

## Grant Agreement

This **Grant Agreement** (the "Grant Agreement"), dated as of 1 January 2018 (the "Effective Date"), is made by and between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Plan International (India Chapter)** (the "Grantee") (the Global Fund and the Grantee hereinafter referred to collectively as the "Parties" and individually each a "Party").

**WHEREAS**, the Global Fund was established in January 2002 as an innovative financing institution for the purpose of attracting and managing financial resources globally as well as providing such resources to countries to support national and regional programs that prevent, treat and care for people with the diseases of HIV/AIDS, tuberculosis and/or malaria;

**WHEREAS**, the Grantee has been nominated by the Country Coordinating Mechanism for the Republic of India to implement the Program described in Schedule I to this grant agreement (the "**Grant Agreement**") in the Republic of India (the "**Program**"), and such Program is expected to be financed by the Global Fund; and

**WHEREAS**, the Parties are in the process of negotiating a Framework Agreement to govern all future Programs to be implemented by the Grantee, and such Framework Agreement may, to the extent specifically agreed by the Parties therein or in this Grant Agreement, be made applicable to the Program;

**NOW, THEREFORE**, the Parties agree as follows:

### ARTICLE 1 THE GLOBAL FUND GRANT REGULATIONS (2014)

1.1 **Incorporation by Reference.** All the provisions of the Global Fund Grant Regulations (2014), available at the Global Fund's Internet site, and any subsequent amendments thereto, are hereby made applicable to this Grant Agreement with the same force and effect as if they were fully set forth herein, subject, however, to the following:

- (1) Section 3.4(1)(d) of the Grant Regulations shall not be interpreted to require the Grantee to maintain Grant Funds in a separate bank account, as long as the other requirements of Section 3.4(1) are satisfied.
- (2) For the Program, the Global Fund in exercising its rights under Sections 3.3(3), 3.5(3), 3.6(3), 5.2(2), 6.1(2)(c), or 10.2 shall consult the Grantee and take into consideration the information provided by the Grantee prior to taking any action that will have a material adverse effect on how the Program is implemented.
- (3) Subject to the terms that the Parties may otherwise agree under the Framework Agreement concerning this subject matter, Section 7.6 (*Right of Access*) of the Global Fund Grant Regulations (2014) is hereby deleted in its entirety and replaced with the following:

**"7.6 Right of Access.** *The Grantee shall, and shall ensure that all relevant third parties, permit authorized representatives of the Global Fund, including the Office of the Inspector General, agents of the Global Fund, and any other third party authorized by the Global Fund,*

unrestricted access at all times to: (1) Program Books and Records and any other documentation related to the Program held by the Grantee; (2) the premises of the Grantee and any Sub-recipient where Program Books and Records are kept or Program activities are or have been carried out; (3) other sites where Program-related documentation is kept or Program activities are or have been carried out; and (4) all personnel of the Grantee and all Sub-recipients. The Grantee shall ensure that each Sub-recipient agreement it enters into includes the right of unrestricted access contained in this Section. For the avoidance of doubt, the denial of the right of unrestricted access contained in this Section, including, but not limited to, the denial of the Office of the Inspector General's right of unrestricted access, shall constitute a breach of this Grant Agreement."

1.2 **Defined Terms.** Wherever used in this Grant Agreement, except defined herein or the context requires otherwise, the terms defined in the Global Fund Grant Regulations (2014) shall have the respective meanings set forth therein, subject, however, to the following modifications:

- (1) The term "Grant Confirmation" shall be construed and understood to mean this Grant Agreement; and
- (2) The term "Principal Recipient" shall be construed and understood to mean the Grantee.

## ARTICLE 2 THE GRANT AND THE PROGRAM

2.1 **Grant.** Subject to the provisions of Sections 3.2 and 3.3 of the Global Fund Grant Regulations (2014), the Global Fund agrees to make available to the Grantee, for the sole purpose of the Program and for the duration of the Implementation Period, the Grant Funds as described below:

2.1.1	Host Country or Region:	Republic of India
2.1.2	(Disease) Component:	HIV/AIDS
2.1.3	Program Title:	Project AHANA: Improving access to PPTCT services both in the Public and Private sectors in 14 states across 357 Districts in India
2.1.4	Grant Name:	IND-H-PLAN
2.1.5	GA Number:	1592
2.1.6	Grant Funds:	Up to the amount USD 12,027,687.00 or its equivalent in other currencies

2.1.7	Implementation Period:	From 1 January 2018 to 31 March 2021 (inclusive)
2.1.8	The Grantee:	Plan International (India Chapter) E-12, Kailash Colony New Delhi 110048 Republic of India  Attention: Ms. Bhagyashri Dengle Executive Director  Telephone: +91 11 46558464 Facsimile: +91 11 46558443 Email: bhagyashri.dengle@planindia.org
2.1.9	Fiscal Year of the Grantee:	1 April to 31 March
2.1.10	LFA:	Price Waterhouse Chartered Accountants LLP  Building 8, 7th & 8th Floor, Tower-B, DLF Cyber City, Gurgaon 122002 Haryana, India  Attention: Mr. Heman Sabharwal Partner  Telephone: +91 124 4620148 Facsimile: +91 124 4620620 Email: <a href="mailto:heman.sabharwal@in.pwc.com">heman.sabharwal@in.pwc.com</a>

2.2 **Program.** This Grant Agreement, together with the Integrated Grant Description attached hereto as Schedule 1, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program. The Grantee shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and 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), available at the Global Fund's Internet site, (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.

2.3 **Covenants.** The Parties agree that the following requirements are applicable to this Grant Agreement:

- (1) The use of Grant Funds to finance the capacity building of non-clinical staff (the "Capacity Building Activities") shall be subject to the execution of a Memorandum of Understanding (the "MoU"), in form and substance satisfactory to the Global Fund, between the Principal Recipient and the National AIDS Control Organization with respect to the Capacity Building Activities. The MoU shall detail each party's implementation responsibilities with respect to the Capacity Building Activities, including the responsibilities of any subcontracted implementing agencies, and the terms and conditions of their collaboration.

- (2) 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.
- (3) With respect to Section 7.6 (Right of Access) of the 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 the Republic of India to ensure that such information may be transferred to the Global Fund for such purpose upon request.
- (4) Transition between grants:
  - a) 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.
  - b) 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.
  - c) 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).

### ARTICLE 3 MISCELLANEOUS

#### 3.1 Survival.

- (1) All agreements, representations and covenants made by the Grantee in this Grant Agreement shall be considered to have been relied upon by the Global Fund and shall survive the execution and delivery of this Grant Agreement, regardless of any investigation or assessment made by the Global Fund or by

other third party on its behalf prior to the execution and delivery of this Grant Agreement or notwithstanding that the Global Fund may have had notice or knowledge of any fact or incorrect representation or warranty at any time during the Implementation Period, and shall continue in full force and effect until the end of such Implementation Period.

- (2) Sections 1.1, 1.2, 2.2 and 3.1 to 3.3 of this Grant Agreement, and Sections 1.3, 2.1 to 2.4, 3.1, 3.3(3), 3.4 to 3.6, 4.2, 4.3(4), 4.4(2), 5.2, 6.4(2), 6.5, 6.6, 7.1, 7.5, 7.6, 10.3, 10.4, and Articles 11 and 12 of the Global Fund Grant Regulations (2014) (as modified by this Grant Agreement) shall survive the expiry of the Implementation Period or early termination of this Grant Agreement.
- (3) The expiry of the Implementation Period or any early termination of this Grant Agreement, for whatever reason, shall not affect any rights or obligations accrued or subsisting to either Party prior to such expiry or early termination.

3.2 **Governing law.** This Grant Agreement shall be governed by the UNIDROIT Principles of International Commercial Contracts (2004).

3.3 **Notices.**

- (1) Any notice under this Grant Agreement given by one Party to the other Party (the "Notice") shall be made in writing and delivered personally or by certified or registered mail (postage prepaid), by international courier, by fax, or by electronic messaging system to the relevant address and/or number described below, or to such other address(es) and/or number(s) as any Party may designate by written notice to the other Party in accordance with this Section:

**For the Global Fund:**

The Global Fund to Fight AIDS, Tuberculosis and Malaria  
Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland

Attention: Mark Eldon-Edington  
Head, Grant Management Division  
Telephone: +41 58 791 1700  
Facsimile: +41 58 791 1701  
Email: [headgrantmanagement@theglobalfund.org](mailto:headgrantmanagement@theglobalfund.org)

**For the Grantee:**

Please see Section 2.1.8 of this Grant Agreement.

- (2) Any Notice shall be deemed to have been duly given (a) when delivery to the receiving Party is complete if delivered in person or via international courier, (b) upon receipt if delivered by registered or certified mail, postage prepaid, (c) upon confirmation of successful transmission if sent by facsimile, and (d) when successfully sent if effected through electronically messaging system, provided that it is followed by transmittal of the original of such Notice via international courier or by registered or certified mail, postage prepaid.

- (3) In the case of any communication to the Global Fund through the LFA as may be required under this Grant Agreement, the Grantee shall submit such communication to the LFA representative whose details are set forth in this Grant Agreement, following a principle similar to that described in subparagraph (2) of this Section above.
- (4) All communications under this Grant Agreement shall be in English with a copy to the CCM.

3.4 **Counterparts; Delivery through Facsimile or Electronic Messaging System.** This Grant Agreement may be executed in one or more identical counterparts, all of which shall constitute one and the same agreement as if the Parties had signed the same document. This Grant Agreement may also be signed and delivered by facsimile transmission or by electronic messaging system, and such signature and delivery shall have the same force and effect as an original document with original signatures.

*(The signature page follows.)*

IN WITNESS WHEREOF, the Global Fund and the Grantee have caused this Grant Agreement to be executed and delivered by their respective duly authorized representatives as of the date of last signature below.

**The Global Fund  
to Fight AIDS, Tuberculosis and Malaria**

By: Mr. Mark Edon-Edington  
Name: Mr. Mark Eldon-Edington  
Title: Head, Grant Management Division  
Date: Jan 18, 2018

**Plan International (India Chapter)**

By: Ms. Bhagyashri Denge  
Name: Ms. Bhagyashri Denge  
Title: Executive Director  
Date: 19.12.17

**Acknowledged by**

By: Ms. Preeti Sudan  
Name: Ms. Preeti Sudan  
Title: Chair of the Country Coordinating  
Mechanism for Republic of India  
Date: 01.03.2018

By: Dr. Nerges Mistry  
Name: Dr. Nerges Mistry  
Title: Civil Society Representative of the  
Country Coordinating Mechanism  
for Republic of India  
Date: 13.02.2018

**Schedule 1**
**Integrated Grant Description**

Country:	Republic of India
Program Title:	Project AHANA: Improving access to PPTCT services both in the Public and Private sectors in 14 states across 357 Districts in India
Grant Name:	IND-H-PLAN
GA Number:	1592
(Disease) Component:	HIV/AIDS
Principle Recipient	Plan International (India Chapter)

**A. PROGRAM DESCRIPTION**
**1. Background and Rational for the Program:**

India has the third largest HIV epidemic in the world. India has an estimated 2.1 million HIV infected persons with an HIV prevalence of 0.26% (2015). Overall, India's HIV epidemic is slowing down. Between 2000 and 2015, annual new infections have declined by 66% compared to the Global average of 35% while annual AIDS related deaths have declined by 54% during 2007-2015 compared to a Global average of 41%.

The Indian Government is committed to eliminating new HIV infections among children. India's Prevention of Parent to Child Transmission of HIV/AIDS (PPTCT) program started in 2002. To date, there are more than 22,000 sites offering PPTCT services. Currently only about 93% of the estimated pregnant women in India are enrolled into antenatal care (ANC) at national level. Out of these, less than 56% of women know their HIV status due to sub-optimal access to testing facilities. The PPTCT program initiated antiretroviral treatment for all pregnant and breastfeeding women living with HIV regardless of their CD4 count or stage of HIV infection.

The scope of PPTCT services are decided considering both HIV epidemiology and the current level of coverage of Reproductive and Child Health (RCH) activities like ANC registration and institutional deliveries. Although the PPTCT program is implemented effectively in high HIV prevalence states, the reach of PPTCT services to all pregnant women in the country remains limited both in the public as well as in the private sector and hence there is an immediate need to work with communities, frontline health workers and private hospitals to enhance the uptake of PPTCT services so as to achieve the goal of Elimination of Mother to Child Transmission (EMTCT) of HIV in India.



**2. Goal:**

The overall goal of the project is to increase the uptake of PPTCT services in the project area. The specific objective is to promote periphery level HIV screening among pregnant women as part of ANC for early identification of positive pregnant women and linking them with PPTCT services.

**3. Strategies:**

Improving HIV testing among pregnant women and support an effective reporting system for both the public and private sectors;

Ensuring effective linkages and retention to ART treatment for HIV positive pregnant women and their children through the Intensified Case Finding approach;

Providing comprehensive care and support services to HIV positive pregnant women and their families through community based outreach activities.

**4. Planned activities:**

Regional level needs assessment - private sector

Orientation of district health administrators (public and private sectors) Orientation of district health administrators (private sector)

Sensitization of stakeholders at district Level

Training district resource teams

Field officer trainings

Outreach activities with health facilities

Outreach activities for HIV positive pregnant women

Outreach activities with infants born to HIV infected mothers

Health camps

Observation of World AIDS Day

Project Officer Quarterly Review Meetings

State Advocacy & Review Committee

Meetings Training of SMU and Project Officers

Review meetings with SRs

Training of trainers for capacity building of specialists and training of coordinators

Integrated training for HIV counsellors (SA/mobile, ART, DSRC)

Induction training for ANMs

Development of a virtual training platform

E-module content development

Finance and M&E trainings

**5. Target Group/Beneficiaries:**

Pregnant women registered for ANC both in public and private health facilities in project districts;

HIV positive pregnant women identified in project districts;

HIV exposed infants born to HIV positive mothers (0 to 18 months).

**B. PERFORMANCE FRAMEWORK**

Please see attached.

**C. SUMMARY BUDGET**

Please see attached.

Country	India						
Grant Name	IND-H-PLAN						
Implementation Period	01-Jan-2018 - 31-Mar-2021						
Principal Recipient	Plan International (India Chapter)						
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	216581 0.26%	2015 India HIV Estimations 2015	Gender, Age, Age   Gender	N: 2,110,000 D: 814,069,615 P: 0.25% Due Date: 01-Dec-2019	N: 2,130,000 D: 823,838,450 P: 0.25% 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: 86000. 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
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: 10.00% Due Date: 01-Dec-2019	N: D: P: 10.00% 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 O-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 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.
2 HIV O-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 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.
3 HIV O-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: 600,000 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
HIV Testing Services												
HTS-1: Number of people who were tested for HIV and received their results during the reporting period	Country: India; Coverage: Subnational	N: 1,610 D: P:	NACO SIMS	HIV test status, Gender	N-Non-cumulative	N: 3,029 D: P:	N: 2,188 D: P:	N: 2,503 D: P:	N: 2,861 D: P:	N: 3,408 D: P:	N: 3,408 D: P:	Getting the spouse/ partner of HIV positive pregnant women tested is very important. This indicator measures the Number of spouse of HIV positive pregnant women who received HIV testing during the reporting period. Project will aim to test spouse/ partner of each and every HIV positive pregnant women. The geographic coverage is the 14 states covered by Plan International (India Chapter)  A proportion of 80%, 85% and 90% (as suggested by NACO) has been fixed as target against the "Estimated number of HIV positive pregnant women who delivered during the reporting period" and followed up by the project. A total of 17,365 spouses of HIV positive pregnant women would be targeted to provide HIV testing.  Baseline Data Source: NACO  Numerator: Number of spouses of HIV positive pregnant women who know their HIV status  Data Source: Numerator: Programme record, PMTCT line-list, Client file Denominator: Programme record, PMTCT line-list. Data collection: Continuous  The target is to test 80%, 80%, 85%, 85%, 90%, 90% of the estimated pregnant women for each of the reporting period.

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
<b>PMTCT</b>												
PMTCT-1: Percentage of pregnant women who know their HIV status	Country: India; Coverage: Subnational	N: 5,044,403 D: 14,022,900 P: 35.9%	HMIS and NACO SIMS		N-Non-cumulative (special)	N: 6,310,305 D: 17,528,625 P: 36.0%	N: 4,557,443 D: 17,528,625 P: 26.0%	N: 4,908,015 D: 14,022,900 P: 35.0%	N: 5,809,160 D: 14,022,900 P: 40.0%	N: 6,310,305 D: 14,022,900 P: 45.0%	N: 6,310,305 D: 14,022,900 P: 45.0%	<p>Baseline Data Source: NACO 2016-17, HMIS 2016-17 for the 14 states covered by Plan International (India Chapter)</p> <p>Denominator: Estimated number of pregnant women who delivered within the past 12 months Pregnant women, who are registered for ANC in the health facilities would receive HIV testing. Total number of pregnant women received HIV testing out of those who registered for ANC services during the reporting period would be measured for this indicator achievement.</p> <p>Numerator: Number of pregnant women tested for HIV</p> <p>Data Source: Numerator: Program records. Report shared by the testing centers. Denominator: NHM ANC registration data Data Collection: Continuous Non Cumulative</p> <p>The first reporting period is 9 months, and hence the first 'year' is 15 months. The targets in the first period are therefore proportionately larger than the other periods. Since the targets are non-cumulative special (B), the annual % targets for PMTCT-1 are: 62%, 75%, 90%</p> <p>Baseline Data Source: NACO 2016-17, HMIS 2016-17 for the 14 states covered by Plan International (India Chapter)</p> <p>Denominator: Estimated number of HIV positive pregnant women during the reporting period Numerator: Number of HIV positive pregnant women received ART during the period</p> <p>Analysis and Interpretation: The programme has established a system to track and report the number of women receiving the various regimens so that the impact of antiretroviral medicines on mother-to-child transmission can be measured and the goal of EMTCT can be achieved.</p> <p>Data Source: Numerator: Program records, e.g. PMTCT listelist, Client File Denominator: Actual number of pregnant women identified as HIV positive. Listelist Data Collection: Continuous Non Cumulative</p> <p>The annual % targets are: 90%, 92.7%, 95%</p> <p>The target for this indicator has been calculated so as to have 95% of the positive pregnant women who are on ART by 2021. The first two reporting periods have 15 months, and therefore, the denominators are larger than other periods.</p>
PMTCT-2.1: Percentage of HIV-positive pregnant women who received ART during pregnancy	Country: India; Coverage: Subnational	N: 3,157 D: 12,786 P: 24.6%	ART Monthly Progress Report and Spectrum Estimations		N-Non-cumulative (special)	N: 3,408 D: 6,521 P: 52.2%	N: 2,461 D: 6,521 P: 37.7%	N: 2,650 D: 6,310 P: 41.9%	N: 3,197 D: 6,310 P: 50.6%	N: 3,597 D: 7,572 P: 47.5%	N: 3,597 D: 7,572 P: 47.5%	<p>Baseline Data Source: NACO 2016-17, HMIS 2016-17 for the 14 states covered by Plan International (India Chapter)</p> <p>Denominator: Estimated number of HIV positive pregnant women during the reporting period Numerator: Number of HIV positive pregnant women received ART during the period</p> <p>Analysis and Interpretation: The programme has established a system to track and report the number of women receiving the various regimens so that the impact of antiretroviral medicines on mother-to-child transmission can be measured and the goal of EMTCT can be achieved.</p> <p>Data Source: Numerator: Program records, e.g. PMTCT listelist, Client File Denominator: Actual number of pregnant women identified as HIV positive. Listelist Data Collection: Continuous Non Cumulative</p> <p>The annual % targets are: 90%, 92.7%, 95%</p> <p>The target for this indicator has been calculated so as to have 95% of the positive pregnant women who are on ART by 2021. The first two reporting periods have 15 months, and therefore, the denominators are larger than other periods.</p>

**Coverage Indicators**

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2019 30-Sep-2019	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
PMTCT-3.1: Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Country: India; Coverage: Subnational	N: 6,299 D: 29,014 P: 21.7%	PCR Lab report		N-Non-cumulative	N: 2,940 D: 3,786 P: 75.0%	N: 2,051 D: 2,734 P: 75.0%	N: 2,503 D: 2,945 P: 84.9%	N: 2,861 D: 3,365 P: 85.0%	N: 3,597 D: 3,786 P: 95.0%	N: 3,597 D: 3,786 P: 95.0%	<p>Baseline Data Source: NACO 2016-17, HMIS 2016-17 for the 14 states covered by Plan International (India Chapter)</p> <p>Denominator: Estimated No of live births delivered by HIV positive pregnant women</p> <p>Numerator: Number of HIV exposed infants born during the reporting period who received a virological HIV test within two months of birth</p> <p>Analysis and Interpretation:</p> <ol style="list-style-type: none"> <li>The national indicator reporting frame captures the EID testing between 6 weeks to 6 months, hence the indicator has been kept aligned with NACO SIMS reporting arrangement.</li> <li>Total number of reported HIV positive pregnant women giving birth during the reporting period</li> <li>Test results (positive, negative, indeterminate, and rejected for testing by the laboratory).</li> </ol> <p>Data Source: Numerator: Programme records, e.g. PMTCT linelist records or the record held at EID testing laboratories, Client file Denominator: PMTCT linelist Data collection: Continuous</p> <p>The target for this indicator has been calculated so as to have 95% of the HIV-exposed infants receiving a virological test for HIV within 2 months of birth by 2021. The first two reporting periods have 16 months, and therefore, the denominators are larger than other periods.</p>
<b>RSSH: Human resources for health (HRH), including community health workers</b>												
HW-Other 1: Number of counsellors trained through 4-day contact classroom session on integrated health approach	Country: India; Coverage: Subnational	N: D: P:	TISS training report		N-Non-cumulative	N: D: P:	N: D: P:	N: 6,000 D: P:	N: 3,000 D: P:	N: D: P:	N: D: P:	<p>Being new intervention of Integrated Health Approach, no baseline details are available.</p> <p>Numerator: Number of counsellor received classroom training on integrated health approach Denominator: Total number of counsellors</p> <p>Target of 9000 Counsellors to be trained provided by NACO, considering the allotted positions of counsellors in health facilities and also the attrition.</p> <p>Through classroom training, 100% of counsellors will be trained.</p> <p>Data Source: Denominator: NACO counsellor record Numerator: Programme training record Data collection: Continuous</p> <p>The total target (health facilities newly functional with HIV testing services) has been fixed as 12000, which means that based on the number of counsellors trained, 12000 new facilities will be qualified to conduct HIV testing services.</p> <p>Data source: Numerator: Training record, "Facility functional Tracktool". This tracktool will keep the record of 1) the health facilities where staff has received training and 2) also has been allotted SIMS ID from NACO. These are the two conditions which will be considered before considering a health facility functional with HIV testing facility. SIMS ID generation may be tracked through NACO.</p> <p>Setting of Target: While the training will be carried out under the programme systematically, a quarterwise algorithm has already been developed and would be implemented accordingly. However, generation of SIMS ID is an administrative process and requires permission from NACO and also the state level health administration before it actually administered. A facility is considered "functional" with HIV testing services only when it is staffed with qualified/trained counsellors and ANM. A total of 30,000 ANMs will be trained nation wide.</p> <p>Data Collection: Continuous</p>
HW-Other 2: Number of health facilities newly functional with HIV testing services	Country: India; Coverage: Subnational	N: D: P:	NACO SIMS		N-Non-cumulative	N: D: P:	N: 3,600 D: P:	N: 4,800 D: P:	N: 3,600 D: P:	N: D: P:	N: D: P:	<p>Setting of Target: While the training will be carried out under the programme systematically, a quarterwise algorithm has already been developed and would be implemented accordingly. However, generation of SIMS ID is an administrative process and requires permission from NACO and also the state level health administration before it actually administered. A facility is considered "functional" with HIV testing services only when it is staffed with qualified/trained counsellors and ANM. A total of 30,000 ANMs will be trained nation wide.</p> <p>Data Collection: Continuous</p>

Component Name	HIV/AIDS
Country / Applicant:	India
Principal Recipient:	Plan International (India Chapter)
Application/Grant Name	IDA-H-PLAN
IP Start Date	01-Jan-18
IP End Date	31-Mar-21
Grant Currency:	USD

Budget Summary (in grant currency)

	01-Jan-18 31-Mar-18	Y1	01-Apr-18 30-Jun-18	01-Jul-18 30-Sep-18	01-Oct-18 31-Dec-18	01-Jan-19 31-Mar-19	Y2	01-Apr-19 30-Jun-19	01-Jul-19 30-Sep-19	01-Oct-19 31-Dec-19	01-Jan-20 31-Mar-20	Y3	01-Apr-20 30-Jun-20	01-Jul-20 30-Sep-20	01-Oct-20 31-Dec-20	01-Jan-21 31-Mar-21	Y4	Total	%	
<b>By Module</b>	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%	
Program management	288,817	288,817	258,760	232,185	323,027	244,122	1,059,094	257,102	253,988	340,125	239,192	1,030,007	213,153	234,347	292,343	193,471	900,914	3,338,011	28%	
PMTCT	234,485	234,485	527,640	450,125	470,479	453,216	1,807,780	464,867	449,843	481,182	495,254	1,892,166	465,947	467,770	466,390	152,798	1,582,595	5,511,007	47%	
RSSH: Human resources for health (HRH), including community health workers	90,825	90,825	240,789	314,308	314,308	335,036	1,204,423	637,346	676,269	431,885	33,844	1,779,344	769	769	769	769	3,077	3,077,699	26%	
<b>Total</b>	614,226	614,226	1,028,169	996,618	1,107,813	1,032,676	4,165,277	1,359,336	1,379,780	1,263,191	769,291	4,761,597	679,569	732,887	760,092	314,039	2,486,586	12,027,687	100%	
<b>By Cost Grouping</b>	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%	
1.0 Human Resources (HR)	386,014	386,014	553,657	558,108	600,017	597,031	2,308,814	601,452	606,810	694,249	546,679	2,409,188	495,496	500,915	550,937	243,096	1,780,448	6,594,463	57%	
2.0 Travel related costs (TRC)	118,954	118,954	444,049	419,429	451,297	409,202	1,723,977	737,331	753,278	541,632	195,925	2,228,166	166,377	177,017	166,851	60,303	574,548	4,645,244	39%	
3.0 External Professional services (EPS)	35,592	35,592	5,846		12,277		18,123			12,277	769	13,046	769	40,590	769	769	42,867	109,629	1%	
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)																			2,367	0%
8.0 Infrastructure (INF)	2,397	2,397																	56,623	0%
9.0 Non-health equipment (NHEP)	52,051	52,051	231		2,446	2,677	1,000	769	769			4,215							14,622	0%
10.0 Communication Material and Publications (CMP)			4,874		4,874	9,748						4,874	4,874							
11.0 Programme Administration costs (PA)	19,636	19,636	19,512	19,061	44,222	19,124	101,938	19,553	19,124	44,264	19,168	102,108	14,923	14,384	39,535	9,670	78,723	302,409	3%	
12.0 Living support to client/ target population (LSTP)																				
13.0 Payment for Results																				
<b>Total</b>	614,226	614,226	1,028,169	996,618	1,107,813	1,032,676	4,165,277	1,359,336	1,379,780	1,263,191	769,291	4,761,597	679,569	732,887	760,092	314,039	2,486,586	12,027,687	100%	
<b>By Recipients</b>	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%	
Plan International (India Chapter)	130,520	130,520	137,811	126,330	214,829	128,002	608,772	131,567	137,149	222,250	133,920	624,901	132,494	182,463	213,546	96,303	626,906	1,898,696	17%	
Sub Recipient	342,338	342,338	614,355	519,427	546,934	534,337	2,215,052	544,354	528,109	559,447	579,035	2,210,945	547,074	550,423	546,546	215,736	1,859,778	6,628,115	55%	
TISS-SAKSHAM	141,368	141,368	276,204	350,862	346,050	370,330	1,343,453	683,415	714,523	471,498	56,339	1,926,752						5,410,573	28%	
<b>Total</b>	614,226	614,226	1,028,169	996,618	1,107,813	1,032,676	4,165,277	1,359,336	1,379,780	1,263,191	769,291	4,761,597	679,569	732,887	760,092	314,039	2,486,586	12,027,687	100%	