

### 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 **Foundation for Innovative New Diagnostics India** (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 21 November 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:	Strengthening sustainable Laboratory Diagnostic Network of RNTCP and Joint Effort for Elimination of Tuberculosis (JEET)
3.4.	Grant Name:	IND-T-FIND
3.5.	GA Number:	1618
3.6.	Grant Funds:	Up to the amount of USD 33,135,609.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 March 2021 (inclusive)
3.8.	Principal Recipient:	Foundation for Innovative New Diagnostics India FLAT NO. 8, 9TH FLOOR VIJAYA BUILDING, 17 BARAKHAMBA ROAD 110001 New Delhi Republic of India  Attention Dr. Sanjay Sarin Director

		Telephone: Facsimile: Email: sanjay.sarin@finddx.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 upgrade the laboratory network in India (the "Lab Upgrade Activities") shall be subject to the signing of a Memorandum of Understanding (the "MoU"), in form and substance satisfactory to the Global Fund, between the Grantee and the Central TB Division, Directorate General of Health Services ("CTD") with respect to 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 agrees to take all

necessary actions to adhere to the MoU during the implementation of the Program.

5.2. Transition between grants:

i. All non-cash assets acquired under any previous grant agreement financed with Global Fund funds that are officially transferred to the Principal Recipient by CTD shall be fully accounted for and duly documented ("Previous Program Assets"). Unless otherwise agreed with the Global Fund, the definition of Program Assets set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previous Program Assets.

ii. For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee under any previous grant agreement financed with Global Fund funds (including, but not limited to, those concerning financial and other reporting).

5.3. The Grantee agrees to take all necessary actions to coordinate and cooperate with 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. During implementation of the Program, the Grantee shall take all necessary actions to cooperate and collaborate with the Centre for Health Research and Innovation 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.

5.5. 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.

5.6. 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

Foundation for Innovative New Diagnostics India

By: Mark Edington

By: [Signature]

Name: Mark Edington  
Title: Head, Grant Management Division

Name: Dr. Catharina Boehme  
Title: Director – FIND India

Date: Jan 24, 2018

Date: 27 Jan 18  
By: [Signature]

Name: Sanjay Sarin  
Title: Director – FIND India

Date: 27<sup>th</sup> Jan 2018

Acknowledged by

By: [Signature]

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

Date: 01.03.2018

By: [Signature]

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

<b>Country:</b>	Republic of India
<b>Program Title:</b>	Strengthening sustainable Laboratory Diagnostic Network of RNTCP and Joint Effort for Elimination of Tuberculosis (JEET)
<b>Grant Name:</b>	IND-T-FIND
<b>GA Number:</b>	1618
<b>Disease Component:</b>	Tuberculosis
<b>Principal Recipient:</b>	Foundation for Innovative New Diagnostics India

#### A. PROGRAM DESCRIPTION

##### 1. Background and Rational for the Program:

###### Sustaining & expanding access to TB/MDR-TB Diagnostics within RNTCP

Nation-wide scale up of Programmatic Management of Drug Resistant Tuberculosis (PMDT) in India has been accelerated by the expansion of lab capacity through introduction of WHO approved diagnostics for TB/DR-TB (drug resistant). This effort was supported by the UNITAID funded EXPAND TB and The Global Fund (GFATM) projects with FIND acting as an implementing partner. Scale up was accomplished under the guidance of Central TB Division (CTD) and in collaboration with WHO, USAID, partners and the states.

Through the ongoing and earlier Global Fund grants, FIND has supported establishment of 61 laboratories for the RNTCP (46 labs + 15 labs to be established under the ongoing grant). However, to achieve the ambitious NSP targets, more labs need to be set-up to expand the diagnostic capacity. In addition, FIND has been ensuring sustenance of service delivery in C-DST labs through management of supplies of laboratory reagents, consumables, maintenance of equipment and third-party accreditation. Additionally, FIND has been supporting the RNTCP to modernize its diagnostic network through the introduction of genome sequencing technologies. To ensure uniformity across the RNTCP's lab network, reduce data-entry errors and automate notifications, FIND is working with RNTCP to develop a Lab Information Management System (LIMS) under the ongoing Global Fund grant.

###### Joint Effort for Elimination of Tuberculosis (JEET)

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:

- Use of high efficiency tools for early and accurate diagnosis through the expansion and strengthening of C-DST capacity within NTP.
- Increase nationwide access to WHO approved quality TB diagnosis through public and private lab network.
- Contract agencies at district level to work closely with the patient at all patient touchpoints including chemists, pharmacies, clinics, providers, hospitals, laboratories, and RNTCP.
- Engage with RNTCP network at national, state and district levels.
- 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:

### Sustaining & expanding access to TB/MDR-TB Diagnostics within RNTCP

The approach is in line with the objectives of the National Strategic Plan (2017-2025) and will be focused on sustenance of service delivery through the existing labs and the expansion of laboratory diagnostic capacity through development of additional culture and DST labs.

**Sustenance of service delivery:** continuity of the existing network of C-DST labs to facilitate uninterrupted supply of test kits and lab consumables, maintain/establish annual maintenance contracts with both original equipment manufacturers and their authorized service providers, and replace critical out-of-date equipment that are beyond repair.

**Expanding Laboratory Capacity for RNTCP PMDT:** establishing an additional 20 Liquid Culture-Drug Susceptibility Testing (LC-DST) labs. Lab capacity will be further enhanced as per NTP requirements by providing critical capacity determining equipment such as refrigerated centrifuges, bio-safety cabinets, automated liquid culture equipment, and hybridization equipment.

**Laboratory Information Management System (LIMS):** to scale-up and update the LIMS, being developed under NFM grant, to facilitate sample management, test management, timely laboratory reporting, real time statistics for various levels of management and surveillance, patient tracking and flagging to drive access to DR-TB testing

**Sustainability and transition:** procurement of test kits, lab consumables and annual maintenance related activities are planned to be transitioned in a phased manner to identified states under RNTCP.

**Joint Effort for Elimination of Tuberculosis (JEET)**

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. FIND will set up such PPSAs in 19 RNTCP districts (in 7 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. Programme implementation arrangement will also include capacity building through training of RNTCP staff.

In the 19 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 Programme Management Units will be established to support the programme in the 7 states of the country under the FIND supported portion of the private sector interventions.

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.

**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.

STATE	PPSA cities
Chandigarh	Chandigarh
Punjab	Ludhiana
West Bengal	Howrah
	Kolkata
Andhra Pradesh	Vishakhapatnam
Karnataka	Bengaluru
Telangana	Hyderabad
Himachal Pradesh	

**Table 1: States and PPSA cities for FIND's private sector engagement**

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 115 cities across the 7 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.



<b>Country</b>	India						
<b>Grant Name</b>	IND-T-FIND						
<b>Implementation Period</b>	01-Jan-2018 - 31-Mar-2021						
<b>Principal Recipient</b>	Foundation for Innovative New Diagnostics India						
<b>Reporting Periods</b>	<b>Start Date</b>	01-Jan-2018	01-Oct-2018	01-Apr-2019	01-Oct-2019	01-Apr-2020	01-Oct-2020
	<b>End Date</b>	30-Sep-2018	31-Mar-2019	30-Sep-2019	31-Mar-2020	30-Sep-2020	31-Mar-2021
	<b>PU includes DR7</b>	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
1 TB 1-2: TB incidence rate per 100,000 population	India	217	2015 WHO Global TB Report 2016	N: D: P: % Due Date: 31-Dec-2019	N: 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 disease 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 1-3(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 1,372,067,020 is used in 2016 with an average of 1.17% growth rate. 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.
3 TB 1-4(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: 31-Mar-2019	N: D: P: % Due Date: 31-Mar-2020		Targets will be set during first quarter of grant implementation, i.e. by 31 Mar 2018. PF will be revised based on R's 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
- 3 Strengthen linkages with the Pharmacovigilance program of India (PvPI) for monitoring, identification and detection of signals.
- 4 Health system strengthening with focus on mechanisms for critical management reforms, restructuring HR and Financial norms.

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 forms of TB - bacteriologically confirmed plus clinically diagnosed)	India	59%	2015 WHO Global TB Report 2016	N: 2,400,000 D: 2,311,584 P: 70.83% Due Date: 01-Apr-2019	N: 2,650,000 D: 3,055,000 P: 85.85% Due Date: 01-Apr-2020	N: 2,850,000 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 forms of TB - bacteriologically confirmed plus clinically diagnosed)". The source of the information for the numerator will be HINkey 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	45%	2013 Annual Status Report 2017	N: 15,637 D: 32,032 P: 49.00% Due Date: 01-Apr-2019	N: 60,590 D: 108,106 P: 55.00% 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
3 TD 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: 170 D: P: %	N: 167 D: P: %	N: 209 D: P: %		The PR has provided the briefing for this indicator from the WHO Global TB report 2016 at 137. The targets are calculated on basis of the TB case notifications (from public sector and private sector) of the new and relapse cases which will be reported from Hoshay and the projected populations (sexes ratio). The population size 1,372,067,839 is used in 2018 with an average of 1.13% growth rate.
4 TD 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: 59,420 D: 136,000 P: 45.63%	N: 71,078 D: 130,000 P: 54.67%	N: 82,800 D: 130,000 P: 63.69%		The Numerator and Denominator includes the notifications from Private Sector.

  

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2019 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
TCP-2(iii): 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:		Gender, HIV test status, Age	N: Non-cumulative	N: D: P:	N: D: P:	N: 7,600 D: 10,659 P: 70.0%	N: 17,434 D: 24,905 P: 70.0%	N: 26,732 D: 38,183 P: 70.0%	N: 37,192 D: 53,132 P: 70.0%	<ul style="list-style-type: none"> <li>- No baseline has been provided for this indicator as there is no previous information available on the treatment success rate across the implementing districts.</li> <li>- Data Source: UKSHAYJEET DATABASE. The JEET consortium (CHRI, FMO, WJCF) is developing a joint system to capture patient treatment outcome information.</li> <li>- The numerator for this indicator: Total number of notified TB cases who successfully completed treatment.</li> <li>- Denominator for this indicator: Total number of notified TB cases of reporting period.</li> <li>- The targets are set at 70% for the entire grant period.</li> <li>- Targets are set from 3rd period which refers for the TOR for the 0 months report Jan-Sep 2018. The 1st 6 months targets for the respective cohorts of notified TB cases one year before. ESSES/1/13</li> <li>- Note for all indicators: Targets for all coverage indicators are set based on the 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.</li> </ul>
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: 10,659 D: P:	N: 24,905 D: P:	N: 38,166 D: P:	N: 53,132 D: P:	N: 68,874 D: P:	N: 73,055 D: P:	<ul style="list-style-type: none"> <li>- This is a new intervention targeting the private sector. No base/no is available.</li> <li>- The source of reporting on this indicator will be Hoshay.</li> <li>- A total of 24,905 notifications are proposed by the PR and this is corresponding to the FMO share out of the total 15 million from all three JEET project partners (CHRI, FMO, WJCF). As the grant will be for a total of 30 months duration an additional 10,150 cases (corresponding to one quarter achievement) has been added to sign the target with 30-month period. Detailed geographic locations can be referred from the integrated grant description document.</li> <li>- Reporting of disaggregated information of the TB cases notified in terms of age, gender, KAP is recommended.</li> </ul>



Workplan Tracking Measures

Intervention	Key Activity	Comments	Milestone Target	Criterion for Completion	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
MDR-TB			10 laboratories (the first batch) are fully functional	<ul style="list-style-type: none"> <li>0- Not started</li> <li>1- Started- List of the laboratories are available and approved by CTD for MoHFW and assessment report is finalized.</li> <li>2- In progress - Renovation works and supply, installation and calibration of equipment is finalized and laboratories received accreditation from RNTCP/PAAB.</li> <li>3- Completed - 10 laboratories (the first batch) are fully functional and able to produce progress reports.</li> </ul>						X
		<p>One of the key activities for FMO is "Sustaining &amp; expanding access to TB/MDR-TB Diagnostics within RNTCP". It is a substantial portion of what FMO does and hence the work plan tracking measures. The approach is in line with the objectives of the National Strategic Plan (2017-2025) and will be focused on assurance of service delivery through the existing labs and the expansion of laboratory diagnostic capacity through development of additional culture and DST labs. The four major areas are:</p> <p>Sustenance of service delivery; continuity of the existing network of C-DST labs to facilitate uninterrupted supply of test kits and lab consumables, maintenance/annual maintenance contracts with both original equipment manufacturers and their authorized service providers, and replace critical out-of-date equipment that are beyond repair.</p> <p>Expanding Laboratory Capacity for RNTCP PMDT: establishing an additional 20 Liquid Culture-Drug Susceptibility Testing (L-C-DST) labs. Lab capacity will be further enhanced as per IITP requirements by providing critical capacity depleting equipment such as refrigerated centrifuges, bio-safety cabinets, automated liquid culture equipment, and hybridization equipment.</p> <p>Laboratory Information Management System (LIMS): to scale-up and update the LIMS, being developed under IITP grant, to facilitate sample management, test management, timely laboratory reporting, real time statistics for various levels of management and surveillance, patient tracking and flagging to drive access to Dfx-TB testing.</p>	20 laboratories (the first and second batch) are fully functional	<ul style="list-style-type: none"> <li>0- Not started</li> <li>1- Started- List of the laboratories are available and approved by CTD for MoHFW and assessment report is finalized.</li> <li>2- In progress - Renovation works and supply, installation and calibration of equipment is finalized and laboratories received accreditation from RNTCP/PAAB.</li> <li>3- Completed - 20 laboratories (the first and second) are fully functional and able to produce progress reports.</li> </ul>						X
Other MDR-TB intervention (6) Laboratory upgrade for TB Containment for culture	Identified laboratories to be upgraded for TB containment laboratories.		Laboratory assessment is finalized in 10 laboratories (first batch).	<ul style="list-style-type: none"> <li>0- Not started</li> <li>1- Started- List of the laboratories selected.</li> <li>2- In progress - Assessment started.</li> <li>3- Completed - Laboratory assessment is finalized in 10 laboratories and report is available.</li> </ul>	X					
			Laboratory assessment is finalized in 10 laboratories (second batch)	<ul style="list-style-type: none"> <li>0- Not started</li> <li>1- Started- List of the laboratories selected.</li> <li>2- In progress - Assessment started.</li> <li>3- Completed - Laboratory assessment is finalized in 10 laboratories (second batch) and report is available.</li> </ul>			X			
			Renovation of the 10 laboratories (first batch) is completed	<ul style="list-style-type: none"> <li>0- Not started</li> <li>1- Started- Contract(s) for renovation works/upgrade are awarded and purchase orders for supply of equipment are issued to competitively selected contractor/suppliers (for the first batch of laboratories).</li> <li>2- In progress - Contractor progress reports (with invoices) for works are submitted to the PI and confirmed delivery schedule for equipment are available.</li> <li>3- Completed - Renovation of the 10 laboratories (first batch) is completed.</li> </ul>		X				
			Renovation of the 10 laboratories (second batch) is completed	<ul style="list-style-type: none"> <li>0- Not started</li> <li>1- Started- Contract(s) for renovation works/upgrade are awarded and purchase orders for supply of equipment are issued to competitively selected contractor/suppliers (for the first batch of laboratories).</li> <li>2- In progress - Contractor progress reports (with invoices) for works are submitted to the PI and confirmed delivery schedule for equipment are available.</li> <li>3- Completed - Renovation of the 10 laboratories (second batch) is completed.</li> </ul>				X		

Component Name	Tuberculosis
Country / Applicant	India
Principal Recipient	FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS INDIA
Application/Grant Name	IND-T-FHD
IP Start Date	01-Jan-18
IP End Date	31-Mar-21
Grant Currency	USD

Budget Summary (In grant currency)

	01-Jan-18	Y1	01-Apr-18	01-Jul-18	01-Oct-18	01-Jan-19	Y2	01-Apr-19	01-Jul-19	01-Oct-19	01-Jan-20	Y3	01-Apr-20	01-Jul-20	01-Oct-20	01-Jan-21	Y4	Total	%
	31-Mar-18		30-Jun-18	30-Sep-18	31-Dec-18	31-Mar-19		30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20		30-Jun-20	30-Sep-20	31-Dec-20	31-Mar-21			
By Module	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
DIR TB	585,735	585,735	599,025	3,765,398	1,672,971	1,436,784	7,893,178	2,898,950	1,428,058	2,192,694	2,159,321	8,588,933	1,544,065	2,261,855	887,884	56,177	4,719,654	21,787,600	66%
Program management	367,014	367,014	40,662	435,249	439,543	469,308	1,839,780	492,090	425,483	481,614	454,912	1,891,076	483,274	464,912	471,066	363,545	1,782,896	8,840,848	18%
TB care and prevention	83,659	88,809	41,783	459,856	458,692	458,361	1,794,405	459,961	491,211	460,245	458,163	1,838,022	451,103	459,782	457,949	443,373	1,816,147	6,630,443	17%
Total	1,042,518	1,042,518	1,049,510	4,660,503	2,671,196	2,334,152	11,496,363	3,736,181	2,344,729	3,114,864	3,089,336	12,276,031	2,493,665	3,177,599	1,796,899	843,026	8,320,697	33,136,691	100%

By Cost Grouping	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%	
1.0 Human Resources (HR)	239,324	239,324	554,125	554,105	554,105	591,277	2,253,001	591,277	581,277	581,277	625,683	2,379,811	605,580	605,580	609,380	814,316	2,432,256	7,294,934	22%	
2.0 Travel related costs (TRC)	80,784	80,784	145,128	180,690	194,588	159,854	603,169	159,854	189,849	118,205	145,200	592,885	145,200	154,693	182,893	814,316	475,540	1,893,217	5%	
3.0 External Professional services (EPS)	283,018	283,018	363,131	152,654	152,864	171,203	837,162	189,764	157,457	342,109	191,777	891,197	242,548	191,777	378,520	47,606	858,449	2,889,926	9%	
4.0 Health Products - Pharmaceutical Products (MPPP)																				
5.0 Health Products - Non-Pharmaceuticals (HPNP)			246,607	2,448,522	354,270	471,878	3,519,204	1,524,850	483,408	1,096,750	1,052,906	4,187,914	610,666	1,077,486	382,035		2,679,187	8,766,326	26%	
6.0 Health Products - Equipment (HPE)	200,000	280,000	280,000	953,495	823,224	537,790	2,599,539	851,548	537,790	559,320	688,953	2,635,218	475,359	651,608	116,300		1,243,245	8,767,872	26%	
7.0 Procurement and Supply-Chain Management costs (PSM)	64,292	84,292	84,292	84,292	84,292	84,292	347,273	84,292	84,292	84,292	85,127	359,314	85,127	85,956	85,956	829	257,899	1,687,748	3%	
8.0 Infrastructure (INF)	18,202	18,202	72,810	181,528	272,367	181,528	708,332	181,528	181,528	181,528	226,332	181,528	226,332	181,528	226,332			1,815,788	5%	
9.0 Non-health equipment (NHE)	15,400	15,400	45,841	5,383	6,923	5,383	63,583	19,014	5,385	5,385	5,385	5,385	5,385	5,385	2,300	2,300	18,923	131,172	0%	
10.0 Communication Material and Publications (CMP)			3,077		4,923		8,000	3,077		4,923	3,077	11,077			4,615			6,462	25,638	0%
11.0 Programme Administration costs (PA)	71,399	71,399	109,799	103,949	100,799	103,001	408,648	103,001	105,150	103,001	105,011	417,163	105,011	108,161	105,011	109,669	424,852	1,321,961	4%	
12.0 Living support to client target population (LSCTP)			17,743	17,743	17,743	17,743	70,972	17,743	17,743	17,743	17,743	17,743	70,972	17,743	17,743	17,743	70,972	212,815	1%	
13.0 Payment for Results																				
Total	1,042,518	1,042,518	1,919,892	4,689,833	2,671,895	2,334,152	11,496,363	3,736,181	2,344,729	3,114,864	3,089,336	12,276,031	2,493,665	3,177,599	1,796,899	843,026	8,320,697	33,136,691	100%	

By Recipients	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
FOUNDATION FOR INNOVATIVE NEW DIAGNOSTICS INDIA	1,042,518	1,042,518	1,529,622	4,314,263	2,204,825	1,867,891	10,018,590	3,369,830	1,878,459	2,749,593	2,714,695	10,810,947	2,117,294	2,811,238	1,431,320	496,754	6,257,614	28,736,678	87%
SR1			107,862	105,769	105,764	105,764	425,155	105,764	105,764	105,764	105,764	423,056	105,764	105,764	105,764	105,764	423,056	1,271,287	4%
SR2			124,011	121,913	121,913	121,913	489,249	121,913	121,913	121,913	121,913	487,650	121,913	121,913	121,913	121,913	487,650	1,465,049	4%
SR3			74,348	70,150	70,150	70,150	284,785	70,150	70,150	70,150	70,150	280,598	70,150	70,150	70,150	70,150	280,598	845,992	3%
SR4			27,217	25,619	25,619	25,619	104,574	25,619	25,619	25,619	25,619	102,476	25,619	25,619	25,619	25,619	102,476	309,596	1%
SR5			28,855	24,766	24,766	24,766	101,242	24,766	24,766	24,766	24,766	99,146	24,766	24,766	24,766	24,766	99,146	299,536	1%
SR6			20,136	18,039	18,039	18,039	74,256	18,039	18,039	18,039	18,039	72,150	18,039	18,039	18,039	18,039	72,150	218,271	1%
Total	1,042,518	1,042,518	1,919,892	4,689,833	2,671,895	2,334,152	11,496,363	3,736,181	2,344,729	3,114,864	3,089,336	12,276,031	2,493,665	3,177,599	1,796,899	843,026	8,320,697	33,136,691	100%