

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 **International Union Against Tuberculosis and Lung Disease** (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 2 April 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:	'Reaching the Unreached'- Ensuring universal access to TB prevention and care services for all
3.4.	Grant Name:	IND-T-IUATLD
3.5.	GA Number:	1617
3.6.	Grant Funds:	Up to the amount of USD 15,511,945.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 March 2021 (inclusive)
3.8.	Principal Recipient:	International Union Against Tuberculosis and Lung Disease C-6, Qutub Institutional Area 110016 New Delhi Republic of India Attention: Dr. Jamhoih Tonsing Regional Director Facsimile: +917042558830 Email: jtonsing@theunion.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 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 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.

5.2. 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. Transition between grants:

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.

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.

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).

5.4. Recovery of the costs for support of the relevant headquarters of the Grantee and each Sub-recipient under the Program (the "ICR Charges") shall (i) not exceed the rate in the approved Program budget and (ii) be subject to the Global Fund's satisfaction with the Grantee's and such Sub-recipient's compliance with the principles, responsibilities and reporting requirements set forth in the Global Fund's policies relating to ICR Charges.

5.5. 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:

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

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

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

1. Principal Recipient Coordination Committee Meeting; and

2. National Biannual Review Meeting.

[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

International Union Against Tuberculosis and Lung Disease

By: MA. Preeti Sudan

By: Jamhoih

Name: Mark Edington
Title: Head, Grant Management Division

Name: Dr. Jamhoih Tonsing
Title: Regional Director

Date: Jan 24, 2018

Date: 23 January 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: N. S. Mistry

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

Date: 07/03/2018

Schedule I

Integrated Grant Description

Country:	Republic of India
Program Title:	'Reaching the Unreached'- Ensuring universal access to TB prevention and care services for all
Grant Name:	IND-T-IUATLD
GA Number:	1617
Disease Component:	Tuberculosis
Principal Recipient:	International Union Against Tuberculosis and Lung Disease (The Union)

A. PROGRAM DESCRIPTION

1. Background and Rational for the Program:

In India with an estimated 2.8 million incident TB cases and 0.48 million deaths annually, Tuberculosis (TB) continues to be a major public health problem. The Revised National TB Control Programme (RNTCP) diagnoses and treats over 1.5 million TB cases annually. However, over 1 million TB cases are still 'missed' annually. The key challenges in controlling TB in India include:

- Delayed diagnosis and treatment initiation and inadequate treatment adherence due to lack of knowledge and linkages to appropriate care and support.
- Diverse private sector ranging from unqualified healthcare providers to highly specialised corporate hospitals, often not adhering to the standards of TB care.
- The rapid emergence of drug resistant TB and associated poor treatment outcomes threatens the gains made by the programme till date. Addressing drug-resistant TB requires universal drug sensitivity testing (DST) with rapid tests and newer and more effective shorter treatment regimens.
- Risk factors and co-morbidities like HIV, diabetes, malnutrition, tobacco use and indoor air pollution are enhancing TB incidence and compromising treatment outcomes.
- Inadequate strategies including socio-economic support for the vulnerable and marginalised groups including slum dwellers, tribal population, people living below poverty line (BPL), migrants, children, women etc.

The Government of India has formulated the National Strategic plan 2017-2025 with an aim to eliminate TB by 2025. The elimination strategy is based on four strategic pillars of "Detect – Treat – Prevent – Build" (DTPB). Implementing this strategy requires active support and participation from a wide range of stakeholders to ensure that the efforts made by the Government reaches the population most in need of these services.

The proposed project aims to promote active case finding efforts across 14 states of the country. The project will undertake direct implementation of active case finding in 128 districts and will provide technical assistance in developing the capacity of states and districts in undertaking active case finding interventions among the key affected population (KAP) and linking them with quality assured TB

services.

2. Goal:

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

3. Objectives:

In alignment with the national programme's vision under the national strategic plan (NSP) framework for TB elimination 2017-25, and to achieve Sustainable Development Goal (SDG) target 3.3, which seeks to ensure healthy lives, promote well-being at all ages and aspires to end epidemic of communicable diseases such as TB by early case detection, treatment and follow-up support to treatment adherence, following objectives are set –

- Early case detection and quality assured management of TB patients through:
 - Active case finding (ACF) among high risk groups
 - Outreach, communication, and community engagement
 - Providing treatment adherence support
- To provide technical support at the national and state level on key thematic areas including active case finding and Advocacy Communication and Community Engagement.

4. Strategies:

- Active case finding and quality assured management of TB patients in key affected populations
- Establishing systems for active surveillance in the key affected populations
- Empowering TB affected community

5. Planned Activities:

i. Mapping the target population and healthcare providers:

- Identification of suitable NGOs, CBOs that have the expertise and proven track record of implementing health/TB related projects in these districts in close collaboration with the TB control programme managers and other relevant stakeholders.
- Extensive mapping of the high risk population groups in the entire district and an assessment on the requirements to link these individual population groups to TB control services.

ii. Active case finding for early detection of TB cases in the high risk populations:

- **Community level screening:** This will be done by implementing active case finding and support patients to undergo the diagnostic process as per the RNTCP diagnostic algorithm. The methodologies will include:
 - Trained volunteers will go door to door and spread awareness about TB and RNTCP services
 - Simultaneously screen and identify presumptive TB patients.
 - Link presumptive TB patients with diagnostic and treatment services as per RNTCP guidelines.
- **Institutional screening:**
 - *In high workload health care facilities (e.g. district hospitals):* Mechanisms will be established to identify persons with TB symptoms at the time of hospital registration and

- fast track them to undergo evaluation for TB;
- o *In congregate settings:* Perform periodic active screening of individuals in prisons, shelter homes, engaged in mining, quarrying and stone crushing industries etc. by organizing health camps. Identification and training of a volunteer from these congregate setting for conducting active surveillance of these populations (after the health camps), for early identification of any persons with TB symptoms and linking them rapidly to diagnostic and treatment services.

The presumptive TB patients identified will undergo full evaluation for TB by facilitating:

- Referral of patients to health facilities
- Sputum collection and transportation
- Facilitate chest-Radiography at public or private health facilities as required
- Linkages with CBNAAT sites for TB diagnosis and DST

iii. **Establishing systems for Active Surveillance in the key affected populations**

The project will establish systems for active surveillance among the KAP. The project will identify a CV from the KAP area who will perform following activities:

- Active surveillance for presumptive TB patients or contacts of TB after completion of active case finding efforts
- Rapid linkages with diagnostic and treatment services of any identified presumptive TB cases or contacts of TB/ MDR-TB
- Follow-up of all TB patients identified through active case finding on treatment adherence.

6. **Target Group/Beneficiaries:**

The KAP are disadvantaged high-risk groups of people, and includes the following:

- *People who have increased exposure to TB:* Slum dwellers; household contacts of TB patients; workers from mining and quarrying activities, and construction workers, who are exposed to silica (high risk of acquiring silico-TB); hospital visitors; healthcare workers; prisoners; sex workers etc.
- *People who have limited access to quality TB services:* Tribal populations living in hard to reach areas; women who live in settings with gender disparity; street children; homeless population; migrant workers; tea-garden workers; vulnerable population living in congregate settings - orphanages, homes for destitute, night shelters etc.
- *People at increased risk of TB because of biological or behavioral factors that compromise immune function:* People who are living with HIV (PLHIV), diabetes, silicosis, malnourished; alcoholics; smoking etc.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	India						
Grant Name	IND-T-HUATLD						
Implementation Period	01-Jan-2018 - 31-Mar-2021						
Principal Recipient	International Union Against Tuberculosis and Lung Disease						
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 To achieve a rapid declining burden of TB morbidity and mortality while working towards elimination of TB in India by 2025

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
1 TB I-2: TB incidence rate per 100,000 population	India	217	2015 WHO Global TB Report 2016	N: D: P: %	N: D: P: %	N: 142 D: P: %	N: 142 D: P: %	The baseline for incidence rate is from WHO Global TB report 2016 and the target for the same has been proposed based on NSP (2017-2025). It is based on calendar year. The PR has provided target for the last year of the grant period i.e. 2020 as 142 (~34.5% decline from the baseline) which is appropriate as measurement of incidence rate in between will be a challenge. NSP does not have annual targets. For the target in 2020, the PR is planning to use results from TB prevalence survey.
2 TB I-3(M): TB mortality rate per 100,000 population	India	37	2015 WHO Global TB Report 2016	N: 30 D: P: %	N: 24 D: P: %	N: 15 D: P: %	N: 15 D: P: %	The baseline for TB mortality rate is reported from the WHO Global report 2016 as 37/100,000 population. The targets for the three years grant period (Yr 1 as 30, Yr 2 as 24 and Yr 3 as 15) are in line with the NSP document. The population size 1,372,067,039 is used in 2018 with an average of 1.13% growth rate.
3 TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	India	2.84%	2015 NDRS results	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	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 (PvPI) 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
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: 1,696,000 D: 2,120,000 P: 85.00%	N: 2,040,000 D: 2,400,000 P: 85.00%	N: 2,412,000 D: 2,660,000 P: 90.00%	N: 2,412,000 D: 2,660,000 P: 90.00%	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 Nikahay 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%	2013 Annual Status Report 2016	TB case definition	N: 15,840 D: 33,000 P: 46.00%	N: 28,032 D: 50,058 P: 55.99%	N: 38,610 D: 59,400 P: 65.00%	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: P: %	N: 197 D: P: %	N: 209 D: P: %	The PR has provided the baseline for this indicator from the WHO Global TB report 2016 as 127. The targets are calculated based on the TB case notifications (from public sector and private sector) of the new and retreatment cases which will be reported from Nikshay and the projected populations (census data). The population size 1,372,067,039 is used in 2018 with an average of 1.13% growth rate.
4 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%	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 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 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: Subnational	N: D: P:		HIV test status, Gender, Age, TB case definition	N-Non-cumulative	N: 14,208 D: P:	N: 17,856 D: P:	N: 20,506 D: P:	N: 23,539 D: P:	N: 28,781 D: P:	N: 29,510 D: P:	<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.</p> <p>- The project will facilitate diagnosis and notification of atleast 134,400 TB patients during the project period through implementation of interventions including active case finding in community and health facilities; active surveillance and conducting health camps primarily among KAP in 128 districts. The baseline is not included in the target. Detailed geographic locations of implementation can be found in integrated grant description document.</p> <p>-The baseline is not available as the interventions are new (such as Active surveillance, health camps and district hospital intervention) and the number of districts have been reduced to 128 (from 285).</p> <p>-Source: Project quarterly report.</p>
TCP-2(M): Treatment success rate- all forms. Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: India; Coverage: Subnational	N: D: P:		Gender, HIV test status, Age	N-Non-cumulative	N: D: P:	N: 1,306 D: 1,536 P: 85.0%	N: 10,771 D: 12,872 P: 85.0%	N: 15,178 D: 17,856 P: 85.0%	N: 17,430 D: 20,506 P: 85.0%	N: 20,008 D: 23,539 P: 85.0%	<p>- The baseline is not available as this information was never captured in the current grant. It is only estimated that the current favourable treatment outcomes amongst the key affected populations and patients diagnosed through active case finding interventions is ~ 75 %.</p> <p>- The project endeavours to achieve treatment success rate of atleast 85 % among the cases notified through the project.</p> <p>- Denominator is Number of notified cases all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases. Numerator is TB all forms bacteriologically confirmed + clinically diagnosed and successfully treated (cured + treatment completed) from the denominator mentioned above.</p> <p>- Targets are set starting from the 2nd period and they refer to TSR for the cohort (Jan-March 2018). From 3rd period onwards, targets are set for the respective 6 months cohorts.</p> <p>- Source: Project quarterly report.</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
TCP-6b: Number of TB cases (all forms) notified among key affected populations' high risk groups (other than prisoners)	Country: India Coverage: Subnational	N: D: P:		Target / Risk population group	N-Non-cumulative	N: 12,787 D: P:	N: 16,070 D: P:	N: 18,455 D: P:	N: 21,185 D: P:	N: 25,903 D: P:	N: 26,559 D: P:	<ul style="list-style-type: none"> - The project interventions will focus on key affected population who are at high risk of TB. It is estimated that at least 90% of the TB cases notified through the project will belong to such populations. The high risk groups will include slums, tribals (IDPs), PLHIV, diabetics, contacts, migrants, refugees, children, occupationally predisposed and geographically remote and marginalised groups. - The baseline is not available as newer interventions are designed to notify cases from KAP compared to the current grant along with ~55% reduction in the number of districts. - Source: Project quarterly report

Component Name	Tuberculosis
Country / Applicant:	India
Principal Recipient:	International Union Against Tuberculosis and Lung Disease
Application/Grant Name	IND-TIUAATLD
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	%
TB care and prevention	458,237	458,237	684,824	719,658	771,051	769,593	2,945,128	733,917	785,228	736,951	803,141	3,059,236	771,581	764,820	806,802	806,765	2,949,989	9,412,566	61%
Program management	412,487	412,487	373,086	378,317	390,393	408,993	1,950,789	390,114	385,345	401,883	409,874	1,577,217	380,996	385,457	402,765	371,316	1,540,533	5,081,026	33%
RSSH: Financial management systems	153,394	153,394	148,116	148,116	148,116	139,989	584,337	140,310	140,310			280,621						1,018,352	7%
Total	1,024,119	1,024,119	1,206,026	1,246,090	1,309,560	1,318,576	5,080,251	1,254,341	1,310,883	1,138,834	1,213,015	4,917,074	1,152,577	1,150,277	1,209,567	978,081	4,490,502	15,511,945	100%

	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%	
	01-Jan-18	31-Mar-18	01-Apr-18	01-Jul-18	01-Oct-18	01-Jan-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 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)	596,560	596,560	742,930	769,696	790,371	793,587	3,096,584	797,277	798,046	746,107	752,727	3,064,156	780,224	762,296	795,556	715,328	3,033,404	9,820,705	63%	
2.0 Travel related costs (TRC)	175,056	175,056	222,572	220,840	263,635	232,135	939,182	195,706	263,311	151,267	170,119	783,404	136,690	141,152	151,267	106,561	635,671	2,433,312	16%	
3.0 External Professional services (EPS)	15,385	15,385				15,385	15,385					15,385	15,385						48,154	0%
4.0 Health Products - Pharmaceutical Products (HPPP)																				
5.0 Health Products - Non-Pharmaceuticals (HPNP)																				
6.0 Health Products - Equipment (HPE)																				
7.0 Procurement and Supply-Chain Management costs (PSM)																				
8.0 Infrastructure (INF)	2,031	2,031				2,031	2,031					2,031	2,031						6,092	0%
9.0 Non-health equipment (NHE)	11,808	11,808	18,413	18,413	18,413	9,431	64,669	9,431	9,431	8,392	9,346	38,600	9,346	9,346	9,346			28,038	141,115	1%
10.0 Communication Material and Publications (CMP)	25,600	25,600	15,935	8,862	8,862	28,554	62,212	17,708	8,862	8,862	29,145	64,576	18,298	9,452	10,634	4,135	42,520	194,908	1%	
11.0 Programme Administration costs (PA)	124,027	124,027	117,795	117,795	117,795	126,967	480,351	120,735	120,735	113,708	116,402	471,581	110,170	110,170	110,170	100,490	431,001	1,506,960	10%	
12.0 Living support to client/ target population (LSCP)	73,653	73,653	88,382	110,485	110,485	110,485	419,836	110,485	110,486	110,486	117,860	449,342	117,848	117,860	132,593	51,566	419,867	1,362,700	9%	
13.0 Payment for Results																				
Total	1,024,119	1,024,119	1,206,026	1,246,090	1,309,560	1,318,576	5,080,251	1,254,341	1,310,883	1,138,834	1,213,015	4,917,074	1,152,577	1,150,277	1,209,567	978,081	4,490,502	15,511,945	100%	

	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
	01-Jan-18	31-Mar-18	01-Apr-18	01-Jul-18	01-Oct-18	01-Jan-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 Recipients	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
International Union Against Tuberculosis and Lung Disease	525,884	525,884	531,138	506,364	547,382	535,600	2,120,485	489,722	535,420	370,065	390,643	1,785,851	344,443	340,058	367,481	316,571	1,368,554	5,800,774	37%
REACH (Resource Group for Education and Advocacy for Community Health)	24,978	24,978	31,733	34,268	35,145	36,347	137,493	35,485	35,908	35,647	38,139	145,179	37,439	37,520	38,766	31,713	145,438	453,089	3%
CHAI (Catholic Health Association of India)	89,985	89,985	126,299	136,597	141,509	145,513	549,917	141,756	144,129	142,666	152,530	581,080	149,675	150,128	154,514	129,236	583,553	1,804,535	12%
CBCI (Coalition for Aids and related Diseases)	76,523	76,523	105,606	116,252	119,938	123,170	464,965	120,265	122,042	120,939	129,556	492,803	127,326	127,666	132,896	103,266	491,154	1,525,446	10%
New SR (TB)	111,984	111,984	143,468	155,112	159,148	163,936	621,664	160,365	162,311	161,110	171,633	655,619	169,015	169,383	175,107	142,655	656,161	2,045,428	13%
MAMTA-Health Institute for Mother and Child	84,643	84,643	113,726	124,364	128,050	131,499	497,639	128,594	130,376	129,280	138,118	526,368	135,883	136,228	141,458	111,835	525,403	1,634,054	11%
VHAI (Voluntary Health Association of India)	83,414	83,414	113,895	125,051	128,900	132,322	500,189	129,291	131,157	130,012	139,078	529,538	136,744	137,114	142,584	111,550	527,993	1,641,114	11%
The Union (Direct Implementation)	26,705	26,705	40,160	48,052	49,487	50,188	187,918	48,862	49,539	49,115	53,119	200,635	52,053	52,179	56,759	31,255	192,246	607,505	4%
Total	1,024,119	1,024,119	1,206,026	1,246,090	1,309,560	1,318,576	5,080,251	1,254,341	1,310,883	1,138,834	1,213,015	4,917,074	1,152,577	1,150,277	1,209,567	978,081	4,490,502	15,511,945	100%