

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 India HIV/AIDS Alliance (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 26 March 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	HIV/AIDS
3.3.	Program Title	Vihaan: Enhanced treatment adherence and retention in HIV care through Care and Support services for People Living with HIV/AIDS in India
3.4.	Grant Name:	IND-H-IHAA
3.5.	GA Number:	1567
3.6.	Grant Funds:	Up to the amount USD 20,566,233.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 March 2021 (inclusive)
3.8.	Principal Recipient:	India HIV/AIDS Alliance 6 Community Centre, Zamrudpur Kailash Colony Extension 110048 New Delhi India Attention: Sonal Indravadan Mehta Chief Executive Telephone: 911145367713 Facsimile: +911145367710 Email: smehta@allianceindia.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

		<p>DLF Cyber City 122002 Gurgaon India</p> <p>Attention Mr. Heman Sabharwal Partner</p> <p>Telephone: 911244620510 Facsimile: +97714004578 Email: heman.sabharwal@in.pwc.com</p>
3 11.	Global Fund contact.	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland</p> <p>Attention Urban Weber Department Head Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: urban.weber@theglobalfund.org</p>

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. Transition between Grants

5.1.1. 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 may be funded in part by grant funds disbursed to the Grantee under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6 of the Grant Confirmation. Where the Global Fund has approved the use of Previously Disbursed Grant Funds, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation by the amount of any Previously Disbursed Grant Funds, and 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.

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

5.1.3. 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(s) (including, but not limited to, those concerning financial and other reporting)

5.2. 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

5.3. 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.

[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 India HIV/AIDS Alliance

By: MA. Preeti Sudan

Name: Mark Edington
Title: Head, Grant Management Division

Date: Jan 18, 2018

By: Sonal Indravadan Mehta

Name: Sonal Indravadan Mehta
Title: Chief Executive

Date: 21st Dec. 2017.



Acknowledged by

By: Ms. Preeti Sudan

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

Date: 01.03.2018

By: Dr. Nerges Mistry

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

Date: 13.02.2018

Schedule 1
Integrated Grant Description

Country:	Republic of India
Program Title:	Vihaan: Enhanced treatment adherence and retention in HIV care through Care and Support services for People Living with HIV/AIDS in India
Grant Name:	IND-H-IHAA
GA Number:	1567
(Disease) Component:	HIV/AIDS
Principle Recipient	India HIV/AIDS Alliance

A. PROGRAM DESCRIPTION

1. Background and Rational for the Program:

The incidence of HIV has declined by 66% between 2000 and 2015 while AIDS deaths between 2007 and 2015 have declined by 54% (NACO 2015). Of the estimated 2.1 million PLHIV in the country only 76% are aware of their HIV status, 59% of those who know their status are registered with ART centers and 65% of the registered are receiving treatment. With the vision of Ending AIDS by 2030, India works towards achieving the UNAIDS 90-90-90 fast track targets. This involves the needs to expand HIV screening, universal and accessible testing to all population groups beyond the ICTCs, using innovative models. Those who tested positive should reach the treatment cascade. Currently 10% of those tested positive in ICTCs are not linked to ART centers. And those on HIV treatment should have a complete and successful viral suppression. To bridge the gap in the treatment cascade, it is important to strengthen the ongoing community led treatment literacy for adherence and retention in HIV care. Vihaan experience shows that care and support programs can work as catalyst to address all three cascade leakages, through partnership with government, civil society and communities.

2. Goal:

The overall goal of the program is to improve the survival and quality of life of People Living with HIV through the accomplishment of the following specific objectives:

- To ensure retention in treatment by increased community ownership and improved systems to deliver enhanced treatment preparedness and adherence, psychosocial support, addressing behavioral and social factors impacting adherence, actively tracking individuals missing treatment and prevent Lost to Follow up (LFU);
- To contribute to early testing and linkage to care through accessible HIV screening and testing to all the eligible partners, spouses and children of PLHIV registered in the program. Strengthen linkages for newly detected HIV clients at ICTCs and active tracking of the linkage lost cases;
- To establish and strengthen linkages with Government programs for early management of TB co-infection.

3. Strategies:

- In line with the national 90:90:90 strategy, providing differentiated care and support services to different categories of clients in order to address their specific care and support requirements. This includes scaling up of HIV testing for family members of PLHIV, early linkages to ART and retention in HIV care;
- Intensify prevention of LFU through strengthening peer support towards treatment literacy, treatment adherence and retention in HIV care;
- Strengthen collaborative activities for HIV-TB co-infection for early detection and treatment.

4. Planned Activities:

The proposed program aims to strengthen the following ongoing activities:

- Provide and improve access to care and support services to PLHIV;
- Provide psychosocial support to PLHIVs and affected family members to increase retention in care and treatment;
- Focused tracking and bringing LFU and missed cases back to treatment on ART;
- Increase access and follow up of family members of PLHIV for HIV testing;
- Counseling and support group meetings;
- Intensified case finding for TB amongst PLHIV;
- Symptoms and follow up screening after every 6 months carried out by CSCs;
- Advocacy with state and national government stakeholders to enhance social protection services to PLHIVs, reduction of stigma as well as better livelihood options;
- Local resource mobilization.

5. Target Group/Beneficiaries:

The proposed program aims to continue serving all people living with HIV and their partners and family members including children, with differential packages for specific sub groups such as key populations, children and adolescents, women and discordant couples.

B. SUMMARY BUDGET

Please see attached.

C. PERFORMANCE FRAMEWORK

Please see attached.

Country	India						
Grant Name	IND-H-IHAA						
Implementation Period	01-Jan-2018 - 31-Mar-2021						
Principal Recipient	India HIV/AIDS Alliance						
Reporting Periods	Start Date	01-Jan-2018	01-Oct-2018	01-Apr-2019	01-Oct-2019	01-Apr-2020	01-Oct-2020
	End Date	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 Achieving zero new infections, zero AIDS-related deaths and zero AIDS related stigma & discrimination

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2020	Comment
1 HIV I-13: Number and % of people living with HIV	India	2116581 0.26%	2015 India HIV Estimations 2015	Gender, Age, Age Gender	N: 2,110,000 D: 814,069,615 P: 0.26% Due Date: 01-Dec-2019	N: 2,130,000 D: 823,838,450 P: 0.26% Due Date: 01-Dec-2021	Percentage of people living with HIV: 0.26%. These are based on estimations based on surveillance conducted once in two years. Last available estimates are as on 2015. Currently data is being collected for the year 2017 and the estimates are expected to be available in Dec 2017. Comments on the targets: The figures are estimated burden of PLHIV as provided in National Strategic Plan. The estimations may change as new estimations are implemented using latest epidemiological and programmatic inputs. The next round is scheduled in 2017 and hence estimates will be updated using latest round of estimations data.
2 HIV I-14: Number of new HIV infections per 1000 uninfected population	India	0.07	2015 Spectrum Estimations 2015	Age Gender, Age, Gender	N: .06 D: % P: % Due Date: 01-Dec-2019	N: .06 D: % P: % Due Date: 01-Dec-2021	Number of new HIV infections: 86300. These are based on estimations based on surveillance conducted once in two years. Last available estimates are as on 2015. Currently data is being collected for the year 2017 and the estimates are expected to be available in Dec 2017. Comments on the targets: It is expected that there will be a 18% decline from 2015 to 2020. Number of new HIV infections per 1000 uninfected population in 2020 will be 0.06. The estimations will be provided as new estimations are implemented using latest epidemiological and programmatic inputs. The next round is scheduled in 2017 and hence estimates will be provided using latest round of estimations data.
3 HIV I-4: Number of AIDS-related deaths per 100,000 population	India	5.3	2015 Spectrum Estimations 2015	Age, Gender, Age Gender	N: 4.21 D: % P: % Due Date: 01-Dec-2019	N: 3.48 D: % P: % Due Date: 01-Dec-2021	Number of AIDS related deaths: 67612. These are based on estimations based on surveillance conducted once in two years. Last available estimates are as on 2015. Currently data is being collected for the year 2017 and the estimates are expected to be available in Dec 2017. Comments on the targets: It is estimated that there will be a 30% decline for this indicator from 2015 to 2020. The number of AIDS related deaths per 100000 population is 3.7 in 2020. The estimations will be provided as new estimations are implemented using latest epidemiological and programmatic inputs. The next round is scheduled in 2017 and hence estimates will be provided using latest round of estimations data.
4 HIV I-6: Estimated percentage of child HIV infections from HIV-positive women delivering in the past 12 months	India	12.13%	2015 Spectrum Estimations 2015		N: % D: 11.00% P: % Due Date: 01-Dec-2019	N: % D: 10.00% P: % Due Date: 01-Dec-2021	The transmission rate from HIV positive women given is at six weeks. The baseline rate may change as new estimations are implemented every 2 years using latest epidemiological and programmatic inputs. The next round is scheduled in 2017 and hence baseline will be updated using latest round of estimations data. Numerator: Estimated number of children newly infected with HIV from mother-to-child transmission Denominator: Estimated number of positive pregnant women needing PPTCT services Comments on the targets: The final transmission rate estimated at six weeks in 2020 is 10%. Transmission Rate estimated through spectrum projections is expected to be available in 2017 and will be updated based on latest available data. The next round is scheduled in 2017 and hence estimates will be updated using latest round of estimations data.

Program Objectives and Outcome Indicators

1 Reduce new infections by 80% by 2024.

- 2 Ensure 95% of estimated PLHIV know their status by 2024
- 3 Ensure ART initiation and retention of 95% PLHIV for sustained viral suppression by 2024
- 4 Eliminate mother-to-child transmission of HIV and syphilis by 2020
- 5 Eliminate HIV/AIDS related stigma and discrimination by 2020
- 6 Facilitate sustainable NACP service delivery by 2024

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
1 HIV Q-11: Percentage of (estimated) people living with HIV who have been tested HIV-positive	India	76%	2016 MPR December 2016	Gender	N: 1,640,000 D: 2,110,000 P: 77.72% Due Date: 15-May-2019	N: 1,700,000 D: 2,120,000 P: 80.18% Due Date: 15-May-2020	N: 1,750,000 D: 2,130,000 P: 82.15% Due Date: 15-May-2021	Numerator: Number of people living with HIV who have been diagnosed with HIV and received their results Denominator: Estimated number of people living with HIV This is a national level indicator. Plan India will contribute to national database and the programme performance for the states it is responsible for. Source: IMS data from April 2015 to Mar 2016. This indicator will be reported in future in Annual Report
2 HIV Q-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	India	70.3%	2016 Inventory Management System	Duration of treatment, Age, Gender	N: 92,571 D: 128,571 P: 71.99% Due Date: 15-May-2019	N: 137,429 D: 185,714 P: 74.00% Due Date: 15-May-2020	N: 155,429 D: 194,285 P: 80.00% Due Date: 15-May-2021	Numerator: Number of patients known to be on treatment after 12 months Denominator: Total number of adults and children who initiated ART who were expected to achieve 12-month outcomes within the reporting period This is a national level indicator. Plan India will contribute to national database and the programme performance for the states it is responsible for. The viral load testing is being initiated. Hence baseline is not available.
3 HIV Q-12: Percentage of people living with HIV and on ART who are virologically suppressed (among all those currently on treatment who received a VL measurement regardless of when they started ART)	India				N: 250,000 D: 500,000 P: 50.00% Due Date: 15-May-2019	N: 560,000 D: 800,000 P: 70.00% Due Date: 15-May-2020	N: 1,058,009 D: 1,175,565 P: 90.00% Due Date: 15-May-2021	Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per mL) Denominator: Number of people living with HIV who are currently receiving ART and who received a VL measurement regardless of when they were initiated on ART This is a national level indicator. Plan India will contribute to national database and the programme performance for the states it is responsible for.

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
TB/HIV												All the PLHIV received differentiated care and support in CSC would be provided with community based intensified case finding Approach (ICF) by 4- S (4 TB symptoms) for tuberculosis at least once in a year. After screening, the suspected cases will be referred for TB testing and treatment to ART center. Baseline value is cumulative over the project period till March 2017. However, the proposed indicator is non-cumulative.
TB/HIV-3.1: Percentage of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	Country: India Coverage: National	N: 842,836 D: 1,011,884 P: 83.3%	Program MIS		Y- Cumulative annually	N: 511,391 D: 568,213 P: 90.0%	N: 727,364 D: 808,182 P: 90.0%	N: 431,946 D: 479,940 P: 90.0%	N: 897,497 D: 997,216 P: 90.0%	N: 499,151 D: 554,612 P: 90.0%	N: 1,020,530 D: 1,134,256 P: 90.0%	Target calculation: Numerator of differentiated care (TCS-Other 1) will be the denominator for this indicator. Of which 90% of the clients will be screened for TB annually. Denominator: Total number of client's received differentiated care and support services through CSC. (Denominator will be the numerator of TCS-Other 1). According to guideline, clients are supposed to be screened for TB every time they come in. Numerator: The number of PLHIV who were provided differentiated care, who were screened for TB through 4S ICF. (Source: Programme MIS)

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
HIV Testing Services												
HTS-1: Number of people who were tested for HIV and received their results during the reporting period	Country: India; Coverage: National	N: 20,442 D: P:	Program MIS	HIV test status, Gender	N-Non-cumulative	N: 43,319 D: P:	N: 29,592 D: P:	N: 30,305 D: P:	N: 27,898 D: P:	N: 25,490 D: P:	N: 22,725 D: P:	<p>To ensure early diagnosis of HIV among the family members that include sexual partners/spouses or children of the registered clients this indicator has been developed.</p> <p>This indicator captures the number of PLHIV family members or sexual partner/children referred for HIV testing and received test result. The family members/partners of the registered client will be referred to ICTC for HIV test. PLHIV whose family members are yet to be tested for HIV will be identified for this activity. The eligibility will be determined on the basis of the information captured in Client registration Form (CRF)</p> <p>Target calculation: Based on the current program MIS data, 2,185 is the family size for the registered PLHIV. Eligible family members to be tested were calculated using the CMIS data. Cumulative eligibility rate is 8.4% which is used for the existing registered clients and 13.05% (as per 2016 data) is used to calculate for the new clients to be registered. 193,486 is projected using the family size and eligibility criteria of which 92% of the family members will be tested for HIV.</p> <p>The definition of eligible family members for HIV testing to be included in the remark column:</p> <ol style="list-style-type: none"> 1. Married adult PLHIV, their spouse, sexual partner, children 2. Unmarried adult PLHIV, their sexual partner 3. Children with HIV, their biological parents 4. TG/Hija/MSM PLHIV, their sexual partners (more than one) <p>Baseline data is non-cumulative during the reporting period as on Jan - June 2017. The first grant period has 9 months and therefore the target is higher. The gradual decline is due to "catching up" on previous clients in the first two years, while the latter years focus on the family/partners of newly enrolled ART clients.</p>

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
TCS-Other 1: Proportion of PLHIV on ART received differentiated care & support services to retain them in treatment	Country: India; Coverage: National	N: 1,011,984 D: 1,235,711 P: 81.9%	Program MIS	N-Non-cumulative (other)		N: 568,213 D: 1,264,000 P: 45.0%	N: 808,182 D: 1,264,000 P: 63.9%	N: 479,940 D: 1,394,000 P: 34.4%	N: 997,216 D: 1,394,000 P: 71.5%	N: 554,612 D: 1,530,000 P: 36.2%	N: 1,134,256 D: 1,530,000 P: 74.1%	<p>Under this indicator, PLHIV registered in ART centre and on ART will be provided differentiated care and support services by Care Support Centre (CSC) team either at the CSC or during home visit. With an aim of prevention of PLHIV from becoming MIS or LFU, care and support services will be provided on priority basis to the following PLHIV:</p> <ol style="list-style-type: none"> Newly ART initiated clients through at least one personal visit to retain the clients in treatment (Intensified peer support services will be provided at least for the initial 3 months as they are vulnerable to drop out from the treatment due to the side effect of the treatment) Clients with <80% ART adherence will be provided with care and support services with focus on ART adherence (Peer counseling on treatment adherence minimum once in a month) Stable clients (clients with >80% ART adherence) will also be provided with care and support services to retain them in treatment without going as LFU. They will be contacted at least once in 6 months <p>Differentiated Care and Support Services includes:</p> <p>At CSC: Treatment preparedness and adherence Counselling, Support Group meeting in CSC, LFU track back to ART, MIS case follow up, Pre-ART Registration, CD4 follow up, Link to TI, Testing of partner/spouse, children and family member, Hospital/clinical referrals (OI management, side effects, general ailment, TB, STI treatment), Social protection, Social entitlements.</p> <p>And for home or field level: LFU track back to ART, MIS case follow up, Registration with ART center for treatment, CD4 follow up, Link to TI, Testing of partner/spouse, children and family member, Hospital/clinical referrals (OI management, side effects, general ailment, TB, STI treatment), Support for legal Aid, Social protection, Social entitlements</p> <p>Measurement: Denominator: Number of PLHIV alive and on ART (Source: ART MPR)</p> <p>Numerator: Number of PLHIV on ART received need based care and support service through CSC (Source: Programme MIS)</p> <p>Need based care and support services includes minimum three care and support services provided for the "newly initiated on ART clients" and "clients with <80% ART adherence" will be counted as covered under this indicator. All "stable clients" may not require intensified care and support services and so stable clients (clients with >80% ART adherence) received at least one care and support service will be counted as covered under this indicator.</p> <p>Assumptions for Targets: This is new indicator to provide care and support services to the clients initiated and on ART at ART Centre with focus on retention and LFU prevention and support services. Focus will be given to the clients with low ART adherence to retain them in treatment without going as LFU.</p> <p>Baseline value is cumulative over the project period till March 2017. The baseline includes all PLHIV who were on ART provided at least one care and support service. Since this is a new indicator, provided base line value is not comparable as the targets are lesser than the baseline based on the changes in the programmatic needs.</p> <p>The proposed grant will focus on treatment retention of PLHIV and hence focus will be given on clients being newly initiated on treatment and PLHIV on ART with less than 80% adherence and LFU clients. Other Clients will also be provided care and support services as per the need of the PLHIV. Target was calculated with the following assumptions:</p> <ol style="list-style-type: none"> 100% of newly registered and initiated on ART PLHIVs Follow-up clients: 57% of CSC cumulatively registered clients in the first year, 67% of CSC cumulatively registered clients in the second year and 71% of CSC cumulatively registered clients in the third year.

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
TCS-Other 2: Percentage of PLHIV who are lost to follow up (LFU) and missed to ART center tracked back with definite outcome	Country: India; Coverage: National	N: 61,634 D: 362,185 P: 22.5%	Program MIS		N-Non-cumulative	N: 166,280 D: 154,755 P: 90.0%	N: 114,707 D: 127,452 P: 90.0%	N: 118,561 D: 131,753 P: 90.0%	N: 122,637 D: 136,264 P: 90.0%	N: 126,714 D: 140,793 P: 90.0%	N: 127,751 D: 141,946 P: 90.0%	<p>One of the important component strategies of the CSC program is to contact the PLHIV in the community to minimize the Lost to follow-up cases, ensure ART adherence, timely referral for CD-4 test and follow-up for HIV related services. This indicator captures the outcome information on traceable LFU clients list received from the ART centers to ensure treatment in ART Centre during the reporting period. Traceable clients are with complete address. Treatment retention and adherence are the most crucial activities in the care and support programme. CSC aims to track back all alive and contactable LFU/MIS cases at ART centre through outreach with definite outcome as per the line list received from ART centre.</p> <p>Target calculation: As per Feb 2017 ART MPR, the LFU and Missed cases among ART clients is 13.10% against ever initiated on ART. Though there will be reduction in LFU and MIS rate over the period through our differential intensified follow up approach, we have used the current LFU and MIS among ART clients 13.18% for denominator calculation. Hence it is showing increasing trend in the denominator. However project aimed to track back of 90% of the LFU and MIS PLHIVs received from ART centers. So target for this indicator will be 90% of the LFU/MIS lists received from the ART center.</p> <p>Definition of LFU/MIS: A patient "On-ART" will be termed as "MIS" if the patient does not turn up anytime during the month the appointment was scheduled. The patient can be labeled as "MIS" consecutively for three months. After that if the patient does not come to the centre even during the fourth month, then at end of fourth month, the patient will be termed as "LFU".</p> <p>Denominator: Number of ART LFU/MIS cases received from ART centres (As reported in indicator 3.8 & 3.9 of ARTIC MPR).</p> <p>Numerator: Out of them number of LFU/MIS cases tracked back with definite outcome by CSC during the reporting period. (Source: PR programmatic data).</p> <p>Baseline: This is non-cumulative indicator and so baseline is given as per quarterly report (October 2016 to March 2017) of Vilvan MPR.</p> <p>Definite outcome includes brought back to ART center, confirmed death, transferred out, Taking ART medicines in Other ART center, Taking ART medicines in Private hospitals, client taking alternative medicine, Client migrated and Client opted out for the treatment. Acknowledgement from ART center will be used as an evidence for this indicator.</p> <p>This is non-cumulative indicator and so baseline is given as per latest report submitted to Global fund (October 2016 to March 2017).</p>

