

## 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 **Hindustan Latex Family Planning Promotion Trust** (the "Principal Recipient" or the "Grantee"), pursuant to the Framework Agreement, dated as of 21 December 2023, 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. The Grant Confirmation is effective as of the earlier of the start date of the Implementation Period (as defined below) or the date of the Global Fund's signature below, and Program Activities shall not commence prior to the start date of the Implementation Period, unless otherwise agreed in writing by the Global Fund.
  
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 (as amended from time to time), available at [https://www.theglobalfund.org/media/5682/core\\_grant\\_regulations\\_en.pdf](https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time)), 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, Tuberculosis
3.3	Program Title:	SSHAKTI: Strategizing and Strengthening HIV/AIDS & TB Intervention
3.4	Grant Name:	IND-C-HLFPPT
3.5	GA Number:	3899
3.6	Grant Funds:	Up to the amount of USD 25,151,509 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2024 to 31 March 2027 (inclusive)
3.8	Principal Recipient:	Hindustan Latex Family Planning Promotion Trust

		<p>B-14A, IIInd Floor, Sector-62, Noida  Gautam Budh Nagar  Uttar Pradesh  201307 Gautam Budh Nagar  Republic of India</p> <p>Attention: Mr. AJAY JHA  Associate National Lead-  Finance</p> <p>Email: <a href="mailto:akjha@hlfppt.org">akjha@hlfppt.org</a></p>
3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	<p>Price Waterhouse LLP  Building 8, 8th Floor, Tower-B  DLF Cyber City  122002 Gurgaon  Republic of India</p> <p>Attention: Heman Sabharwal  Team Leader</p> <p>Telephone: +911244620148  Facsimile: +91-124-462-0620  Email: <a href="mailto:heman.sabharwal@pwc.com">heman.sabharwal@pwc.com</a></p>
3.11	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis  and  Malaria  Global Health Campus, Chemin du Pommier  40  1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention: Urban Weber  Department Head  Grant Management Division</p> <p>Telephone: +41-587911700  Facsimile: +41-445806820  Email: <a href="mailto:urban.weber@theglobalfund.org">urban.weber@theglobalfund.org</a></p>

4. **Policies.** The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2023, as amended from time to time), (2) the Health Products Guide (2018, 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 procurement of Health Products shall be carried out through the Pooled Procurement Mechanism (“PPM”) of the Global Fund, unless the Global Fund directs the Principal Recipient otherwise in writing. The Principal Recipient has all the necessary power and authority to execute, deliver and carry out its obligations under the wambo.org – PPM registration letter in the form approved by the Global Fund.

## 5.2 External Auditor

(1) Grant Funds may be used to pay for the services of an external auditor retained by the Global Fund for the annual independent audit of the Program (the “External Auditor”) and the Global Fund may disburse such Grant Funds directly to the External Auditor;

(2) The Principal Recipient consents, to the carrying out of audits of the Program by the External Auditor for the period covering fiscal years 2024-2025, 2025-2026 and 2026-2027 (and other such additional periods as the Global Fund may communicate to the Principal Recipient in writing), and to the terms of reference of the External Auditor and agrees that such terms of reference may be amended from time to time; and

(3) Without limiting Section 7.5 of the Global Fund Grant Regulations (as amended from time to time), the Principal Recipient shall cooperate fully with the External Auditor to allow the External Auditor to perform its services, including by providing all information and documents requested by the External Auditor or the Global Fund.

5.3 Prior to the use of Grant Funds in Budget Lines 432 and/or 433, and no later than 31 March 2025, the Principal Recipient shall submit in form and substance satisfactory to the Global Fund, and obtain the Global Fund’s written approval of the following:

(1) For Budget Line 432, a reprogramming request prepared in coordination with the National AIDS Control; and

(2) For Budget Line 433, a reprogramming request prepared in coordination with the Central TB Division.

(3) If the conditions set forth in Section 5.3 and 5.3(1) and/or 5.3(2), respectively, are not met by 31 March 2025, the funds in the respective Budget Line may be reprogrammed in accordance with this Grant Agreement.

*[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

Hindustan Latex Family Planning  
Promotion Trust

By: Mark Eldon-Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management  
Division

Date: Mar 29, 2024

By: Sharad Agarwal

Name: Sharad Agarwal

Title: Chief Executive Officer

Date: 21st March 2024.

Acknowledged by

By: \_\_\_\_\_

Name: Apurva Chandra

Title: Chair, Country Coordinating Mechanism of Republic of India

Date:

By: Anandi Yuvaraj

Name: Anandi Yuvaraj

Title: Civil Society Representative, Country Coordinating Mechanism of Republic of  
India

Date: 27/03/24.

## Schedule I

### Integrated Grant Description

#### A. PROGRAM DESCRIPTION

##### 1. Background and Rationale for the Program

In accordance with the Sustainable Development Goals (SDG), India is committed to "End the AIDS epidemic as a public health threat by 2030" through comprehensive prevention, detection and treatment services. India's efforts towards the prevention and control of HIV/AIDS have been globally acclaimed. The country has been successful in declining the annual new HIV infections by 42% and reduced the annual AIDS-related deaths by nearly 77% from 2010 to 2022.

Despite significant successes, vulnerable populations such as adolescents, at-risk youth, incarcerated persons at prisons and other close settings and pregnant women continue to be disproportionately affected. Of the estimated 24.67 lakh PLHIV in India, 79% PLHIV were aware of their HIV status. Among them, 86% were on ART and the viral load suppression was at 93% among on-ART PLHIV. In terms of comprehensive knowledge of HIV/AIDS, there are gaps among the population. As per the findings of National Family Health Survey Phase 5 (NFHS V), only one-fifth (22%) of women and nearly one-third of men (31%) age 15-49 in India have comprehensive knowledge of HIV/AIDS.

The Ministry of Health & Family Welfare, Government of India developed a National Strategic Plan 2017-25 (NSP 2017-25) aimed to achieve 80% reduction in TB incidence and 90% reduction in deaths by 2025. In 2022, 30% notification were reported from by the private sector while in 2023 it was 34%. Additional efforts are needed to bridge the gap and increase both the private and public sector notification.

The National TB Elimination Program (NTEP) reiterates that a multipronged approach is required to detect the missing cases through active and passive case finding, treatment and follow up of diagnosed cases to End TB. Active Case Finding (ACF) has shown to increase the case notification which leads to reduction in the burden of TB in terms of both mortality and morbidity. As per NSP 2017-25, focus of ACF prioritizes key and vulnerable population (KVP) in identified targeted geographies. Prioritizing the urban slums, industry workers and prison inmate for ACF can support finding the missing TB cases and mitigate the impact of TB in both the prison environment and the broader community.

In India, the lack of rapid and prompt diagnoses in low-resource settings with high endemicity poses a major constraint on DR-TB treatment. In 2022, there was still a gap in diagnosis of RR/MDR-TB cases in India resulting in further transmission of DR strains in the community. There were 5,82,332 Extra pulmonary TB cases notified in 2022, of which 3,63,483 (62%) samples went through molecular (NAAT) testing whereas 2,18,850 (38%) EPTB cases were left without microbiological confirmation of the diagnosis.

Informal health care providers are often the first point of contact for a significant proportion of TB patients in rural areas/ semi-urban settings due to factors related to accessibility and affordability. Therefore, engagement of informal providers is critical to bring these TB patients within the ambit of NTEP.

Efficient and accurate sample collection and transportation are essential components of a robust diagnostic system, especially for diseases like tuberculosis (TB). The adoption of a barcode system can significantly enhance the traceability, tracking, and quality of samples throughout the testing process.

To strengthen the National efforts of NACP-V and NTEP objectives, and bridge the gaps, Hindustan Latex Family Planning Promotional Trust (HLFPPT) as principal recipient with support of other partners is implementing the next GFATM grant cycle (GC7) from April 2024 to March 2027 in more than 400 districts across 17 States in India.

## **2. Goals**

- Overall goals of the project have been aligned with the objectives of NACP and NTEP in achieving the following:
- Elimination of vertical transmission of HIV and Syphilis.
- Promoting universal access to quality HIV, STI/RTI and TB services to at-risk, vulnerable populations and infected population.
- Improved comprehensive knowledge on HIV/AIDS.
- Elimination of stigma and discrimination related to HIV/AIDS and TB.
- Decrease mortality and morbidity due to TB and cut transmission of infection until TB ceases to be a major public health problem.

## **Strategies**

To achieve the goals, the project envisaged the following strategies:

1. Promote and facilitate viral suppression among PLHIV and ensuring that LFU cases return to treatment and care.
2. Build the capacity of the network of PLHIV/HRG/Bridge population along with CBOs to increase case detection and treatment adherence and eliminating stigma and discrimination.
3. Scaling up interventions for HIV, TB, STIs, and Hepatitis B & C in incarcerated populations at prisons, and other close settings.
4. Enhance awareness on HIV/AIDS among the general population and youth to foster a stigma and discrimination free inclusive environment through Red Ribbon Bus (RRB) campaign.
5. Active Case Finding for early detection of TB cases among vulnerable population including the prison inmates.
6. Scaling up of upfront NAAT testing for Paediatric TB & EP TB Specimen to bridge the gap in testing.
7. Strengthen the existing system of DRTB patient management and linkages to TB treatment services in the private sector.
8. Engagement of AYUSH and Informal provider to increase the access of standard TB care.
9. Collaboration with corporate chain of hospitals and Labs for quality TB treatment and care.
10. Addressing Stigma & Discrimination through Skilling of TB Survivors/Champions.

11. Technical assistance to strengthen sample collection and transportation using a barcode system to streamline the diagnostic process, reduce errors, and improve the overall quality of TB diagnosis and treatment.

### Planned Activities

A. Care and Support Centre (2.0) – this intervention will be implemented in 252 districts across 12 states and following activities will be conducted: Facilitate early initiation of ART for all newly diagnosed PLHIV; Track and recover lost to follow-up, ensuring their return to treatment and care; Support PLHIV enrolled in ART to achieve viral suppression including positive pregnant women (during the 32-36 week of pregnancy ) and those on 2<sup>nd</sup> and 3<sup>rd</sup> line treatment regimens; Ensure virological testing for all HIV-exposed infants within six weeks of birth, and ensure comprehensive infant diagnosis at the 6<sup>th</sup> months; Effective linkage of syphilis-positive Pregnant Women (PW) and syphilis-exposed children to appropriate treatment and care.

B. Community System Strengthening – this intervention will be implemented in 252 districts across 12 states and following activities will be conducted: Training of Community Champions and CLM Model Integration; Enhancing community capacities and State Level Network (SLN); Facilitation of District Community Resource Group.

C. Prison and OCS Intervention – this intervention will be implemented in 366 districts across 15 states and following activities will be conducted; Promoting holistic health awareness: empowering incarcerated communities with focus on HIV, STI and TB; Empowering and enhancing capabilities of prison peer volunteers and health care providers; Increase STI, HIV, and TB testing among incarcerated populations; Link the post-release PLHIV inmates with DLNs and CSC 2.0.

D. Red Ribbon Bus – This campaign will be implemented in 15 states and following activities will be conducted: Microplanning of campaign in consultation with NACP (at National, State and District level); Running a campaign on HIV awareness through Red Ribbon Bus; Mobilization, IEC, counselling, screening and referral at halting points.

E. Active Case Finding in urban slums, prison inmates and other vulnerable population – this intervention will be implemented in 76 districts across 7 states and following activities will be conducted: Outreach activities for TB screening of key and vulnerable population for PTBP identification; comprehensive health camp for TB testing by using handheld Xray machine and referral for TB testing and diagnosis.

F. Lab strengthening for scaling up of UPFRONT NAAT testing for Paediatric TB & EP TB Specimen – this intervention will be implemented in 30 districts across 5 states and following activities will be conducted: Laboratory preparedness & building capacity of the existing NTEP labs for the processing of paediatric specimen types such as gastric lavage, BAL, induced sputum, lymph node aspirates, etc. for use in NAAT; Establishment of Hub by linking local facilities with the labs for testing and scale up of linkages with the hub; District level provider engagement through CMEs. ; Capacity building for specimen collection for technicians & providers.

*G. Strengthen DRTB patient management in Private Sector* - this intervention will be implemented in 30 districts across 5 states and following activities will be conducted: Capacity assessment of the facilities on standard parameter for DRTB case management; Establishment of Hub as DRTB patient management; Technical support to the hubs and spokes for upgrading their facilities as per the need assessment; Capacity building of health staff on DRTB patient management as per NTEP guidelines.

*H. Engagement of AYUSH and Informal provider* - this intervention will be implemented in 36 districts in three states and following activities will be conducted: Sensitization and engagement of AYUSH & informal providers on NTEP guidelines; Encourage AYUSH and non-traditional health care providers to establish referral and linkage with govt. health facilities; Provision for availing informant & treatment supporter incentive for AYUSH & Informal providers will be encouraged.

*I. Engagement of Corporate Chain of Hospitals and Labs*: under this intervention 150 chain of hospital and labs pan Indian will be engaged and following activities will be conducted: Advocacy with corporate hospital & lab, state, districts NTEP and other stakeholders; Development of engagement model; Engagement of the hospitals and advocacy with corporate hospitals, lab & NTEP/STC; Negotiation and leverage for subsidized costing of diagnosis, upfront DST and provisioning of Government FDC and reagents.

*J. Skilling of TB Survivors/ Champions* –under this intervention technical support will be provided in the 6 states by conducting following activities: Linking of TB survivors/ champions to course for skill development; Ensure the course completion and placement.

*K. Technical assistance in Strengthening the SCT*– will be provided to 76 districts across 7 states and following activities will be conducted: Training of NTEP staff on barcode system implementation for sputum collection and transportation; Technology adoption and linking it to the patient's information; Quality assurance and feedback.

HLFPPT will leverage the PPSA program to get additional support to implement TB related intervention.

### **3. Target groups / Beneficiaries**

PLHIV, positive pregnant women, HIV exposed infants, spouse and partners of PLHIV, PLHIV on 3<sup>rd</sup> line treatment, people in prison and other close settings, high risk groups (FSW,MSM,H/TG, PWID), key and vulnerable population (urban slum, construction worker, industries worker), TB survivors, youth and general population.

## **B. PERFORMANCE FRAMEWORK**

Please see attached.

## **C. SUMMARY BUDGET**

Please see attached.



<b>Country</b>	India
<b>Grant Name</b>	IND-C-HLFPPT
<b>Implementation Period</b>	01-Apr-2024 - 31-Mar-2027
<b>Principal Recipient</b>	Hindustan Latex Family Planning Promotion Trust

<b>Reporting Periods</b>	Start Date	01-Apr-2024	01-Oct-2024	01-Apr-2025	01-Oct-2025	01-Apr-2026	01-Oct-2026
	End Date	30-Sep-2024	31-Mar-2025	30-Sep-2025	31-Mar-2026	30-Sep-2026	31-Mar-2027
	PU includes DR?	No	Yes	No	Yes	No	No

## Program Goals, Impact Indicators and targets

1	Reduce annual new HIV infections by 80%
2	Eliminate vertical transmission of HIV and Syphilis
3	Eliminate HIV/AIDS related stigma and discrimination
4	Promote universal access to quality STI/RTI services to at-risk and vulnerable populations
5	Achieve a rapid decline in burden of TB, morbidity and mortality to achieve the Sustainable Development Goals of 80% reduction in incidence and 90% reduction in deaths by 2025; five years earlier of the global targets

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1 HIV I-4 Number of AIDS-related deaths per 100,000 population	India	N: 2.8900 D: P: %	2022 Global AIDS Monitoirng, 2022	Gender, Age, Gender   Age	N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:
<b>Comments</b> Baseline # N - 39624 Baseline # D - 1371733204 Value - 2.89 The indicator will be reported by NACO on an annual basis. The targets will be set by NACO and updated in year 1.							
2 HIV I-14 Number of new HIV infections per 1000 uninfected population	India	N: 0.0500 D: P: %	2022 Global AIDS Monitoirng, 2022	Gender, Gender   Age, Age	N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:
<b>Comments</b> Baseline # N - 66408 Baseline # D - 1369266204 Value - 0.05 The indicator will be reported by NACO on an annual basis. The targets will be set by NACO and updated in year 1.							
3 HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	India	N: 4128.0000 D: 20735 P: 19.91%	2022 Global AIDS Monitoirng, 2022		N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:
<b>Comments</b> Baseline # N - 4128 Baseline # D - 20735 Percentage (%) - 19.91 The indicator will be reported by NACO on an annual basis. The targets will be set by NACO and updated in year 1.							

## Program Objectives, Outcome Indicators and targets

1	95% of people who are most at risk of acquiring HIV infection use comprehensive prevention
2	95% of HIV positive know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have suppressed viral load

3	95% of pregnant and breastfeeding women living with HIV have suppressed viral load towards attainment of elimination of vertical transmission of HIV
4	Less than 10% of people living with HIV and key populations experience stigma and discrimination
5	Early identification and access to treatment for preventing loss of disability-adjusted life years from TB and reducing costs incurred by TB patients

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1	HIV O-11 Percentage of people living with HIV who know their HIV status at the end of the reporting period	India	N: 1948635.0000 D: 2467000 P: 78.99%	2023 Sankalak Fifth Edition, 2023 (Pg # 153)	Gender   Age, Age	N: D: P: 91.00%  Due Date: 30-May-2025	N: D: P: 95.00%  Due Date: 30-May-2026	N: D: P: 95.00%  Due Date: 30-May-2027
	<b>Comments</b> This indicator is to be reported by NACO. Baseline # N - 1948635 Baseline # D - 2467000 Value - 79% Periodicity: The indicator will be reported by NACO on an annual basis. Target Assumption: The targets defined for these indicators are as per NACP - V Strategy Document Pg # 42. Numerator: Number of PLHIV who know their HIV Status Denominator: Estimated number of PLHIV							
2	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	India	N: 1009262.0000 D: 1084218 P: 93.09%	2023 Sankalak Fifth Edition, 2023 (Pg # 153)	Gender   Age, Age	N: D: P: 93.00%  Due Date: 30-May-2025	N: D: P: 94.00%  Due Date: 30-May-2026	N: D: P: 95.00%  Due Date: 30-May-2027
	<b>Comments</b> This indicator is to be reported by NACO. Baseline # N - 10,09,262 Baseline # D - 10,84,218 Value - 93% Periodicity: The indicator will be reported by NACO on an annual basis. Target Assumption: The targets defined for these indicators are as per targets for DLIs (mentioned in coverage indicators) for Payment for results grant. Numerator: Number of people living with HIV on ART for at least 6 months and with at least one routine VL test result who have virological suppression (<1000 copies/mL) during the reporting period. Denominator: Number of people living with HIV on ART for at least 6 months with at least one routine VL result during the reporting period. Viral load testing coverage will also be reported in by NACO. The PR should provide an update on the viral load testing coverage to validate this indicator.							

Coverage indicators and targets									01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025	01-Oct-2025 31-Mar-2026	01-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator						
<b>Differentiated HIV Testing Services</b>														
1	HTS-3f Number of people in prisons and other closed settings that have received an HIV test during the reporting period and know their results	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 675702 D: P: %	2023 Num : Data Source: SANKALAK 5th Edition, 2023 (Pg# 81 & 153)	Gender	Yes	Non cumulative	No	N: 474459 D: P: %	N: 474459 D: P: %	N: 533767 D: P: %	N: 533767 D: P: %	N: 593074 D: P: %	N: 593074 D: P: %
	<b>Comments</b> Indicator and target has been aligned with NSP and NACO guidance. Baseline: Total number of Inmates - 11,86,148. Data Source-Prison Statistics 2022 Total number of inmates received HIV testing: 6,75,702. Data Source: Sankalak 2022-23 Programme actual measure: Numerator - Number of people in prisons and other closed settings who have been tested for HIV during the reporting period and who know their status Target: While baseline for this indicator was 57% out of the denominator of inmates from Sankalak 2022-23, the target has been kept at 80% in first year, 90% in the second year and 100% in third year, and has been calculated basis number of inmates target coverage given by NACO for the year 2023-24. (11,86,148)/ Sankalak 2022-23. However HIV testing among inmates will be carried out as per actual number of testing against the Inmate number in the Prison & OCS during intervention period.													
2	HTS-3e Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 20397 D: 55142 P: 36.99%	2023 Num : Sankalak V Edition 2023 Den : Sankalak V Edition 2023		Yes	Non cumulative	No	N: D: P: 55.00%	N: D: P: 55.00%	N: D: P: 65.00%	N: D: P: 65.00%	N: D: P: 75.00%	N: D: P: 75.00%
	<b>Comments</b>													

Coverage indicators and targets															
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025	01-Oct-2025 31-Mar-2026	01-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027	
2	Indicator and target has been aligned with NSP and NACO guidance. This indicator would measure the index testing. Baseline: Denominator (Number of identified HIV Positive during 2022-23) has been sourced from Sankalak V Edition 2023 which is 55,147. and numerator (Number of spouses and sexual partners screened for HIV during the reporting period) has been sourced from Sankalak- V 2023. Spouse/ partner testing of HIV positive people identified- 20,397 keeping the baseline at 37%. Numerator - Number of spouses and sexual partners tested for HIV during the reporting period Source – Project MIS/ referral register Denominator - Number of spouses and sexual partners due for HIV testing (after 1 year of ART initiation) during the reporting period Targets are set at 55% (30328/55142 for both reporting periods S1 and S2) in Y1, 65% (35842/55142 in S3 and S4) in Y2 and 75% (41357/55142 in S5 and S6) in Y3. (Source: Client registration form)-- Source of information: The eligibility criteria will be followed during index client registration in CRF section B The indicator captures the number of spouse/ partners of PLHIV referred for HIV testing and received test result. Spouse/ partners of registered client will be referred to ICTC for HIV test. The eligibility will be determined based on the list shared by ART center. This will be calculated based on the actual list of PLHIV shared during the project implementation by ART centers. Spouse/Partner who already tested positive and know the result will be excluded from the denominator. Target: Considering spouse/ partner who would require HIV testing @ twice the number of total PLHIV identified, hence the denominator has been calculated based on the same used for baseline source Achievement of first PU1 is subject to Care and Support Center transition plan (Other PR to HLFPPPT). Frequency- Bi- annually During the Progress Update reporting to Global Fund, actual programme data would be used to report Numerator and Denominator. Intervention states: Arunachal Pradesh, Assam, Bihar, Delhi, Meghalaya, Nagaland, Odisha, Rajasthan, Sikkim, Tripura, West Bengal, Uttar Pradesh"														
<b>Elimination of vertical transmission of HIV, syphilis and hepatitis B</b>															
5	VT Other-1: Percentage of HIV-exposed infants tested for HIV at 6 months of birth	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 3310 D: 3906 P: 84.74%	2023 BSD MPR/SOCH		No	Non cumulative	No	N: D: P: 92.00%	N: D: P: 92.00%	N: D: P: 95.00%	N: D: P: 95.00%	N: D: P: 100.00%	N: D: P: 100.00%	
<b>Comments</b> Indicator and target has been aligned with NSP and NACO guidance. Base line for this indicator is 85% (Numerator - 3,310, Denominator -3,906) Numerator: No. of HEI tested at 6 months of birth under EID cascade during the reporting Period. Source: BSD MPR/SOCH/PMTCT Program Data Denominator: No. of HEI eligible for 6-months testing under EID cascade during the reporting Period Source: BSD MPR/SOCH/PMTCT Program Data Project will report the % of HIV-exposed infants receiving a virological test for HIV within 6 months of birth Target Year1 - 92% (1797/1953 in S1 and S2), Year2 - 95% (1855/1953 in S3 and S4) and Year3 - 100% (1953/1953 in S5 and S6) For this indicator, denominator will only include live births and exclude infant deaths within 6 months. Taret for this indicator is Year1 - 92%, Year2-95% and Year3-100% Project will also report the % of HIV-exposed infants receiving a virological test for HIV within 2 months of birth (Target Year1 - 95%, Year2 and Year3 - 100% Intervention states: Arunachal Pradesh, Assam, Bihar, Delhi, Meghalaya, Nagaland, Odisha, Rajasthan, Sikkim, Tripura, West Bengal, Uttar Pradesh															
<b>Treatment, care and support</b>															
3	TCS Other-1: Percentage of PLHIV on ART who are Lost to Follow up (LFU) tracked back with definite outcome	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 801 D: 1842 P: 43.49%	2023 SOCH, NACO		No	Non cumulative – other	No	N: D: P: 70.00%	N: D: P: 70.00%	N: D: P: 85.00%	N: D: P: 85.00%	N: D: P: 98.00%	N: D: P: 98.00%	
<b>Comments</b> Indicator and target has been aligned with NSP and NACO guidance. Baseline has been sourced from SOCH 2021-22 and 2022-23. Denominator - Number of LFU cases reported in ART MPR/SOCH from two preceding years. And the numerator - Number of LFU cases tracked with definite outcome* during the reporting period One of the priority outreach intervention strategies under composite intervention is to contact PLHIV in the community to minimize the Lost to Follow Up cases, ensure ART adherence, timely referral for CD-4 test and follow-up for HIV related services. This indicator captures the outcome information on traceable LFU clients list received from ART centers to ensure treatment in ART center during the reporting period. Traceable clients are with complete address, treatment retention and adherence are the most crucial activities in composite intervention programme activities. The programme aims to track back all alive and contactable LFU cases at ART centers through outreach with definite outcome as per the line list received from ART centers. Programme Definitions- On ART lost to follow up (LFU): PLHIV on ART with no clinical contact or ARV pick-up for 90 days or more since last due date (missed appointment). Opted out: If a PLHIV is contacted through outreach (home visit) and expresses his/her unwillingness to continue ART services under national program (after adequate counselling) and provides in writing about the same, outcome of the visit will be reported as 'opted out' in the tracker sheet. Once such information is received from outreach staff by ART centre, counsellor and medical officer will reach the patient through phone call and try to counsel to continue ART services. If not reachable, another visit through project coordinator/peer counsellor of CSC should be attempted. Such patients would be labelled as "Opted Out" in white card and IMS/MLL, at least after 3 documented attempts by CSC/ART centre to retrieve patient back and resolve the reason for not continuing ART services under national programme. Patients taking treatment from private or taking alternate medicines shall also be considered as "Opted Out" Stopped treatment: PLHIV on ART whose treatment is stopped on medical advice (in discussion with the clinical team). The reasons for stopping treatment should be documented in white card. Died: If death of a patient is confirmed by family members/relatives/local authorities during outreach and valid documentation such as death certificate (or any other document, which can prove the death) is provided then upon submission of the same, it could be updated in white card/MLL/IMS as "death" by the data manager of ART centre. In case death certificate or a valid documentation is not available, documentation can be obtained by outreach workers/CSC staff in writing either from the village headman or close family members who are ready to give their contact details for verification by ART centre. If outreach is not possible and family member/relative, declare death over phone, medical officer of the ART centre shall take details of the same over phone and document on white card (e.g. date of death, probable reason of death). Transferred out: Transferred out refers to a situation when a patient seeks transfer from one ART centre under the national program to another. However, PLHIV will be labelled as 'transferred out' only when patient reaches recipient ART centre and transfer has been accepted in IMS by recipient ART. After confirmation of transfer by recipient ART centre, the parent ART centre will change status in their MLL/IMS as "transferred out" and the receiving ART centre will label this patient as "transferred in." Numerator: Number of LFU cases tracked back to ART centre with definite outcome during the reporting period. (Definite outcomes will include Opted Out, Death, transfer out and brought back to ART center, Clients taking ART from other ART centers and from Private sector). Denominator: Number of LFU cases reported in ART MPR during the period and past two preceding years. Targets are set at 70% (645/921 in S1 and S2) in Y1, 85% (783/921 in S3 and S4) in Y2 and 98% (903/921 in S5 and S6) in Y3. Source: ART MPR (3.8)/ SOCH Target Calculation: The target for this indicator has been calculated based on the same denominator used in baseline Achievement of first PU1 is subject to Care and Support Center transition plan (Other PR to HLFPPPT). Frequency- Bi- annually During the Progress Update reporting to Global Fund, actual programme data would be used to report Numerator and Denominator. Target for this indicator has been calculated based on the SOCH and same denominator has been used as the baseline and numerator has been calculated based on target. During project implementation both denominator and numerator will be calculated based on actual data received from SOCH/ ART MPR. Achievement will be reported by project MIS Intervention states: Arunachal Pradesh, Assam, Bihar, Delhi, Meghalaya, Nagaland, Odisha, Rajasthan, Sikkim, Tripura, West Bengal, Uttar Pradesh															
4	TCS-8 Percentage of people living with HIV and on ART with viral load test result	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 138914 D: 385548 P: 36.03%	2023 SOCH, NACO	Gender   Age, Age	Yes	Non cumulative – other	No	N: D: P: 75.00%	N: D: P: 75.00%	N: D: P: 85.00%	N: D: P: 85.00%	N: D: P: 95.00%	N: D: P: 95.00%	
<b>Comments</b>															

Coverage indicators and targets									01-Apr-2024	01-Oct-2024	01-Apr-2025	01-Oct-2025	01-Apr-2026	01-Oct-2026
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator	30-Sep-2024	31-Mar-2025	30-Sep-2025	31-Mar-2026	30-Sep-2026	31-Mar-2027
4	Indicator and target has been aligned with NSP and NACO guidance. Numerator - Number of people living with HIV on ART with at least one routine viral load test result during reporting period, source -SOCH Denominator - Number of people living with HIV on ART for at least six months, source -SOCH Target is Year1- 75% (144581/192774 in S1 and S2) , Year2- 85% (163858/192774 in S3 and S4), Year3- 95% (181135/192774 in S5 and S6) Achievement will be segregated on - "Positive pregnant woman (PPW) due for viral load (VL) test at 32-36 weeks" and "newly initiated on 3rd line ART completing 6 months of treatment" PPW due for VL test at 32-36 weeks As per SOCH 2023 Numerator is 889 and denominator is 5,226. Achievement was 17% Target is Year1- 60% , Year2- 80%, Year3- 95% Newly initiated on 3rd line ART completing 6 months of treatment As per SOCH 2023 Numerator is 257 and denominator is 388. Achievement is 66% Target is Year1 - 85%, Year2 - 90%, Year3 -95% Intervention states: Arunachal Pradesh, Assam, Bihar, Delhi, Meghalaya, Nagaland, Odisha, Rajasthan, Sikkim, Tripura, West Bengal, Uttar Pradesh													
<b>TB diagnosis, treatment and care</b>														
9	TBDT Other-1: Number of extrapulmonary TB patients and pediatric samples tested	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %			No	Non cumulative	No	N: D: P: %	N: 4500 D: P: %	N: 10800 D: P: %	N: 10800 D: P: %	N: 12600 D: P: %	N: 12600 D: P: %
<b>Comments</b> This is a new intervention for the PR and baseline figure is not available. The intervention will be implemented in 5 states (Uttar Pradesh, Bihar, Assam, Maharashtra, Rajasthan) with creation of 30 HUB lab centres for testing EPTB and pediatric samples using NAAT testing. Around 2,50,000 EPTB cases were reported amongst the five proposed states during the year 2022. At the same time , EPTB samples which had undergone NAAT testing were only 1,28,000 thus, 50% of the EPTB cases were not even offered NAAT test. Assuming 30 hubs will be able to cater nearly 15-20% EPTB cases. Each hub Lab will be testing a total of 50 EPTB and Pediatric samples per month during the 1st year, 60 sample per month in the 2nd year & 70 samples in the 3rd year in its full capacity. Considering 1/2 of these labs will be upgraded and become functional during the Y1, and all 30 will become functional in Y2 and all the labs will be fully functional in their full capacity in Y3.														
<b>Key and vulnerable populations (KVP) – TB/DR-TB</b>														
6	KVP-1 Number of people with TB (all forms) notified among prisoners; *includes only those with new and relapse TB	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %			Yes	Non cumulative	No	N: 70 D: P: %	N: 157 D: P: %	N: 165 D: P: %	N: 165 D: P: %	N: 189 D: P: %	N: 189 D: P: %
<b>Comments</b> Baseline: There is no baseline data as this is a new intervention for the PR to report. Numerator - Number of people with TB (all forms) notified among prisoners. Denominator - Not applicable Target setting - As per India TB Report 2023, 74% of prison inmates screened for 4S, 7% referred for TB testing, 90% prison inmates tested for TB and 2% diagnosed for TB. Project proposed to increase 4S screening to 80% and referral to 22% Total prison inmate in intrvention prison - 2,95,000, No screend - 2,36,000 (80%), referred for testing - 51,920 (22%), tested for TB- 46,728 (90%) and TB diagnosed - 935 (2%) Coverage: 265 districts across 15 states (Arunachal Pradesh, Assam, Bihar, Chattisgarh, Delhi, Himachal Pradesh, Jharkhand, Meghalaya, Nagaland, Odisha, Rajasthan, Sikkim, Tripura, West Bengal, Uttar Pradesh) will be covered under this intervention. Project will report the achivement by project MIS which can be validated or verified by Nikshay Portal														
7	KVP-2 Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners); *includes only those with new and relapse	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %			Yes	Non cumulative	No	N: 1110 D: P: %	N: 2649 D: P: %	N: 4193 D: P: %	N: 4193 D: P: %	N: 4544 D: P: %	N: 4544 D: P: %
<b>Comments</b> Active case finding will be done in vulnerable population (urban slum, unorganized labour, stone crushers, weaving, industrial worker and construction sites) with two types of approaches - house to house 4S screening and health camps for testing of PTBP in urban slums, at construction sites and industry In 58 district being implemented by HLFPPPT comprehensive health camp is proposed (2 per district per month) Baseline: There is no baseline data for ACF in proposed key vulnerable population (urban slums, construction worker, uroorganized labour, stone crusheras, and glass industry worker), this is a new intervention sites and not currently tracked by the national TB programme Numerator - Number of people with TB (all forms) notified among key populations/ high risk groups (other than prisoners) Denominator - Not applicable House to House Campaign - Urban slums Estimated urban slum population - 1,65,20,191 (Source : Census of India), vulnerable population mapped for 4S screening - 1,32,16,153 (80%), 4S Screening done - 1,18,94,538, (90%), PTBP identified - 5,94,727 (5%), Tested for TB - 4,75,782 (80%), Diagnosed for TB - 14,273 (3%) Health Camp - Urban slums, unorganized labour, stone crusher worker, weaving and industry worker, construction sites 2 health camp per district per month will be conducted and 6,960 TB notification is expected 76 NTEP districts (58 by HLFPPPT and 18 by Doctors for You) will be covered in the 7 state namely Uttar Pradesh, Maharashtra, Bihar, Odisha, Chhattisgarh, Gujarat and Rajasthan. District will be selected in consultation with NTEP. Target may be revisit after one year based on year 1 achievement. Geography and strategy will be reviewed for target setting. Project will report the achievement by project MIS which can be validated or verified by Nikshay Portal														
<b>Drug-resistant (DR)-TB diagnosis, treatment and care</b>														
8	DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %		HIV status,Gender,Age	Yes	Non cumulative	No	N: D: P: %	N: 220 D: P: %	N: 420 D: P: %	N: 420 D: P: %	N: 645 D: P: %	N: 645 D: P: %
<b>Comments</b> This is a new intervention for the PR, and baseline figure is not available. The intervention will be implemented in 5 states (Uttar Pradesh, Bihar, Assam, Maharashtra, Rajasthan) with creation of 30 Hub centres for DRTB targeting the private sector. There are 3.87 lakh TB notifications from these geographies annually from private sector. A total of 6,188 TB cases from the private sector were reported to have drug resistance as per the NAAT test amongst these geographies, of these only 3,202 DRTB cases were notified from private sector. (As per India TB report 2023) Thus, a gap of nearly 2986 cases in the private sector exists. Considering, 30 Hubs will be able to cater nearly 43% of the left out private sector patients. It is planned that the HUBs will be functional in an incremental manner gradually from 4 hubs to 30 hubs over 2 year (5 quarters) and will notify patients from 5 per hub in the initial phase to almost 11 patients per hub by the 3rd year. Hence it is estimated that the notification of RR/MDRTB patients from these HUBs will be 220, 840 and 1290 over three years assuming that the private sector TB notification will improve over years. The data source of reporting will be from the Project MIS, verifiable from Nikshay.														



Workplan Tracking Measures										
Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025	01-Oct-2025 31-Mar-2026	01-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
<b>Collaboration with other providers and sectors</b>										
Community-based TB/DR-TB care	Operational research study to assess the outcome of engagement of AYUSH and informal practitioners for TB awareness, 4S Screening and referral of presumptive case for TB testing	Data collection of referral per study protocol	0 - Not started 1 - Started: 30% data collected 2 - Advanced: 70% of data collected 3 - Completed: 100% data collected and ready to be analyzed	India			X			
		Development of concept note for operational research study	0 - Not started 1 - Started: Draft concept note developed 2 - Advanced: Final concept note developed and shared with GF for comments 3 - Completed: Concept note finalized, approved by Ethics Board	India	X					
		Report writing and dissemination	0 - Not started 1 - Started: Draft report developed 2 - Advanced: Final report developed and shared with stakeholders for comments 3 - Completed: Report finalized and disseminated	India				X		
<b>Comments</b>										
The project aims to cover 1000 AYUSH practitioners and unorganised providers for engaging in TB awareness , 4S screening and referral for public health action 43,500 presumptive cases will be referred by engaged AYUSH for public health action										
<b>Prevention package for other vulnerable populations (OVP)</b>										
HIV prevention communication, information and demand creation for OVP	Red Ribbon Bus will run in 15 states for enhancing awareness among youth, women and adolescent; fostering an inclusive environment, free from stigma and discrimination; raising awareness about the HIV & AIDS (Prevention and Control) Act, 2017, and Helpline Number 1097	Hiring and branding of red ribbon bus	0 - Not started 1 - Started: Bids issued 2 - Advanced: Final contract being negotiated 3 - Completed: Final contract signed	India	X					
		Percentage of states covered by red ribbon bus as per microplan in PU2 for the reporting period	0 - Not started 1 - Started: 20% of states being covered 2 - Advanced: 40% of states being covered 3 - Completed: more than 50% of states being covered	India		X				
		Percentage of states covered by red ribbon bus as per microplan in PU3 for the reporting period	0 - Not started 1 - Started: 20% of states being covered 2 - Advanced: 40% of states being covered 3 - Completed: more than 50% of states being covered	India			X			
		Percentage of states covered by red ribbon bus as per microplan in PU4 for the reporting period	0 - Not started 1 - Started: 20% of states being covered 2 - Advanced: 40% of states being covered 3 - Completed: more than 50% of states being covered	India				X		
		Percentage of states covered by red ribbon bus as per microplan in PU5 for the reporting period	0 - Not started 1 - Started: 20% of states being covered 2 - Advanced: 40% of states being covered 3 - Completed: more than 50% of states being covered	India					X	
		Percentage of states covered by red ribbon bus as per microplan in PU6 for the reporting period	0 - Not started 1 - Started: 20% of states being covered 2 - Advanced: 40% of states being covered 3 - Completed: more than 50% of states being covered	India						X
<b>Comments</b>										
Red Ribbon Bus (RRB) will cover selected district as per micro plan Prevalent rate will be criteria and 69 moderate prevalentdistricts as per "District level HIV Estimates and Prioritisation in India 2019, NACO"										

<b>Country</b>	India
<b>Grant Name</b>	IND-C-HLFPPT
<b>Implementation Period</b>	01-Apr-2024 - 31-Mar-2027
<b>Principal Recipient</b>	Hindustan Latex Family Planning Promotion Trust

By Module	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Collaboration with other providers and sectors	\$266,663	\$305,161	\$292,257	\$864,081	3.4 %
Drug-resistant (DR)-TB diagnosis, treatment and care	\$789,145	\$579,187	\$347,281	\$1,715,613	6.8 %
Key and vulnerable populations (KVP) – TB/DR-TB	\$441,074	\$467,429	\$1,056,799	\$1,965,301	7.8 %
Prevention package for other vulnerable populations (OVP)	\$363,953	\$222,702	\$274,569	\$861,225	3.4 %
Prevention package for people in prisons and other closed settings	\$728,009	\$708,099	\$606,025	\$2,042,132	8.1 %
Program management	\$1,370,988	\$1,761,968	\$1,319,732	\$4,452,688	17.7 %
Removing human rights and gender related barriers to TB services	\$30,997	\$61,994	\$61,994	\$154,984	0.6 %
RSSH: Community systems strengthening	\$276,939	\$243,012	\$65,732	\$585,683	2.3 %
RSSH: Monitoring and evaluation systems	\$409,767	\$393,493	\$378,954	\$1,182,213	4.7 %
TB diagnosis, treatment and care	\$899,637	\$948,388	\$882,896	\$2,730,921	10.9 %
Treatment, care and support	\$2,077,441	\$2,621,173	\$3,898,054	\$8,596,668	34.2 %
<b>Grand Total</b>	<b>\$7,654,612</b>	<b>\$8,312,604</b>	<b>\$9,184,292</b>	<b>\$25,151,509</b>	<b>100.0 %</b>

By Cost Grouping	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
1.Human Resources (HR)	\$3,755,473	\$4,923,635	\$6,451,854	\$15,130,962	60.2 %
2.Travel related costs (TRC)	\$2,361,073	\$2,644,601	\$2,144,959	\$7,150,633	28.4 %
3.External Professional services (EPS)	\$939,719	\$99,914	\$99,914	\$1,139,547	4.5 %
5.Health Products - Non-Pharmaceuticals (HPNP)	\$16,773	\$71,048	\$35,178	\$122,999	0.5 %
6.Health Products - Equipment (HPE)		\$132,009	\$12,001	\$144,010	0.6 %
8.Infrastructure (INF)	\$149,317	\$9,227	\$9,227	\$167,771	0.7 %
9.Non-health equipment (NHP)	\$307,048	\$75,599	\$69,683	\$452,330	1.8 %
10.Communication Material and Publications (CMP)	\$26,518	\$28,617	\$4,199	\$59,334	0.2 %
11.Indirect and Overhead Costs	\$51,714	\$280,978	\$310,301	\$642,994	2.6 %
13.Payment for Results	\$46,977	\$46,977	\$46,977	\$140,930	0.6 %
<b>GrandTotal</b>	<b>\$7,654,612</b>	<b>\$8,312,604</b>	<b>\$9,184,292</b>	<b>\$25,151,509</b>	<b>100.0 %</b>

By Recipients	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
<b>PR</b>	<b>\$3,596,274</b>	<b>\$3,626,380</b>	<b>\$5,446,438</b>	<b>\$12,669,091</b>	<b>50.4 %</b>
HINDUSTAN LATEX FAMILY PLANNING PROMOTION TRUST	\$3,596,274	\$3,626,380	\$5,446,438	\$12,669,091	50.4 %
<b>SR</b>	<b>\$4,058,338</b>	<b>\$4,686,225</b>	<b>\$3,737,855</b>	<b>\$12,482,418</b>	<b>49.6 %</b>
Doctors For You (DFY)	\$1,474,634	\$1,675,767	\$1,334,556	\$4,484,957	17.8 %
HL SR1	\$1,091,085	\$1,287,138	\$891,446	\$3,269,669	13.0 %
HL SR2	\$713,253	\$813,796	\$671,102	\$2,198,152	8.7 %

By Recipients	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
HL SR3	\$779,367	\$909,523	\$840,751	\$2,529,640	10.1 %
<b>Grand Total</b>	<b>\$7,654,612</b>	<b>\$8,312,604</b>	<b>\$9,184,292</b>	<b>\$25,151,509</b>	<b>100.0 %</b>

Source Of Funding	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Approved Funding	\$7,654,612	\$8,312,604	\$9,184,292	\$25,151,509	100.0 %
<b>GrandTotal</b>	<b>\$7,654,612</b>	<b>\$8,312,604</b>	<b>\$9,184,292</b>	<b>\$25,151,509</b>	<b>100.0 %</b>