

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 **Department of Economic Affairs, Ministry of Finance of India** (the "Principal Recipient") on behalf of India (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 1 October 2015, 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:	Moving towards Elimination of Tuberculosis in India
3.4.	Grant Name:	IND-T-CTD
3.5.	GA Number:	1620
3.6.	Grant Funds:	Up to the amount of USD 201,344,390.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 March 2021 (inclusive)
3.8.	Principal Recipient:	Department of Economic Affairs, Ministry of Finance, Government of India, 238 B North Block, New Delhi, Republic of India. Implementing through Central TB Division, Directorate General Health Services, Room No.522 C Wing, 5 th Floor, Nirman Bhawan, New Delhi 110011. Republic of India. Attention: Dr Sunil D Khaparde Deputy Director General Central TB Division

		Telephone: +91 11123062980 Facsimile: +91 11123063226 Email: ddgtb@rntcp.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 Partner 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, and shall cause the Principal Recipient to, 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 and the Principal Recipient, from time to time.
5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorised by or obtained all necessary consents, approvals and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's 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.

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

6.1. The use of Grant Funds for the implementation of patient support services targeted at improving treatment adherence ("Patient Support Services") is subject to the Grantee, acting through the Principal Recipient, providing to the Global Fund a plan, in form and substance satisfactory to the Global Fund, for the implementation of such Patient Support Services (the "Plan"). The Plan shall detail, but shall not be limited to, the (i) design of the patient support scheme (including the amount and frequency of payments), (ii) criteria for patient eligibility, including milestone conditions if applicable, (iii) mechanism for payments, (iv) verification protocol and (v) internal control for ensuring that awarded payments reach the designated eligible patients. The use of Grant Funds to finance Patient Support Services will be subject to the Global Fund's written approval of the Plan.

6.2. With respect to the procurement of (a) second-line anti-tuberculosis medicines for the treatment of patients with Rifampicin-resistant and multi-drug resistant tuberculosis ("SLDs") and (b) cartridges for Cartridge Based Nucleic Acid Amplification Testing ("CBNAAT Cartridges"):

- i. during the Implementation Period, the Global Fund will finance a maximum of 40% of the required quantity of SLDs and CBNAAT Cartridges. For purposes of this Grant Agreement, the "required quantity" of SLDs and CBNAAT Cartridges for each year will be determined by the Global Fund in mutual consultation with the Central TB Division, Directorate General of Health Services, based on the targets set in the Performance Framework; however, for year-2 and year-3 of the Implementation Period, the "required quantity" will be adjusted in light of achieved results in year-1 and year-2 of the Implementation Period respectively and considering the stock on hand and orders in the pipeline; and
- ii. Global Fund financing of SLDs and CBNAAT Cartridges for year-2 and year-3 of the Implementation Period is subject to the Government of India ("GoI") providing evidence, in form and substance satisfactory to the Global Fund, that the GoI has procured or is procuring the remaining 60% of the required quantity of SLDs and CBNAAT Cartridges for the previous year.

6.3. The Grantee acting through the Principal Recipient acknowledges and agrees that:

- i. Grant Funds may not be used to pay overhead or cost recovery to WHO after 31 December 2018;
- ii. it shall, in 2018, utilize Grant Funds to pay for no more than 60 consultants for technical assistance to be provided by the World Health Organization through the Technical Support Network;

iii. in order to phase out Global Fund financing of such technical assistance by the end of the Implementation Period, it shall limit the number of such consultants financed with Grant Funds to no more than 30 in 2019 and 20 in 2020; and

iv. as of 1 January 2019, the use of Grant Funds with respect to the Technical Support Network shall be subject to the Global Fund's review and written approval of the cost of maintaining such network within the new contractual arrangements between the Grantee and the human resources agency tasked with managing the Technical Support Network as of such date.

6.4. By no later than 30 June 2018, the Grantee acting through the Principal Recipient shall (i) complete an open and transparent selection process for the selection of a service provider for the procurement and supply management system strengthening activities under the Program (the "PSM Activities") and (ii) provide to the Global Fund a costed plan, in form and substance satisfactory to the Global Fund, for the implementation of the PSM Activities. The use of Grant Funds to finance the PSM Activities will be subject to the Global Fund's written approval of such plan.

6.5. The Grantee acting through Principal Recipient acknowledges and agrees that: i. the amount of grant funds made available to the Principal Recipient under the Grant Agreement effective 1 October 2015 for IDA-T-CTD (the "Prior Grant Agreement") included the amount of US\$ 55,498,692 (the "Incentive Funding Amount"), which was awarded to India as above allocation funding to be used for the diagnosis and treatment of MDR-TB and XDR TB patients subject to the satisfaction of certain requirements set forth in Implementation Letter Number 1, dated 24 August 2017 ("IL1"), including the requirement that the GoI match the Incentive Funding Amount through additional budgetary support to the National TB Program in the amount of USD 55,498,692, as set forth in IL1; and ii. in the event that the GoI fails to fulfil the above matching requirement by 31 December 2017 and the requirements detailed in IL1, the Global Fund reserves the right to reduce the amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation by an aggregate amount equal to the amount spent from the Incentive Funding Amount that is not matched by the GoI.

6.6. The use of Grant Funds 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:

i. 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

ii. The written approval by the Global Fund of the Study Protocol.

6.7. By no later than 31 March 2018, the Grantee acting through the Principal Recipient shall sign a Memorandum of Understanding (the "MoU"), in form and substance satisfactory to the Global Fund, with Foundation for Innovative New Diagnostics India with respect to the upgrade of the laboratory network in India (the "Lab Upgrade Activities"). The MoU shall detail

each parties' implementation responsibilities with respect to the Lab Upgrade Activities, including the responsibilities of any subcontracted implementing agencies, and the terms and conditions of their collaboration. The Grantee acting through the Principal Recipient agrees to take all necessary actions to adhere to the MoU during the implementation of the Program.

6.8. The Grantee acting through the Principal Recipient 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.

6.9. 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 Principal Recipient on behalf of the Grantee has undertaken or has caused to be undertaken prior to collection and thereafter whatever is required under the applicable laws of the Republic of India to ensure that such information may be transferred to the Global Fund for such purpose upon request.

7.0. The Principal Recipient on behalf of the Grantee shall cooperate with the regional Green Light Committee (the "rGLC") in the efforts of the rGLC to provide technical support and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and the scaling-up of DR-TB-related services provided in-country. Accordingly, the Principal Recipient on behalf of the Grantee shall budget, and hereby authorizes 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.

7.1. Transition between grants:

- i. The Program budget in the Integrated Grant Description attached hereto as Schedule I reflects the total amount of Global Fund funding to be made available for the Program. The Program budget will be funded with (i) grant funds disbursed to the Principal Recipient under the Prior Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), and (ii) additional Grant Funds up to the amount set forth in Section 3.6 of the Grant Confirmation. The Global Fund will determine the amount of Previously Disbursed Grant Funds that are approved for use under the current Grant Agreement as at 30 September 2018 and may reduce the amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation by such amount. For the avoidance of doubt, the definition of Grant Funds set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previously Disbursed Grant Funds.
- ii. All non-cash assets remaining under any previous Grant Agreements as of the start date of the Implementation Period shall be fully accounted for and duly documented ("Previous Program Assets"). Unless otherwise agreed with the Global Fund (e.g. through transfer of such assets to another implementer), the

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definition of Program Assets set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previous Program Assets.

- iii. For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee and/or Principal Recipient under any previous Grant Agreement(s) (including, but not limited to, those concerning financial and other reporting).

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient 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

Department of Economic Affairs, Ministry of Finance of India
on behalf of India

By: Mark Edington

Mar 8, 2018

Name: Mark Edington
Title: Head, Grant Management Division

Date:

By: Bandana Prayashi

Name: Bandana Prayashi
Title: Director (MI), DEA, Ministry of Finance

Date: 08.03.2018

Acknowledged by

By: Preeti Sudan

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

By: Dr. Nerges Mistry

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

13.03.18

Schedule I

Integrated Grant Description

Country:	Republic of India
Program Title:	Moving towards Elimination of Tuberculosis in India
Grant Name:	IND-T-CTD
GA Number:	1620
Disease Component:	Tuberculosis
Principal Recipient:	Department of Economic Affairs, Ministry of Finance of India

A. PROGRAM DESCRIPTION

1. Background and Rational for the Program:

India with a population of 1.32 billion is the second most populated country in the world and is projected to be the world's most populous country by 2022. More than 50% of India's population is below the age of 25 and more than 65% below the age of 35. Poverty in India is an important issue. A significant proportion of the population is undernourished due to poverty, which leads to weakened immunity and manifestation of TB. A considerable population also suffers from conditions weakening immunity, including smoking, diabetes and indoor air pollution from cook stoves, that increase the likelihood for progression to active TB. Poverty is associated with increased risk of TB and TB leads to high out-of-pocket expenditure thereby contributing to poverty and becomes a vicious circle. Thus, any sustained initiative to bring down this epidemic will also greatly accelerate poverty reduction and improve human development efforts not only within the country but in the region and globally as well.

Tuberculosis remains a major public health challenge despite of positive impact of many factors including established DOTS strategy in the country for about two decades.

In the National Strategic Plan 2017-2025 we are moving towards rapidly ending the epidemic of TB in India. This necessitates a paradigm shift in approach and strategy. This NSP addresses requirements for achieving the SDG and End TB targets for India and is driven by the DETECT-TREAT-PREVENT-BUILD approach. The focus is on early diagnosis of all TB patients, prompt treatment with the right drugs and regimens along with suitable patient support systems including financial and nutritional support. This is supplemented by prevention strategies including active case finding, contact tracing and LTBI management in high risk population, and airborne infection control. There is an urgent need for management and financial system upgradation for the TB control programme at all levels and this NSP addresses those needs. National Strategic Plan for Tuberculosis elimination 2017-2025 to work towards achieving the goals of eliminating TB by 2025.

India has revised its TB incidence and mortality estimates in 2016 based on updated availability of data from state level prevalence surveys, data from private sector TB notification, estimation of TB cases under-notified to national programme from private sector using drug sale data and mortality data from millio: death survey and verbal autopsy studies. With revised WHO estimates of TB burden in India, the incidence rate continues to be high with 217 per 1,00,000 population (CI: 112 to 355). The estimated incidence (new TB cases per year) is 2.8 million cases in 2015 (CI:1.47 to 4.65 million) and thus contributing to 27% of world's TB burden. The estimated mortality due to TB is 480,000 (CI: 380000-590,000). Against 18% of total global population, India's estimated burden is 27% in terms of incidence, while the mortality is 34%. Mortality due to TB is the third leading cause of years of life lost (YLLs), in the country. TB alone contributes to 3.3% of Disability adjusted life years (DALYs) attributable to all-cause premature mortality and morbidity in the country.

India is also the highest burden country for MDR/RR TB, with an estimated 0.13 million (CI: 0.08 – 0.18) incident cases annually. Nearly 2.5% (2.1% - 3.1%) of the notified new pulmonary cases and 16% (14% – 18%) of the notified previously treated pulmonary cases have MDR TB (WHO Global TB Report 2016). Cases of extensively drug resistant TB (XDR-TB) have also been reported from most states of India. National Drug Resistance Survey (NDRS) data shows the proportion of MDR-TB among new cases as 2.84% (2.28-3.49) and 11.67% (10.26-13.21) for previously treated case (unpublished). NDRS data shows high proportion of any INH resistance (New cases 11.06 (9.97-12.22) previously treated 25.09 (23.15-27.11) which needs urgent attention.

The programme has registered more than 33000 drug resistant TB patients in 2016. In addition, at the six sites implementing Bedaquiline containing regimen, mono INH and poly resistant TB patients are being diagnosed and put on treatment.

2. Goal: To achieve a rapid declining burden of TB morbidity and mortality while working towards elimination of TB in India by 2025

3. Strategies:

1. MDR –TB Diagnosis and Treatment;
2. TB Care and Prevention through engaging all care providers, research activities and treatment adherence.
3. TB-HIV
4. Resilient and Sustainable Systems of Health
5. Program Management

4. Planned Activities:

1. Contribute to diagnosis and treatment of RR/MDR TB patients by scaling up diagnostic capacity, procurement of second line drugs and patient support systems to improve treatment adherence;
2. Capacity building of public sector to engage with private sector and extend public health action to private sector patients
3. Strengthening Financial Reporting System through electronic application of Public Financial Management System.
4. Strengthening RNTCP Supply Chain Management System
5. Patient Support systems to improve treatment adherence.

5. Target Group/Beneficiaries:

To achieve the "Moving towards Elimination of Tuberculosis" it is the necessary to ensure access to all sections of populations including vulnerable and at risk groups such as urban slum populations, TB/HIV co-infected individuals, women, children, tribal populations, underserved populations in hard to reach areas, prisoners, and refugees across high and increasing disease prevalence areas.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	India					
Grant Name	IND-T-CTD					
Implementation Period	01-Jan-2018 - 31-Mar-2021					
Principal Recipient	Department of Economic Affairs, Ministry of Finance of India					
Reporting Periods	01-Jan-2018	01-Oct-2018	01-Apr-2019	01-Oct-2019	01-Apr-2020	01-Oct-2020
	30-Sep-2018	31-Mar-2019	30-Sep-2019	31-Mar-2020	30-Sep-2020	31-Mar-2021
PU includes DR?	No	Yes	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
				Yes	No	N: D: P: %	Due Date:	N: D: P: %	Due Date:	N: D: P: %	Due Date:	
1 TB I-2: TB incidence rate per 100,000 population	India	217	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: 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(W): 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 2016 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: D: P: %	Due Date: 31-Mar-2018	N: D: P: %	Due Date:	N: D: P: %	Due Date:	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 Early detection of TB cases by Active Case finding in targeted groups and initiate treatment promptly
- 2 Systematically engage the private providers with an increase in case notification to 2 million cases annually
- 3 Improving treatment adherence and treatment support by adoption of ICT tools and partnerships
- 4 Strengthen linkages with the Pharmacovigilance program of India (PVP) for monitoring, identification and detection of signals.
- 5 Health system strengthening with focus on mechanisms for critical management reforms, restructuring HR and Financial norms.
- 6 Promote Research on issues which are the key relevance to guide interventions and to monitor and evaluate the impact of the program through collaboration with specialized institutions.

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation		2018		2019		2020		Comment
				Yes	No	N: D: P: %	Due Date:	N: D: P: %	Due Date:	N: D: P: %	Due Date:	
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: 76.53%	Due Date: 01-Apr-2019	N: 2,680,000 D: 3,065,600 P: 86.86%	Due Date: 01-Apr-2020	N: 2,880,000 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.

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment			
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: 32,682 P: 48.00% Due Date: 01-Apr-2019	N: 60,590 D: 108,196 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.			
3 TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	India	127.2	2015 WHO Global TB Report 2016		N: 179 D: % Due Date: 01-Apr-2019	N: 197 D: % Due Date: 01-Apr-2020	N: 209 D: % Due Date: 01-Apr-2021	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 relapse 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 TB O-6: Notification of RR-TB and/or MDR-TB cases - Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated RR-TB and/or MDR-TB cases	India	36%	2015 WHO Global TB Report 2016		N: 59,400 D: 130,000 P: 45.69% Due Date: 01-Apr-2019	N: 71,078 D: 130,000 P: 54.67% Due Date: 01-Apr-2020	N: 82,800 D: 130,000 P: 63.69% Due Date: 01-Apr-2021	The Numerator and Denominator includes the notifications from Private Sector.			
Coverage Indicators											
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 30-Sep-2018	01-Oct-2018 31-Mar-2019	01-Apr-2019 30-Sep-2019	01-Oct-2019 31-Mar-2020	01-Oct-2020 31-Mar-2021	Comments
TB care and prevention											
TCP-1(M): Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	Country: India; Coverage: National	N: 1,754,957 D: P:	Annual Status Report 2017	HIV test status, TB case definition	N-Non-cumulative	N: 1,800,000 D: P:	N: 1,270,000 D: P:	N: 1,340,000 D: P:	N: 1,390,000 D: P:	N: 1,440,000 D: P:	Note for all indicators: Targets for all coverage indicators are set based on the fiscal year (April-March) while impact and outcome targets are based on calendar year. The first period is 9 months, and other periods have 6 months thereafter. Targets are proportionally increased in the first period, based on annualized targets with reporting year April to March. This indicator includes notified new and relapse cases from Public and Private sector. Source: NIKSHAY Targets are based on revised NSP 2017.
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: National	N: 1,191,064.78 D: 1,609,547 P: 74.0%	WHO Global TB Report 2016	Gender/HIV test status, Age	N-Non-cumulative	N: 1,272,000 D: 1,590,000 P: 80.0%	N: 904,000 D: 1,130,000 P: 80.0%	N: 1,530,000 D: 1,800,000 P: 85.0%	N: 1,079,500 D: 1,270,000 P: 85.0%	N: 1,251,000 D: 1,390,000 P: 90.0%	This indicator will report on the successful outcome of the notified cases of all forms of TB. Source: NIKSHAY Cohort reporting is from 1 year prior, e.g. 2018 cohort treatment outcome will be reported in 2019.
TCP-6b: Number of TB cases (all forms) notified among key affected populations/ high risk groups (other than prisoners)	Country: India; Coverage: National	N: 9,000 D: P:	As per Nikshaya Report	Target / Risk population/group	N-Non-cumulative	N: 20,250 D: P:	N: 17,550 D: P:	N: 21,600 D: P:	N: 22,950 D: P:	N: 24,300 D: P:	This indicator will report on the key populations and vulnerable groups (urban, rural and tribal areas) including prisoners. Urban: Slum, prison inmates, old age homes, construction site workers, refugee camps, night shelters, high risk groups for HIV, homeless, street children, orphanages, homes for destitute, asylums Rural: difficult to reach villages, mine workers, stone crusher workers, groups with high malnutrition, high risk groups for HIV, weaving and glass industrial workers, cotton mill workers, unorganized labor, tea garden workers, villages seeking care from traditional healers Tribal: difficult to reach villages and hamlets, villages with known high case load, tribal school hostels, areas with high malnutrition, villages seeking care from traditional healers, areas with little ventilated huts Source: NIKSHAY. The baseline include the number of TB cases notified from the KAP as per the active case finding intervention since Jan 2017 to Aug 2017
TCP-7a: Number of notified TB cases (all forms) contributed by non-national TB program providers - private/non-governmental facilities	Country: India; Coverage: National	N: 330,166 D: P:	Nikshay		N-Non-cumulative	N: 600,000 D: P:	N: 450,000 D: P:	N: 500,000 D: P:	N: 525,000 D: P:	N: 550,000 D: P:	The target have been proposed with the assumption that 50% of the total targeted KAP (12 Crores) screening will yield 27,000 TB cases in year 1, 80% in year 2 i.e. 43,200 and 90% in the year 3 i.e. 48,500 W30 This indicator will report on the total notification from the private sector i.e. non-national TB program providers. Source: NIKSHAY

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 30-Sep-2018	01-Oct-2018 31-Mar-2019	01-Apr-2019 30-Sep-2019	01-Oct-2019 31-Mar-2020	01-Apr-2020 30-Sep-2020	01-Oct-2020 31-Mar-2021	Comments
MDR-TB												
MDR TB-2(M): Number of TB cases with RR-TB and/or MDR-TB notified	Country: India; Coverage: National	N: 33,820 D: P:	Annual Status Report 2017	Age, Gender	N-Non-cumulative	N: 49,500 D: P:	N: 36,244 D: P:	N: 39,487 D: P:	N: 42,744 D: P:	N: 46,000 D: P:	N: 46,000 D: P:	The targets are set according to the revised NSP in 2017, with annual figures of 60000, 78975 and 92000. This reflects notifications of 32%, 39%, and 46% of total estimated MDR cases in the country in the three years (2018-2020). Because the first period has 9 months, target is proportionately increased.
MDR TB-3(M): Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: India; Coverage: National	N: 32,682 D: P:	Annual Status Report 2017	TB regimen, Age, Gender	N-Non-cumulative	N: 44,500 D: P:	N: 32,620 D: P:	N: 35,540 D: P:	N: 38,470 D: P:	N: 41,400 D: P:	N: 41,400 D: P:	The targets include RRMDR/MDR TB patients who are put on treatment. They are set according to the revised NSP in 2017, with annual figures of 59400, 71078 and 82800. This reflects 90% of total MDR case notifications being put on treatment in the three years (2018-2020). Because the first period has 9 months, target is proportionately increased.
MDR TB-6: Percentage of TB patients with DST result for at least Rifampicin among the total number of notified (new and retreatment) cases in the same year	Country: India; Coverage: National	N: 275,321 D: 1,667,136 P: 16.5%	Nikshay		N-Non-cumulative	N: 720,000 D: 1,800,000 P: 40.0%	N: 508,000 D: 1,270,000 P: 40.0%	N: 670,000 D: 1,340,000 P: 50.0%	N: 695,000 D: 1,390,000 P: 50.0%	N: 864,000 D: 1,440,000 P: 60.0%	N: 864,000 D: 1,440,000 P: 60.0%	This indicator numerator will be Percentage of TB patients with DST result for at least Rifampicin and the denominator will include all TB notified. Source: NIKSHAY
MDR TB-8: Number of cases of XDR TB enrolled on treatment	Country: India; Coverage: National	N: 2,456 D: P:	Annual Status Report 2017		N-Non-cumulative	N: 2,005 D: P:	N: 1,468 D: P:	N: 1,599 D: P:	N: 1,731 D: P:	N: 1,863 D: P:	N: 1,863 D: P:	The XDR targets are in line with the revised NSP in 2017. The PR is aiming at treating 90% of the XDR notified cases. The number of XDR notifications according to the NSP for the three years are: 2970, 3554, and 4140. Because the first period has 9 months, the target is proportionately increased.
TB/HIV												
TB/HIV-4.1: Percentage of people living with HIV newly enrolled in HIV care started on TB preventive therapy	Country: India; Coverage: National	N: 17,413 D: 174,125 P: 10.0%	Annual Status Report 2018		N-Non-cumulative	N: 65,287 D: 130,594 P: 50.0%	N: 43,532 D: 87,063 P: 50.0%	N: 60,944 D: 87,063 P: 70.0%	N: 60,944 D: 87,063 P: 70.0%	N: 76,357 D: 87,063 P: 90.0%	N: 76,357 D: 87,063 P: 90.0%	Due to previous delays in procurement, IPT is to be implemented nationwide by 2017. In 40 high TB-HIV districts, IPT will be for all HIV+ patients. There are no NSP targets for IPT use and targets are set with aim to achieve 90% coverage in 2020. Denominator is based on the number of newly enrolled HIV patients.
TB/HIV-5: Percentage of registered new and relapse TB patients with documented HIV status	Country: India; Coverage: National	N: 1,544,362,16 D: 1,754,957 P: 88.0%	Annual Status Report 2017		N-Non-cumulative	N: 1,440,000 D: 1,800,000 P: 80.0%	N: 1,016,000 D: 1,270,000 P: 80.0%	N: 1,112,200 D: 1,340,000 P: 83.0%	N: 1,153,700 D: 1,390,000 P: 83.0%	N: 1,238,400 D: 1,440,000 P: 86.0%	N: 1,238,400 D: 1,440,000 P: 86.0%	This indicator will report HIV status of all TB cases. Source: NIKSHAY The targets are set at 80%, 83%, and 86% for the three years. These are less than the baseline because it is anticipated that a significant increase of TB case notifications will be coming from the private sector, and maintaining a high HIV testing coverage initially may be a challenge among this population.

Component Name	Tuberculosis	
Country / Applicant:	India	
Principal Recipient	Department of Economic Affairs, Ministry of Finance of India	
Application/Grant Name	IND-T-CTD	
IP Start Date	01-Jan-18	
IP End Date	31-Mar-21	
Grant Currency:	USD	

Budget Summary (in grant currency)

	Y1		Y2		Y3		Y4		Total	%	
	01-Jan-18 31-Mar-18	01-Apr-18 30-Jun-18	01-Jul-18 31-Sep-18	01-Oct-18 31-Dec-18	01-Jan-19 31-Mar-19	01-Jun-19 31-Aug-19	01-Sep-19 31-Nov-19	01-Dec-19 31-Mar-20			
By Module	Q1	Y1	Q2	Y2	Q3	Y3	Q4	Y4	Q1	Y4	%
Program management	354,793	354,793	366,513	1,319,733	355,279	242,879	244,353	242,879	238,981	794,395	2%
TB care and prevention	1,577,189	1,577,189	9,353,850	45,924,727	3,372,589	22,147,798	6,104,843	18,451,310	18,451,310	20,629,742	2%
MDR-TB	2,144,374	2,144,374	20,541,927	50,947,866	2,164,389	26,105,320	2,856,110	2,771,608	40,050,766	48,479,623	35%
RSSH: Financial management systems			8,062	12,092	8,062	16,123	16,123	16,123	16,123	16,123	57%
TB/HIV			6,355,532	6,355,532					6,355,532	6,355,532	0%
RSSH: Procurement and supply chain management systems				728,569		728,569		728,569	728,569	728,569	4%
Total	4,076,356	4,076,356	36,617,821	105,304,442	5,900,318	49,237,916	4,447,039	4,447,039	9,341,631	4,472,776	100%

	Y1		Y2		Y3		Y4		Total	%	
	01-Jan-18 31-Mar-18	01-Apr-18 30-Jun-18	01-Jul-18 31-Sep-18	01-Oct-18 31-Dec-18	01-Jan-19 31-Mar-19	01-Jun-19 31-Aug-19	01-Sep-19 31-Nov-19	01-Dec-19 31-Mar-20			
By Cost Grouping	Q1	Y1	Q2	Y2	Q3	Y3	Q4	Y4	Q1	Y4	%
1.0 Human Resources (HR)	384,231	384,231	392,544	1,622,322	392,232	445,111	445,448	445,448	447,343	1,712,714	3%
2.0 Travel related costs (TRC)	500,429	500,429	512,620	1,905,608	532,985	350,817	359,728	359,728	225,734	213,209	2%
3.0 External Professional services (EPS)	414,823	414,823	463,099	1,559,042	414,188	268,657	218,657	218,657	151,280	152,369	2%
4.0 Health Products - Pharmaceutical Products (HPPP)	586,533	586,533	20,136,319	38,465,871	1,185	1,185	1,185	1,185	32,688,692	33,253,167	38%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	1,185	1,185	1,185	4,738	1,185	1,185	1,185	1,185	1,185	3,554	0%
6.0 Health Products - Equipment (HPE)	2,360	2,360	6,400,679	16,295,328	2,100,928	31,617,267	353,179	353,179	353,179	47,897,143	24%
7.0 Procurement and Supply-Chain Management costs (PSM)	17,885	17,885	6,502,166	273,121	3,227,456	71,078	6,612,419	6,612,419	343,316	27,150,362	13%
8.0 Infrastructure (INF)	60,669	60,669	77,731	55,423	17,885	728,569	728,569	728,569	728,569	728,569	3%
9.0 Non-health equipment (NHP)	4,377	4,377	4,377	17,892	4,762	4,377	4,377	4,377	11,923	13,462	0%
10.0 Communication Material and Publications (CMP)	254,252	254,252	254,252	887,725	254,252	124,968	124,968	124,968	120,232	120,232	0%
11.0 Programme Administration costs (PA)	1,849,611	1,849,611	1,854,966	8,115,999	1,851,760	2,556,455	2,559,662	2,559,662	2,792,505	2,791,166	0%
12.0 Living support to client/ target population (LSCTP)											1%
13.0 Payment for Results											14%
Total	4,076,356	4,076,356	36,617,821	105,304,442	5,900,318	49,237,916	4,447,039	4,447,039	9,341,631	4,472,776	100%

	Y1		Y2		Y3		Y4		Total	%	
	01-Jan-18 31-Mar-18	01-Apr-18 30-Jun-18	01-Jul-18 31-Sep-18	01-Oct-18 31-Dec-18	01-Jan-19 31-Mar-19	01-Jun-19 31-Aug-19	01-Sep-19 31-Nov-19	01-Dec-19 31-Mar-20			
By Recipients	Q1	Y1	Q2	Y2	Q3	Y3	Q4	Y4	Q1	Y4	%
Department of Economic Affairs, Ministry of Finance of India	1,859,742	1,859,742	34,935,679	99,670,802	4,241,852	48,577,779	4,241,852	48,577,779	3,906,718	16,140,015	94%
WHO	947,109	947,109	947,109	2,841,328	947,109	2,841,328	947,109	2,841,328	947,109	2,841,328	2%
TVHA	28,261	28,261	34,204	104,321	23,410	25,829	23,410	25,829	23,410	25,829	2%
SHIS	8,515	8,515	41,525	29,646	23,131	29,646	23,131	29,646	23,131	29,646	0%
TSS	343,757	343,757	356,966	333,520	361,878	348,149	343,757	343,757	356,966	356,966	0%
ICMR	888,971	888,971	302,438	256,512	302,438	256,512	256,512	256,512	146,124	146,124	2%
Total	4,076,356	4,076,356	36,617,821	105,304,442	5,900,318	49,237,916	4,447,039	4,447,039	9,341,631	4,472,776	100%