

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 **Department of Economic Affairs, Ministry of Finance of India** (the "Principal Recipient") on behalf of India (the "Grantee"), pursuant to the Framework Agreement, dated as of 1 October 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein. 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). 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:	Malaria
3.3	Program Title:	Intensified Malaria Elimination Project (IMEP III)
3.4	Grant Name:	IND-M-NVBDCP
3.5	GA Number:	3939
3.6	Grant Funds:	Up to the amount of USD 60,240,994 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2024 to 31 March 2027 (inclusive)

3.8	Principal Recipient:	Department of Economic Affairs, Ministry of Finance of India 33 A1, North Block 110011 New Delhi Republic of India Attention: Dr. Tanu Jain Director (NCVBDC) Email: dir.ncvbdc@gmail.com
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: heman.sabharwal@pwc.com
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: urban.weber@theglobalfund.org

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, 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 and the Principal Recipient, from time to time.
5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time)), the Grantee and the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorized by or obtained all necessary consents, approvals and authorizations to execute and deliver this Grant Agreement and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's

constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

6. **Covenants**. The Global Fund and the Grantee further agree that:

6.1 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.

6.2 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (as amended from time to time), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

6.3 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.

6.4 External Auditor

1. Grant Funds may be used to pay for a Supreme Audit Institution approved by the Global Fund for the annual independent audit of the Program (the “External Auditor”); and

2. 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.

6.5 The Principal Recipient, on behalf of the Grantee, remains solely responsible and accountable to the Global Fund for the implementation of the Grant and for compliance with all obligations contained in this Grant Agreement.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient, acting on behalf of 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

Department of Economic Affairs,
Ministry of Finance of India
on behalf of India

By: MA. Eldon Edgington

Name: Mark Eldon-Edington

Title: Head, Grant Management
Division

Date: Mar 29, 2024

By: Rai Mahimapat Ray

Name: Rai Mahimapat Ray

Title: Deputy Secretary

Date: 21/3/2024

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 in recent times has shown significant achievements in containing the morbidity & mortality to an all-time low. The malaria situation of the country has changed significantly after adoption of the National Framework for Malaria Elimination (NFME) 2016-2030 in India.

Government of India is implementing National Malaria Elimination Programme, and supporting the States for quality assured drugs and diagnostics, national and state level trainings, IHIP expansion for better monitoring and surveillance, establishment of entomological zones, entomological training and capacity building, mobility support, LLINs, ASHA incentives, etc.

There has been 84.9% decline in morbidities & 78.3% decline in mortalities due to malaria in 2022, compared to 2015. However, whilst the progress in reducing the malaria burden in India is highly commendable, the uphill battle of malaria elimination and prevention of re-establishment needs even more efforts. The country has reported 128 districts with zero indigenous cases and 603 districts with API below 1 in 2022, these gains achieved to date need to be sustained, and advanced in line with India's goal of eliminating malaria by 2030.

Malaria is still a significant public health issue for the seven North Eastern (NE) states (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, and Tripura) and the states of Odisha, Jharkhand, Chhattisgarh, and parts of Maharashtra. In 2022, the seven NE states, Jharkhand, Chhattisgarh, Odisha, and Maharashtra which account for approximately 21% of country's population, contributed 64% of total cases (contributed 87.7% of Pf cases) and 91.5% of total deaths. During the period of 2015 to 2022 there has been 81% and 84% decline in cases and deaths respectively in 7 NE states. Similarly, in Jharkhand, Chhattisgarh, Odisha, and Maharashtra the decline in cases was by 82%, 79%, 95%, and 73% respectively.

The allocation funding would be applied for prioritized specific interventions in these proposed 11 states (and the state of Madhya Pradesh for distribution of LLINs). The activities in this grant will continue support for the 7 NE states and high burden districts of Jharkhand, Chhattisgarh, Odisha, and Maharashtra states for a total of 159 districts (7 NE states - 110 districts, Jharkhand - 13, Chhattisgarh - 16, Odisha - 19 districts, and Maharashtra – 1 district). Malaria distribution within each state varies and requires an increasingly differentiated approach at district level. The intention is to maximize impact on malaria reduction and move towards malaria elimination. For elimination, sustained and more intensive efforts, empowered communities, strengthened health & community systems, resources, and enabled environment are necessary; without which there is a possible risk of low endemic areas having outbreaks followed by persistent transmission and may become high risk areas.

LLINs were introduced in the program for personal protection and to interrupt transmission since 2009. However, significant scale up in LLIN coverage for

populations living in high-risk areas has been achieved during 2015-2022. LLINs were distributed free of cost to all households in pre-identified villages with API > 2 (as prioritized after micro-stratification). Further, for reaching the goal of malaria pre-elimination, the country program changed the eligibility criteria for distribution of LLINs by including Sub-Centers having API > 1 (with 1 LLIN per 1.8 persons). The goal of this strategy is to eliminate malaria in Category 1 districts (API < 1) by 2024 and Category 2 districts (API 1–2) by 2025, while reducing transmission in Category 3 districts to stabilize the API to less than 1 by 2026.

Until 2022, a total of 98.3 million LLINs (from the Global Fund grant and domestic budget) have been procured and distributed. Post-distribution follow-up at field level, together with regular BCC activities are also being scaled up to ensure consistent and correct use of LLINs by the beneficiaries.

The Intensified Malaria Elimination Project (IMEP III), to be implemented for 36 months (April 2024 - March 2027), in the above-mentioned states, and similar results are expected with application of comprehensive package including LLIN distribution through mass campaign for universal coverage of all Sub centers with API > 1.

2. Goals, Strategies and Activities

Goals

Augmenting the effort of Malaria elimination in the project states & districts by 2027, and providing an enabling environment to prevent re-establishment of malaria (aligned with National Strategic Plan 2023-27)

Objectives

1. Health System Strengthening & focused activities in high endemic areas;
2. Strengthening malaria surveillance involving all relevant stakeholders;
3. Strengthening of entomological units in the projects states to achieve malaria elimination;
4. Strengthening SBCC activities focused on high endemic areas;
5. Augment the process of sub- National malaria Elimination Certification in phased manner;
6. Conducting operational/interventional research.

Strategies

1. Transforming malaria surveillance as a core intervention for malaria elimination
2. Ensuring universal access to malaria diagnosis and treatment by enhancing and optimizing case management - “testing, treating and tracking”
3. Ensuring universal access to malaria prevention by enhancing and optimizing vector control
4. Accelerating efforts towards elimination and attainment of malaria-free status
5. Promoting research and innovation for malaria elimination and prevention of re-establishment of malaria transmission

Interventions

1. Deployment and remuneration of HR
2. Training and Capacity building
3. Community engagement, linkages and coordination
4. Supply chain information systems
5. Operational Research, Large-scale survey and research studies
6. Entomological monitoring, and special package for 23 entomological zones
7. Procurement of vehicles, LLINs, and Entomology susceptibility kits
8. Social and behavior change package

3. Target Group/Beneficiaries

The target group/ beneficiaries include marginalized groups, tribal population, women & children, and other key affected population such as Jhum cultivators (shifting cultivators); forest workers; miners; and migrant & mobile populations (especially in border areas).

Geographical Focus: Seven North Eastern states, Madhya Pradesh, Maharashtra, Chhattisgarh, Jharkhand, and Odisha.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	India
Grant Name	IND-M-NVBDCP
Implementation Period	01-Apr-2024 - 31-Mar-2027
Principal Recipient	Department of Economic Affairs, Ministry of Finance of India

Reporting Periods	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	Augmenting the effort of Malaria elimination in the project states & districts by 2027, and providing an enabling environment to prevent re-establishment of malaria (aligned with National Strategic Plan 2023-27)
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	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1	Malaria I-2.1 Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	India	N: 0.3006 D: P: %	2022 MIS NCVBDC	Age, Species	N: 0.1476 D: P: % Due Date: 30-Jun-2025	N: 0.0435 D: P: % Due Date: 30-Jun-2026	N: 0.0043 D: P: % Due Date: 30-Jun-2027
	Comments >Total 12 project state have been selected contributing 66.2% of cases in India in the year 2022. Data Source: NCVBDC MIS : [NCVBDC has been mentioned in this modular template as PR1 too]. >Baseline value : The baseline & targets relate to 7 NE states, Chhattisgarh, Jharkhand, Odisha, Maharashtra and Madhya Pradesh. It is assumed that there will be 100 % reduction of malaria cases in North-Eastern states, Chhattisgarh, Jharkhand, Odisha and Maharashtra by 2027 compared to 2022 >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR1-NCVBDC from the States in the months of January to March every year. [Impact related reports would be seen after three months of completion of reporting period]. in year 2024, 50 % reduction is estimated in cases and deaths compared to the baseline data for 2022, 70% reduction estimated in cases and deaths in the year 2025 compared to 2024, 90% reduction estimated in cases and deaths in the year 2026 compared to 2025, 100% reduction estimated in cases and deaths in the year 2027 compared to 2026 Target Assumption as per target assumption sheet year1: 58493/396286936* 1000 year 2: 17548/403446872* 1000 year 3: 1755/409498575*1000							
2	Malaria I-12 Malaria mortality: rate per 100 000 people per year	India	N: 0.0195 D: P: %	2022 MIS NCVBDC	Age	N: 0.0093 D: P: % Due Date: 30-Jun-2025	N: 0.0027 D: P: % Due Date: 30-Jun-2026	N: 0.0002 D: P: % Due Date: 30-Jun-2027
	Comments >Total 11 project states contributing 90.3 % of deaths in India in 2022 Data Source: NCVBDC MIS : [NCVBDC has been mentioned in this modular template as PR1 too]. >Baseline value : The baseline & targets relate to all states under 7 NE states , Chhattisgarh, Jharkhand, Odisha, Maharashtra and Madhya Pradesh . It is assumed that there will be 100 % reduction of malaria cases in North-Eastern states, Chhattisgarh, Jharkhand, Odisha and Maharashtra by 2027 compared to 2021 >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR1-NCVBDC from the States in the months of January to March every year. [Impact related reports would be seen after three months of completion of reporting period]. in year 2024, 50 % reduction is estimated in cases and deaths compared to the baseline data for 2022, 70% reduction estimated in cases and deaths in the year 2025 compared to 2024, 90% reduction estimated in cases and deaths in the year 2026 compared to 2025, 100% reduction estimated in cases and deaths in the year 2027 compared to 2026 Target Assumption as per target assumption sheet: year1: 37/396286936* 100,000 year 2: 11/403446872* 100,000 year 3: 1/409498575*100,000							
3	Malaria I-4 Malaria test positivity rate	India	N: 116986.0000 D: 59370476 P: 0.20%	2022 MIS NCVBDC	Testing type	N: 58493.0000 D: 61424475 P: 0.10% Due Date: 30-Jun-2025	N: 17548.0000 D: 64551499 P: 0.03% Due Date: 30-Jun-2026	N: 1755.0000 D: 67567264 P: 0.00% Due Date: 30-Jun-2027
	Comments							

3 >Data Source: NCVBDC MIS : [NCVBDC has been mentioned in this modular template as PR1 too]. >Baseline value : The baseline & targets relate to 7 NE states, Chhattisgarh, Jharkhand, Odisha, Maharashtra and Madhya Pradesh. It is assumed that there will be 100 % reduction of malaria cases in North-Eastern states, Chhattisgarh, Jharkhand, Odisha, Maharashtra and Madhya Pradesh by 2027 compared to 2022 >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR1-NCVBDC from the States in the months of January to March every year. [Impact related reports would be seen after three months of completion of reporting period]. In year 2024, 50 % reduction is estimated in cases and deaths compared to the baseline data for 2022, 70% reduction estimated in cases and deaths in the year 2025 compared to 2024, 90% reduction estimated in cases and deaths in the year 2026 compared to 2025, 100% reduction estimated in cases and deaths in the year 2027 compared to 2026. The testing has been increase based on ABER criteria (>10). Based on 2022 data ABER for project states (7 NE and JCOM) is 15.2. Based on estimation In the year 2024 testing is 15.5% of population, for 2025 testing is 16% of population, for 2026 testing is 16.5% of population and 2027 testing is 17% of population. Based on above justification TPR estimated to reduce by 0.10% in 2024 compared to 2022. in 2025 TPR reduce to 0.03% compared to 2024, In 2026 TPR reduce to 0.00002% compared to 2025 and final in 2027 TPR achieved to be 0% compared to 2026

Program Objectives, Outcome Indicators and targets

1	Health System Strengthening & focused activities in high endemic areas;
2	Strengthening malaria surveillance involving all relevant stakeholders;
3	Strengthening of entomological units in the projects states to achieve malaria elimination;
4	Strengthening SBCC activities focused on high endemic areas;
5	Augment the process of sub- National malaria Elimination Certification in phased manner;
6	Conducting operational/interventional research.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2026
1	Malaria O-1a Proportion of population that slept under an insecticide-treated net the previous night	India	N: 60960.0000 D: 93907 P: 64.92%	2018 Household Survey Report	Gender	N: D: P: 100.00% Due Date: 30-Jun-2025	N: D: P: 100.00% Due Date: 30-Jun-2027
Comments							
NCVBDC is targeting 100% of the population at risk of Malaria to sleep under LLINs. Presently, the data for 2018 has been taken as baseline. Updated baseline will be included once the household survey results are available.							
2	Malaria O-14 Proportion of children aged < 5 years with fever in previous 2 weeks who had a finger or heel stick	India	N: 3111.0000 D: 5173 P: 60.14%	2018 Household Survey Report		N: D: P: 100.00% Due Date: 30-Jun-2025	N: D: P: 100.00% Due Date: 30-Jun-2027
Comments							
Presently, the data for 2018 has been taken as baseline. Updated baseline will be included once the household survey results are available.							
3	Malaria O-1c Proportion of pregnant women who slept under an insecticide-treated net the previous night	India	N: 683.0000 D: 1074 P: 63.59%	2018 Household Survey Report		N: D: P: 100.00% Due Date: 30-Jun-2025	N: D: P: 100.00% Due Date: 30-Jun-2027
Comments							
Presently, the data for 2018 has been taken as baseline. Updated baseline will be included once the household survey results are available.							
4	Malaria Other-1: Proportion of persons reporting fever within last two weeks, who have obtained a test result (RDT/microscopy) within 24 hours of reporting to health care system/ provider	India	N: 372.0000 D: 398 P: 93.47%	2018 Household Survey Report		N: D: P: 100.00% Due Date: 30-Jun-2025	N: D: P: 100.00% Due Date: 30-Jun-2027
Comments							

4	Presently, the data for 2018 has been taken as baseline. Updated baseline will be included once the household survey results are available.					N: D: P: 100.00%	N: D: P: 100.00%
5	Malaria Other-2: Proportion of people who know about the cause of, symptoms of, treatment for and preventive measures of Malaria	India	N: 19640.0000 D: 22856 P: 85.93%	2018 Household Survey Report			
Comments							
Presently, the data for 2018 has been taken as baseline. Updated baseline will be included once the household survey results are available.							

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-Oct-2026 31-Mar-2027
Vector control									
1	VC-1 Number of insecticide-treated nets distributed to populations at risk of malaria transmission through mass campaigns	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 14266181 D: P: %	2023 MIS NCVBDC		Yes	Non cumulative	No	N: 11089928 D: P: %
Comments									
100 % of eligible population at risk of Malaria are covered with LLINs. Provision of LLINs are majorly covered under DBS. 1,06,70,174 LLINs for Madhya Pradesh state only (replenishment) has been budgeted under this grant. LLIN quantity increased from 96,48,400 to 1,06,70,174 as LLIN requirement estimated as per projected population growth rate for the year 2026 by Madhya Pradesh State. Further, additional 419,754 LLINs proposed from the efficiency savings worked out duringgrant making (partial numbers proposed currently based on available savings, full need will be proposed by end of Year 1). As the LLINs for NE states are being supplied in last quarter of 2023-24, thus as per the replenishment cycle LLINs for NE States will get due in last quarter of 2026-27. Reference document shared by the Madhya Pradesh State for projection of population and LLIN requirment. Reference document can be obtained from: https://nhm.gov.in/New_Updates_2018/Report_Population_Projection_2019.pdf									

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-Oct-2026 31-Mar-2027
Program management									
Grant management	Engagement of Non-Government Sub-recipient for Human Resource & SBCC implementation	1. Advertising for the selection; 2.Selection of NG-SR by the committee 3.Signing of MOU 4.Hiring of HR-NPMU	0=not started 1=started= EOI advertised 2 advanced =NG SR selected 3.Completed=MOU with SR completed and NPMU HR hired.	India	X				
		1. Development of SBCC package	0=not started 1=started; SBCC package prepared 2 advanced;SBCC package submitted 3 completed: SBCC package approved.	India		X			
Comments									
Activity: Non-government Sub-recipient will be appointed for development of the tool kit for National, State & district level (IEC material/ Videos/ training modules for IEC etc) & Salaries/travel of GF NPMU staff will be managed by this SR Dependency: There is little dependency on NG SR's while PR will have full control over the SR's. Challenges: Delay in onboarding of SR's & replenishment from NCVBDC may cause delay in conducting the activities as planned Mitigation: Approvals of budget & finalization of SR's should be done in advance i.e. before timelines.									
RSSH: Community systems strengthening									
Community engagement, linkages and coordination	Engagement of 7 Non-Government Sub-Recipients for high endemic & hard to reach areas	1. Advertising for the selection; 2.Selection of NG-SRs by the committee 3.Signing of MOU 4.Hiring of project staff	0=not started 1=started= EOI advertised 2 advanced =NG SR selected 3.Completed=MOU with SR completed and project staff hired.	India	X				
Comments									
Activity: Engagement of 7 Non-Governments Sub-recipients (NG-SRs) for hard to reach & tribal communities for effective implementation of the Interventions especially IHIP, SBCC & IEC activities, especially for Bastar division, West Singhum district, South Garo hills, Lunglei & Lawngtlai district, dhalai district, Kalahandi district & Gadchiroli district of Maharashtra. Dependency: For effective opertaions in high endemic areas, PR is appointing NG SR's. There is little dependency on NG SR's while PR will have full control over the SR's. Challenges: Delay in onboarding of SR's & replenishment from NCVBDC may cause delay in conducting the activities as planned Mitigation: Approvals of budget & finalization of SR's should be done in advance i.e. before timelines.									

Workplan Tracking Measures						01-Apr-2024	01-Oct-2024	01-Apr-2025	01-Oct-2025	01-Oct-2026
Intervention	Key Activity	Milestones	Criteria for Completion	Country	30-Sep-2024	31-Mar-2025	30-Sep-2025	31-Mar-2026	31-Mar-2027	
RSSH: Monitoring and evaluation systems										
Operational Research	Therapeutic Efficacy Studies	1. finalization of agency for conducting therapeutic efficacy research; 2. Finalization of protocols through TRG (Technical Resource Group)	0=not started 1=started= research team hired 2 advanced =research protocol drafted 3 completed=research protocols finalised and available	India	X					
		3. Start of the research study 4. Completion of the research study;	0=not started 1=started= data collection started 2 advanced =more than 50% data collection completed 3.Completed= data collection completed	India		X				
		5. Providing data & reports	0=not started 1=started=draft report available 2 advanced =draft report validated by stakeholders 3. Completed=Report disseminated	India			X			
Comments										
Activity: The TES will be carried out in high endemic sites across the country for major species (Pf & Pv) covering different treatment regimens, geographical settings, and varied population coverage.he monitoring of therapeutic efficacy is critical for the early detection of resistance and timely action to prevent its spread. Dependency: The study will be conducted by external agency. Hence, it is dependent on third party. Challenges: Delay in receipt of approvals & budget from NCVBDC may cause delay in completion of study. Mitigation: Approvals of budget & finalization of agency should be done in advance i.e. before timelines.										
Operational Research	Insecticide Resistance Studies	1. finalization of agency for conducting Insecticide Resistance research study; 2. Finalization of protocols through TRG (Technical Resource Group)	0=not started 1=started= research team hired 2 advanced =research protocol drafted 3.completed= research protocols finalised	India		X				
		3. Start of the research study 4. Completion of the research study;	0=not started 1=started= data collection started 2 advanced =more than 50% data collection completed 3.completed= data collection completed	India			X			
		5. Providing data & reports	0=not started 1=started=draft report available 2 advanced =draft report vailated by stakeholders 3. completed=Report disseminated	India				X		
Comments										
Activity: The principal objective of vector control is to interrupt & reduce the levels of transmission thereby reducing malaria morbidity and prevent mortality. As India targets towards malaria elimination by 2030, there is a need for a regular monitoring of development of insecticide resistance and its intensity among malaria vectors so as to plan resistance management strategies in time for an effective disease control. Dependency: The study will be conducted by external agency. Hence, it is dependent on third party. Challenges: Delay in receipt of approvals & budget from NCVBDC may cause delay in completion of study. Mitigation: Approvals of budget & finalization of agency should be done in advance i.e. before timelines.										
Operational Research	Longitudinal Study to understand different paradigms of Malaria Elimination	1.Selection of agency for conducting longitudinal research study; 2. Finalization of protocols through TRG (Technical Resource Group)	0=not started 1=started= research team hired 2 advanced =research protocol drafted 3.completed= research protocols finalised	India		X				
		3. Start of the research study 4. Data collection for research	0=not started 1=started= data collection started 2 advanced =rmore than 50% data collection completed 3.completed= data collection completed	India			X			
		5. Providing data & reports	0=not started 1=started=draft report available 2 advanced =draft report vailated by stakeholders 3. completed=Report disseminated	India				X		
Comments										
Activity: In India, there exist various paradigms for malaria transmission i.e., forest, forest fringe areas, desert, foothills, riverine, coastal, urban, and suburban areas, hot and humid climate areas etc. Their scientific studies on vector bionomics and outdoor transmissions in relation to social determinants will be of much help to the program in deciding appropriate strategic planning. Dependency: The study will be conducted by external agency. Hence, it is dependent on third party. Challenges: Delay in receipt of approvals & budget from NCVBDC may cause delay in completion of study. Mitigation: Approvals of budget & finalization of agency should be done in advance i.e. before timelines.										
Vector control										
Insecticide treated nets (ITNs) - Mass campaign: universal	Procurement of LLINs	1. File circulated for getting approval from the concerned authorities for procurement of LLINs	0=not started 1=started; e-office file drafted 2 advanced: e-office file circulated for approval 2 completed; file approved for procurement of LLINs	India			X			
		2. Order to be placed for procurement of LLINs for Madhya Pradesh and NE States	0=not started 1=started; e-office file circulated for approval 2 advanced; file approved for procurement of LLINs 3. Completed; Order Placed	India				X		

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-Oct-2026 31-Mar-2027
Insecticide treated nets (ITNs) - Mass campaign: universal	Procurement of LLINs	3. LLINs to be delivered in Madhya Pradesh and NE States by the procurement agency	0=not started 1= started ; delivery of LLINs started 2 advanced; LLINs delivered & transported to respective locations 3.completed: 50% LLINs distributed	India					X
Comments									
Activity: Overall LLIN requirement of country is 53.6 Millions LLINs as per NSP 2023-27, out of which 42.5 Millions LLINs will be met out of domestic funding and the remaining 11.08 Million have been proposed to be covered by GFATM fund under the current grant. The local storage, transportation and distribution cost will be borne under DBS. 10.67 mn LLIN's is proposed for state Mahya Pradesh while 419,754 is for NE states. Challenges: Delay in approvals form concerned authorities Mitigation: PR shall initiate the process of approvals as early as possible i.e before planned timelines.									

Country	India
Grant Name	IND-M-NVBDCP
Implementation Period	01-Apr-2024 - 31-Mar-2027
Principal Recipient	Department of Economic Affairs, Ministry of Finance of India

By Module	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Program management	\$1,735,471	\$1,724,333	\$2,889,013	\$6,348,818	10.5 %
RSSH/PP: Human resources for health (HRH) and quality of care	\$3,078,303	\$3,023,152	\$2,962,486	\$9,063,941	15.0 %
RSSH: Community systems strengthening	\$2,120,395	\$2,184,649	\$2,120,395	\$6,425,438	10.7 %
RSSH: Health products management systems	\$304,315	\$304,315		\$608,631	1.0 %
RSSH: Monitoring and evaluation systems	\$1,635,313	\$2,243,944	\$766,863	\$4,646,119	7.7 %
Vector control	\$946,095	\$1,136,635	\$31,065,317	\$33,148,047	55.0 %
Grand Total	\$9,819,892	\$10,617,029	\$39,804,073	\$60,240,994	100.0 %

By Cost Grouping	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
1.Human Resources (HR)	\$4,604,633	\$4,893,209	\$4,789,413	\$14,287,255	23.7 %
2.Travel related costs (TRC)	\$4,349,272	\$4,918,430	\$3,269,089	\$12,536,791	20.8 %
3.External Professional services (EPS)	\$334,747	\$334,747		\$669,494	1.1 %
5.Health Products - Non-Pharmaceuticals (HPNP)	\$57,129		\$23,316,564	\$23,373,693	38.8 %
7.Procurement and Supply-Chain Management costs (PSM)			\$6,971,653	\$6,971,653	11.6 %
9.Non-health equipment (NHP)	\$474,111	\$470,642	\$1,457,355	\$2,402,108	4.0 %
GrandTotal	\$9,819,892	\$10,617,029	\$39,804,073	\$60,240,994	100.0 %

By Recipients	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
LI	\$1,615,733	\$2,407,235	\$33,286,897	\$37,309,864	61.9 %
National Centre for Vector Borne Diseases Control (NCVBDC)	\$1,615,733	\$2,407,235	\$33,286,897	\$37,309,864	61.9 %
SR	\$8,204,160	\$8,209,794	\$6,517,176	\$22,931,130	38.1 %
Arunachal Pradesh	\$852,382	\$846,496	\$672,611	\$2,371,489	3.9 %
Assam	\$1,158,842	\$1,151,861	\$883,698	\$3,194,401	5.3 %
Chhattisgarh	\$279,664	\$281,087	\$153,428	\$714,179	1.2 %
Jharkhand	\$255,865	\$256,193	\$146,361	\$658,419	1.1 %
Manipur	\$513,861	\$470,513	\$335,079	\$1,319,454	2.2 %
Meghalaya	\$479,342	\$479,310	\$383,102	\$1,341,754	2.2 %
Mizoram	\$371,217	\$374,144	\$289,821	\$1,035,181	1.7 %
Nagaland	\$495,936	\$499,593	\$397,870	\$1,393,398	2.3 %
NG-SR1 (Meghalaya)	\$105,485	\$108,682	\$105,485	\$319,653	0.5 %
NG-SR2 (Mizoram)	\$247,445	\$254,943	\$247,445	\$749,833	1.2 %
NG-SR3 (Tripura)	\$150,315	\$154,870	\$150,315	\$455,499	0.8 %
NG-SR4 (Jharkhand)	\$190,324	\$196,091	\$190,324	\$576,739	1.0 %
NG-SR5 (Chhattisgarh)	\$431,824	\$444,909	\$431,824	\$1,308,556	2.2 %

By Recipients	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
NG-SR6 (Odisha)	\$811,427	\$836,015	\$811,427	\$2,458,869	4.1 %
NG-SR7 (Maharashtra)	\$341,807	\$347,370	\$341,807	\$1,030,984	1.7 %
NG-SR8 (SBCC/NPMU)	\$750,564	\$750,564	\$446,248	\$1,947,375	3.2 %
Odisha	\$383,839	\$383,796	\$219,202	\$986,836	1.6 %
Tripura	\$384,022	\$373,357	\$311,130	\$1,068,509	1.8 %
Grand Total	\$9,819,892	\$10,617,029	\$39,804,073	\$60,240,994	100.0 %

Source Of Funding	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Approved Funding	\$9,819,892	\$10,617,029	\$39,804,073	\$60,240,994	100.0 %
GrandTotal	\$9,819,892	\$10,617,029	\$39,804,073	\$60,240,994	100.0 %