

### Grant Confirmation

1. This **Grant Confirmation** is made and entered into by (i) **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and (ii) **Plan International (India Chapter)** (the "Principal Recipient" or the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 24 January 2019, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.
  
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 (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
  
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of India
3.2	Disease Component:	HIV/AIDS, Tuberculosis
3.3	Program Title:	Ahana Phase III on Elimination of Mother to Child Transmission of HIV by 2024 and Supply Chain Management System Strengthening Project for HIV/AIDS and TB products
3.4	Grant Name:	IND-C-PLAN
3.5	GA Number:	2035
3.6	Grant Funds:	Up to the amount of USD 18,659,908 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (inclusive)
3.8	Principal Recipient:	Plan International (India Chapter) Plot No. 1, Community Centre Zamrudpur, Kailash Colony Extension, 110048 New Delhi Republic of India

		<p>Attention: Mr. Mohammed Asif Executive Director</p> <p>Telephone: +91 1146558425 Facsimile: +91 1146558443 Email: <a href="mailto:mohammed.asif@planindia.org">mohammed.asif@planindia.org</a></p>
3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	<p>Price Waterhouse Chartered Accountants LLP (PWCALLP) Building 8, 8th Floor, Tower-B, DLF Cyber City 122002 Gurgaon, Haryana Republic of India</p> <p>Attention: Heman Sabharwal Team Leader</p> <p>Telephone: +91 1244620148 Facsimile: +91 1244620620 Email: <a href="mailto:heman.sabharwal@in.pwc.com">heman.sabharwal@in.pwc.com</a></p>
3.11	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention: Urban Weber Department Head Grant Management Division</p> <p>Telephone: +41 587911700 Facsimile: +41 445806820 Email: <a href="mailto:urban.weber@theglobalfund.org">urban.weber@theglobalfund.org</a></p>

4. **Policies.** The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

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

#### 5.1 Personal Data

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

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

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

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

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles: (a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and (b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

5.2 The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement (“Previously Disbursed Grant Funds”), as well as additional Grant Funds up to the amount set forth in Section 3.6 hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

*[Signature Page Follows.]*

IN WITNESS WHEREOF, the Global Fund and the Grantee have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS,  
Tuberculosis and Malaria

Plan International (India Chapter)

By: MA. Eldon Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Apr 15, 2021

By: Md Asif

Name: Mohammed Asif

Title: Executive Director

Date: 22nd March, 2021

Acknowledged by

By: 

Name: Rajesh Bhushan

Title: Chair, Country Coordinating Mechanism of Republic of India

Date: 09/04/2021

By: Shyamala Nataraj

Name: Shyamala Nataraj

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

Date: 06/04/2021

## Schedule I Integrated Grant Description

### A. PROGRAM DESCRIPTION

#### 1.1 Supply Chain Management Strengthening Project for HIV/AIDS and Tuberculosis (TB) in India (Project SCMSP)

The project SCMSP will work closely with the National AIDS Control Program (NACP) and National Tuberculosis Elimination Program (NTEP) at all levels – national, state, district and sub districts. The project will work in PAN India with National AIDS Control Organisation (NACO), Central TB Division (CTD), State AIDS Control Society (SACS), State Drugs Store (SDS), Districts Drugs Store (DDS), TB Unit, ARTC and ICTCs. NACO and CTD supply chain managements are under rising pressure to operate efficiently to increase the impact of program outcome. With large-scale investments in programs, a widening portfolio and volume of products under various vertical programs and expansion of services to extended population and facilities, supply chains must be flexible and responsive in this changing environment. Simultaneously, donors and policymakers look for accountability from each link in the supply chain and improvements that can be sustained and transitioned without indefinite funding.

The primary objective of the SCM Strengthening Project is to deliver the HIV Testing Kits, ARV and TB Drugs under NACP and NTEP effectively, efficiently, and sustainably. The SCM Strengthening Project would integrate and optimize (when relevant) the available resources for NACP and NTEP commodities to create an agile supply system. The project would continuously support to improve the supply chain system through learning, innovation and leveraging synergies with each other (including the private sector). The aforesaid definition and intention make it clear that integration should be pursued only if it acts as a means to achieving the main objectives of both programs supply chain, rather than pursuing integration as an objective in and of itself.

##### 1.1.1 Goals and Objectives

The following objectives would continue to strengthen systems at national and state level to ensure the availability of quality products through integration and segmentation.

**Objective 1:** To provide third party logistics services (3PL) for transportation and distribution of all commodities centrally procured by NTEP and NACP through integration and segmentation of products.

**Objective 2:** To provide technical assistance at national and state level through advocacy for effective, efficient and sustainable supply chain management system.

**Objective 3:** To support NACO, CTD and implementing partners to strengthen the electronic Logistics Management Information System (eLMIS) for real time data visibility for informed decision.

#### 1.2 AHANA: Elimination of Mother to Child Transmission of HIV by 2024

Both SAATHII (IND-H-SAATHII) and Plan International (India Chapter) will work on all four prongs of the EMTCT program, covering pregnant women registered for antenatal care (ANC) in public and private health facilities, lactating mothers identified as HIV positive and HIV exposed infants born to HIV Positive mothers (0 to 18 months); other older children identified as HIV positive, partners and spouses of HIV positive pregnant women, adolescent girls and young women in their reproductive age.

The division of States between Plan International (India Chapter) and SAATHII has been done keeping in mind the following criteria:

- Differential health infrastructure and public health systems in States. The Southern states such as Kerala, Tamil Nadu and Karnataka have better public health infrastructure, improved ANC coverage and outreach compared to northern and North Eastern states of India such as Uttar Pradesh (UP), Jharkhand, Chhattisgarh, Bihar, Odisha and Assam
- Pregnancy load is higher in States of UP Uttar Pradesh (UP), Jharkhand, Chhattisgarh, Bihar, Odisha and Assam

- Average cost of implementation in eight north eastern States is three to four times higher than in mainland India
- Presence in those States and working relationship with State governments, SACS and other private and NGOs working in RMNCH+A or related field

**Plan International (India Chapter)** implemented phase-II of Project Ahana - Improving Access to PPTCT in Public Sector and Private Sector as Principal Recipient (PR) under Global Fund NFM grant for the period January, 2018 to March, 2021 in 357 districts of 14 states. Phase-I of Ahana project was successfully implemented in 218 districts of 9 states during October, 2015 to December, 2017. The project has ensured a considerable increase in HIV testing among pregnant women from 36% during 2016-17 to 64% during 2018-19 and 72% during 2019-20, with more than 93% identified HIV positive PW linked with ART, 91% infants receiving EID within 2 months and more than 90% spouses and partners receiving HIV testing as part of the GF agreed core indicators during 2019-20. The project is being currently implemented in 357 Districts of Assam, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Odisha, Uttar Pradesh, Meghalaya, Sikkim, Manipur, Mizoram, Nagaland, Tripura and Arunachal Pradesh with annual estimated pregnancy load of 15.5 million (54% of India's total pregnancy)

### 1.2.1 Objectives

- Towards attaining universal access, facilitate expansion of HIV testing at VHND and Urban Health Facilities by building capacities of peripheral health workers.
- To ensure effective convergence of HIV testing- Treatment and Care and support services for HIV positive pregnant women and HIV exposed babies till 18 months
- To develop a convergent and resilient data management system through continuous monitoring and mentoring of the facilities for quality programme delivery and bring them at 'level ready' for country EMTCT data validation

## 2 Program Strategy

### 2.1 Supply Chain Management Strengthening Project for HIV/AIDS and Tuberculosis (TB) in India (Project SCMSP)

Plan International (India Chapter) will obtain third party logistics services (3PL) leveraging the private sector engagement taking advantage of current project for timely delivery of all products to facilities through various mode of transportation including cold chain products like HIV/RPR Kits maintaining appropriate temperature between +2°C and +8°C throughout the distribution. To optimize the resources on the project, PR will continue to replicate the various model of SCM Project NACO 2018-2021 project for better management of distribution of cold and non-cold chain commodities across the country. These models will be hired for smooth transportation system including the emergency relocation between facilities and inter states to avoid stock out expiries.

The project will provide the transportation services through above models and mechanism for all commodities under NACP and NTEP except condoms and blood bags. The Project will cover 17 (46%) selected states (46%) for distribution of TB Drugs from state to district and 100% coverage from DDS to TU.

The proposed SCM system strengthening project will streamline the distribution power and scale in the distribution across the country. The mode and capacity of transportation will be defined based on two important components i.e.

- a. Integration of vertical programs of NACO and CTD to optimize the resources; and
- b. Segmentation of products for cold chain and non-cold chain products.

The project will design the integration of the vertical programmes at SACS level to ensure agile, responsive and cost-effective supply chain management which will improve the delivery system to all facilities.

## **2.2 AHANA: Elimination of Mother to Child Transmission of HIV by 2024**

Plan International (India Chapter) will implement the EMTCT program in 13 States, reaching an annual estimated pregnancy load: 1,366,850. This will help reach an estimated 7,180 positive pregnant women.

Project Ahana Phase III, Plan International (India Chapter)'s work is designed on the differential approach namely:

- a. saturate the districts where the HIV testing coverage is low
- b. consolidate the efforts where substantial work has been undertaken and coverage is good irrespective of burden
- c. sustain the efforts through community groups, where all HIV positive pregnant women have been identified and are being followed up.

Advocacy to converge FP activity into EMTCT agenda and linkage of PPW with FP services will also be undertaken (prong 2). HIV testing will be expanded at SC and VHND, consolidate and sustain till PHC through ANMs and private health facilities providing ANC will be engaged.

Efforts will be made to ensure a 'single window' to facilitate timely delivery of PPTCT cascade of services. Community based groups (Sahayogini Support groups) will be trained to mentor 'single window model' to facilitate delivery of PPTCT cascade of service.

## **3 Program Activities**

### **3.1 Supply Chain Management Strengthening**

#### **Activity 1: Hiring of Third-Party Logistics (3PL) Services for distribution of all commodities centrally procured by NACO and CTD till districts and sub districts level of health facilities**

Plan International (India Chapter) will obtain the transportation services through a 3PL model that will take advantage of timely delivery to improve services and reduce the supply chain operation costs. The project will pool the distribution power and scale in the distribution across the country for all commodities under NACP (except condoms and blood bags\*) and NTEP. \*These components and commodities will be supported only in case of emergency relocation. The model selected above for the next phase would be also used for the emergency relocation within facility in many states which will reduce the supply chain costing.

- Development of bidding documents including all commercial terms and conditions for hiring of 3PL service provider/providers
- Procurement process for hiring of services
- PR will process the best procurement practices as per organizational policy/guidelines to ensure the transparency in hiring of 3PL services and value for money
- Award of contract to selected 3PL service provider/providers
- PR will develop the contractual agreement including all technical terms of reference for transportation/distribution and geographical coverage through 3PL services. The contract will have all monitoring and evaluation parameter for performance management of 3PL services
- Management of 3PL operation across the country on compliance, distribution, payment and documentation
- The project will manage the contractual agreement and distribution of all products agreed with NACO and CTD effectively and efficiently
- Segregation of all centrally procured commodities based on type of products like cold chain and non-cold chain including storage requirement and type of recipient facility
- Implementation of SOP guidelines on interval of distribution specified tier wise for integration of commodities for planned distribution
- Mapping of all the recipient health facilities. The Project will map all the facilities of SACS for integration of distribution, routing and optimization of the resources available and for better efficiency on the project
- Develop route plans based on the mapping of facilities
- The project will use an application which will be developed under the current project for better optimization of resources and monitoring of transportation during transit

- The Project will monitor the performance of 3PL service provider to improve the services and understand the costing of supply chain under the project which will help NACO and CTD for transition planning

**Activity 2: Technical support to SACS to develop layout of the current warehouse/storage space and organizing the stock as per standard guidelines under SOP (NACO only)**

- Technical support to SACS to organize the storage maintaining the standard guidelines as per SOP for better management of FEFO
- Provide support to SACS through project to outsource the storage space under 3PL services for better management of stock
- Technical support to NACO/SACS to develop a sustainable transportation mechanism through transition
- Provide support to SACS for developing bidding documents for hiring of 3PL services leveraging the private sector
- Technical support to NACO/SACS in implementation of validated SOPs developed under the current SCM Project for strengthening of system.
- Provide handholding support to SACS and SDPs to implement the SOPs for all commodities under NACP and NTEP

**Activity 3: Support NACO and CTD to increase the usage of application for data recording and reporting especially at facilities level.**

- Ensuring that all supply chain transactions are executed through the eLMIS for data recording and reporting at SACS, SDS, DDS and TU level
- Support to enhance the system availability at the facilities level through advocacy to NACO.
- The project will work closely with programs and IT Team to ensure that the eLMIS system is available all level of facilities for data recording and reporting.
- Support NACO and CTD and implementing partner in enhancing the eLMIS modules based on newly developed SOPs for all supply chain transaction;
- Support NACO and CTD on the reporting receiving, aggregating, analysing and sharing the outcome especially the stock position across the country.

**Activity 4: Review and redesign existing SOPs on supply chain management including transportation of TB drugs and commodities (CTD only)**

- Develop and validate “as is” and “to be” processes facility wise
- Data will be collected from sample states and facilities for understanding the “as is” process based on which a “to be” process will be developed and will be reviewed through a workshop for validation of the processes by CTD and state TB officials.
- Develop facility specific SOPs aligning “to be process” with LMIS templates
- Draft SOPs will be processed for review and inputs and final validation from CTD
- Dissemination of newly developed and approved SOP at facility level to ensure the uniformity in process and data recording and reporting

**Activity 5: Capacity building and development of e-Learning Management System to cater larger target audience in system for NACO and CTD**

- Facilitate training of supply chain staff at SACS, ART, ICTCs through learning management system developed under current project;
- Facilitate training of supply chain staff at TU and PHI through the trained pool of supply chain champions on SOPs and e-LMS.
- Development of learning management system using multi-format learning approach for the supply chain staff with specific roles, feedback and follow up actions for CTD
- Develop dedicated interactive e-learning modules based on the newly developed SOPs
- Develop a dashboard for real-time tracking of training completion.
- Training of supply chain staff across all health facilities through various training methodologies i.e. face-to-face learning, development of trainers and e-modules
- Development of a comprehensive Capacity Building Plan for face to face, TOTs as well as e-learning



- Development of Training manuals, handbooks and curriculum based on the SOPs.
- Organize series of face to face trainings to train key supply chain personnel, approx. 1680 Pharmacists and Store In-Charge, associated with State and District Drug Stores across the country.
- Identification of approx. 100 Supply Chain Champions (3-4 per State/UT) and training them through a TOT program
- Facilitate training of supply chain staff at TU and PHI through the trained pool of supply chain champions on SOPs and e-LMS.

### **3.2 AHANA Activities**

There is a considerable differential across project parameters in the districts of states in the Eastern and North Eastern part of the country. Hence, a load analysis exercise was carried out to understand the PPW load across 307 eastern and north eastern states of India. Based on the active PPW load from the present grant the districts have been categorized in three categories.

- Category – A Districts with active PPW load more than 50
- Category – B Districts with active PPW load between 15 to 49
- Category – C Districts with active PPW load less than 15

Accordingly, there are 74 Category A districts, 142 Category B districts and 91 Category C districts in the 13 states Eastern and North eastern states of India. Ahana will implement a differential implementation strategy as per the district categorization. The implementation arrangement and HR distribution will also vary accordingly.

## **4 Target Population**

### **4.1 Supply Chain**

- All State Government, Districts and health facilities providing HIV and TB services will benefit from the project

### **4.2 AHANA**

- Reach 1,366,850 pregnant women over three-year period
- Identify 7,180 positive pregnant women and link to treatment
- Mother to child transmission rates will be below 5%

## **B. PERFORMANCE FRAMEWORK**

Please see attached.

## **C. SUMMARY BUDGET**

Please see attached.

<b>Country</b>	India
<b>Grant Name</b>	IND-C-PLAN
<b>Implementation Period</b>	01-Apr-2021 - 31-Mar-2024
<b>Principal Recipient</b>	Plan International (India Chapter)

<b>Reporting Periods</b>	Start Date	01-Apr-2021	01-Oct-2021	01-Apr-2022	01-Oct-2022	01-Apr-2023	01-Oct-2023
	End Date	30-Sep-2021	31-Mar-2022	30-Sep-2022	31-Mar-2023	30-Sep-2023	31-Mar-2024
	PU includes DR?	No	Yes	No	Yes	No	No

### Program Goals, Impact Indicators and targets

1	Elimination of Mother to Child Transmission of HIV
2	Strengthening of supply chain management system for high quality TB, ARV drugs and diagnostics availability at all levels

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023	2024
1 HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	India	N: 3,414 D: 20,517 P: 16.6%	2019 India HIV estimations 2019		Plan International (India Chapter)	N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:	N: D: P: %  TBD  Due Date:
<b>Comments</b>						Baseline information is sourced from NACO estimation report and communication from NACO. This is a national level indicator and contributed by national programme intervention, NACO will set the the targets for the rest of the projevct period. Once the targets are available PR will update the same for the project monitoring.			

### Program Objectives, Outcome Indicators and targets

1	To facilitate expansion of HIV testing access by building capacities of peripheral health workers and converging HIV testing with primary health services at all VHNDs, urban health facilities and in private facilities towards attaining universal access
2	To ensure effective convergence of HIV testing- Treatment and Care and support services through a "Community Based Single Window Service Delivery Model (CBSWM)" for HIV positive pregnant women and HIV exposed babies till 18 months
3	To ensure a sustainable PPTCT service delivery and develop a convergent and resilient data management system through continuous monitoring and mentoring of the facilities for quality record keeping and bring them 'level ready' for EMTCT data validation exercise
4	To provide third party logistics services (3PL for distribution of all commodities centrally procured by NACO/CTD under NACP/NTEP as per the requirement of programs
5	To provide technical assistance at national and state level to strengthen the system through people, process and technology for sustainability of NACO and CTD Supply Chain Management
6	To support NACO/CTD and implementing partner to strengthen the electronic Logistics Management Information System (eLMIS) for essential data recording and reporting for real time visibility and informed decision making

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR
<b>Comments</b>					

### Coverage indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Apr-2021 30-Sep-2021	01-Oct-2021 31-Mar-2022	01-Apr-2022 30-Sep-2022	01-Oct-2022 31-Mar-2023	01-Apr-2023 30-Sep-2023	01-Oct-2023 31-Mar-2024
<b>PMTCT</b>															
1		PMTCT-1 Percentage of pregnant women who know their HIV status	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 9,901,988 D: 13,434,445 P: 73.7%	2019 Numerator- SIMS- 2019-20 Denominator- HMIS- 2019-20	HIV test status	Yes	Plan International (India Chapter)	Non cumulative - special	N: 5,898,201 D: 13,878,120 P: 42.5%	N: 6,592,107 D: 13,878,120 P: 47.5%	N: 6,939,060 D: 13,878,120 P: 50.0%	N: 7,286,013 D: 13,878,120 P: 52.5%	N: 7,632,966 D: 13,878,120 P: 55.0%	N: 8,326,872 D: 13,878,120 P: 60.0%
<b>Comments</b>															

1	Indicator and targets are set in alignment with NSP. Denominator - Estimated # of pregnant women who delivered in the project implementation states during the reporting period. Source - Health Management Information System (HMIS) Numerator - # of pregnant women who tested for HIV at Stand Alone ICTC and FICTCs (includes both public and private health sector) and know their status during the reporting period. Source– SIMS (SOCH when it becomes operational) Frequency- Bi-annually Note: PR will also report the state wise repeat testing figures (as reported in SIMS) in testing as PR remarks in periodic reports (i.e. PU/PU DR) to be shared with GFATM Baseline (2019-20) – Data source is HMIS 2019-20 for the denominator and for numerator, number reported in SIMS. Estimated ANC from HMIS 2020-21 has been used to source the denominator for target calculation. Plan India's Ahana Project is implemented in 13 states of India towards elimination of Mother to Child Transmission. Arunachal Pradesh, Assam, Sikkim, Meghalaya, Manipur, Mizoram, Nagaland, Tripura, Bihar, Jharkhand, Odisha, Chhattisgarh, Uttar Pradesh.										N: 3,714 D: 3,910 P: 100.0%	N: 3,714 D: 3,910 P: 100.0%	N: 3,910 D: 3,910 P: 100.0%	N: 3,910 D: 3,909 P: 100.0%	N: 3,910 D: 3,909 P: 100.0%	N: 3,910 D: 3,910 P: 100.0%
2	PMTCT-3.1 Percentage of HIV-exposed infants receiving a virological test for HIV within 2 months of birth	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 3,273 D: 3,538 P: 92.5%	2019 Numerator- Project MIS- 2019-20 Denominator- SIMS-2019-20	HIV test status	Yes	Plan International (India Chapter)	Non cumulative	N: 3,714 D: 3,910 P: 100.0%	N: 3,714 D: 3,910 P: 100.0%	N: 3,910 D: 3,910 P: 100.0%	N: 3,910 D: 3,909 P: 100.0%	N: 3,910 D: 3,909 P: 100.0%	N: 3,910 D: 3,910 P: 100.0%		
<b>Comments</b>																
Indicator and targets are set in alignment with NSP. Numerator (N) - # of HIV Exposed Infants who received virological test for HIV within 2 months of birth. Denominator (D) - # of HIV Exposed Infants eligible for virological test for HIV during the reporting period. Source (N&D) - Project MIS Frequency- Bi- annually During the Progress Update reporting to Global Fund, actual programme data would be used to report Numerator and Denominator. Baseline (2019-20) – Proportion of HEI received virological test for HIV within 2 months. Will be calculated as number of eligible babies who underwent virological test for HIV within 2 months reported in project MIS (numerator) against the number of babies eligible for virological test for HIV within 2 months reported in project MIS (denominator). Plan India's Ahana Project is implemented in 13 states of India towards elimination of Mother to Child Transmission. Arunachal Pradesh, Assam, Sikkim, Meghalaya, Manipur, Mizoram, Nagaland, Tripura, Bihar, Jharkhand, Odisha, Chhattisgarh, Uttar Pradesh.																
3	PMTCT-2.1 Percentage of HIV-positive women who received ART during pregnancy and/or labour and delivery	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 3,873 D: 3,671 P: 105.5%	2019 Denominator- SIMS- 2019-20 Numerator- Project MIS- 2019-20		Yes	Plan International (India Chapter)	Non cumulative - special	N: 3,910 D: 7,819 P: 50.0%	N: 3,910 D: 7,819 P: 50.0%	N: 3,910 D: 7,819 P: 50.0%	N: 3,910 D: 7,819 P: 50.0%	N: 3,910 D: 7,819 P: 50.0%	N: 3,910 D: 7,819 P: 50.0%		
<b>Comments</b>																
Indicator and targets are set in alignment with NSP. Numerator – # of HIV Positive Pregnant Women who received ART during pregnancy and/or labour and delivery. Source - Project MIS. Denominator - # of HIV - positive pregnant women (both new and known HIV - positive) identified during the reporting period. Source - SIMS (SOCH when it becomes operational) Frequency- Bi-annually Baseline (2019-20) – Proportion of HIV positive pregnant women who received ART. Will be calculated as number of HIV positive pregnant women on ART, which includes newly initiated and already on ART (numerator) against the number of HIV positive pregnant women reported in SIMS (denominator). During the Progress Update reporting to Global Fund, actual programme data would be used to report Numerator and Denominator. Plan India's Ahana Project is implemented in 13 states of India towards elimination of Mother to Child Transmission. Arunachal Pradesh, Assam, Sikkim, Meghalaya, Manipur, Mizoram, Nagaland, Tripura, Bihar, Jharkhand, Odisha, Chhattisgarh, Uttar Pradesh.																
<b>Differentiated HIV Testing Services</b>																
5	Other vulnerable populations	HTS-3e Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 3,648 D: 3,671 P: 99.4%	2019 Denominator- SIMS- 2019-20 Numerator- Project MIS- 2019-20	HIV test status	Yes	Plan International (India Chapter)	Non cumulative	N: 3,910 D: 3,910 P: 100.0%	N: 3,910 D: 3,910 P: 100.0%	N: 3,910 D: 3,910 P: 100.0%	N: 3,910 D: 3,910 P: 100.0%	N: 3,910 D: 3,910 P: 100.0%		
<b>Comments</b>																
Indicator and targets are set in alignment with NSP. This Indicator measures the spouses &/ or partners of HIV infected Pregnant women receiving HIV test. Numerator - # of spouses/partners of HIV positive pregnant women who received HIV test during the reporting period. Source – Project MIS Denominator - # of HIV - positive pregnant women (both new and known HIV - positive) identified during the reporting period. Source - SIMS (SOCH when it becomes operational) Frequency- Bi- annually Baseline (2019-20) – Proportion of spouses/partners who received HIV test. Will be calculated as number of spouses/partners of HIV positive pregnant women who received HIV test as reported in project MIS (numerator) against the number of HIV positive pregnant women (new & known) registered in SIMS (denominator). During the Progress Update reporting to Global Fund, actual programme data would be used to report Numerator and Denominator. Plan India's Ahana Project is implemented in 13 states of India towards elimination of Mother to Child Transmission. Arunachal Pradesh, Assam, Sikkim, Meghalaya, Manipur, Mizoram, Nagaland, Tripura, Bihar, Jharkhand, Odisha, Chhattisgarh, Uttar Pradesh.																
<b>RSSH: Health products management systems</b>																
4		PSM-5 Percentage of consignments delivered on-time and in-full among the total number of consignments expected to be delivered for the three diseases during the reporting period	Country: India; Coverage: Geographic National, 100% of national program target	N: 80 D: 100 P: 80.0%	2019 NACO: Progress Report of NACO SCM CTD: Basis discussion with CTD		Yes	Plan International (India Chapter)	Non cumulative – other	N: 1,241 D: 1,654 P: 85.0%	N: 1,323 D: 1,654 P: 85.0%	N: 1,323 D: 1,654 P: 90.0%	N: 1,406 D: 1,654 P: 90.0%	N: 1,406 D: 1,654 P: 90.0%		
<b>Comments</b>																
Indicator and targets are set in alignment with NSP. BaseLine: The OTIF for baseline has been kept as 80% based on average of current OTIF of NACO i.e. 97% and OTIF of CTD i.e. 65%. NACO: The current OTIF is 97% (As per the Project Progress report for the period Oct-19 to Sep-20 the average of OTD (i.e. 94%) and DIF (i.e. 99.97%) CTD: As the data is not available, so basis discussion with CTD, it was assumed that the current OTIF is 65%. Cacluation of Indicator Numerator: Number of shipment where consignment received in full and on time as per contractual agreement Denominator: Total number of shipment transported during the reporting period Data sources: 3PL MIS/3PL application and Monthly OTIF report by RSCMs Reporting Frequency: Bi-Annually Reported to: GF, CTD and NACO																
6		PSM-3 Percentage of health facilities providing diagnostic services with tracer items available on the day of the visit or day of reporting	Country: India; Coverage: Geographic National, 100% of national program target	N: D: P:	2019 NACO: MPR CTD: Basis discussion with CTD		Yes	Plan International (India Chapter)	Non cumulative – other	N: 1,241 D: 1,654 P: 75.0%	N: 1,323 D: 1,654 P: 80.0%	N: 1,323 D: 1,654 P: 80.0%	N: 1,406 D: 1,654 P: 85.0%	N: 1,406 D: 1,654 P: 85.0%		
<b>Comments</b>																

6 Indicator and targets are set in alignment with NSP. Baseline: The has been kept as 70% based on average of current stock availability of NACO i.e. 74% and OTIF of CTD i.e. 60%. NACO: Stock availability of NACO is 74% based on the number of facilities with more than 1 month of stock of tracer items in MPR of BSD in the period Nov-19-Oct-20. (More than 1 month stock has been considered as the date of receipt of data differs from the submission of analysed report) (Annexure- MPR analysis) CTD: The data is not available, so basis disucssion with CTD, it was assumed that stock availavility of tracer items is 60%. Calculation of Indicator Numerator: Number of facilities visited with tracer items available on the day of the visit and on the day of reporting. Denominator: Total number of facilities visited and reported during the reporting period No of facilities visited: NACO: SA-ICTC (2 ICTCs per visit planned \* 312 visits/year = 624 facilities/year \* 3 Years = 1,872 facilities targeted to visit during the grant period) CTD: TU & PHI (4 facilities per visit planned\* 452 visits/year = 1,808 facilities/year \* 3 Years= 5,424 facilities targeted to visit during the grant period) No of facilities reported: NACO: 37 SACS CTD: 36 STC Tracer/Identified Items: NACO: HIV Test Kit 1 and HIV Test Kit 4 CTD: CBNAAT Cartridges Data sources: NACO: MPR/SOCH (when it becomes operational) + visit made by Plan India RSCMs CTD: Nikshay Aushadhi for CTD + visit made by Plan India RSCMs Reporting Frequency: Bi-Annually Reported to: GFATM, CTD and NACO

	PSM-4 Percentage of health facilities with tracer medicines for the three diseases available on the day of the visit or day of reporting	Country: India; Coverage: Geographic National, 100% of national program target	N: D: P: 53.9%	2019 NACO: WPR CTD: Basis discussion with CTD		Yes	Plan International (India Chapter)	Non cumulative – other	N: 1,273 D: 1,498 P: 85.0%	N: 1,273 D: 1,498 P: 85.0%	N: 1,348 D: 1,498 P: 90.0%	N: 1,348 D: 1,498 P: 90.0%	N: 1,348 D: 1,498 P: 90.0%	N: 1,348 D: 1,498 P: 90.0%
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7 **Comments**  
Indicator and targets are set in alignment with NSP. BaseLine: The baseline has been kept as 80% based on average of current stock availability of NACO i.e. 86% and OTIF of CTD i.e. 70%. NACO: Stock availability of NACO is 86% based on the number of facilities with more than 1 month of stock of tracer items in WPR of CST in the period Nov-19-Oct-20. (More than 1 month stock has been considered as the date of receipt of data differs from the submission of analysed report) (Annexure- WPR analysis) CTD: The data is not available, so basis disucssion with CTD, it was assumed that stock availavility of tracer items is 70%. Tracer/Identified Items: NACO: TLE/TLT, ZL, DTG CTD: 3 FDC (Adult & Pediatric), 4FDC (1st Line) (Adult) , 2nd Line (Clotazimine, Moxifloxacin/Levofloxacin and Delamanid) Cacluation of Indicator Numerator: Number of facilities visited with tracer items available on the day of the visit and on the day of reporting. Denominator: Total number of facilities visited and reported during the reporting period No of facilities visited: NACO: CST (1 ARTC per visit planned\* 312 visits/year=312 facilities/year\*3 Years = 936 facilities targeted for visit during grant period) CTD: TU & PHI (4 facilities per visit planned\* 452 visits/year= 1,808 visits/year\*3 Years = 5,424 facilities targeted for visit during grant period) No of facilities reported: NACO: 37 SACS CTD: 36 STC Data sources: NACO: WPR/MPR/SOCH (when it becomes operational) for NACO + visit made by Plan India RSCMs CTD: Nikshay Aushadhi for CTD + visit made by Plan India RSCMs Reporting Frequency: Bi-Annually Reported to: GF, CTD and NACO

Workplan Tracking Measures					
Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country
<b>Comments</b>					

<b>Country</b>	India
<b>Grant Name</b>	IND-C-PLAN
<b>Implementation Period</b>	01-Apr-2021 - 31-Mar-2024
<b>Principal Recipient</b>	Plan International (India Chapter)

By Module	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	Total Y1	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	Total Y2	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	Total Y3	Grand Total	% of Grand Total
PMTCT	\$376,393	\$361,071	\$386,738	\$384,681	\$1,508,883	\$429,263	\$377,852	\$319,399	\$339,944	\$1,466,457	\$302,839	\$329,792	\$313,646	\$101,148	\$1,047,425	\$4,022,765	21.6 %
Program management	\$332,545	\$339,887	\$242,835	\$576,754	\$1,492,021	\$239,365	\$340,488	\$244,599	\$473,023	\$1,297,475	\$247,761	\$350,441	\$257,994	\$413,551	\$1,269,747	\$4,059,242	21.8 %
RSSH: Integrated service delivery and quality improvement	\$723,488	\$815,283	\$827,551	\$1,503,320	\$3,869,643	\$931,627	\$907,294	\$892,776	\$912,696	\$3,644,393	\$862,845	\$837,524	\$820,760	\$542,736	\$3,063,864	\$10,577,900	56.7 %
<b>Grand Total</b>	<b>\$1,432,426</b>	<b>\$1,516,241</b>	<b>\$1,457,124</b>	<b>\$2,464,755</b>	<b>\$6,870,546</b>	<b>\$1,600,255</b>	<b>\$1,625,634</b>	<b>\$1,456,773</b>	<b>\$1,725,663</b>	<b>\$6,408,325</b>	<b>\$1,413,445</b>	<b>\$1,517,757</b>	<b>\$1,392,399</b>	<b>\$1,057,435</b>	<b>\$5,381,037</b>	<b>\$18,659,908</b>	<b>100.0 %</b>

By Cost Grouping	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	Total Y1	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	Total Y2	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	\$499,245	\$550,285	\$502,328	\$576,721	\$2,128,580	\$520,693	\$577,353	\$501,881	\$579,993	\$2,179,920	\$505,007	\$564,513	\$511,640	\$447,391	\$2,028,551	\$6,337,051	34.0 %
Travel related costs (TRC)	\$268,579	\$262,924	\$249,402	\$321,734	\$1,102,640	\$315,549	\$264,944	\$218,841	\$275,762	\$1,075,095	\$207,663	\$233,420	\$223,341	\$126,979	\$791,403	\$2,969,137	15.9 %
External Professional services (EPS)	\$1,725	\$2,300	\$2,300	\$9,900	\$16,225	\$1,725	\$1,725		\$8,174	\$11,625				\$8,174	\$8,174	\$36,025	0.2 %
Health Products - Equipment (HPE)	\$1,015	\$1,015	\$24,019	\$37,567	\$63,617	\$1,015	\$1,015	\$1,015	\$1,015	\$4,061	\$1,015	\$1,015	\$1,015	\$1,015	\$4,061	\$71,739	0.4 %
Procurement and Supply-Chain Management costs (PSM)	\$528,474	\$631,910	\$631,910	\$716,978	\$2,509,273	\$744,053	\$716,978	\$716,978	\$716,978	\$2,894,988	\$682,540	\$655,465	\$638,345	\$351,023	\$2,327,373	\$7,731,634	41.4 %
Non-health equipment (NHP)	\$119,975	\$2,827	\$36,671	\$686,634	\$846,107	\$3,807	\$2,827	\$7,566	\$38,459	\$52,659	\$3,807	\$2,827	\$7,566	\$23,140	\$37,340	\$936,106	5.0 %
Communication Material and Publications (CMP)	\$3,554	\$634	\$634	\$6,387	\$11,210	\$3,554	\$634	\$634	\$634	\$5,456	\$3,554	\$634	\$634		\$4,822	\$21,488	0.1 %
Indirect and Overhead Costs	\$9,858	\$64,344	\$9,858	\$108,834	\$192,894	\$9,858	\$60,157	\$9,858	\$104,647	\$184,521	\$9,858	\$59,883	\$9,858	\$99,713	\$179,312	\$556,727	3.0 %
<b>GrandTotal</b>	<b>\$1,432,426</b>	<b>\$1,516,241</b>	<b>\$1,457,124</b>	<b>\$2,464,755</b>	<b>\$6,870,546</b>	<b>\$1,600,255</b>	<b>\$1,625,634</b>	<b>\$1,456,773</b>	<b>\$1,725,663</b>	<b>\$6,408,325</b>	<b>\$1,413,445</b>	<b>\$1,517,757</b>	<b>\$1,392,399</b>	<b>\$1,057,435</b>	<b>\$5,381,037</b>	<b>\$18,659,908</b>	<b>100.0 %</b>

By Recipients	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	Total Y1	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	Total Y2	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	Total Y3	Grand Total	% of Grand Total
<b>PR</b>	<b>\$267,048</b>	<b>\$226,223</b>	<b>\$202,848</b>	<b>\$1,024,731</b>	<b>\$1,720,849</b>	<b>\$286,794</b>	<b>\$313,221</b>	<b>\$270,894</b>	<b>\$449,782</b>	<b>\$1,320,691</b>	<b>\$293,819</b>	<b>\$321,327</b>	<b>\$289,691</b>	<b>\$417,302</b>	<b>\$1,322,139</b>	<b>\$4,363,680</b>	<b>23.4 %</b>
Plan International (India Chapter)	\$267,048	\$226,223	\$202,848	\$1,024,731	\$1,720,849	\$286,794	\$313,221	\$270,894	\$449,782	\$1,320,691	\$293,819	\$321,327	\$289,691	\$417,302	\$1,322,139	\$4,363,680	23.4 %
<b>SR</b>	<b>\$1,165,378</b>	<b>\$1,290,018</b>	<b>\$1,254,276</b>	<b>\$1,440,025</b>	<b>\$5,149,697</b>	<b>\$1,313,461</b>	<b>\$1,312,413</b>	<b>\$1,185,879</b>	<b>\$1,275,881</b>	<b>\$5,087,634</b>	<b>\$1,119,626</b>	<b>\$1,196,431</b>	<b>\$1,102,709</b>	<b>\$640,133</b>	<b>\$4,058,898</b>	<b>\$14,296,228</b>	<b>76.6 %</b>
JSI R&T India Foundation	\$211,269	\$246,991	\$184,321	\$373,279	\$1,015,860	\$200,004	\$251,438	\$188,096	\$252,632	\$892,171	\$192,315	\$243,613	\$193,937	\$258,337	\$888,202	\$2,796,233	15.0 %
LI	\$514,192	\$644,704	\$667,707	\$644,704	\$2,471,306	\$644,846	\$644,846	\$644,846	\$644,846	\$2,579,383	\$583,482	\$583,482	\$566,362	\$279,040	\$2,012,365	\$7,063,054	37.9 %
SR BC	\$91,402	\$84,601	\$83,328	\$86,704	\$346,036	\$115,662	\$87,697	\$73,459	\$79,133	\$355,951	\$71,462	\$76,957	\$70,949	\$21,707	\$241,075	\$943,062	5.1 %
SR JO	\$75,124	\$66,492	\$67,872	\$70,753	\$280,241	\$94,382	\$71,113	\$59,329	\$63,860	\$288,684	\$57,690	\$62,401	\$57,597	\$17,306	\$194,994	\$763,918	4.1 %
SR NE	\$162,040	\$150,344	\$152,253	\$163,768	\$628,404	\$161,752	\$154,173	\$132,973	\$141,515	\$590,414	\$129,371	\$138,341	\$129,378	\$36,686	\$433,777	\$1,652,595	8.9 %
SR UP	\$111,351	\$96,886	\$98,795	\$100,817	\$407,849	\$96,815	\$103,145	\$87,177	\$93,896	\$381,032	\$85,306	\$91,637	\$84,486	\$27,057	\$288,485	\$1,077,367	5.8 %
<b>Grand Total</b>	<b>\$1,432,426</b>	<b>\$1,516,241</b>	<b>\$1,457,124</b>	<b>\$2,464,755</b>	<b>\$6,870,546</b>	<b>\$1,600,255</b>	<b>\$1,625,634</b>	<b>\$1,456,773</b>	<b>\$1,725,663</b>	<b>\$6,408,325</b>	<b>\$1,413,445</b>	<b>\$1,517,757</b>	<b>\$1,392,399</b>	<b>\$1,057,435</b>	<b>\$5,381,037</b>	<b>\$18,659,908</b>	<b>100.0 %</b>