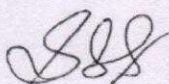


Grant Confirmation

1. This **Grant Confirmation** is made and entered into by the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Solidarity and Action Against The HIV Infection in India** (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 21 July 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:	Śvetana Phase II: Scaling up of PPTCT Services in the public and private health sector across 22 states/Union Territories of India
3.4.	Grant Name:	IND-H-SAATHII
3.5.	GA Number:	1593
3.6.	Grant Funds:	Up to the amount USD 7,001,811.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 March 2021 (inclusive)
3.8.	Principal Recipient:	Solidarity and Action Against The HIV Infection in India 34/46, Kalakshetra Colony, MGR Road Besant Nagar 600090 Chennai Republic of India Attention Dr. Sai Subhasree Raghavan President Telephone: 914428173948 Facsimile: +914428173947 Email: subhasree_raghavan@yahoo.com
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 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:

6.1. Transition Between Grants:

6.1.1. 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.

6.1.2. 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.

SSJ

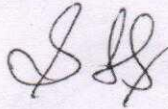


6.1.3. For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee under any previous Grant Agreement(s) (including, but not limited to, those concerning financial and other reporting).

6.2. 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.

6.3. 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

Solidarity and Action Against The HIV Infection in India

By: MA. P. Edin

Name: Mark Edington
Title: Head, Grant Management Division

Date: Jan 18, 2018

By: [Signature]

Name: Dr. Sai Subhasree Raghavan
Title: President

Date: 19th December 2017

Acknowledged by

By: [Signature]

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

Date: 01.03.2018

By: [Signature]

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:	Svetana Phase II: Scaling up of PPTCT Services in the public and private health sector across 22 states/Union Territories of India
Grant Name:	IND-H-SAATHII
GA Number:	1593
(Disease) Component:	HIV/AIDS
Principle Recipient	Solidarity and Action Against The HIV Infection in India (SAATHII)

A. PROGRAM DESCRIPTION

Background and Rationale for the Program:

India ranks third globally in the number of HIV infections. Over the last two phases of the National AIDS Control Program (NACP-III and NACP-IV), the country has made significant progress in reducing new HIV infections and expanding care-continuum services for People Living with HIV (PLHIV). In 2016-17, about 54% of the 30.1 million estimated pregnant women were reached with HIV counseling and testing services. The burden of HIV positive pregnant women is estimated to be 35,255 (2015); however, only 39% of them were identified by the program. Close to 96% of the 13,707 positive pregnant women were initiated on antiretroviral therapy (ART) and uptake of early infant diagnosis (EID) was 57% (6,185 out of 10,775 live births) for first EID within 2 months in targeted districts.

The National AIDS Control Organisation (NACO) has enlisted the national NGO SAATHII to increase the uptake of Prevention of Parent to Child Transmission of HIV (PPTCT) services across 361 districts in 22 states/UTs by supporting the PPTCT program scale-up and saturation envisaged in the National Strategic Plan (NSP).

Goal:

This project will contribute to the national goals of Elimination of Mother to Child Transmission of HIV (EMTCT) by 2020 and keeping mothers alive. Towards this, SAATHII will support NACO by accelerating the scale-up of PPTCT services in the public and private healthcare sectors across 22 States/UTs over a period of 39 months, with the following objectives:

- Increase HIV testing among pregnant women from 85% to 95%;
- Increase HIV testing among spouses of positive pregnant women from 74% to 90%;
- Increase the proportion of HIV-positive pregnant women on ART from 96% to 100%;
- Increase the proportion of HIV-exposed infants who completed their first Early Infant Diagnosis (EID) within two months of birth from 51% to 95%.

Strategies:

The project will integrate HIV counseling and testing and the complete cascade of PPTCT services across all levels of the public and private health systems in 22 states/UTs through:

- State specific tailor made interventions that will facilitate the establishment and/or activation of HIV counseling and testing services up to primary care level in the public health sector and engagement of the vast and diverse private health sector through flexible public private partnership (PPP) models for delivery of PPTCT services and reporting to government;



- Priority interventions in high prevalence geographies from state to district to sub-district levels, to increase the detection of HIV positive pregnant women (PPW) and ensuring timely linkage to ART;
- Proven interventions for streamlined and consistent tracking of PPW and mother-baby pairs for completion of the PPTCT cascade in the public and private health sector by health system functionaries and through mHealth initiatives.

Planned Activities:

- Recruit project staff of SAATHII national /state teams for technical assistance in 15 states and seven UTs;
- Interact/liaise with NACO and State AIDS Control Societies (SACS), and National as well as State Health Mission for situational analysis and consensus on operational planning;
- Prepare standard operating procedures, training curriculum, reporting formats and management information systems;
- Conduct induction and follow-up trainings for PR and SR/SU staff;
- Develop national, state and district level annual plans based on the gap analyses;
- Create state and district level resource pools within the health system and ensure follow-up on cascade training of health staff across all levels;
- Conduct national, state and district level sensitizations and trainings for government health authorities and members of professional medical associations;
- Establish HIV counseling and testing centers in public sector health facilities from tertiary to primary level based on the gap analyses;
- Map and enroll all private ANC health facilities as HIV counseling and testing sites through Public Private Partnership (PPP) models;
- Conduct need-based demand generation activities with communities for increasing uptake of HIV testing;
- Provide start-up and ongoing technical assistance to PPP and government sites including training of site staff, setting up of supply chain, reporting and referral systems;
- Saturate the HIV testing coverage of pregnant women from public and private health facilities, and through community-based screening and other approaches;
- Establish referral and linkages between government and PPP sites for confirmation of the HIV status of pregnant women and PPTCT cascade uptake including ART and EID by PPW;
- Strengthen the tracking and follow-up by parent ICTC and health system functionaries such as frontline health workers and health education by mHealth initiatives;
- Develop and disseminate job aids and patient education materials in local languages;
- Facilitate streamlining of monthly reporting by PPP and public facilities in the national reporting system;
- Strengthen the program management systems of health and HIV departments for integrated HIV testing, supply chain management, HIV treatment, tracking/ follow-up of PPW from national to sub-district levels through evidence-based advocacy and technical support;
- Establish and conduct governance/advisory meetings at national, state and district levels.

Target Group/Beneficiaries:

- Pregnant / Antenatal care (ANC) women
- HIV Positive pregnant women (PPW)
- Spouse of PPW
- HIV Exposed infants of PPW

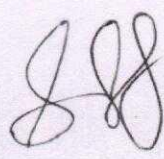
B. PERFORMANCE FRAMEWORK

Please see attached.



C. SUMMARY BUDGET

Please see attached.



Country	India						
Grant Name	IND-H-SAATHII						
Implementation Period	01-Jan-2018 - 31-Mar-2021						
Principal Recipient	Solidarity and Action Against The HIV Infection in India						
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: 0.00% Due Date: 01-Dec-2019	N: 2,130,000 D: 823,838,450 P: 0.00% 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 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: P: 11.00% 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 NPR December 2016	Gender	N: 1,840,000 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 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 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 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/A			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
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: 4,720 D: P:	NACO SIMS	HIV test status, Gender	N-Non-cumulative	N: 6,170 D: P:	N: 4,113 D: P:	N: 4,627 D: P:	N: 4,627 D: P:	N: 4,900 D: P:	N: 4,900 D: P:	Numerator: For this indicator, the main focus is the spouses of identified HIV positive pregnant women. Therefore the Numerator is the Number of spouses of HIV positive pregnant women who know their HIV status. The baseline data was provided from NACO for April 2016-Mar 2017, 6367 newly detected positive pregnant women in the 22 states is the denominator. The target for this indicator has been calculated so as to reach 80% of the spouses of newly detected positive pregnant women detected in 2018, 85% of those detected in 2019 and 90% of those detected in 2020, with HIV testing, so they know their HIV status. The number of positive pregnant women used to calculate this number was the same as the number of positive pregnant women detection assumed for years 2018, 2019 and 2020

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
PMTCT												
PMTCT-1: Percentage of pregnant women who know their HIV status	Country: India; Coverage: Subnational	N: 11,078,169 D: 13,007,700 P: 85.1%	HMIS and NACO SIMS		N-Non-cumulative (special)	N: 8,389,967 D: 16,259,625 P: 51.6%	N: 5,593,311 D: 16,259,625 P: 34.4%	N: 5,853,465 D: 13,007,700 P: 45.0%	N: 5,853,465 D: 13,007,700 P: 45.0%	N: 5,853,465 D: 13,007,700 P: 45.0%	N: 6,178,658 D: 13,007,700 P: 47.5%	<p>Denominator: is the Estimated number of pregnant women who delivered. The total estimated pregnant women who delivered in the country is 2,70,30,600 as per HMIS (NHM data on estimated pregnancies minus 10% loss of pregnancy) for the period April 2016 - March 2017; and for the proposed 22 States / UTs it is 1,30,07,700 (data accessed from NHM as of April 9th 2017).</p> <p>Numerator is the total number of ANC tested for HIV at Stand Alone ICTC and FICTCs (including both public and private health sector). For the period April 2016 - March 2017 the total number of ANC tested is 1,44,58,543 (84% of the total ANC tested) across the country; and for the proposed 22 States/UT the number ANC tested for HIV is 1,10,78,169. Source: NACO SIMS data</p> <p>Since the targets are non-cumulative special (B), the annual % targets for PMTCT-1 are: 82%, 90%, 92.5% (the first period is lower than baseline because they added some more higher burden "difficult" states)</p> <p>The target for this indicator has been calculated so as to have 95% of the pregnant women who know their HIV Status by 2021. The first two reporting periods have 15 months, and therefore, the denominators are larger than other periods.</p> <p>Denominator is the number of positive pregnant women who have been identified and who delivered under the national program in the 22 states / UTs (including new and known positive pregnant women); Numerator: The number of HIV+ve Pregnant women (both new and known) who are initiated on ART (including new initiated and already on ART).</p> <p>For baseline calculations, the number of positive pregnant women detected was used for denominator; a total of 10,303 Positive pregnant women were detected and among them on ART is 10,045 in the 22 states/ UTs; this data is based on ART MPR (including newly registered, already registered in Pre ART and already on ART) for the year 2016-17 (data till March 2017). At the time of PU or PU DR reporting, the actual number of positive pregnant women who have been detected and delivered (including those who underwent MTP/ abortion/ still births etc) will be used as the denominator.</p> <p>Similar to above, the annual % targets are 97%, 98%, 100%. The denominators are estimates of pregnant women in these states.</p> <p>The target for this indicator has been calculated so as to have 100% 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: 10,045 D: 10,303 P: 97.4%	ART Monthly Progress Report and Spectrum Estimations		N-Non-cumulative (special)	N: 7,481 D: 12,853 P: 58.2%	N: 4,987 D: 12,853 P: 38.8%	N: 5,335 D: 10,888 P: 48.9%	N: 5,335 D: 10,888 P: 48.9%	N: 5,444 D: 10,888 P: 50.0%	N: 5,444 D: 10,888 P: 50.0%	<p>Denominator: The denominator used for this indicator is the number of positive pregnant women who delivered alive infant and who are eligible for first EID test; For the baseline, data on eligible infants was not available; therefore the the positive pregnant women detected in 2016-17 For the whole country (as per ART MPR) minus 10% pregnancy loss was deducted and used (13,774*0.9= 12,396). At the time of the reporting, the actual number of eligible infants born to HIV positive pregnant women for the specified reporting period, will be calculated and used for this denominator.</p> <p>Numerator: The number of live infants born to HIV positive pregnant women and who got the Early Infant Diagnosis within two months of birth. For baseline national data from NACO for the numerator was used from the period April 2016-Mar 2017 - 6259 infants completed first Early Infant Diagnosis between 6 weeks and 2 months of birth.</p> <p>This data is from NACO on EID testing report at the national level, as sub-national data for the 22 states/ UTs is not available.</p> <p>The target for this indicator has been calculated so as to have 100% of the HIV-exposed infants receiving a virological test for HIV within 2 months of birth by 2021. The first two reporting periods have 15 months, and therefore, the denominators are larger than other periods.</p>
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: 12,396 P: 50.8%	PCR Lab Report		N-Non-cumulative	N: 5,399 D: 7,712 P: 70.0%	N: 3,599 D: 5,141 P: 70.0%	N: 4,355 D: 5,444 P: 79.9%	N: 4,627 D: 5,444 P: 84.9%	N: 4,900 D: 5,444 P: 90.0%	N: 5,172 D: 5,444 P: 95.0%	<p>Denominator: The denominator used for this indicator is the number of positive pregnant women who delivered alive infant and who are eligible for first EID test; For the baseline, data on eligible infants was not available; therefore the the positive pregnant women detected in 2016-17 For the whole country (as per ART MPR) minus 10% pregnancy loss was deducted and used (13,774*0.9= 12,396). At the time of the reporting, the actual number of eligible infants born to HIV positive pregnant women for the specified reporting period, will be calculated and used for this denominator.</p> <p>Numerator: The number of live infants born to HIV positive pregnant women and who got the Early Infant Diagnosis within two months of birth. For baseline national data from NACO for the numerator was used from the period April 2016-Mar 2017 - 6259 infants completed first Early Infant Diagnosis between 6 weeks and 2 months of birth.</p> <p>This data is from NACO on EID testing report at the national level, as sub-national data for the 22 states/ UTs is not available.</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 15 months, and therefore, the denominators are larger than other periods.</p>

Component Name	HIV/AIDS
Country / Applicant:	India
Principal Recipient	Solidarity and Action Against The HIV Infection in India
Application/Grant Name	IDA-H-SAATHI
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	%
By Module																			
Program management	231,610	231,610	182,813	158,762	192,587	181,475	697,138	165,427	162,692	196,037	182,788	686,944	147,649	145,034	178,378	113,506	584,567	2,200,460	31%
PMTCCT	480,538	480,538	416,596	393,696	385,210	407,783	1,613,433	408,313	401,098	395,079	352,700	1,560,160	352,892	346,862	351,565	85,890	1,147,210	4,801,342	69%
Total	712,358	712,358	579,477	553,658	588,197	589,239	2,310,571	573,741	563,790	594,115	515,487	2,247,104	500,541	491,896	529,943	209,397	1,731,777	7,001,811	100%
By Cost Grouping																			
1.0 Human Resources (HR)	394,461	394,461	377,311	377,191	377,031	407,336	1,538,868	390,796	390,676	390,636	381,668	1,553,676	365,737	365,737	365,697	143,064	1,240,237	4,727,242	68%
2.0 Travel related costs (TRC)	233,913	233,913	152,968	135,301	139,230	141,674	569,174	142,455	134,441	134,067	94,567	605,529	97,298	89,653	96,871	35,507	317,429	1,626,045	23%
3.0 External Professional services (EPS)			1,846	30,789			32,615	1,846		30,789	1,846	34,462			30,789		30,789	97,846	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)																			
8.0 Infrastructure (INF)	2,192	2,192																2,192	0%
9.0 Non-health equipment (NHEP)	35,979	35,979				200	200											36,179	1%
10.0 Communication Material and Publications (CMP)	9,942	9,942	11,461	5,296	5,296	3,242	25,314	1,857	1,857	1,857	565	6,136	565	565	565		1,694	43,086	1%
11.0 Programme Administration costs (PA)	35,871	35,871	35,871	35,871	35,871	35,871	144,389	36,787	36,787	36,787	36,941	147,301	36,941	36,941	36,941	30,825	141,646	469,219	7%
12.0 Living support to client/ target population (LSCP)																			
13.0 Payment for Results																			
Total	712,358	712,358	579,477	553,658	588,197	589,239	2,310,571	573,741	563,790	594,115	515,487	2,247,104	500,541	491,896	529,943	209,397	1,731,777	7,001,811	100%
By Recipients																			
Solidarity and Action Against The HIV Infection in India	117,824	117,824	108,445	89,014	122,399	87,621	407,478	89,304	83,304	118,888	71,797	361,083	70,004	67,388	100,773	44,122	282,287	1,168,682	17%
SAATHI-7 State Units	413,844	413,844	333,676	328,775	329,603	350,972	1,343,238	342,732	340,616	339,447	311,309	1,333,304	302,441	298,964	302,049	113,671	1,016,525	4,106,898	59%
Swami Vivekananda Youth Movement	48,872	48,872	41,612	40,927	40,524	43,492	166,555	42,399	41,065	41,390	38,055	162,909	37,242	36,153	36,477	14,211	124,083	502,416	7%
Prayas	20,696	20,696	17,921	17,296	17,643	19,461	72,621	18,504	18,137	18,145	17,465	72,252	16,605	16,721	16,767	9,551	59,844	225,383	3%
NCPH+GSP+	29,192	29,192	21,182	21,432	21,429	22,585	89,929	21,500	21,363	21,260	21,699	86,043	20,616	20,500	20,677	10,664	71,796	273,821	4%
SUSR-PJ, CHAN, J&K & HP	81,960	81,960	56,742	55,914	56,300	65,107	234,063	69,302	69,065	68,193	64,962	231,533	53,433	52,771	53,301	18,378	177,263	724,806	10%
Total	712,358	712,358	579,477	553,658	588,197	589,239	2,310,571	573,741	563,790	594,115	515,487	2,247,104	500,541	491,896	529,943	209,397	1,731,777	7,001,811	100%