



Execution Version

## 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 **T.C.I. Foundation** (the "Principal Recipient" or the "Grantee"), pursuant to the Framework Agreement, dated as of 28 January 2021, 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:	Malaria
3.3	Program Title:	Ambient: Encompassing Malaria Elimination Activities in India
3.4	Grant Name:	IND-M-TCIF
3.5	GA Number:	3882
3.6	Grant Funds:	Up to the amount of USD 4,759,006 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2024 to 31 March 2027 (inclusive)
3.8	Principal Recipient:	T.C.I. Foundation TCI House, 69 Institutional Area, Sector 32

		122001 Gurgaon Republic of India Attention: Dr. Munish Chander Head of Organization Email: <a href="mailto:munish.chander@tcil.com">munish.chander@tcil.com</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 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.

## 5.2 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 Use of Grant funds held under budget line 14 is conditioned on the Principal Recipient's written confirmation demonstrating to the Global Fund's satisfaction that the budget line complies with the Global Fund Grant Regulations and Budgeting Guidelines, including but not limited to, with respect to the latter, Section 1.1 Human Resources (5). This confirmation must be provided to the Global Fund for review by 30 June 2024. Absent such confirmation to the Global Fund's satisfaction, the Grant funds in budget line 14 may be reprogrammed.

*[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**

**T.C.I. Foundation**

By: Mark Eldon-Edington

Name: Mark Eldon-Edington  
Title: Head, Grant Management  
Division  
Date: Mar 29, 2024

By: Munish Chander

Name: Munish Chander  
Title: Head of Organization  
Date: 3/22/2024

**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

Over the last few years, India has shown a remarkable decrease in the incidence of malaria. Despite various challenges of complex geographies and heterogeneous population, India aims to achieve zero indigenous cases by 2027 and Malaria Elimination by 2030. Malaria elimination goal by 2030 is aligned with Global Technical Strategy 2016-2030 (GTS) of World Health Organization (WHO). This is further aligned with Sustainable Development Goals (SDGs) which emphasizes accessibility and equity of health services with the targets to end the epidemics of Malaria by 2030. The Government of India has made a strong commitment to achieve SDGs, including SDG 3: "Good Health and Well-Being", with specific target "end malaria" by 2030.

India has made significant progress in malaria reduction in recent years as reflected in World Malaria Reports 2018, 2019, 2020, 2021 and 2022. Overall, there has been 79.4% decline of malaria cases and 67% deaths in 2022 as compared to 2017.

The key recommendations of National Strategic Plan (NSP) 2023-27 are strengthening of surveillance systems at all levels, universal coverage of vector control measures, real time data reporting through Integrated Health Information Platform (IHIP), implementation of case-based surveillance and foci investigation for interruption of local/indigenous transmission of malaria, monitoring of cases, deaths and outbreaks, intensified malaria control activities in tribal and hard to reach areas, increased focus on training and capacity building.

The selection of geographical areas under grant cycle is based on contribution of cases and deaths, endemicity and mainly focusing on hard-to-reach areas, forest areas, conflict areas and tribal areas for intensified malaria approach. Keeping baseline year 2021 as per NSP (2023-27), 167 districts have been selected from 11 states (Odisha, Jharkhand, Chhattisgarh, Meghalaya, Mizoram, Tripura, Maharashtra, Nagaland, Manipur, Assam, Arunachal Pradesh) covering almost 11.4 crores of population and contributing around 59.8% of malaria cases and 83.3% of deaths across the country.

##### 2. Goals, Strategies and Activities

###### **GOAL**

The goal is to augment the efforts of malaria elimination in 11 project states & districts by 2027 and providing an enabling environment to prevent re-establishment of malaria.

###### **STRATEGIES**

The NSP has laid five key strategic approaches for malaria elimination:

- **Approach 1:** Transforming Malaria surveillance as a core intervention for malaria elimination.

- **Approach 2:** Ensuring universal access to malaria diagnosis and treatment by enhancing and optimizing case management - "testing, treating and tracking".
- **Approach 3:** Ensuring universal access to malaria prevention by enhancing and optimizing vector control.
- **Approach 4:** Accelerating efforts towards elimination and attainment of malaria-free status.
- **Approach 5:** Promoting research and Innovation for malaria elimination and prevention of re-establishment of malaria transmission.

## **ACTIVITIES**

### **1. RSSH: Monitoring & Evaluation System**

#### **(i) Sub-National Malaria Verification**

To encourage states and districts to achieve desired pace towards the elimination targets, NSP 2023-27 is proposing subnational verification for malaria elimination. This will be done to recognize the achievements of the well performing States/UTs/ Districts and motivate the low performing States/UTs/Districts to improve their performance and create healthy competitions to work towards malaria elimination. As per NCVBDC reports, all districts under category zero will be verified for malaria elimination. Before certifying, these districts would be sensitized to strengthen surveillance. The burden of proof of zero cases is with States/UTs/Districts to prove to the National Malaria Elimination Assessment Committee.

In 11 project states, there are 167 districts out of which 33 are in zero, 111 in category 1 and 23 districts in category 2 and 3. Experts nominated by NCVBDC will conduct field visit for verification in 167 districts in phased manner from the year 2024 to 2027 for validation of zero indigenous malaria cases. The experts' team adhering to relevant guidelines developed by NCVBDC will visit districts achieving zero malaria cases to review the documentation, facilities, programmatic aspects, vector surveillance and private sector data etc. for validating the district for malaria elimination. T.C.I. Foundation (PR) through GFATM grant will technically and administratively support the program in subnational malaria verification in phased manner.

#### **(ii) Annual National Review Meetings by NCVBDC (PR-1)**

The national level review of the program will be undertaken by NCVBDC on annual basis. The program team from all the 36 States and Union Territories will present the progress made towards malaria elimination, its sustainability, and issues faced. Through such platform, interstate interactions & learnings would be organized, and Program can also advise for any modifications/suggestions as required along with troubleshooting the issues/challenges. The national review meetings will take place once a year to be organized by T.C.I. Foundation (PR) for effective monitoring of states and mid-course corrections for accelerating malaria elimination.

#### **(iii) Annual Project Review Meetings by T.C.I. Foundation (PR-2)**

The project monitoring, evaluation, project's progress, and review of project staff performance will be conducted by T.C.I. Foundation (PR) on annual basis.

### **2. Vector Control**

#### **(i) Provision of Entomological Kits**

In the last grant, entomological zones in project states were strengthened with dissecting microscopes and entomological kits etc. with the Global Fund grant support. In

continuation to this, in the current grant 2024-27, 33 entomological zones in the project states will be strengthened with the Global Fund grant support by supplying entomological kits for effective entomological surveillance in malaria elimination. These activities will be carried out by the T.C.I. Foundation (PR) who will receive technical support from the NCVBDC.

### **3.RSSH/PP: Human Resources for Health and Quality of Care**

#### **(i) Appointment of 36 Regional Lab Technicians**

To strengthen the human resource of Regional Offices of Health & Family Welfare (RoHFW), 36 Lab Technicians have been approved in the current grant under re-programming. These positions will continue on the payroll of T.C.I. Foundation (PR) during the grant period 2024-27 to implement malaria elimination program in the country in an effective and timely manner.

#### **(ii) Quality Improvement and Capacity Building for Quality of Care**

Trainings would be organized with in-built provision for knowledge and skills update in the light of technical advances and program requirements across all 36 states. Capacity building of health workers knowledge and skills in service delivery with special emphasis on intensifying the control & pre-elimination activities would be critical. Considering the huge training load at various levels across 36 states of the country, T.C.I. Foundation (PR) has developed an online interactive platform in the current grant which will be a continuing activity in the next grant 2024-27 to impart trainings (skill-based trainings of ASHAs would have to be imparted in the conventional way on approval by the Global Fund). In-person trainings of following healthcare workforce cadres have been scoped in the grant period 2024-27, for which the list of participants and trainers will be provided by NCVBDC.

Cadre	Training Type	Number of Participants
Lab Technicians	National	380
Lab Technicians	Regional	2820
Entomologists	National	180
RD/SPO/MO	National	125
Distt. VBD Specialists	State	210

The training of different cadres at the national, regional, and state levels will be conducted by T.C.I. Foundation (PR) as per schedule approved by NCVBDC. The Learning Management System developed by T.C.I. Foundation (PR) in the current grant will also be leveraged for capacity building of cadres of malaria workforce.

#### **(iii) In-Person Capacity Building of ASHAs in 11 Project States to develop them as Trainers/Coordinators**

In GFATM grant cycle 2021-24 training needs assessment (TNA) of the malaria cadre recommended that ASHA need facilitated hybrid training because large percentage of ASHA cadre don't have resources. They need to be provided access to training content at a facilitated training center. Initially, the Global Fund supported 11 states will be covered for ASHAs training to transform them as trainers/coordinators to further facilitate trainings by them in their blocks. There are nearly 2,93,000 ASHAs (as per records available in public domain) in these project states, out of which nearly 60,000 (nearly 21% of total ASHAs) will be identified by State Program Officers (SPOs) in their respective states to get training as trainers/coordinators.

60,000 identified ASHAs will be trained by 12 training instructors to be appointed in the project. Every month training instructor will impart training to nearly 2500 ASHAs (208 ASHAs will be trained by each instructor) at block level.

#### 4. Program Management

It is critical that the program has trained human resource for effective implementation of the policies and guidelines. It is thus critical that the grant implementation in high burden districts is implemented and monitored through a concerted effort of a well-trained and skilled team, that has clear reporting and feedback lines.

(i) National Program Management Unit (NPMU) at NCVBDC (PR-1)

The grant management at the national level will be executed and coordinated by National Centre for Vector Borne Disease Control (NCVBDC). The functioning of NPMU will continue to be supervised directly by the NCVBDC. Ten technical staffs on the payroll of T.C.I. Foundation (PR) will be provisioned to NCVBDC in the grant period 2024-27 for effective coordination and management of malaria elimination activities in India.

(ii) Project Management Unit (PMU) at T.C.I. Foundation (PR-2)

The grant management by T.C.I. Foundation (PR) will be accomplished by Project Management Unit comprising of fourteen positions of technical staff of program, human resource, and accounts. The PMU will work in coordination with NCVBDC for effective implementation of project.

T.C.I. Foundation (PR) will manage recruitment, deployment and training of technical workforce and their mobility/travels for monitoring and technical supervision at national and sub-national levels.

(iii) Procurement

The procurement of desktops, tablets, and printers along with annual maintenance of laptops, microscopes and printers etc. purchased in the current grant and to be procured in the grant cycle 2024-27 will be undertaken by T.C.I. Foundation (PR).

T.C.I. Foundation (PR) will work in coordination with NCVBDC with flexible approach to accommodate and implement additional activities of malaria elimination if given by the program and approved by the Global Fund from time to time during the grant period 2024-27.

#### 3. Target Group/Beneficiaries

Healthcare workforce at National, Regional, State, and District level; Communities at large in India.

Training/Capacity Building:	36 States and Union Territories of India.
Sub-National Malaria Verification:	11 Project States
Vector Control – Entomological Kits:	
Annual National Review Meetings:	
Appointment of Regional Lab Technicians:	18 Regions

#### B. PERFORMANCE FRAMEWORK

Please see attached.

#### C. SUMMARY BUDGET

Please see attached.



<b>Country</b>	India
<b>Grant Name</b>	IND-M-TCIF
<b>Implementation Period</b>	01-Apr-2024 - 31-Mar-2027
<b>Principal Recipient</b>	T.C.I. Foundation

<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	Eliminate malaria (zero indigeneous cases) throughout the country by 2030.
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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
	<b>Comments</b> >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
	<b>Comments</b> >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
	<b>Comments</b>							



3	<p>&gt;Data Source: NCVBDC MIS : [NCVBDC has been mentioned in this modular template as PR1 too]. &gt;Baseline value : The baseline &amp; 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 &gt;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 (&gt;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 0.0002% compared to 2025 and final in 2027 TPR achieved to be 0% compared to 2026.</p>
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### Program Objectives, Outcome Indicators and targets

1	Interrupt indigeneous transmission of Malaria throughout the country, including all high transmission states and union territories (Category 3) by 2027
2	Prevent re-establishment of local transmission of malaria in areas where it has been eliminated

	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
<b>Comments</b> 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
<b>Comments</b> Presently, the data for 2018 has been taken as baseline. Current house hold survey is ongoing and results are awaited. 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
<b>Comments</b> Presently, the data for 2018 has been taken as baseline. Current house hold survey is ongoing and results are awaited. 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
<b>Comments</b> Presently, the data for 2018 has been taken as baseline. Current house hold survey is ongoing and results are awaited. Updated baseline will be included once the household survey results are available.							



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	N: D: P: 100.00%	N: D: P: 100.00%
	<b>Comments</b> Presently, the data for 2018 has been taken as baseline. Current house hold survey is ongoing and results are awaited. Updated baseline will be included once the household survey results are available.					Due Date: 30-Jun-2025

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
			N: D: P: %					
	<b>Comments</b>							

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>RSSH/PP: Human resources for health (HRH) and quality of care</b>												
RSSH/PP: Quality improvement and capacity building for quality of care	Training of 2550 Lab Technicians Trainings at National and Regional level to strengthen the investigation, diagnosis and overall malaria elimination programme.	1110 Lab Technicians to be trained.	0=Not started 1= Started: Less than 50% LTs trained 2=Advanced: Between 50%-75% LTs trained 3=Completed: Above than 75% LTs trained	India			X					
		180 Lab Technicians to be imparted refresher training.	0=Not started 1= Started: Less than 50% LTs trained 2=Advanced: Between 50%-75% LTs trained 3=Completed: Above than 75% LTs trained	India						X		
		375 Lab Technicians to be trained.	0=Not started 1= Started: Less than 50% LTs trained 2=Advanced: Between 50%-75% LTs trained 3=Completed: Above than 75% LTs trained	India				X				
		470 Lab Technicians to be imparted refresher training.	0=Not started 1= Started: Less than 50% LTs trained 2=Advanced: Between 50%-75% LTs trained 3=Completed: Above than 75% LTs trained	India					X			
		80 Lab Technicians to be trained.	0=Not started 1= Started: Less than 50% LTs trained 2=Advanced: Between 50%-75% LTs trained 3=Completed: Above than 75% LTs trained	India	X							
		985 Lab Technicians to be trained.	0=Not started 1= Started: Less than 50% LTs trained 2=Advanced: Between 50%-75% LTs trained 3=Completed: Above than 75% LTs trained	India		X						
<b>Comments</b>												
Activity: Practical in-person training to be imparted to 2550 Lab Technicians at national and regional levels which will get over by end of Y-2. Further, training of 650 LT's has been proposed as refresher training in Y-3 which will get over by Q11 of the grant. Dependency: The activity dependency is upon receipt of list of trainees from states and regions through NCVBDC. Challenges: Delay in receipt of trainees lists, non-availability of training arrangements due to delay in receipt of trainees lists and within budgetary provisions. Mitigation: Prior approval of training calendar and receipt of trainees list to make and book all arrangements of trainings in advance.												
RSSH/PP: Quality improvement and capacity building for quality of care	Training of 460 Health Workforce at National, Regional and State levels to strengthen the malaria elimination programme.	125 Health workforce at national, regional and state levels to be trained.	0=Not started 1=Started: Less than 50% health workforce trained 2=Advanced: Between 50%-75% health workforce trained 3=Completed: Above than 75% health workforce trained	India				X				
		145 Health workforce at national, regional and state levels to be trained.	0=Not started 1=Started: Less than 50% health workforce trained 2=Advanced: Between 50%-75% health workforce trained 3=Completed: Above than 75% health workforce trained	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-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
RSSH/PP: Quality improvement and capacity building for quality of care	Training of 460 Health Workforce at National, Regional and State levels to strengthen the malaria elimination programme.	190 Health workforce at national, regional and state levels to be trained.	0=Not started 1=Started: Less than 50% health workforce trained 2=Advanced: Between 50%-75% health workforce trained 3=Completed: Above than 75% health workforce trained	India			X			
		55 Health workforce at national, regional and state levels to be imparted refresher training.	0=Not started 1=Started: Less than 50% health workforce trained 2=Advanced: Between 50%-75% health workforce trained 3=Completed: Above than 75% health workforce trained	India					X	
<b>Comments</b>										
Activity: Practical and in-person training to be imparted to 460 health workforce comprising of 180 Entomologists, 100 RD/SPO/MO, 180 VBD Specialists at national level which will get over by end of Y-2. Further, training of 25 RD's, SPO's & 30 DVBD's has been proposed as refresher training in Y-3 which will get over by Q10 of the grant Dependency: The activity dependency is upon receipt of list of trainees from states and regions through NCVBDC. Challenges: Delay in receipt of trainees lists, challenges in making cost effective training arrangements due to delay in receipt of trainees lists. Mitigation: Prior approval of training calendar and receipt of trainees list to make and book all arrangements of trainings in advance.										
<b>RSSH: Monitoring and evaluation systems</b>										
Analyses, evaluations, reviews and data use	Sub- National verification (SNV) of Malaria Elimination in 159 districts by the committee constituted by the Government.	25 new districts sub-national verification to be done by the committee constituted by the Government.	0=Not started 1=Started: Less than 50% districts covered for SNV and and verification report available. 2=Advanced: Between 50%-75% districts covered for SNV and and verification report available. 3=Completed: Above than 75% districts covered for SNV and verification report available.	India		X				
		27 new districts sub-national verification to be done by the committee constituted by the Government.	0=Not started 1=Started: Less than 50% districts covered for SNV and verification report available. 2=Advanced: Between 50%-75% districts covered for SNV and verification report available. 3=Completed: Above than 75% districts covered for SNV and verification report available.	India						X
		33 new districts sub-national verification to be done by the committee constituted by the Government.	0=Not started 1=Started: Less than 50% districts covered for SNV 2=Advanced: Between 50%-75% districts covered for SNV and verification report available. 3=Completed: Above than 75% districts covered for SNV and verification report available.	India					X	
			0=Not started 1=Started: Less than 50% districts covered for SNV and verification report available. 2=Advanced: Between 50%-75% districts covered for SNV and verification report available. 3=Completed: Above than 75% districts covered for SNV and verification report available.	India			X	X		
		8 new districts sub-national verification to be done by the committee constituted by the Government.	0=Not started 1=Started: Less than 50% districts covered for SNV and verification report available. 2=Advanced: Between 50%-75% districts covered for SNV and verification report available. 3=Completed: Above than 75% districts covered for SNV and verification report available.	India	X					
<b>Comments</b>										
Activity: Sub-national verification (SNV) of malaria elimination. A team will be travel to each district to reveiw and assess the readiness of the district to achieve elimination . The progress will measured and provided in a report. in 159 districts SNV will be conducted by a committee of experts to be constituted by the NCVBDC. Dependency: The activity dependency is upon constitution of committee by the government. Challenges: Delay in selection and constitution of committee by the government, delay in the orientation training of committee members by NCVBDC, delay in issuance of office orders by the government for verification of districts resultant, challenges in making cost effective logistic arrangements due to delay in issuance of office orders of the government. Mitigation: Prior planning, training of committee members by NCVBDC, and timely issuance of office orders by the government and directions to the concerned states to facilitate the malaria elimination verification of the districts.										
Routine reporting	Procurement and supply of IT equipment (250 tablets, 10 desktops, 2 all in one printers) for better data management	10 desktops, 2 all in one printers and 250 tablets to be procured for use by NCVBDC	0=Not started 1=Started: RFP document completed and published 2=Advanced: Vendor selection process completed 3=Completed: Procurement completed and delivered to NGO SR.	India		X				
		Finalisation of the need / requirement of the National Program	0=Not started 1=Started: Discussions in initial stages 2=Advanced: Discussions in advanced stages 3=Completed: Requirement / need finalised in agreement with GF CT	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-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
<b>Comments</b>										
Activity: Procurement of 10 desktops, 2 all-in-one printers, 250 tablets for its use by national programme at National and block levels respectively. Dependency: The activity depends upon the recruitment of block coordinators by NCVBDC and their requirement of tablets. Also, the final decision from NCVBDC on procurement of Desktops / Printers. Challenges: Delay in recruitment or recruitment in phased manner of block coordinators by NCVBDC; challenges in cost effective procurement in case of immediate purchase orders by NCVBDC. Mitigation: Prior planning and approval of NCVBDC for procurement of tablets for block coordinators.										
<b>Vector control</b>										
Entomological monitoring	Procurement of 102 entomologocal kits to strengthen entomological zones	102 entomological kits to be procured for use in blocks by NCVBDC	0=Not started 1=Started: RFP document completed and published 2=Advanced: Vendor selection process completed 3=Completed: Procurement completed and delivered to entomologists	India		X				
		Finalisation of the requirement in discussion with the National Program	0=Not started 1=Started: Discussions in initial stages 2=Advanced: Discussions in advanced stages 3=Completed: Requirement finalised in agreement with NCVBDC and GF CT	India	X					
<b>Comments</b>										
Activity: Procurement of 102 entomological kits to strengthen the entomologists and insect collectors in the project entomoloziical zones. Dependency: The activity depends upon issuance of list of entomological zones by NCVBDC to supply the entomological kits. Challenges: Delay in receipt of entomological zones and delivery addresses list from NCVBDC. Mitigation: Pre grant approval and receipt of entomological zones and delivery addresses list from NCVBDC.										



<b>Country</b>	India
<b>Grant Name</b>	IND-M-TCIF
<b>Implementation Period</b>	01-Apr-2024 - 31-Mar-2027
<b>Principal Recipient</b>	T.C.I. Foundation

By Module	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Program management	\$409,723	\$298,590	\$298,092	\$1,006,405	21.1 %
RSSH/PP: Human resources for health (HRH) and quality of care	\$864,669	\$1,115,255	\$529,641	\$2,509,565	52.7 %
RSSH/PP: Laboratory systems (including national and peripheral)	\$42,371	\$42,371	\$42,371	\$127,113	2.7 %
RSSH: Monitoring and evaluation systems	\$377,712	\$371,577	\$345,613	\$1,094,903	23.0 %
Vector control	\$21,020			\$21,020	0.4 %
<b>Grand Total</b>	<b>\$1,715,495</b>	<b>\$1,827,794</b>	<b>\$1,215,717</b>	<b>\$4,759,006</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)	\$638,409	\$609,628	\$557,042	\$1,805,079	37.9 %
2.Travel related costs (TRC)	\$923,208	\$1,245,882	\$685,976	\$2,855,066	60.0 %
3.External Professional services (EPS)	\$2,994	\$2,994	\$2,994	\$8,983	0.2 %
5.Health Products - Non-Pharmaceuticals (HPNP)	\$21,020			\$21,020	0.4 %
8.Infrastructure (INF)	\$692	\$498		\$1,190	0.0 %
9.Non-health equipment (NHP)	\$202,264	\$42,371	\$43,284	\$287,919	6.0 %
11.Indirect and Overhead Costs	\$-73,093	\$-73,580	\$-73,580	\$-220,252	-4.6 %
<b>GrandTotal</b>	<b>\$1,715,495</b>	<b>\$1,827,794</b>	<b>\$1,215,717</b>	<b>\$4,759,006</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>\$1,715,495</b>	<b>\$1,827,794</b>	<b>\$1,215,717</b>	<b>\$4,759,006</b>	<b>100.0 %</b>
T.C.I. Foundation	\$1,715,495	\$1,827,794	\$1,215,717	\$4,759,006	100.0 %
<b>Grand Total</b>	<b>\$1,715,495</b>	<b>\$1,827,794</b>	<b>\$1,215,717</b>	<b>\$4,759,006</b>	<b>100.0 %</b>

Source Of Funding	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Approved Funding	\$1,715,495	\$1,827,794	\$1,215,717	\$4,759,006	100.0 %
<b>GrandTotal</b>	<b>\$1,715,495</b>	<b>\$1,827,794</b>	<b>\$1,215,717</b>	<b>\$4,759,006</b>	<b>100.0 %</b>