

## Grant Confirmation

1. This **Grant Confirmation** is made and entered into by (i) **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the “Global Fund”) and (ii) **Plan International (India Chapter)** (the “Principal Recipient” or the “Grantee”), pursuant to the Framework Agreement, dated as of 24 January 2019, 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
3.3	Program Title:	One Stop Centres
3.4	Grant Name:	IND-H-PLAN
3.5	GA Number:	3880
3.6	Grant Funds:	Up to the amount of USD 6,488,106 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2024 to 31 March 2027 (inclusive)

3.8	Principal Recipient:	Plan International (India Chapter) Plot No. 1, Community Centre Zamrudpur, Kailash Colony Extension, 110048 New Delhi Republic of India Attention: Mr. Mohammed Asif Executive Director Telephone: +91 11 46558425 Facsimile: +91 11 46558443 Email: <a href="mailto:mohammed.asif@planindia.org">mohammed.asif@planindia.org</a>
3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	Price Waterhouse LLP Building 8, 8th Floor, Tower-B DLF Cyber City 122002 Gurgaon Republic of India Attention: Heman Sabharwal Team Leader Telephone: +911244620148 Facsimile: +91-124-462-0620 Email: <a href="mailto:heman.sabharwal@pwc.com">heman.sabharwal@pwc.com</a>
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Urban Weber Department Head Grant Management Division Telephone: +41-587911700 Facsimile: +41-445806820 Email: <a href="mailto:urban.weber@theglobalfund.org">urban.weber@theglobalfund.org</a>

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 Personal Data

(1) Principles. The Principal Recipient, acknowledges that Program Activities are expected to respect the following principles and rights (“Data Protection Principles”):

(a) Information that could be used to identify a natural person (“Personal Data”) will

be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

5.2 The Program budget may be funded in part by Grant Funds disbursed 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. hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6. hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

### 5.3 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.

*[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

Plan International (India Chapter)

By: MA. Eldon Edm<sup>c</sup>

Name: Mark Eldon-Edington

Title: Head, Grant Management  
Division

Date: Mar 29, 2024

By: Mohammed Asif

Name: Mohammed Asif

Title: Executive Director

Date: 20<sup>th</sup> 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**

India has adopted the global Fast Track Targets of 95-95-95, with a goal of 'Ending the AIDS' epidemic as a public health threat by 2030. Globally, India has the 3rd highest estimated PLHIV load (2.4 million), with an adult prevalence of 0.21% and 63,000 new infections annually, as of 2021. HIV prevalence among high-risk groups and Bridge population remains high, with estimation (HSS, 2021) at 3.26% among Men who have sex with men (MSM), 3.78% among Transgender persons (TG), 9.03% among Injecting Drug Users (IDUs) and 1% among long- distance truckers (LDT).

Under NACP Phase-V, while National Program's existing interventions are sustained, optimized, and augmented, newer strategies are also being adopted, piloted, and scaled-up under the programme to respond to the geographic and community specific needs and priorities. To effectively respond to this evolving epidemic, however, there was a need to adapt and revamp the guidelines to best provide Prevention and Care Continuum services to High-Risk groups with a renewed focus on hidden and hard-to-reach populations.

One Stop Centre (OSC) program was one of such novel and innovative interventions. Phase I was rolled out with the support of GFATM Grant Cycle 6 grant (April 2021-March 2024). Under the guidance of NACO, the concept of OSC for Key Population (TG & PWIDs) and bridge population was proposed as person-centered and resource-effective approach to deliver an integrated HIV prevention-care cascade services to new and uncovered key and bridge population, that were beyond reach of traditional HIV programmes, thereby eliminating facility navigation bottlenecks and contributing towards improved individual as well as community level health outcomes.

There are 74 OSCs (34 for BP, 20 for PWIDs and 20 for TGs) in 65 districts across 25 States.

**2. Goals, Strategies and Activities**

The main goal is to support the National Program goal of ending AIDS by 2030 through a comprehensive HIV AIDS program intervention for Key and Bridge populations.

**Key Strategies**

1. Reaching out to and identifying new and uncovered Key and Bridge Populations in the OSC districts.
2. Providing screening & treatment linkages to all the identified clients in Phase I and to newer populations identified in Phase II.
3. Providing a comprehensive service package, health & non-health related, to the target beneficiaries.
4. Providing enabling environment to the community and thus, reducing Stigma & Discrimination.

5. Empowerment of the communities by generating awareness and engaging in various skill development programs at OSCs.

### **Key Activities**

#### **At Field level**

1. Travel support for Outreach Activities in the field
2. Provision of service package available at each OSC with additional services available based on the Key Population served (TG or PWID)
3. Demand Generation Activities: events like workshops/interaction with a group of community members for demand generation amongst beneficiaries. These shall also include the health camps conducted at BP OSCs to provide screening & other services to the clients.
4. Networking meetings: carried out by OSC Centre Manager with District (& State, as and when required) level stakeholders. They will help in establishing a strong district level coordination mechanism. The nodal persons from all the stakeholder facilities will coordinate on a regular basis and discuss issues related with service delivery to at risk population and plan way forward.
5. Provision of Emergency Support Fund to strengthen disease confirmation and treatment linkages: to support some critical activities amongst financially vulnerable groups (for eg. travel support for treatment linkage/confirmatory tests, provision of certain essential medicines & for treatment of drug overdose, abscess treatment (antibiotics) in PWIDs, etc.) emergency support fund is available at OSCs (INR 5000 per OSC per quarter).
6. Regular Coordination with District level stakeholders.

#### **At Plan India level**

- Regular meetings with National & State level Stakeholders.
- Continuous review of the field level activities and outcomes, and regularly improvising them in alignment with the National policies.
- Rigorous field visits for monitoring & evaluation, as well as, for capacity building of the field staff (Regular Program and Data Quality Audit visits).
- Leveraging intersectional support across various Ministries to increase the scope of services available at OSCs.
- Apprising the National Program and the Global Fund team of the Program outcomes and impact.

### **3. Target Group/Beneficiaries**

Existing as well as new and uncovered members of following communities, who engage in high-risk behavioral practices, thus putting them at a higher risk of contracting HIV and other STI/RTI:

- Transgender Persons (TG)
- People who inject drugs (PWID)
- Bridge Populations (migrants and long-distance truckers)

### **B. PERFORMANCE FRAMEWORK**

Please see attached.

### **C. SUMMARY BUDGET**

Please see attached.

<b>Country</b>	India
<b>Grant Name</b>	IND-H-PLAN
<b>Implementation Period</b>	01-Apr-2024 - 31-Mar-2027
<b>Principal Recipient</b>	Plan International (India Chapter)

<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	To support NACO's 95-95-95 targets under NACP V amongst Key & Bridge Population.
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	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	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 Monitoring, 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 on annual basis. Targets will be set as made available by the NACO and updated with the first reprogramming. This data will be reported by NACO								
2	HIV I-14 Number of new HIV infections per 1000 uninfected population	India	N: 0.0500 D: P: %	2022 Global AIDS Monitoring, 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 on annual basis. Targets will be set as made available by the NACO and updated with the first reprogramming. This data will be reported by NACO								
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: D: P: 19.91%	2022 Global AIDS Monitoring, 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 on annual basis. Targets will be set as made available by the NACO and updated with the first reprogramming. This data will be reported by NACO								

## Program Objectives, Outcome Indicators and targets

1	To reach out to and identify new & uncovered Key & Bridge Population in 74 One Stop Centres (OSCs) located in 25 states
2	To provide screening & treatment linkages to all the identified clients in 74 OSC locations during 2024-27
3	To provide enabling environment to the community and thus, reduce Stigma & Discrimination in 74 OSC locations
4	Empowerment of the communities by generating awareness and engaging in various skill development programs at OSCs in 74 OSC locations



	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: 1948465.0000 D: 2466977 P: 78.98%	2023 Sankalak Fifth Edition, 2023 Pg # 153, India HIV estimation, 2022	Gender   Age, Age	N: D: P: 91.00%  Due Date: 30-Mar-2025	N: D: P: 95.00%  Due Date: 30-Mar-2026	N: D: P: 95.00%  Due Date: 30-Mar-2027
<b>Comments</b> Baseline # N - 1,948,465 Baseline # D - 2,466,977 Value - 78.98% Periodicity: The indicator will be reported on annual basis. Target Assumption: The targets defined for these indicators are as per targets NACP V strategy. Numerator: Number of PLHIV who know their HIV Status (Post Test Counselling) 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, India HIV estimation, 2022	Gender   Age, Age	N: D: P: 93.00%  Due Date: 30-Mar-2025	N: D: P: 94.00%  Due Date: 30-Mar-2026	N: D: P: 95.00%  Due Date: 30-Mar-2027
<b>Comments</b> Baseline # N - 10,09,262 Baseline # D - 10,84,218 Value - 93% Periodicity: The indicator will be reported on 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.								
3	HIV O-Other 1: Percentage of TG aged less than 25 years that have received an HIV test during the reporting period in KP-specific programs and know their results	India	N: D: P: %			N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:
<b>Comments</b> @ equity, This indicator is paired with indicator KP-1B. No baseline is available for this indicator. This is an equity indicator to measure the access to testing for TG less than 25 years. The PR will increase the testing for this population. This will be reported annually. Numerator: Number of TG aged less than 25 years that have received an HIV test during the reporting period in KP-specific programs and know their results Denominator: Actual mapped and identified TG population who are registered with OSC. The PR will develop the percentage targets in first 6 months of year 1 (September) and determine the targets for year 1, year 2 and year 3. During reporting period the PR will also report on disaggregated age groups(15- 19, and 20- 24) in the comments.								

Coverage indicators and targets														
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	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>Differentiated HIV Testing Services</b>														
1	HTS-3b Percentage of TG that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 5733 D: 7008 P: 81.81%	2023 Plan India Project MIS	Age, Gender	Yes	Non cumulative – other	No	N: 5957 D: 7008 P: 85.00%	N: 6132 D: 7008 P: 87.50%	N: 6307 D: 7008 P: 90.00%	N: 6482 D: 7008 P: 92.50%	N: 5825 D: 6132 P: 95.00%	N: 2497 D: 2628 P: 95.00%
<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	
1	Transgender @gender Baseline- OSC Project achievement till September, 23. Target Assumption: TG OSC Target has been derived from revised PROGRAMMATIC MAPPING AND POPULATION SIZE ESTIMATION (p-MPSE) OF HIGH-RISK GROUPS (P_MPSE) size estimation data received from NACO. The National AIDS Control Programme (NACP) has periodically implemented Mapping and Population Size Estimation (MPSE) to inform the designing, implementation and monitoring of a comprehensive package of interventions for HRGs. Considering the baseline achievement stood at 82% during GC-6 against revised P-MPSE estimation, the target for the proposed GC-7 period has been staggered from 85% in S-1 to 95% in S-6. Target includes HIV testing for new KP during the reporting period as well HIV repeat testing for the 90% of the KPs found negative in last 6 months. Measurement of the Indicator has been kept as Non-Cumulative- Others. Target has been adjusted considering the OSC transition plan in Q-10, Q-11 and Q-12 The number of Outreach Workers at OSCs shall be internally rationalised based on beneficiary target base per OSC in Phase II. Transition in third year: 25% of OSC will be transitioned to NACO in every quarter starting Q-10. Numerator - Number of Transgenders registered at the OSCs who received HIV test during the reporting period (new client testing + repeat testing for the client tested negative in 6 months). Source: Project MIS Denominator - Number of Transgenders (TGs) registered in the One Stop Centers (OSCs). This is out of the estimated population mapped through p_MPSE in the project geography, actual identified clients will be recorded under registration process through project MIS. The estimated population may change based on the revised mapping estimation and updated field findings. Source: Project MIS, Performance framework (p_MPSE) Transition in third year: 25% of OSC will be transitioned to NACO in every quarter starting Q-10. Hence, active OSCs in the third year will be Q-10-- 15 Q-11 -- 10 Q-12-- 5 PSE- Assam- Nalbari- 289, Kamrup Urban- 1248, Bihar- Patna-52, Chattisgarh-Bilaspur-Sakari-114, Delhi South East- 933, NDMC- 1115, Jharkhand- Jamshedpur- 124, Karnataka- Yadgir- 355, Bellary- 478, Kerala- Kozhikod-220, Maharashtra- Jalgaon- 239, Nagpur- 479, Madhya Pradesh- Jabalpur- 183, Morena- 35, Punjab-Fazilka (Abohar)- 200, Tamil Nadu- Madurai- 139, Uttar Pradesh- Meerut -91, Varanasi- 430, West Bengal- Mushirdabad- 179, Jalpaigudi- 105. Total population size estimated in the project geograohy stood at 7,008. Implementation Geography: Kamrup Urban and Nalbari district in Assam, Patna in Bihar, Bilaspur in Chhattisgarh, NDMC and Souteast Delhi in the state of Delhi, Jamshepur in Jharkhand, Bellari and Yadgir in Karnataka, Kozokhode in Kerala, Jabalpur and Morena in MadhyaPradesh, Jalgaon and Nagpur in Maharashtra, Fazilka in Punjab, Madurai in Tamil Nadu, Merut and Varanasi in Uttar pradesh and Jalpaiguri and Murshidabad in West Bengal	Country: India;	N: 8055 D: 32415 P: 24.85%	2023 Plan India Project MIS	Gender, Age	Yes	Non cumulative – other	No	N: 14587 D: 32415 P: 45.00%	N: 15397 D: 32415 P: 47.50%	N: 16208 D: 32415 P: 50.00%	N: 17018 D: 32415 P: 52.50%	N: 15600 D: 28363 P: 55.00%	N: 7293 D: 12156 P: 60.00%	
2	HTS-3d Percentage of people who inject drugs that have received an HIV test during the reporting period in KP-specific programs and know their results	Country: India;	N: 8055 D: 32415 P: 24.85%	2023 Plan India Project MIS	Gender, Age	Yes	Non cumulative – other	No	N: 14587 D: 32415 P: 45.00%	N: 15397 D: 32415 P: 47.50%	N: 16208 D: 32415 P: 50.00%	N: 17018 D: 32415 P: 52.50%	N: 15600 D: 28363 P: 55.00%	N: 7293 D: 12156 P: 60.00%	
	<b>Comments</b> People who Injects Drugs Baseline- OSC Project achievement till September, 23. Target Assumption: PWID OSC Target has been derived from revised PROGRAMMATIC MAPPING AND POPULATION SIZE ESTIMATION (P_MPSE) OF HIGH-RISK GROUPS (P_MPSE) size estimation data received from NACO. The National AIDS Control Programme (NACP) has periodically implemented Mapping and Population Size Estimation (MPSE) to inform the designing, implementation and monitoring of a comprehensive package of interventions for HRGs. Considering the baseline stood at 25%, in GC-6 against revised estimation, the target has been staggered from 45% in S-1 to 60% in S-6. Target includes HIV testing for new KP during the reporting period as well HIV repeat testing for the 90% of the KPs found negative in last 6 months. Considering the baseline stood at 25% based on the present programme implementation in GC-6 against revised P_MPSE estimation; the target has been staggered from 45% in S-1 to 60% in S-6. This target of 45% in the S1 and then gradually increasing it to 60% in S-6 has been generated based on the actual implementation experience in present GC-6 cycle. Implementation experience suggest that often mapped estimation data does not match with the actual programme mapping based on hotspot mapping and outreach data. Hence, though Plan India has rationalized and set the target based on the present GC-6 cycle achievements, a continuous mapping of PWID population would be carried out through programme outreach and hotspot mapping data. Plan India would carry out field level outreach while implementing the grant and report the actual number of registered PWID clients at the OSC based on the actual mapping and identification of PWID population in the OSC geography to Global Fund through PU/ DR reporting. Also, any updated mapping/ estimation data of PWID made available from NACO would be reported to The Global Fund through PU/DR reporting Measurement of the Indicator has been kept as Non-Cumulative- Others. Target has been adjusted considering the OSC transition plan in Q-10, Q-11 and Q-12 The number of Outreach Workers at OSCs shall be internally rationalised based on beneficiary target base per OSC in Phase II. Transition in third year: 25% of OSC will be transitioned to NACO in every quarter starting Q-10. Numerator - Number of PWIDs registered in OSCs who received HIV test during the reporting period (new client testing + repeat testing for the client tested negative in 6 months). Source: Project MIS Denominator - Number of People Who Inject Drugs (PWID) registered in the One Stop Centers (OSCs). This is out of an estimated population, sourced through p_MPSE mapping exercise, actual identified clients will be recorded under registration process through project MIS. The estimated population may change based on the revised mapping estimation and updated field findings. Source: Project MIS, Performance framework (p_MPSE) Frequency- Bi-annually Transition in third year: 25% of OSC will be transitioned to NACO in every quarter starting Q-10. Twenty OSCs will be covered in Q1-9. Active OSCs in the third year will be Q-10-- 15 Q-11 -- 10 Q-12-- 5 PSE-Arunachal Pradesh- East Siang - 867, Namsai- 741, Assam-Kamrup Urban- 5110, Cachar- 1457, Bihar- Kaimur- 829, Chattisgarh- Bilaspur-Sakari- 1506, Delhi- Central -3431, North West- 3013, Haryana- Sirsa- 4030, Kaithal- 652, Himachal Pradesh- Solan – Baddi- 680, Jammu & Kashmir- Sapore- 666, Mizoram-Aizwal -3559, Nagaland- Shamator- 2029, Tripura- Sepahijala- 470, West Tripura- 1489, Dhallai- 997, Gomathi- 572, Uttar Pradesh- Varanasi- 215, West Bengal- Jalpaigudi- 102. Total population size estimated in the project geography stood at 32, 415. Implementation Geography:- East Siang and Namsai in Arunachal Pradesh, Cachar and Kamrup Urban in Assam, Kaimur in Bihar, Bilaspur in Chhattisgarh, Central and North West delhi in Delhi, Kaithal and Sirsa in Hariyana, Solan in Himachal and Sopore in J&K, Aizawl in Mizoram, Shamator in Nagaland, Sepahijala, West Tripura, Gamati and Dhallai in Tripura, Varanasi in Uttar Pradesh and Jalpaiguri district in West Bengal														
3	HTS-3e Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	Country: India;	N: 39425 D: 47552 P: 82.91%	2023 Plan India Project MIS		Yes	Non cumulative – other	No	N: 40419 D: 47552 P: 85.00%	N: 41608 D: 47552 P: 87.50%	N: 42797 D: 47552 P: 90.00%	N: 43986 D: 47552 P: 92.50%	N: 39860 D: 41958 P: 95.00%	N: 17273 D: 18182 P: 95.00%	
	<b>Comments</b> Migrant and Trucker population Baseline- OSC Project achievement till September, 23. Target Assumption: Estimation data used in the present GC-6 cycle has been used as the denominator, as there is no updated mapping data available from NACO. Considering the baseline stood at 83% , the target has been staggered from 85% in S-1 to 95% in S-6. Target includes HIV testing for new KP during the reporting period as well HIV repeat testing for the 90% of the KPs found negative in last 6 months. Measurement of the Indicator has been kept as Non-Cumulative-Others. Target has been adjusted considering the OSC transition plan in Q-10, Q-11 and Q-12 The number of Outreach Workers at OSCs shall be internally rationalised based on beneficiary target base per OSC in Phase II. Transition in third year: 25% of OSC will be transitioned to NACO in every quarter starting Q-10. Numerator - Number of vulnerable populations (migrants & truckers) registered with OSC who received HIV test during the reporting period (new client testing + repeat testing for the client tested negative in 6 months) . Source: Project MIS Denominator - Number of vulnerable populations (truckers & migrants) registered in the One Stop Centers (OSCs). This is an estimated population, actual identified clients will be recorded under registration process through project MIS , The estimated population may change based on the revised mapping estimation and updated field findings. Source: Project MIS Frequency- Bi-annually Transition in third year: 25% of OSC will be transitioned to NACO in every quarter starting Q-10. 34 OSCs will be covered in Q1-9. Active OSCs in the third year will be Q-10-- 26 Q-11 -- 17 Q-12-- 9 PSE- For OVP- BP OSC, estimation data used in the GC-6 cycle PF has been used as the denominator for this indicator. There is no state wise mapping data available from NACO, total population size estimated in the project geography stood at 47,552 as sourced from GC-6 cycle PF. Plan India would carry out field level outreach while implementing the grant and report the actual number of registered clients at the OSC based on the actual mapping and identification of BP (Migrant/ Trucker population) in the OSC geography to Global Fund through PU/ DR reporting. Also, any updated mapping/ estimation data of BP (Migrant/ Trucker) made available from NACO would be reported to The Global Fund through PU/DR reporting. Implementation Geography:- Dhubri and Goalpara mines in Assam, Central and South West Delhi in Delhi, Bharuch, Kuch, Surat in Gujrat, Panipat, Yamunanagar in Haryana, Solan and Una in Himachal, Samba in J&K, Bokaro, Dhanbad, Jamshedpur in Jharkhand, Belgavai in Karnataka, Ahmednagar, Chandrapur, Kolhapur, Parbhani districts in Maharastra, Imphal West in Manipur, East Jaintia Hills in Meghalaya, Jajpur, Keonjhar, Raorkella in Odisha, Ariyalur, Krishnagiri, Tiruppur in Tamil Nadu, Warrangal in Telangana, Kanpur, Merrut, Moradabad, Noida in Uttar Pradesh and Howrah district in the state of West Bengal.														
Prevention package for other vulnerable populations (OVP)															

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
6	KP-1e Percentage of other vulnerable populations reached with HIV prevention programs - defined package of services	Country: India;  Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %		Age	Yes	Non cumulative – other	No	N: 33286 D: 47552 P: 70.00%	N: 34475 D: 47552 P: 72.50%	N: 35664 D: 47552 P: 75.00%	N: 36853 D: 47552 P: 77.50%	N: 33566 D: 41958 P: 80.00%	N: 15454 D: 18182 P: 85.00%
<b>Comments</b>														
Migrant and Trucker population Baseline: It is a new Indicator. Baseline not available Target Assumption: Estimation data used in the present GC-6 cycle has been used as the denominator, as there is no updated mapping data available from NACO. Target has been adjusted considering the OSC transition plan in Q-10, Q-11 and Q-12.Thirty four OSCs will be covered in Q1-9. Numerator - Number of Bridge Population (Migrants and Truckers) registered at the OSCs who received defined package of services(atleast two services from the list of defined package of services) during the reporting period. The services will be provided to the registered population in OSC based on the need over the grant period. Services recurring in nature will be provided multiple times to the client registered in OSC over different semester. Measurement of the Indicator has been kept as Non-Cumulative-Others. In case of Migrant and Trucker population intervention, client provided with HIV testing service and define package of services on the same day will be reported against both HIV testing indicator (HTS-3e) and as well as against defined package of service indicator (KP-1e). Client provided HIV testing service and defined package of services on different days of visit in the OSC will be reported against both the indicators (KP-1e & HTS-3e). The target for this indicator has been fixed based on the programme logic that once a client is registered under OSC, will make repeat visits to the centre for accessing additional prevention package services and other value-added services from the basket of services provided in the OSC. So, under the OSC project prevention package of service considers a registered client who has received HIV testing at OSC, also comes back to access other prevention package of services and value added services. As per the indicator definition, when a client is provided with at least two services from the list of defined packages of services, then the client will be considered to have provided with defined package of services at OSC. For the Bridge Population (Migrant/ Trucker) component since the clientele is mostly dynamic, hence the chances are remote that all the registered client again would come back to access other services at the OSC. This is reflected in the target for prevention package indicator, lower than HIV testing for the BP component. Since the Bridge population, especially the migrants and truckers very mobile hence it is often very difficult to get the same people back for prevention package of services after providing HIV testing services. Hence the target has been rationalised accordingly and kept 70% in the S-1 and gradually increasing it to 85% in S-6. Source: Project MIS Denominator - Number of Bridge Population (Migrant and Truckers) registered in the One Stop Centers (OSCs). This is out of the estimated population mapped through p_MPSE in the project geography, actual identified clients will be recorded under registration process through project MIS and will be reported against denominator. The estimated population may change based on the revised mapping estimation and updated field findings. Source: Project MIS, Performance framework (p_MPSE) Transition in third year: 25% of OSC will be transitioned to NACO in every quarter starting Q-10. Hence, active OSCs in the third year will be Q-10-- 26 Q-11 -- 17 Q-12-- 9 Defined Prevention Package of Service- BP OSC: Client Interaction, HIV prevention messaging, information, education and communication. STI screening Syphilis screening TB(4s) Screening Distribution of Condom Distribution of Needle and Syringes Commodity distribution lubricants Distribution of OST Knowledge, attitude, behaviour and practice counselling Referral for Syphilis Treatment Index/ spouse/ partner Testing ART Treatment linkages to HIV positive clients ART adherence counselling, pill counts etc. Care and support counselling for the HIV Positive clients Implementation Geography:- Dhubri and Goalpara mines in Assam, Central and South West Delhi in Delhi, Bharuch, Kuch, Surat in Gujrat, Panipat, Yamunanagar in Haryana, Solan and Una in Himachal, Samba in J&K, Bokaro, Dhanbad, Jamshedpur in Jharkhand, Belgavai in Karnataka, Ahmednagar, Chandrapur, Kolhapur, Parbhani districts in Maharashtra, Imphal West in Manipur, East Jaintia Hills in Meghalaya, Jajpur, Keonjhar, Raorkella in Odisha, Ariyalur, Krishnagiri, Tiruppur in Tamil Nadu, Warrangal in Telangana, Kanpur, Merrut, Moradabad, Noida in Uttar Pradesh and Howrah district in the state of West Bengal.														
<b>Prevention package for transgender people and their sexual partners</b>														
4	KP-1b Percentage of transgender people reached with HIV prevention programs - defined package of services	Country: India;  Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %		Age,Gender	Yes	Non cumulative – other	No	N: 5957 D: 7008 P: 85.00%	N: 6132 D: 7008 P: 87.50%	N: 6307 D: 7008 P: 90.00%	N: 6482 D: 7008 P: 92.50%	N: 5825 D: 6132 P: 95.00%	N: 2497 D: 2628 P: 95.00%
<b>Comments</b>														
Transgender @gender Baseline: It is a new Indicator. Baseline not available Target Assumption: TG OSC Target has been derived from revised PROGRAMMATIC MAPPING AND POPULATION SIZE ESTIMATION (p-mpse) OF HIGH-RISK GROUPS (P_MPSE) size estimation data received from NACO. The National AIDS Control Programme (NACP) has periodically implemented Mapping and Population Size Estimation (MPSE) to inform the designing, implementation and monitoring of a comprehensive package of interventions for HRGs. There is no baseline available as this is a new indicator. Target has been adjusted considering the OSC transition plan in Q-10, Q-11 and Q-12. Numerator - Number of Transgenders registered at the OSCs who received defined package of services (atleast three services from the list of defined package of services) during the reporting period. The services will be provided to the registered population in OSC based on the need over the grant period. Services recurring in nature will be provided multiple times to the client registered in OSC over different semester. Client provided with HIV testing service and define package of services on the same day will only be reported against HIV testing indicator (HTS-3b). However, the client provided HIV testing service and defined package of services on different days of visit in the OSC will be reported against both the indicators(HTS-3b, KP 1b). The target for this indicator has been fixed based on the programme logic that once a client is registered under OSC, will make repeat visits to the centre for accessing additional prevention package services and other value-added services from the basket of services provided in the OSC. Also, for the measurement of this indicator it has been considered that when a client is provided with HIV testing at OSC, then prevention package of service provided to the client is considered within the HIV testing service as a composite service. So, under the OSC project prevention package of service considers a registered client who has received HIV testing at OSC, also comes back to access other prevention package of services and value added services. As per the indicator definition, when a client is provided with at least three services from the list of defined packages of services, then the client will be considered to have provided with defined package of services at OSC. For the TG component since the clientele is mostly static and is to be outreached at various hotspots, deras etc. within a specific geographic location defined in the OSC operations hence the programme aims to bring all those clients those who have received HIV testing for providing at least three more services from the defined package of services. This has also been reflected in the target for HIV testing and prevention package indicator as same. Source: Project MIS Denominator - Number of Transgenders (TGs) registered in the One Stop Centers (OSCs). This is out of the estimated population mapped through p_MPSE in the project geography, actual identified clients will be recorded under registration process through project MIS and will be reported against denominator. The estimated population may change based on the revised mapping estimation and updated field findings. Measurement of the Indicator has been kept as Non-Cumulative-Others. Source: Project MIS, Performance framework (p_MPSE) Transition in third year: 25% of OSC will be transitioned to NACO in every quarter starting Q-10. Hence, active OSCs in the third year will be Q-10-- 15 Q-11 -- 10 Q-12-- 5 Defined Prevention Package of Service- TG OSC: Client Interaction, HIV prevention messaging, information, education and communication STI screening Syphilis screening TB(4s) Screening Distribution of Condom Distribution of Needle and Syringes Commodity distribution lubricants Distribution of OST Knowledge, attitude, behaviour and practice counselling Referral for Syphilis Treatment Index/ spouse/ partner Testing ART Treatment linkages to HIV positive clients ART adherence counselling, pill counts etc. Care and support counselling for the HIV Positive clients Implementation Geography: Kamrup Urban and Nalbari district in Assam, Patna in Bihar, Bilaspur in Chhattisgarh, NDMC and Souteast Delhi in the state of Delhi, Jamshedpur in Jharkhand, Bellari and Yadgir in Karnataka, Kozokhode in Kerala, Jabalpur and Morena in MadhyaPradesh, Jalgaon and Nagpur in Maharashtra, Fazilka in Punjab, Madurai in Tamil Nadu, Merut and Varanasi in Uttar pradesh and Jalpaiguri and Murshidabad in West Bengal														
<b>Prevention package for people who use drugs (PUD) and their sexual partners</b>														
5	KP-1d Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Country: India;  Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %		Gender,Age	Yes	Non cumulative – other	No	N: 14587 D: 32415 P: 45.00%	N: 15397 D: 32415 P: 47.50%	N: 16208 D: 32415 P: 50.00%	N: 17018 D: 32415 P: 52.50%	N: 15600 D: 28363 P: 55.00%	N: 7293 D: 12156 P: 60.00%
<b>Comments</b>														

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						
5	<p>PWID Baseline: It is a new Indicator. Baseline not available Target Assumption: PWID OSC Target has been derived from revised PROGRAMMATIC MAPPING AND POPULATION SIZE ESTIMATION (p-mpse) OF HIGH-RISK GROUPS (P_MPSE) size estimation data received from NACO. The National AIDS Control Programme (NACP) has periodically implemented Mapping and Population Size Estimation (MPSE) to inform the designing, implementation and monitoring of a comprehensive package of interventions for HRGs. There is no baseline available as this is a new indicator. Target has been adjusted considering the OSC transition plan in Q-10, Q-11 and Q-12. Twenty OSCs will be covered in Q1-9. Considering the baseline stood at 25% based on the present programme implementation in GC-6 against revised P_MPSE estimation; the target has been staggered from 45% in S-1 to 60% in S-6. This target of 45% in the S1 and then gradually increasing it to 60% in S-6 has been generated based on the actual implementation experience in present GC-6 cycle. Implementation experience suggest that often mapped estimation data does not match with the actual programme mapping based on hotspot mapping and outreach data. Hence, though Plan India has rationalized and set the target based on the present GC-6 cycle achievements, a continuous mapping of PWID population would be carried out through programme outreach and hotspot mapping data. Plan India would carry out field level outreach while implementing the grant and report the actual number of registered PWID clients at the OSC based on the actual mapping and identification of PWID population in the OSC geography to Global Fund through PU/ DR reporting. Also, any updated mapping/ estimation data of PWID made available from NACO would be reported to The Global Fund through PU/DR reporting. Numerator - Number of PWID registered at the OSCs who received defined package of services (atleast three services from the list of defined package of services) during the reporting period. Measurement of the Indicator has been kept as Non-Cumulative- Others. The services will be provided to the registered population in OSC based on the need over the grant period. Services recurring in nature will be provided multiple times to the client registered in OSC over different semester. Client provided with HIV testing service and define package of services on the same day will only be reported against HIV testing indicator(HTS-3d). However, the client provided with HIV testing service and defined package of services on different days of visit in the OSC will be reported against both the indicators (HTS-3d &amp; KP-1d ). The target for this indicator has been fixed based on the programme logic that once a client is registered under OSC, will make repeat visits to the centre for accessing additional prevention package services and other value-added services from the basket of services provided in the OSC. Also, for the measurement of this indicator it has been considered that when a client is provided with HIV testing at OSC, then prevention package of service provided to the client is considered within the HIV testing service as a composite service. So, under the OSC project prevention package of service considers a registered client who has received HIV testing at OSC, also comes back to access other prevention package of services and value added services. As per the indicator definition, when a client is provided with at least three services from the list of defined packages of services, then the client will be considered to have provided with defined package of services at OSC. For the PWID component since the clientele is mostly static and is to be outreached at various hotspots etc. within a specific geographic location defined in the OSC operations hence the programme aims to bring all those clients those who have received HIV testing for providing at least three more services from the defined package of services. This has also been reflected in the target for HIV testing and prevention package indicator as the same. Source: Project MIS Denominator - Number of PWID registered in the One Stop Centers (OSCs). This is out of the estimated population mapped through p_MPSE in the project geography, actual identified clients will be recorded under registration process through project MIS and will be reported against denominator. The estimated population may change based on the revised mapping estimation and updated field findings. Source: Project MIS, Performance framework (p_MPSE) Transition in third year: 25% of OSC will be transitioned to NACO in every quarter starting Q-10. Hence, active OSCs in the third year will be Q-10-- 15 Q-11 -- 10 Q-12-- 5 Defined Prevention Package of Service- PWID OSC: Client Interaction, HIV prevention messaging, information, education and communication. STI screening Syphilis screening TB(4s) Screening Distribution of Condom Distribution of Needle and Syringes Commodity distribution lubricants Distribution of OST Knowledge, attitude, behaviour and practice counselling Referral for Syphilis Treatment Index/ spouse/ partner Testing ART Treatment linkages to HIV positive clients ART adherence counselling, pill counts etc. Care and support counselling for the HIV Positive clients Implementation Geography:- East Siang and Namsai in Arunachal Pradesh, Cachar and Kamrup Urban in Assam, Kaimur in Bihar, Bilaspur in Chhattisgarh, Central and North West delhi in Delhi, Kaithal and Sirsa in Haryana, Solan in Himachal and Sopore in J&amp;K, Aizawl in Mizoram, Shamator in Nagaland, Sepahijala, West Tripura, Gamati and Dhallai in Tripura, Varanasi in Uttar Pradesh and Jalpaiguri district in West Bengal</p>													

Workplan Tracking Measures								
Intervention	Key Activity	Milestones	Criteria for Completion	Country	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>Differentiated HIV Testing Services</b>								
Facility-based testing for key population (KP) programs	Development and implementation of transition plan in consultation with NACO towards transition of OSCs.	Transition of 18 OSCs from PR to NACO.	0= Not Started 1= Started Transition of equal or less than 50% of target OSCs i.e.9 2=Advanced Transition of greater than 50% of target OSCs i.e.9 3=Completed Transition of all 25% OSCs i.e. 18 OSCs	India			X	
		Transition of 37 OSCs from PR to NACO.	0= Not Started 1= Started Transition of equal or less than 50% of target OSCs i.e.19 2=Advanced Transition of greater than 50% of target OSCs i.e.19 3=Completed Transition of all OSCs	India				X
		Transition Plan for OSC is finalised and agreed with NACO along with timelines	0= Not Started 1= Started Transition Plan Document finalisation under discussion with NACO 2=Advanced Transition Plan Document finalised and timelines being agreed with NACO 3=Completed Transition Plan Document finalised and agreed with NACO along with timelines	India		X		
		Transition Plan for OSC is prepared in consultation with NACO.	0= Not Started 1= Started Transition Plan Document in initial stages 2=Advanced Transition Plan Document in final draft stage 3=Completed Transition Plan Document prepared in consultation with NACO	India	X			
<b>Comments</b>								
The PR is working in a total of 74 OSCS. 20 for TG, 20 for PWID and 34 for bridge group population. These will be transitioned to NACO according to the transition plan and milestones indicated.								

<b>Country</b>	India
<b>Grant Name</b>	IND-H-PLAN
<b>Implementation Period</b>	01-Apr-2024 - 31-Mar-2027
<b>Principal Recipient</b>	Plan International (India Chapter)

By Module	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Differentiated HIV Testing Services	\$1,613,023	\$1,578,454	\$1,003,874	\$4,195,351	64.7 %
Prevention package for people who use drugs (PUD) and their sexual partners	\$193,216	\$3,783	\$3,323	\$200,323	3.1 %
Program management	\$789,468	\$673,633	\$629,331	\$2,092,432	32.3 %
<b>Grand Total</b>	<b>\$2,595,707</b>	<b>\$2,255,871</b>	<b>\$1,636,528</b>	<b>\$6,488,106</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)	\$1,725,436	\$1,639,550	\$1,207,569	\$4,572,555	70.5 %
2.Travel related costs (TRC)	\$346,144	\$283,016	\$183,961	\$813,121	12.5 %
5.Health Products - Non-Pharmaceuticals (HPNP)	\$208,214	\$23,780	\$20,888	\$252,883	3.9 %
9.Non-health equipment (NHP)	\$30,213	\$16,144	\$11,640	\$57,997	0.9 %
10.Communication Material and Publications (CMP)	\$10,877	\$10,877	\$10,877	\$32,631	0.5 %
11.Indirect and Overhead Costs	\$274,823	\$282,503	\$201,593	\$758,920	11.7 %
<b>GrandTotal</b>	<b>\$2,595,707</b>	<b>\$2,255,871</b>	<b>\$1,636,528</b>	<b>\$6,488,106</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>\$2,595,707</b>	<b>\$2,255,871</b>	<b>\$1,636,528</b>	<b>\$6,488,106</b>	<b>100.0 %</b>
Plan International (India Chapter)	\$2,595,707	\$2,255,871	\$1,636,528	\$6,488,106	100.0 %
<b>Grand Total</b>	<b>\$2,595,707</b>	<b>\$2,255,871</b>	<b>\$1,636,528</b>	<b>\$6,488,106</b>	<b>100.0 %</b>

Source Of Funding	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Approved Funding	\$2,595,707	\$2,255,871	\$1,636,528	\$6,488,106	100.0 %
<b>GrandTotal</b>	<b>\$2,595,707</b>	<b>\$2,255,871</b>	<b>\$1,636,528</b>	<b>\$6,488,106</b>	<b>100.0 %</b>