

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:	Tuberculosis
3.3	Program Title:	Augmenting TB Elimination Response in India (ATERI)
3.4	Grant Name:	IND-T-CTD
3.5	GA Number:	3885
3.6	Grant Funds:	Up to the amount of USD 245,000,000 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. Rajendra P. Joshi Deputy Director General Email: ddgtb@rntcp.org
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 Right of Access. 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 Transition between grants. 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 Global Drug Facility.

(1) Unless otherwise notified by the Global Fund in writing, prior to the use of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs and for each disbursement request that includes funds for the procurement of multi-drug resistant tuberculosis medicines, the Principal Recipient shall submit to the Global Fund and obtain the Global Fund’s written approval of a written confirmation of the price estimate and quantities of the second-line anti-tuberculosis drugs that will be procured by the Principal Recipient from the Global Drug Facility’s procurement agent. The Grantee acknowledges and agrees that all direct

disbursements for second-line anti-tuberculosis drugs under the Grant will be made through the Global Drug Facility.

(2) The Grantee may, under the Program Boundaries, also use part of the allocated total amounts corresponding to the achieved and verified DLIs for the procurement of other Health Products through the Global Drug Facility. Unless otherwise notified by the Global Fund in writing, prior to any request for the Global Fund to directly disburse Grant Funds for procurements of non-SLD Health Products through the Global Drug Facility, the Principal Recipient shall submit to the Global Fund and a written confirmation of the price estimate and quantities of the Health Products that will be procured by the Principal Recipient from the Global Drug Facility's procurement agent.

(3) In the event that the Grantee requests to procure Health Products beyond the scope of Program Boundaries through the Global Drug Facility, the same requirements apply as articulated in 6.4(2) above, and the request remains subject to the Global Fund's written approval. In such instance the Global Fund reserves the right to expand the scope of Program Boundaries .

6.5 Use of Grant Funds. Grant Funds shall be accounted for and used solely for the implementation of the National Strategic Plan in accordance with the provisions of the Global Fund Grant Regulations (2014) and the Global Fund Guidelines for Grant Budgeting (2023, as amended from time to time), to the extent not conflicting with those set forth in this Grant Confirmation.

6.6 Disbursements. Section 3.3(1) of the Global Fund Grant Regulations (2014) shall not apply with respect to this Program and the following provisions shall apply instead:

(1) The first annual funding decision ("AFD") is determined in 2024, covering the budgeted amounts for expected results under the DLIs as set forth in Schedule V of this Grant Agreement for the first year of the Implementation Period. Pre-payment disbursements not exceeding the budgeted amounts for expected results under the DLIs for the procurement of health products through the Global Drug Facility are allowed within the AFD period.

(2) Each following AFD will be determined to cover the budgeted amounts for expected results under the DLIs as set forth in Schedule V of this Grant Agreement for the second and third year, respectively. Pre-payment disbursements not exceeding the budgeted amounts for expected results under the DLIs for the procurement of health products through the Global Drug Facility are allowed within the corresponding AFD period. An adjustment to each AFD may be made by the Global Fund based on the verification and validation of the results of the previous year of the Implementation Period.

(3) Disbursement methodology. Disbursements shall be made pursuant to the disbursement methodology set forth in Schedule IV of this Grant Confirmation (the "Disbursement Methodology").

(4) Disbursement Requests. Notwithstanding the National Strategic Plan budget and the Disbursement Methodology or anything in this Grant Confirmation to the contrary, the timing and amount of any Disbursements shall be determined by the Global Fund at its sole discretion. The Global Fund will not make any Disbursement unless:

(a) the Principal Recipient has submitted to the Global Fund, in form and substance satisfactory to the Global Fund, a request for Disbursement, signed by a duly authorized signatory, at a time acceptable to the Global Fund;

(b) the Global Fund has determined at its sole discretion that funds sufficient to make the Disbursement are available to the Global Fund from its donors for such purpose at the time of the Disbursement;

(c) the Grantee and the Principal Recipient have fulfilled, in form and substance satisfactory to the Global Fund, all requirements for such Disbursement within relevant deadlines;

(d) the Principal Recipient has provided to the Global Fund all the relevant reports that were required prior to the date of the request for Disbursement; and

(e) the Principal Recipient has demonstrated that it has achieved programmatic results consistent with the targets for indicators set forth in Schedule I.

(5) Verification of results. Any Disbursement shall be subject to the achievement of the results that are reported by the Principal Recipient and verified by the Global Fund (or any third party verification agency as approved in writing by the Global Fund) using the methodology described in Schedule V, which may be refined or amended from time to time by the Global Fund in consultation with the Grantee and partners. The Principal Recipient shall support, collaborate and cooperate with third parties and the process through which results are verified.

(6) Catastrophic results. In the event that the results reported by the Principal Recipient are deemed, at the sole discretion of the Global Fund, to be catastrophic, the Global Fund may elect to apply the remedies established in Article 10 of the Global Fund Grant Regulations (2014), or may decide to disburse only a percentage of the achieved results to cover essential service delivery and targeted recovery costs, based on a prompt review of the reasons of the poor results, changes that will be made to the Program, total available Grant Funds for the Program and stocks of Health Products in the Host Country.

(7) Fraud, theft or misuse. If fraud, theft or misuse of public funds is identified and verified in the Grantee's national tuberculosis elimination programme, the Grantee shall be required to repay to the Global Fund an amount equal to the portion of the amount of funds lost to fraud, theft or misuse that is proportional to the Global Fund's contribution to the implementation of the national tuberculosis elimination programme, as applicable.

6.7 Co-mingling. With reference to Section 3.4(1)(d) of the Global Fund Grant Regulations (2014), the Global Fund hereby agrees to the co-mingling of Grant Funds disbursed for the purposes of the Program with other funds.

6.8 Use of interest. Notwithstanding Section 3.4(2) of the Global Fund Grant Regulations (2014), any interest accrued on Grant Funds may be used for Program purposes without the prior written approval of the Global Fund.

6.9 Use of revenue. Notwithstanding Section 3.4(3) of the Global Fund Grant Regulations (2014), any revenues earned by the Principal Recipient or Sub-recipients from any Program Activities may be used for Program purposes without the prior written approval of the Global Fund.

6.10 Gains or losses deriving from Treasury management. The Grantee bears full responsibility for the management of the risk of losses related to treasury management, including, but not restricted to, foreign exchange risk.

6.11 Periodic and ad hoc reports. Section 6.2(1) of the Global Fund Grant Regulations (2014) shall not apply with respect to this Grant Agreement and the following provisions shall apply instead:

(1) The Principal Recipient shall provide to the Global Fund the reports specified in Sections 6.11(2) – 6.13(4) below. In addition, the Principal Recipient shall provide to the Global Fund such other information and reports at such times as the Global Fund may request. From time to time, the Global Fund may provide to the Principal Recipient guidance on the acceptable frequency, form and content of the reports required under this Section. The Principal Recipient shall provide to the CCM a copy of all reports that the Principal Recipient submits to the Global Fund under the Grant Agreement.

(2) No later than 60 calendar days after the end of each Fiscal Year during the Implementation Period, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, an annual report for the preceding year of the Implementation Period, in which the Principal Recipient shall:

(a) show the progress towards the achievement of key performance indicators as set forth in the Performance Framework included in Schedule I, providing relevant information on the reported data and the measurement methods, such as the robustness and reliability of data quality mechanisms, using the Global Fund's Progress Update template;

(b) provide to the Global Fund an Annual Financial Report (“AFR”) for the previous year of the Implementation Period which shall compare the relevant portion of the summary budget set forth in Schedule I of this Grant Agreement, against the Global Fund confirmed amounts under the DLIs achieved and verified as expenditures for the period specified by the Global Fund; and

(c) show the progress towards the fulfilment of any requirements set forth in this Grant Confirmation and any relevant management actions.

(3) For each Fiscal Year during the Implementation Period, the Principal Recipient shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, a report setting out the Grantee’s approved annual budget towards implementation of the National Strategic Plan, within 45 calendar days of the Grantee’s approval of the budget.

(4) Any exception request to Section 6.11 of this Grant Confirmation shall be submitted in writing by the Grantee, and approval of such deviations shall be at the sole discretion of the Global Fund.

6.12 Audits. Sections 7.2, 7.3 and 7.4 of the Global Fund Grant Regulations (2014) shall not apply with respect to this Grant Agreement and the following provisions shall instead apply:

(1) The Program Boundaries are defined as follows: (a) procurement, rental and installation of molecular diagnostic equipment and related consumables (GeneXpert and Truenat cartridges, reagents and/or chips) at central and state level of the Host Country; (b) procurement of second line drugs not procured through the Global Drug Facility; (c) other incentives to support treatment adherence to resistant TB patients as provided under the Direct Benefit Transfer Manual for National Tuberculosis Elimination Programme; (d) procurement of TB Preventive Treatment (TPT) medicines and any other related health products (diagnostic test, x-ray machines) for the program management of TPT and (e) implementation, by the Sub-recipients on behalf of the Principal Recipient, of key Program interventions, including strengthening surveillance (the “Program Boundaries”). Annual

financial audits of the activities (a) to (d) of the Program Boundaries shall be conducted by the Comptroller and Auditor General of India (the "Auditor"), on the basis that:

(a) the periods under audit shall cover each year of the Implementation Period starting on 1 April and ending on 31 March and shall be completed within 9 months after the Fiscal Year end date; and

(b) the financial audit shall cover the expenditures of activities (a) through (d) of the Program Boundaries, independent of the source of funds being provided by the Principal Recipient, governmental stakeholders or the Global Fund.

(2) No later than 30 September 2024, the Grantee shall ensure that the Auditor shall agree with the Global Fund, the terms of reference for the annual audits to be conducted under section 6.14 (1); and no later than 30 June 2025, 2026 and 2027 the Grantee shall communicate and agree with the Global Fund the scope of expenditures to be audited. In the even the Program Boundaries scope is changed, this should be reflected in the corresponding audit period.

(3) No later than 30 September 2025, 2026 and 2027, respectively, or as soon as practicable after publication, the Principal Recipient shall furnish to the Global Fund, the Auditor's entity audit report of the Central Medical Services Society ("CMSS") for the previous Fiscal Year;

(4) No later than 30 September 2025, 2026 and 2027, respectively, the Principal Recipient shall furnish to the Global Fund, the annual audit report for the Program interventions implemented by each Sub-recipient for the previous Fiscal Year;

(5) No later than 30 September 2022, 2023 and 2024, respectively, or as soon as practicable after publication, the Principal Recipient shall furnish to the Global Fund, statutory audit reports and management letters of the State Health Societies related to the State TB cells for [Uttar Pradesh, Maharashtra, Bihar, Rajasthan, Madhya Pradesh, Karnataka and Tamil Nadu] for the previous Fiscal Year;

(6) The cumulative expenditures incurred under the Program Boundaries as confirmed through the annual financial audits conducted by the Auditor, shall not be less than the total cumulative amount disbursed and/or payable under the Grant under the DLIs. In the event that the Grantee's expenditure is less than the amount corresponding to the achieved results under the DLIs, the Global Fund may in its sole discretion reduce any subsequent disbursements by the equivalent shortfall amount (the "Shortfall Amount"), expand the scope of Program Boundaries or request reimbursement by the Grantee of the Shortfall Amount to the Global Fund and the Grantee shall reimburse the Shortfall Amount to the Global Fund within 60 calendar days of the Global Fund's request ; and

(7) In addition to Section 7.6 of the Global Fund Grant Regulations (2014), the Principal Recipient shall ensure that the Office of the Inspector General of the Global Fund will have explicit permission to access the working papers of the Auditor for assurance validation, including the annual audit plan and other relevant internal audit reports.

6.13 Miscellaneous Provisions.

(1) The Grantee acknowledges and agrees that for the duration of the Implementation Period:

(a) All first and second-line anti-tuberculosis drugs procured by the Grantee will be subject to mandatory pre or post shipment quality control testing;

(b) The quality of Health Products will be monitored by the Grantee after distribution of such Health Products. In particular, anti-tuberculosis drugs will be drawn at various levels of the supply chain and tested at an independent laboratory;

(c) The Grantee shall work with the Host Country's states to integrate Primary Health Institutions ("PHI") patient management information recorded in Nikshay with the Nikshay Aushadhi used to track supply chain information for Health Products. It is expected that by 31 March 2027, the integration between both systems will have been achieved and at least 80% of all PHI will use and report inventory-related data through Nikshay Aushadhi.

(d) The Grantee shall exercise its best efforts to transfer government funds for Program Activities in a timely manner from central level to the state treasury and subsequently from the state treasury to the respective TB program divisions in the Host Country.

6.14 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: Mark Eldon-Edington

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: 21/3/24

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

- a. India, with a population approaching 1.4 billion, plays a crucial role in the global fight against Tuberculosis (TB). The country represents over a quarter (28% in 2022) of global TB cases and accounts for 36% of TB-related deaths. Despite these challenges, India has made significant progress in combating TB over the last two decades. This success can be attributed to determined political commitment, a fourfold increase in domestic funding for the National TB Elimination Program (NTEP), decentralization of rapid molecular diagnostics (mWRD) through widespread use of 6197 mWRDs, implementation of innovative strategies such as collaboration with private healthcare providers, extensive utilization of digital technology for surveillance and community engagement, and addressing social determinants of TB including nutritional and travel support paid directly to the beneficiaries through Direct Benefit Transfers (DBT) schemes. The country has disbursed Rs 429 crores in 2022.
- b. Highlighting India's steadfast commitment, the government aims to eliminate TB as a public health problem by 2025 – a target set five years earlier than the UN's Sustainable Development Goal (SDG) 3. This ambitious goal is supported by consistent achievements: Treatment coverage has surged by 58% since 2015, while new TB cases and deaths have decreased by 13% and 15%, respectively, since the same year. In 2022, the private sector reported the highest-ever number of TB cases, totaling 0.73 million. The presumptive TB examination rate saw a remarkable 68% increase from 2021, reaching 1281 per 100,000 population.
- c. Notwithstanding the consistent progress against TB, the burden of incidence and mortality remains formidable. Drug-resistant TB (DR TB) is still a major public health threat. Challenges persist in improving access to care and extending preventive services to marginalized, vulnerable, and economically disadvantaged communities. The weight of the disease's burden, its socioeconomic repercussions, and its impact on the productive population segments impede India's development progress.

2. Payment mechanism

The Grant Cycle 7 (GC7) grant is based on a payment for results model by which disbursement is made on the achievement of milestones agreed in the Results Framework and pursuant to the terms of this Grant Agreement. The program activities include, the:

- a. Procurement of second-line anti-tuberculosis drugs for the treatment of multi-drug resistant tuberculosis.
- b. Scaling up and decentralization of the rapid molecular TB diagnostic capacity.
- c. Scaling up TB preventive treatment (TPT) among eligible risk groups and PLHIV, going beyond household contacts of index cases to reach out to vulnerable populations in the community (including prisoners, miners, slums, tribals, migrant labourers), health care workers, those with clinical risk factor, and also to contacts of patients seeking care in the private sector.
- d. Strengthening TB Surveillance through District Level Annual TB Survey (DLAS) and District Level Sentinel Surveys (DLSS).

3. Goals, Strategies and Activities

- a. **Goal:** To achieve a rapid declining burden of TB morbidity and mortality while working towards elimination of TB in India by 2025
- b. **Strategies:**
 - i. Expanding and strengthening treatment and adherence support for Drug-resistant TB.

- ii. Strengthening laboratory and diagnostic systems to offer highly sensitive TB screening and diagnostic services.
- iii. Improving surveillance, monitoring, and evaluation of the National TB Elimination Program.
- iv. Scaling up TB preventive treatment (TPT) for household contacts.

c. Planned Activities:

- i. Improving treatment outcomes for DR-TB patients by ensuring second-line anti-TB drugs across the country.
- ii. Bringing screening and diagnostic services closer to the communities through the continued scale-up of chest x-ray and rapid molecular diagnostic equipment. Given the diverse geography of India, context-appropriate equipment (i.e., handheld/ultra-portable digital x-rays with CAD/AI and near point-of-care machines) will be increasingly made available for outreach use and at sub-district levels to increase access and improve the quality of and aid in early diagnosis.
- iii. Intensifying efforts for scale-up of DR-TB diagnosis/DST and treatment and improved outcomes. This will include the continued roll-out and strengthening of DST (including using XDR cartridges, LPA). This will be coupled with enhancing medical staff's capacities in DR-TB treatment, including aDSM and scaling up the 6-month regimens (BPaL/BPaLM) for RR/MDR and Pre-XDR TB.
- iv. Strengthening the national TB surveillance mechanisms through district level sentinel and annual surveys to feed into the TB surveillance systems for precise estimation of disease burden at state and district levels and monitor epidemiological impact of the interventions. This will also support close monitoring of the trend in incidence at subnational levels.

4. Target Group/Beneficiaries

The grant will ensure access of services to all sections of populations (all age groups and gender) including vulnerable and at-risk groups such as contacts of TB Patients urban slum populations, homeless population, migrants, construction workers, prison population, labor population, across high and increasing disease prevalence areas.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Schedule II

National Strategic Plan to End Tuberculosis in India 2020-2025

<https://tbcindia.gov.in/showfile.php?lid=3577>

Schedule III

Budgeting and Financial Reporting Special Provisions

1. The Grant Funds are provided to support the National Strategic Plan, and the use of Grant Funds is flexible within the parameters of the Grant Agreement.
2. During implementation, budgetary changes to the National Strategic Plan budget are allowed without prior approval from the Global Fund.
3. As disbursements are solely based on performance, no cash balance reporting will be required.

Schedule IV
Disbursement Methodology

1. The Grant Funds will be disbursed annually or at such other time as the Global Fund shall deem appropriate at its sole discretion.
2. The application of the Disbursement Methodology might result in a reduction of the total amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation, and in consequence in a reduction of the Grant Funds to be disbursed for any subsequent period until the end of the Implementation Period, after the reporting and verification of the programmatic results.
3. The first AFD is determined in 2024, covering the budgeted amounts for expected results under the DLIs as set forth in Schedule V of this Grant Agreement for the first year of the Implementation Period. Pre-payment disbursements not exceeding the budget amounts for expected results under the DLIs for the procurement of health products through the Global Drug Facility are allowed within the AFD period.
4. Each following AFD will be determined to cover the budgeted amounts for expected results under the DLIs as set forth in Schedule V of this Grant Agreement for the second and third year, respectively. Pre-payment disbursements not exceeding the budget amounts for expected results under the DLIs for the procurement of health products through the Global Drug Facility are allowed within the corresponding AFD period. An adjustment to each AFD may be made by the Global Fund based on the verification and validation of the results of the previous year of the Implementation Period.
5. Prior to submitting a Procurement Request Form (“PRF”) to the Global Drug Facility, the Principal Recipient shall, at all times, share with the Global Fund for prior written approval, an annual quantification of Health Products and list of Health Products that will be procured with Grant Funds.
6. Based on verified results, the disbursement amount will be calculated for each indicator based on the Results Framework set forth in Schedule V of this Grant Confirmation.
7. Unless otherwise determined by the Global Fund in its sole discretion, the following formula may be used for calculating the amount to be disbursed, or some other scalable formula, according to the performance of each indicator:
 - If:
 - The indicator rating is equal to or greater than 90%, then the performance for that indicator will be considered as 100% for the reporting period, unless paragraph 8 of this Schedule shall apply,
 - If:
 - The indicator rating is less than 90%, then performance of the indicator will be equal to the indicator rating for the reporting period. For the purpose of DLI2, performance for treatment success rate is calculated as percentage point improvement against the DLI Baseline for year 1 of the Implementation Period and, thereafter, percentage point improvement against achievement in the preceding year for years 2 and 3, respectively, as set out in the Results Framework,

Disbursement for the reporting period, in both cases, will be calculated as:

Disbursement = $\sum_{i=1}^n (\text{budget DLI } i * \text{performance DLI } i)$ – pre-payment already made to the Global Drug Facility (GDF).

8. In cases where the achievement rate of a given indicator is less than 100% in a particular year and greater than 100% in the subsequent year, the Disbursement amount will be determined on a cumulative basis which shall not exceed the cumulative allocated total amount by the end of the reporting year for that DLI as set forth in the Results Framework in Schedule V of this Grant Agreement.
9. Where the pre-payment transferred to the Global Drug Facility is greater than the calculated disbursement amount for a specific period, any payments made in excess of the calculated disbursement amount will be settled in the following order:
 - a. Reduce subsequent pre-payments to the Global Drug Facility; and/or
 - b. Reduce subsequent disbursements to the Principal Recipient; and/or
 - c. Refund by the Global Drug Facility to the Global Fund.
10. The Global Fund has sole discretion to determine the achievement rate for an indicator, and therefore the commensurate disbursement amount (if any) where:
 - a. Results are reported after three months of the expected date for the routine programmatic report. Any exception has to be submitted in writing by the CCM, and approval of such deviations shall be at the discretion of the Global Fund;
 - b. Fraudulent reporting is suspected and/or identified. The Global Fund also reserves the right to conduct a data quality audit/additional data quality review at any stage, including after expiration of the Implementation Period; and/or
 - c. The Global Fund has determined non-compliance to open access to data.

Schedule V

Independent Data Quality and Quality of Care Review

1. Disbursement Linked Indicators

a. The following Disbursement Linked Indicators shall apply:

Results Framework						
DLI	DLI Baseline	DLI Targets			Total 3 years budgeted amounts	Comment
		Year 1	Year 2	Year 3		
DLI 1: Number of patients with RR-TB and/or MDR-TB that began second-line treatment	51,444	56,585	59,414	56,444		<p>Data source: National case-based TB reporting system, Nikshay.</p> <p>Measurement: Number of people with bacteriologically confirmed RR-TB and/or MDR-TB notified and started on second-line treatment regimen during reporting period.</p> <p>Targets for DLI 1 may be subject to adjustments based on data quality exercise during the grant period.</p>
Allocated total amount DLI 1		US\$ 20,429,844	US\$ 26,888,513	US\$ 22,754,530	US\$ 70,072,887	
DLI 2: Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated	69%	71%	72%	75%		<p>Data source: National case-based TB reporting system, Nikshay.</p> <p>Measurement: Percentage of cases with RR and/or MDR-TB successfully treated during reporting period. This refers to percentage of RR/MDR-TB patients with successful treatment</p>

						outcome reported for cohort of RR and/or MDR-TB patients (longer regimen) who are registered two years prior to reporting period and cohort of RR and/or MDR-TB patients (shorter regimen) who are registered one year prior to reporting period. Treatment regimens include, but are not limited to, the current long- and short-term regimens to treat RR/MDR-TB. Any regimens approved in the future and used in treating RR and/or MDR-TB during grant period may also be included in measuring the achievement of this indicator.
Allocated total amount DLI 2		US\$10,277,519	US\$10,791,349	US\$10,251,909	US\$ 31,320,777	
DLI 3: Number of rapid molecular tests done to diagnose TB during reporting period	5,848,869	6,025,950	7,099,680	7,166,880		Data Source: National case-based TB reporting system, Nikshay and NAAT indicators report Measurement: Number of molecular tests done for diagnosing DS-TB and/or DR-TB
Allocated total amount DLI 3		US\$ 30,998,634	US\$ 36,522,105	US\$ 36,867,795	US\$ 104,388,534	

DLI4: TBP-1 Number of people in contact with TB patients who began preventive therapy	1,181,396	1,358,605	1,494,466	1,643,913		<p>Data Source: National case-based TB reporting system, Nikshay and contact tracing registers</p> <p>Measurement: Number of people in contact with TB patients (such as household contacts) who began TB preventive treatment during reporting period</p>
Allocated total amount DLI 4		US\$ 16,857,070	US\$ 10,647,966	US\$ 11,712,766	US\$ 39,217,802	
DLI Total Allocated Amounts		US\$78,563,067	US\$84,849,933	US\$81,587,000	US\$245,000,000	

b. In addition to reporting on the DLIs stated above, the Principal Recipient shall report to the Global Fund on the impact, outcome and coverage indicators included in the Performance Framework:

Performance against these indicators will not affect disbursement.

2. Programmatic reporting of results

- a. The Principal Recipient shall report results within 60 calendar days of the end of the reporting period (by 30 May 2025, 2026, and 2027, respectively, for results of the 12-month prior period from 1 April to 31 March (inclusive)), except when the Performance Framework set forth in Schedule I states otherwise.
- b. The Principal Recipient will be requested to provide a qualitative annual progress report with analysis of the robustness and reliability of data quality mechanisms, program challenges and successes by 30 May 2025, 2026, and 2027, respectively, of the 12-month prior period from 1 April to 31 March (inclusive).
- c. The Principal Recipient shall conduct a mid-term program review during the period from 1 April 2024 to 30 June 2025 (inclusive), with the Grantee and partners to discuss program progress and propose adjustments to the National Strategic Plan or annual work plans as needed.
- d. During the annual review of results, based on new epidemiological data, World Health Organization (“WHO”) updated estimations, new WHO guidelines and/or other predefined National Strategic Plan costing scenarios, the Principal Recipient and the Global Fund may, on an exceptional basis, agree to revise targets upwards or downwards.

3. Verification of results and data quality

The following mechanisms and actions will be included in the Grant Agreement and/or as management actions to verify results and ensure data quality:

- a. Results will be reported by no later than 60 calendar days after the end of the reporting period (by 30 May 2025, 2026, and 2027, respectively, for results of the 12-month prior period from 1 April to 31 March (inclusive)), except when the Performance Framework set forth in Schedule I states otherwise.
- b. The protocol for verification used under the previous implementation period (Grant Cycle 6 (GC6) which extended from 1 March 2021 to 31 March 2024) grant will be reviewed and updated as necessary by the Global Fund in consultation with the Grantee (the “Protocol”).
- c. Following data verification, a verification factor (“VF”) will be calculated for each DLI using verified results divided by reported result. If the VF is between 90% and 110%, i.e. $90\% \leq VF \leq 110\%$, no adjustment will be made to the agreed disbursement amount as stated above. If the VF is larger than 110% or smaller than 90%, (e.g. > 10% total discrepancy at health facility levels compared to central level reported results), the Global Fund reserves the right to purposively set the percentage of achievement of that particular indicator.
- d. If fraudulent reporting is suspected and/or identified, then the Global Fund reserves the right to conduct a data quality audit and/or additional data quality review which may delay disbursement of funds and may purposively set the percentage of achievement of that particular indicator.
- e. Unless otherwise agreed by the Global Fund, no adjustment to the reported results will be permitted for under-reporting by the national surveillance systems after data are verified.
- f. LFA verification shall include: (i) the verification of advances/payments executed by the Grantee to the CMSS for procurements falling under activities (a) through (d) of the Program Boundaries. The verification would be carried out at Grantee level by checking the supporting documents and entry in the Government’s central accounting (PFMS) system; and (ii) verification at CMSS related to the process of placing the purchase orders (procurement process) as well as delivery of goods and payments to suppliers from the documents available at CMSS.

Country	India
Grant Name	IND-T-CTD
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-Apr-2025	01-Apr-2026
	End Date	31-Mar-2025	31-Mar-2026	31-Mar-2027
	PU includes DR?	Yes	Yes	Yes

Program Goals, Impact Indicators and targets

1	To achieve a rapid decline in burden of TB, morbidity and mortality to achieve the Sustainable Development Goals of 80% reduction in incidence and 90% reduction in deaths by 2025; five years earlier of the global targets.
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	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1	TB I-2 TB incidence rate per 100,000 population	India	N: 196.0000 D: P: %	2022 Annual TB report 2023 - India; in-country model		N: 180.6100 D: P: % Due Date: 30-May-2025	N: 162.5500 D: P: % Due Date: 30-May-2026	N: 138.0000 D: P: % Due Date: 30-May-2027
	Comments Baseline incidence rate of 196 per 100,000 population in 2022 by in-country model was used with a projection of 3%, 5%, 10% and 15% decrease in incidence rate as a result of intensified case finding activities, scale-up of TPT, improved coverage and access of rapid molecular diagnostics through >6000 sites and plan of introduction of the vaccine in programmatic research mode in 2023-2024 and scale-up in 2025-2026 based on the results of research mode. This will result in incidence rate of 180, 162 and 138 over 3 years 2024, 2025 and 2026. The projected population is based on the program data using census and population projection figures.							
2	TB I-3 TB mortality rate per 100,000 population	India	N: 23.0000 D: P: %	2022 Annual TB report 2023 - India; in-country model		N: 22.0000 D: P: % Due Date: 30-May-2025	N: 21.0000 D: P: % Due Date: 30-May-2026	N: 20.0000 D: P: % Due Date: 30-May-2027
	Comments Baseline from in-country model (TB India 2023 page 13) for 2021 and 2022 and figures have been calculated based on the assumption of annual decrease in mortality rate. It is assumed that the mortality rate will decrease by 2%, 3%, 4% and 5% during 2023 to 2026 based on early diagnosis and early treatment with intensified case finding activities, scale of TPT, improved coverage with rapid molecular diagnostics for presumptive TB, introduction of the vaccine in programmatic research mode in 2023-2024, scale up in 2025-2026 if successful, scale up of TPT.							
3	TB I-4 RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB patients with RR-TB and/or MDR-TB	India	N: D: P: 2.50%	2022 Global TB Report 2023		N: D: P: 2.29% Due Date: 30-May-2025	N: D: P: 2.19% Due Date: 30-May-2026	N: D: P: 2.08% Due Date: 30-May-2027
	Comments Baseline of 2.5 is for 2021 from Global TB report and assumed to remain the same up to 2023. It is assumed that there will be annual decrease of 4.5% in 2024 and 2025 and 5% in 2026 in the proportion of MDR / RR TB patients among incident cases with improved bacteriologically confirmation of people with TB, improved case detection activity of DRTB with decentralized availability of rapid molecular diagnostics, improved treatment coverage with shorter regimen, improved treatment outcomes and extended support to DRTB patients through community engagement.							

Program Objectives, Outcome Indicators and targets

1	Build, strengthen and sustain enabling policies, empowered institutions, multi-sectoral collaborations, engaged communities, and human resources with enhanced capacities to create a supportive ecosystem which accelerates PREVENT – DETECT – TREAT pillars to END TB.
2	Prevent the emergence of TB in vulnerable populations.
3	Early identification of presumptive TB, at the first point of contact (private or public sectors), and prompt diagnosis using high sensitivity diagnostic tests to provide universal access to quality TB diagnosis including drug resistant TB in the country.

4 Initiate and sustain, equitable access to free high quality TB treatment, care and support services responsive to the community needs thereby protecting the population especially the poor and vulnerable from TB related morbidity and mortality.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2024	2025	2026
1	TB O-5 TB treatment coverage: Percentage of patients with new and relapse TB that were notified and treated among the estimated number of incident TB in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed)	India	N: D: P: 79.00%	2022 Program data and in-country projections	Gender, Age	N: D: P: 90.00%	N: D: P: 92.00%	N: D: P: 94.00%
Comments						Due Date: 30-May-2025	Due Date: 30-May-2026	Due Date: 30-May-2027
Program plans to further improve treatment coverage of 90%, 92% and 94% during the three years with intensive case finding activities, scale up of TPT screening household contacts for TB more intensely and further decentralized availability of rapid molecular diagnostics and engagement of Health and Family wellness centres.								
2	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse	India	N: D: P: 87.00%	2022 Global TB Report 2023		N: D: P: 87.00%	N: D: P: 88.00%	N: D: P: 90.00%
Comments						Due Date: 30-May-2025	Due Date: 30-May-2026	Due Date: 30-May-2027
Country monitors all patients initiated on treatment - new and re-current; and assumes to improve the treatment success rate to >90% by the end of 2026 with community engagement, patient support scale-up and improved counselling skills to person supporting the patients who are on treatment.								

Coverage indicators and targets										01-Apr-2024 31-Mar-2025	01-Apr-2025 31-Mar-2026	01-Apr-2026 31-Mar-2027
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				
TB diagnosis, treatment and care												
3	DLI 3: Number of rapid molecular tests done to diagnose TB during reporting period	Country: India; Coverage: Geographic National, 100% of national program target	N: 5848869 D: P: %	2022 Annual TB Report 2023 - India		Yes		No	N: 6025950 D: P: %	N: 7099680 D: P: %	N: 7166880 D: P: %	
Comments												
Custom Indicator DLI 3:- This indicator is chosen as DLI to monitor the investment in country's diagnosis capacity. From the baseline of 5.8 million in 2022, country has expanded its rapid molecular diagnostic sites to >6000 and thus expects to have annual increase of 3%. With projected addition of 1000 Truenat machines for further decentralization, an increase of 17% is expected in 2025, and 1% annual increase, assuming saturation, in 2026. These targets include tests performed by 1684 CBNAAT machines and (Y1: 4513, Y2: 4513, Y3: 5513) Truenat machines available during three years. Detailed calculations based on the number of machines, number of rounds and operation aspects are available in separate excel file for further reference. Data Source: Nikshay NTEP system. Numerator: Number of rapid molecular test done for diagnosis TB/DRTB; Disaggregation data: Presumptive TB (at diagnosis) and Others. Results reporting period is April to March.												
5	TBDT-1 Number of patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB	Country: India; Coverage: Geographic National, 100% of national program target	N: 2255641 D: P: %	2022 Program data (Nikshay)	HIV status, Gender, TB case definition, Age	Yes		No	N: 2368386 D: P: %	N: 2216868 D: P: %	N: 1958836 D: P: %	
Comments												
Program plans to further improve the treatment coverage of 90%, 92% and 94% during the three years with intensified case finding activities, scale up of TPT screening household contacts for TB more intensely and further decentralized availability of rapid molecular diagnostics and engagement of Health and Family wellness centres. Targets are aligned with NSP. Results reporting period is January to December.												
6	TBDT-2 Treatment success rate- all forms: Percentage of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patients notified during a specified period; *includes only those with new and relapse TB	Country: India; Coverage: Geographic National, 100% of national program target	N: 1676339 D: 1966775 P: 85.23%	2022 Annual TB Report 2023 - India	HIV status, Gender, Age	Yes		No	N: D: P: 87.00%	N: D: P: 88.00%	N: D: P: 90.00%	
Comments												

Coverage indicators and targets									01-Apr-2024 31-Mar-2025	01-Apr-2025 31-Mar-2026	01-Apr-2026 31-Mar-2027
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			
6	National program monitors all patients initiated on treatment new and relapse, and assumes to improve the treatment success rate to >90% by the end of 2026 with community engagement, patient support scale-up and improved counselling skills to person supporting the patients who are on treatment. Targets are aligned with NSP. Cohorts being reported include patients who were put on treatment one year prior. Results reporting period is January to December.										
7	TBDT-4 Percentage of new and relapse TB patients tested using WHO recommended rapid diagnostic tests at the time of diagnosis	Country: India; Coverage: Geographic National, 100% of national program target	N: D: P: 33.00%	2022 Global TB Report 2023	Provider type	Yes		No	N: D: P: 36.00%	N: D: P: 38.00%	N: D: P: 40.00%
	Comments Baseline is as per the Global TB report 2023. With expansion of the rapid molecular diagnostics and program policy to move towards testing of presumptive TB with rapid molecular diagnostic tests, targets have been projected with an increase of 10%, 15% and 20% increase related to 2022 during grant period of 3 years. A custom indicator has been proposed for DLI 3: Number of rapid molecular diagnostic tests done for TB. Disaggregation data by provider type is not monitored. Results reporting period is January to December.										
Drug-resistant (DR)-TB diagnosis, treatment and care											
1	DLI 1: Number of people with confirmed with RR-TB and/or MDR-TB that began second-line treatment	Country: India; Coverage: Geographic National, 100% of national program target	N: 51441 D: P: %	2022 Program data (Nikshay)		Yes		No	N: 56585 D: P: %	N: 59414 D: P: %	N: 56444 D: P: %
	Comments Custom Indicator :DLI 1. Number of people with bacteriologically confirmed RR-TB and/or MDR-TB notified and started on second-line treatment regimen during reporting period (this is the same definition of the numerator of DRTB-3 in the GF TB indicator guidance sheet). Baseline number is from national program after data verification by the LFA in collaboration with the PR. The number of patients on second line treatment is projected to have annual increase of 10% in Y1, 5% in Y2 and decrease of 5% in Y3 assuming that there will be reduction in the RR/MDRTB prevalence. Proportion initiated on treatment among notified is planned to be 88.4%, 88.5% and 88.7% over three years. Results reporting period for is April to March.										
2	DLI 2 Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated	Country: India; Coverage: Geographic National, 100% of national program target	N: D: P: 69.00%	2022 Global TB Report 2023		Yes		No	N: D: P: 71.00%	N: D: P: 72.00%	N: D: P: 75.00%
	Comments Custom Indicator DLI 2: Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated. This indicator aligns with DRTB-9 in the GF TB indicator guidance sheet. The baseline treatment success rate is for the cohort of patients initiated on treatment in 2020-21 reported after 2 years. With improved diagnostic technology with wider coverage helps in early diagnosis, early treatment initiation, national program's plan to improve the coverage of the shorter all oral regimen from baseline of 53% to 90% including Bedaquiline containing regimen, longer regimen will be only for the selected patients in whom shorter regimen cannot be provided. This will help in improving adherence and having higher chances of treatment success, and hence the treatment success rate is expected to improve. For the reporting period of the grant, the cohort will be from patients started treatment in 2021, 2022 and 2023 respectively, i.e. two years prior to reporting, and hence the improvement in success rate has been kept moderate. Source: Nikshay DRTB module; Numerator: Number of RR and/or MDR-TB patients with successful treatment outcome reported for cohort of RR and/or MDR-TB patients (longer regimen) who are registered 2 years prior to reporting period and cohort of RR and/or MDR-TB patients (shorter regimen) who are registered 1 year prior to reporting period. Denominator: Number of RR and/or MDR-TB patients initiated on treatment during the same cohort. Results reporting period is April to March.										
8	DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified	Country: India; Coverage: Geographic National, 100% of national program target	N: 58103 D: P: %	2022 Program data (Nikshay)	HIV status,Gender,Age	Yes		No	N: 63982 D: P: %	N: 67141 D: P: %	N: 63647 D: P: %
	Comments National program plans to improve the treatment coverage from baseline to 65%, 78% and 90% over three years based on estimated RR/DR-TB incidences of 98434, 86078, and 70718. This will be done by improving diagnostics with rapid molecular diagnostics with further decentralization with >6000 sites and improved case-based web-based monitoring of the TB patients. Disaggregation data is partially available. Results reporting period is January to December.										
TB/DR-TB Prevention											
4	DLI 4: Number of people in contact with TB patients who began preventive therapy	Country: India; Coverage: Geographic National, 100% of national program target	N: 1181396 D: P: %	2022 Annual TB Report 2023 - India		Yes		No	N: 1358605 D: P: %	N: 1494466 D: P: %	N: 1643913 D: P: %
	Comments Custom Indicator DLI 4: This indicator aligns with coverage indicator TBP-1, Number of people in contact with TB patients who began preventive therapy. In 2022, the number of person in contact of TB patients initiated on TPT was 1,181,316. These are primarily eligible household contacts (HHCs) of index pulmonary TB cases initiated TPT during reporting period. The national TB program plans to further scale up the program with 10% increase in Y1 as compared to baseline year of 2022 and then annual 5% increase for Y2 and Y3. For data verification of this DLI, because of continued improvement for this module in Nikshay, the LFA will be verifying that at least 40% of the total eligible HHCs who initiated TPT during the reporting period are entered in Nikshay in Year 1 based on the result being reported, and 60% in Year 2. This will be done at the central level by comparing contacts registers to Nikshay entries. For Year 3, the CT will collaborate with CTD to review the data verification protocol and make necessary adjustments based on the progress of integration of the TPT module into Nikshay. Verification may include reviewing household contacts registers of index TB patients at selected states/districts/facilities to ensure information is accurately recorded. Results reporting period is April to March.										

Workplan Tracking Measures				
Intervention	Key Activity	Milestones	Criteria for Completion	Country
Comments				

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

By Module	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Payment for results	\$78,563,067	\$166,436,933	\$245,000,000	100.0 %
Grand Total	\$78,563,067	\$166,436,933	\$245,000,000	100.0 %

By Cost Grouping	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
13.Payment for Results	\$78,563,067	\$166,436,933	\$245,000,000	100.0 %
GrandTotal	\$78,563,067	\$166,436,933	\$245,000,000	100.0 %

By Recipients	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
LI	\$76,876,605	\$158,343,942	\$235,220,547	96.0 %
Central TB Division	\$76,876,605	\$158,343,942	\$235,220,547	96.0 %
SR	\$1,686,462	\$8,092,991	\$9,779,453	4.0 %
SR-1	\$1,686,462	\$8,092,991	\$9,779,453	4.0 %
Grand Total	\$78,563,067	\$166,436,933	\$245,000,000	100.0 %

Source Of Funding	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Approved Funding	\$78,563,067	\$166,436,933	\$245,000,000	100.0 %
GrandTotal	\$78,563,067	\$166,436,933	\$245,000,000	100.0 %