DATABASE. The JEET consortium (CHRI, FIND, WJCF) is developing a joint system to capture patient treatment outcome information. - The Numerator for this indicator: Total number of notified TB cases who successfully completed treatment. Denominator for this indicator: Total number of notified TB cases of reporting period. - Treatment success rate is set at 70% for the entire grant period. - Targets are set from 3rd period which refers for the TSP for the 9 months cohort Jan-Sep 2018. The rest are for 6 months targets for the respective cohorts of notified TB cases one year before. - This is a new intervention targeting the private sector. No baseline is available. - The source of reporting on this indicator will be Nikshay.		
TCP-7a: Number of notified TB cases (all forms) contributed by non-national TB program providers - private/non-governmental facilities		Country: India; Coverage: Subnational		N: D: P: %	N-Non-cumulative		N: 179 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	N: 209 D: P: %	N: 197 D: P: %	- A total of 689 350 notifications are proposed by the PR and this is corresponding to the PATH share out of the total 1.5 million from all three JEET project partners (CHRI, FIND, WJCF). The targets provided by the PR corresponds to the 36 months period of grant implementation however, as the grant will be for a total of 39 months duration, an addition of 53,026 cases (corresponding to one quarter achievement) has been added so that total of 742,376 TB cases will be notified in 39 months period. Detailed geographic locations can be referred from the integrated grant description document.		

Component Name	Tuberculosis	
Country / Applicant	India	
Principal Recipient	Centre for Health Research and Innovation	
Application/Grant Name	IND-T-CHRI	
IP Start Date	01-Jan-18	
IP End Date	31-Mar-21	
Grant Currency:	USD	

Budget Summary (in grant currency)

	Y1	Y2	Y3	Y4
	01-Jan-18 31-Mar-18	01-Jan-19 31-Mar-19	01-Jan-20 31-Mar-20	01-Jan-21 31-Mar-21

By Module	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Y4	Total	%	
Program management	198,731	328,013	322,177	316,152	310,448	1,276,789	300,045	299,555	305,709	311,441	1,216,751	312,762	300,549	323,287	1,243,300	3,935,571	25%
TB care and prevention	1,150,000	1,739,292	821,193	824,232	811,124	4,195,831	801,455	792,652	792,652	3,179,412	792,652	792,652	757,820	3,135,778	11,661,020	75%	
Total	1,348,731	2,067,295	1,143,370	1,140,384	1,121,572	5,472,620	1,101,500	1,092,208	1,098,362	1,104,094	1,093,201	1,099,355	1,081,107	4,379,078	15,596,592	100%	

By Cost Grouping	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Y4	Total	%
1.0 Human Resources (HR)	80,733	615,768	749,629	755,782	743,244	743,244	743,244	749,398	743,244	743,244	743,244	749,398	743,244	2,979,129	8,903,415	57%
2.0 Travel related costs (TRC)	18,635	141,953	227,522	229,218	213,968	204,299	195,497	195,497	195,497	207,220	195,497	195,497	173,651	771,864	2,393,739	15%
3.0 External/Professional services (EPS)	1,180,329	1,180,329	30,329	30,329	41,221	1,282,209	30,329	30,329	41,221	132,209	30,329	30,329	41,221	132,209	2,726,955	17%
4.0 Health Products - Pharmaceutical Products (HPPP)																
5.0 Health Products - Non-Pharmaceuticals (HPNP)																
6.0 Health Products - Equipment (HPE)																
7.0 Procurement and Supply-Chain Management costs (PSM)																
8.0 Infrastructure (INF)	35,988	35,988	16,788	2,098		58,776									94,763	1%
9.0 Non-health equipment (NHEP)																
10.0 Communication Material and Publications (CMP)																
11.0 Programme Administration costs (PA)	32,846	60,537	77,895	81,749	81,930	302,111	82,421	81,930	82,924	83,414	82,924	82,924	81,784	331,045	995,207	6%
12.0 Living support to client/ target population (LSCPT)		29,228	41,208	41,208	41,208	152,851	41,208	41,208	41,208	41,208	41,208	41,208	41,208	164,831	482,513	3%
13.0 Payment for Results																
Total	1,348,731	2,067,295	1,143,370	1,140,384	1,121,572	5,472,620	1,101,500	1,092,208	1,098,362	1,104,094	1,093,201	1,099,355	1,081,107	4,379,078	15,596,592	100%

By Recipients	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Y4	Total	%
Centre for Health Research and Innovation	1,334,602	1,658,631	557,878	565,881	549,267	3,331,757	519,903	526,057	531,789	533,110	520,897	527,051	508,603	2,089,861	8,863,165	57%
Sub Recipient 1-Mumbai	708	195,149	192,343	192,343	192,343	772,178	192,343	192,343	192,343	192,343	192,343	192,343	192,343	769,371	2,311,628	15%
Sub Recipient 2-Pune	708	39,974	37,168	37,168	37,168	151,479	37,168	37,168	37,168	37,168	37,168	37,168	37,168	148,673	449,533	3%
Sub Recipient 3-Nagpur	708	30,879	30,171	30,171	30,171	121,393	30,171	30,171	30,171	30,171	30,171	30,171	30,171	120,685	363,471	2%
Sub Recipient 4-Thane	708	32,044	27,139	27,139	27,139	113,461	27,139	27,139	27,139	27,139	27,139	27,139	27,139	108,556	331,282	2%
Sub Recipient 5-Nasik	708	708	22,490	21,061	21,061	65,319	21,061	21,061	21,061	21,061	21,061	21,061	21,061	84,243	234,513	2%
Sub Recipient 6- Navi Mumbai	708	20,030	17,224	17,224	17,224	71,703	17,224	17,224	17,224	17,224	17,224	17,224	17,224	68,897	210,205	1%
Sub Recipient 7- Lucknow	708	42,111	39,304	39,304	39,304	160,024	39,304	39,304	39,304	39,304	39,304	39,304	39,304	157,217	475,166	3%
Sub Recipient 8- Kanpur	708	708	37,871	37,041	37,041	112,661	37,041	37,041	37,041	37,041	37,041	37,041	37,041	148,166	409,701	3%
Sub Recipient 9-Agra	708	708	26,836	24,738	24,738	69,914	24,738	24,738	24,738	24,738	24,738	24,738	24,738	98,952	275,631	2%
Sub Recipient 10-Ghaziabad	708	708	23,960	22,623	22,623	69,914	22,623	22,623	22,623	22,623	22,623	22,623	22,623	90,492	251,606	2%
Sub Recipient 11- Meerut	708	708	23,717	21,618	21,618	67,660	21,618	21,618	21,618	21,618	21,618	21,618	21,618	86,472	241,312	2%
Sub Recipient 12- Varanasi	708	708	21,553	19,454	19,454	61,169	19,454	19,454	19,454	19,454	19,454	19,454	19,454	77,817	217,509	1%
Sub Recipient 13- Allahabad	708	23,673	20,867	20,867	20,867	86,273	20,867	20,867	20,867	20,867	20,867	20,867	20,867	83,467	253,914	2%
Sub Recipient 14- Bareilly	708	708	18,427	16,836	16,836	52,807	16,836	16,836	16,836	16,836	16,836	16,836	16,836	67,345	188,206	1%
Sub Recipient 15- Moradabad	2,806	18,435	17,727	17,727	17,727	71,616	17,727	17,727	17,727	17,727	17,727	17,727	17,727	70,908	216,238	1%
Sub Recipient 16- Gorakhpur	708	708	13,717	15,815	13,717	43,956	13,717	13,717	13,717	13,717	13,717	13,717	13,717	54,866	154,396	1%
Sub Recipient 17- Suwahaati	708	708	14,978	13,272	13,272	42,230	13,272	13,272	13,272	13,272	13,272	13,272	13,272	53,089	149,116	1%
Total	1,348,731	2,067,295	1,143,370	1,140,384	1,121,572	5,472,620	1,101,500	1,092,208	1,098,362	1,104,094	1,093,201	1,099,355	1,081,107	4,379,078	15,596,592	100%