

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"), 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 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.

2. **Single Agreement.** This Grant Confirmation, together with Schedules I to V incorporated herein, 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
3.3	Program Title:	SAHAS (Strategic Augmentation of HIV AIDS Services)
3.4	Grant Name:	IND-H-NACO
3.5	GA Number:	2046
3.6	Grant Funds:	Up to the amount of USD 99,984,197 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (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. Naresh Goel Deputy Director General

		Telephone: +91 1123351719 Email: nareshgoel.naco@gov.in
3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	Price Waterhouse Chartered Accountants LLP (PWCALLP) Building 8, 8th Floor, Tower-B, DLF Cyber City 122002 Gurgaon, Haryana Republic of India Attention: Heman Sabharwal Team Leader Telephone: +91 1244620148 Facsimile: +91 1244620620 Email: heman.sabharwal@in.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, acting through the Principal Recipient, shall implement the Program in accordance with the National Strategic Plan for HIV/AIDS and STI 2017-2024 (the "National Strategic Plan") set forth in Schedule II and shall take all appropriate and necessary actions to comply throughout the Implementation Period with: (1) the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time) and the "Budgeting and Financial Reporting Special Provisions" set forth in Schedule III); (2) the Health Products Guide (2018, as amended from time to time) in respect of Grant Funds directly disbursed by the Global Fund for the procurement of Health Products; 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 (2014)), 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 Confirmation 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, on behalf of the Grantee, 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 (2014), prior to the collection of Personal Data 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 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 (2019, as amended from time to time), to the extent not conflicting with those set forth in this Grant Confirmation.

6.5 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 2021, covering the budgeted amounts for expected results under the disbursement linked indicators (“DLI”) set forth in Schedule V of this Grant Agreement, for the first year of the Implementation Period. Each following AFD will be determined to cover the budgeted amounts for expected results under the DLIs set forth in Schedule V of this Grant Agreement for the second and third year, respectively. 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.

(2) *Disbursement methodology.* Disbursements shall be made pursuant to the disbursement methodology set forth in Schedule IV of this Grant Confirmation (the “Disbursement Methodology”).

(3) *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.

(4) *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.

(5) *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.

(6) *Fraud, theft or misuse.* If fraud, theft or misuse of public funds is identified and verified in the Grantee's National AIDS Diseases Control Program, 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 AIDS Diseases Control Program, as applicable.

6.6 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.

6.7 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.

6.8 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.

6.9 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.

6.10 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 6.10(2) – 6.10(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 31 May 2022, 2023 and 2024, respectively, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, a report, 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 for the preceding year of the Implementation Period, 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) include an Annual Financial Report (“AFR”) for the previous year of the Implementation Period which shall compare the relevant portion of the Summary Budget 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 6.10 of this Grant Confirmation has to be submitted in writing by the Grantee, and approval of such deviations shall be at the sole discretion of the Global Fund.

6.11 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) antiretroviral medicines as recommended in antiretroviral therapy guidelines issued by the National AIDS Control Organization (“NACO”), on behalf of the Grantee, or otherwise recommended for use in the antiretroviral therapy program by NACO; (b) viral load equipment, test and consumables as outlined in the “National Guidelines for HIV-1 Viral Load Laboratory Testing” and required for conducting viral load tests for routine monitoring of patients on antiretroviral therapy; (c) diagnostic products for detection and diagnosis of HIV infection in line with the national guidelines; and (d) activities implemented by the Sub-recipients on behalf of the Principal Recipient, of key Program interventions, including differentiated HIV testing, systems strengthening and capacity building, strategic communication to enhance prevention and operational research which will contribute towards the achievement of DLI4 (the “Program Boundaries”). Annual financial audits of activities (a) to (c) 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 6 months after the Fiscal Year end date; and

(b) the financial audit shall cover the expenditures of activities (a) through (c) 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 2021, 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 6.11(1).

(3) No later than 30 September 2022, 2023 and 2024, 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.

(4) The cumulative expenditures incurred under the Program Boundaries for activities (a) through (b) of Section 6.11(1), 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 DLI1 and DLI2. The cumulative expenditures incurred under the Program Boundaries for activities (c) through (d) of Section 6.11(1), as confirmed through the annual financial audits conducted by the Auditor and the audits of the Sub-recipients pursuant to Section 6.11(3) above, shall not be less than the total cumulative amount disbursed and/or payable under the Grant under DLI3 and DLI4. 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") 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.

(5) No later than 30 September 2022, 2023 and 2024, respectively, the Principal Recipient shall furnish to the Global Fund, the Central Medical Services Society ("CMSS") entity audit report for the previous Fiscal Year.

(6) No later than 30 September 2022, 2023 and 2024, respectively, the Principal Recipient shall furnish to the Global Fund statutory audit reports and management letters of the Grantee's State AIDS Control Societies ("SACS") for Maharashtra, Karnataka, Tamil Nadu, Delhi and Uttar Pradesh for the previous Fiscal Year.

(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.

6.12 Miscellaneous provisions.

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

(a) All antiretrovirals 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 after distribution of such Health Products. Samples of antiretrovirals (including, but not limited to, TLE, TLD, ZLN, DTG, LPV/r and RAL) will be drawn at various levels of the supply chain and tested at an independent laboratory; and

(c) The Grantee shall work with the SACS to increase the rate of facilities reporting through the Inventory Management System ("IMS"). It is expected that by 31 March 2024, at least 90% of all facilities will use and report inventory related data through the IMS.

[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: Apr 20, 2021

By: Sandhya Bhullar

Name: Sandhya Bhullar

Title: Director (FB)

Date: 15th April, 2021

Acknowledged by

By: Rajesh Bhushan

Name: Rajesh Bhushan

Title: Chair, Country Coordinating Mechanism of Republic of India

Date: 19/04/2021

By: Shyamala Nataraaj

Name: Shyamala Nataraaj

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

Date: 16/04/2021.

Schedule I

Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

India's National AIDS Control Program (NACP) is a prevention centric program espoused with rejuvenated '*test-treat-retain and sustain*' approach to reach the 95-95-95 targets. The National Strategic Plan for HIV/AIDS and STI 2017-2024 provides the strategic directions to reaching the goal of ending AIDS by 2030. However, the efforts need to be intensified and fast tracked if the milestones are to be achieved. With a prevention coverage of over 80% among key population and reaching 76-84-84 (March 2020) in the fast track targets, accelerated efforts are on to improve the outcomes. One of the steps taken was to revise its key population (KP) approach through targeted intervention (TI) revamping strategy to reach newer KPs and saturate the existing ones. It was done following extensive consultations with technical experts, bilateral and multilateral agencies, and community representatives, National AIDS Control Organization (NACO) has revised its key population strategy through targeted intervention (TI) revamping activities. The activities include the following: (a) strengthening of outreach activities covering hidden and hard to reach population; (b) expand index and community-based screening/testing (CBS); (c) introducing the peer-based navigation component for linkage to treatment and adherence; and (d) creating an enabling environment.

2. Goals, Strategies and Activities

Objectives: This NSP proposes six objectives towards fulfilling its vision of an AIDS free India. These are:

- Objective 1: Reduce new infections by 80% by 2024 (Baseline 2010)
- Objective 2: Ensure 95% of estimated PLHIV know their status by 2025;
- Objective 3: Ensure ART initiation and retention of 95% PLHIV for sustained viral suppression by 2024;
- Objective 4: Eliminate mother-to-child transmission of HIV and Syphilis by 2020;
- Objective 5: Eliminate HIV/AIDS related stigma and discrimination by 2020; and
- Objective 6: Facilitate sustainable NACP service delivery by 2024.

3. Target Group/Beneficiaries

- People living with HIV/AIDS
- Key population groups
- General population
- Pregnant women

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Schedule II
National Strategic Plan for HIV/AIDS and STI 2017-2024



08 - Final NSP
2017-24 of HIV & STI

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 2021, 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. Each following AFD will be determined to cover the budgeted amounts for expected results under the DLIs set forth in Schedule V of this Grant Agreement for the second and third year, respectively. 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.
4. 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.
5. 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:
 - o 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 6 of this Schedule shall apply,
 - If:
 - o The indicator rating is less than 90%, then performance of the indicator will be equal to the indicator rating for the reporting period,

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

$$\text{Disbursement} = \sum_{i=1}^n (\text{budget DLI } i * \text{performance DLI } i) .$$

6. 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 budget allocated for the reporting year for that DLI.
7. 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:

Table 1: Indicators for Payment for Results

Results Framework						
DLI	DLI Baseline (2019/2020)	DLI Targets			Total 3 years target	Comment
		Year 1	Year 2	Year 3		
DLI 1: Number of people on ART at the end of the reporting period	1485128	1,560,000	1,650,000	1,740,000		The number of people (adults and children) on ART at the end of the reporting period will be reported.
Allocated total amount DLI 1		US\$13,868,400	US\$14,668,500	US\$15,463,100	US\$44,000,000	The value of the target is based on cumulation of targets across the three years. The total value for the indicator is divided by the aggregate targets.
DLI 2: Percentage of people living with HIV and on ART who are virologically suppressed Denominator: Number of PLHIV on ART who have undergone Viral load test.	84%	86%	88%	90%		3 rd 95: 3rd 95: This will measure clinical outcomes of patients in care and overall quality of care as ART programs expand. Also, viral load suppression is the best

						available measure of patient adherence to ART. Based on the Program gap analysis, the denominators will be (2021/22: 1,100,000, 2022/23:1,100,000 and 2023/24: 1100000). At the time of submission of results, the Principal Recipient will undertake an analysis of actual viral load testing coverage among ART clients and report the results together with the results of DLI-2.
Allocated total amount DLI 2		US\$13,500,000	US\$13,500,000	US\$2,500,000	US\$29,500,000	The award structure has been calculated based on the amount of incentive required for the Principal Recipient to achieve the results. The program gap analysis was used.
DLI 3: Proportion of 'Sampoorna' one-stop centers operational against the planned.	0	0	75 (50%)	150 (100%)		'Sampoorna' one-stop centers are targeting key populations: MSM, transgender, IDU etc. The following services will be delivered through the centers: counseling; Prep, HIV

						screening and testing/ Syphilis, HIV self- testing, condom distribution, needle syringes/ opioid substitution therapy and linkage to ART TB Screening.
Allocated total amount DLI 3			US\$2,952,144	US\$2,952,144	US\$5,904,288	The assigned annual reward is based on the investment assumptions. During the first year, the Principal Recipient will focus on development of the policy and technical structures and geographical identification. The actual roll out will start during the second semester of the first year. Thereafter, there will be a gradual increase in terms of number of sites and people at risk reached.
DLI 4: Number of people who inject drugs reached with HIV prevention programs - defined package of services.	128,714	132,750	138,060	141,600		India has 216 Targeted Interventions (“TI”) sites for IDU. Under the TI revamped strategies, four major pillars of interventions are

						provided among key population groups. These interventions provide an opportunity to provide comprehensive and integrated HIV prevention as well as care, through the National AIDS Control Program, in partnership with NGOs/CBOs in a very user friendly manner, that is, at a place and time most convenient to the community and they can easily access these services without any fear of stigma and discrimination.
Allocated total amount DLI 4		US\$6,624,225	US\$6,889,194	US\$7,066,490	US\$20,579,909	The value per year is awarded based on total amount for the indicator divided by aggregated targets across three years.

b. In addition to reporting on the DLIs stated above, the Principal Recipient shall report to the Global Fund on the following key HIV indicator to facilitate analysis of progress made in the global fight against tuberculosis:

- i. Percentage of people living with HIV newly initiated on ART who were screened for TB.

Performance against this indicator 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 2022, 2023 and 2024, 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 2022, 2023 and 2024, 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 in-country during the period from 1 April 2022 to 30 June 2022 (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

- a. This section sets out the Global Fund’s key principles that will inform verification of the Results Framework.
- b. A detailed protocol for HIV verification will be developed by the Global Fund in consultation with the Grantee and all relevant technical agencies (the “Protocol”).
- c. It is expected that results verification will be carried out by the Local Fund Agent.

Sample Design

- a. A multi-stage purposive cluster sample design will be clarified in the Protocol. Multi-stage will be applied where states will be sampled first and health facilities will be sampled thereafter.
- b. The concept of purposive sample design will be applied because only states and health facilities sites which meet the inclusion criteria will be eligible for assessment. The inclusion criteria are likely to be: (i) epidemiological high burden states will be included in the sampling frame; and (ii) within the selected states, facilities with high case load will be integrated in the facility sampling framework.
- c. The national definition for high burden states and high volume/case load sites will be applied.
- d. High burden states will be selected based on the data tabulation from ART centers nationally.
- e. Within the selected states, a probability proportionate to size sampling will be applied on the sampling framework built around the high case load sites.

Quantitative Data Verification Tool

- a. A quantitative tool for verification will be developed based on adaptation of the WHO Data Quality Review Toolkit and/or other tools applied by HIV partners.

- b. The tool will contain standardized quantitative data assessment and summary results of the data verification of the indicator(s) as expressed as a verification factor at the health facility level (verification factor = recounted results / reported results).

Data Quality Assessment

- a. Data quality will be assessed by verifying results per indicator at facility centers. The results will be adjusted depending on the data quality ratings.
- b. The adjustment range and approach will be negotiated and agreed with the country during grant making. However, the following illustrates how this could be applied: *for instance, overall good data quality* (verification factor of <10%), no adjustment is made to the reported result for the indicator assessed.
- c. The national verification factor for an indicator will be obtained through calculating the weighted mean of individual health facility verification factors or other appropriate methods for deriving the weighted estimates of the accuracy for the assessed indicator.
- d. The verification factor will be used to derive the resulting overall absolute weighted error per indicator which will be taken into account to adjust the reported results.

LFA verification under the Program Boundaries

- a. LFA verification shall include: (i) the verification of advances/payments executed by the Grantee to the CMSS for procurements falling under activities (a) through (c) 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-H-NACO
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	Department of Economic Affairs, Ministry of Finance of India

Reporting Periods	Start Date	01-Apr-2021	01-Apr-2022	01-Apr-2023
	End Date	31-Mar-2022	31-Mar-2023	31-Mar-2024
	PU includes DR?	Yes	Yes	Yes

Program Goals, Impact Indicators and targets

1	Achieving zero new infections, zero AIDS-related deaths and zero AIDS related stigma & discrimination
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	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV I-4 Number of AIDS-related deaths per 100,000 population	India	N: 4.43 D: P:	2019 India HIV AIDS Estimation 2019	Age, Gender, Gender Age	Department of Economic Affairs, Ministry of Finance of India	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments								
	Targets are being finalized by NACO (Feb 2021). This indicator is for routine reporting only. It is not a DLI and does not affect disbursements. Targets will be finalized within 6 months.								

Program Objectives, Outcome Indicators and targets

1	Reduce new infections by 80% by 2024
2	Link 95% of estimated PLHIV to services by 2024
3	Ensure ART initiation and retention of 95% PLHIV for sustained viral suppression by 2024
4	Eliminate mother-to-child transmission of HIV and syphilis by 2020
5	Eliminate HIV/AIDS related stigma and discrimination by 2020
6	Facilitate sustainable NACP service delivery by 2024

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	HIV O-11 Percentage of people living with HIV who know their HIV status at the end of the reporting period	India	N: D: P: 76.0%	2019 SOCH	Gender	Department of Economic Affairs, Ministry of Finance of India	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments								
	Targets are being finalized by NACO (Feb 2021). This indicator is for routine reporting only. It is not a DLI and does not affect disbursements. Targets will be finalized within six months.								

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 31-Mar-2022	01-Apr-2022 31-Mar-2023	01-Apr-2023 31-Mar-2024
Payment for results												

1	DLI-1: Number of people on ART at the end of the reporting period	Country: India; Coverage: Geographic National, 100% of national program target	N: 1,485,128 D: P:			Yes	Department of Economic Affairs, Ministry of Finance of India	Non cumulative – other	N: 1,560,000 D: P:	N: 1,650,000 D: P:	N: 1,740,000 D: P:
Comments											
Number of people (adults and children) on ART at the end of the reporting period											
2	DLI-2: Percentage of people living with HIV and on ART who are virologically suppressed	Country: India; Coverage: Geographic National, 100% of national program target	N: D: P: 84.0%			Yes	Department of Economic Affairs, Ministry of Finance of India	Non cumulative	N: D: P: 86.0%	N: D: P: 88.0%	N: D: P: 90.0%
Comments											
3rd 95: This will measure clinical outcomes of patients in care and overall quality of care as ART programs expand. Also, viral load suppression is the best available measure of patient adherence to ART. Based on the Program gap analysis, the denominators will be (2021/22: 1,100,000, 2022/23:1,100,000 and 2023/24: 1100000). At the time of submission of results, the PR will undertake an analysis of actual viral load testing coverage among ART clients and report the results together with the results of DLI-2.											
3	DLI-3: Proportion of 'Sampoorna Surakhsha' one-stop centers operational against the planned	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:			Yes	Department of Economic Affairs, Ministry of Finance of India	Non cumulative – other	N: D: P:	N: 75 D: 150 P: 50.0%	N: 150 D: 150 P: 100.0%
Comments											
No baseline is available as this is a new activity. "Sampoorna" one-stop centers are targeting key populations: MSM, transgender, IDU etc. The following services will be delivered through the centers: counseling; Prep, HIV screening and testing/ Syphilis, HIV self-testing, condom distribution, needle syringes/ opioid substitution therapy, linkage to ART and TB Screening.											
4	DLI-4: Number of people who inject drugs reached with HIV prevention programs - defined package of services	Country: India; Coverage: Geographic Subnational, 100% of national program target	N: 128,714 D: P:			Yes	Department of Economic Affairs, Ministry of Finance of India	Non cumulative	N: 132,750 D: P:	N: 138,060 D: P:	N: 141,600 D: P:
Comments											
India has 216 Targeted Interventions sites for IDU. Under the TI revamped strategies, four major pillars of interventions are provided among key population groups. These interventions provide an opportunity to provide comprehensive and integrated HIV prevention as well as care, through the National AIDS Control Program, in partnership with NGOs/CBOs in a very user friendly manner, that is, at a place and time most convenient to the community and they can easily access these services without any fear of stigma and discrimination. There might be overlap with other GF PRs. The defined package of services delivered to people who inject drugs will include: The comprehensive prevention services for PWIDs include behavioral and clinical services namely, 1. Condom promotion 2. Counseling services 3. HIV Testing services (referrals and testing at site) 4. Drop in centers services 5. Treatment of STIs and RTIs 6. Referral for ART Indicator Definition: Number of PWID who have received the defined package of HIV prevention services											
TB/HIV											
5	TB/HIV-6 Percentage of HIV-positive new and relapse TB patients on ART during TB treatment	Country: India; Coverage: Geographic National, 100% of national program target	N: 44,517 D: 46,741 P: 95.2%	Age, Gender		Yes	Department of Economic Affairs, Ministry of Finance of India	Non cumulative	N: D: P: 95.0%	N: D: P: 95.0%	N: D: P: 95.0%
Comments											
This indicator is for routine reporting only. It is not a DLI, and does not affect the disbursement awarded linked to DLIs.											

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

Country	India
Grant Name	IND-H-NACO
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	Department of Economic Affairs, Ministry of Finance of India

By Module	01/07/2022 - 30/09/2022	Total Y2	01/07/2023 - 30/09/2023	01/01/2024 - 31/03/2024	Total Y3	Grand Total	% of Grand Total
Payment for results	\$33,992,625	\$33,992,625	\$38,009,838	\$27,981,734	\$65,991,572	\$99,984,197	100.0 %
Grand Total	\$33,992,625	\$33,992,625	\$38,009,838	\$27,981,734	\$65,991,572	\$99,984,197	100.0 %

By Cost Grouping	01/07/2022 - 30/09/2022	Total Y2	01/07/2023 - 30/09/2023	01/01/2024 - 31/03/2024	Total Y3	Grand Total	% of Grand Total
Payment for Results	\$33,992,625	\$33,992,625	\$38,009,838	\$27,981,734	\$65,991,572	\$99,984,197	100.0 %
GrandTotal	\$33,992,625	\$33,992,625	\$38,009,838	\$27,981,734	\$65,991,572	\$99,984,197	100.0 %

By Recipients	01/07/2022 - 30/09/2022	Total Y2	01/07/2023 - 30/09/2023	01/01/2024 - 31/03/2024	Total Y3	Grand Total	% of Grand Total
LI	\$31,849,582	\$31,849,582	\$35,937,148	\$26,206,555	\$62,143,703	\$93,993,285	94.0 %
National AIDS Diseases Control Organisation	\$31,849,582	\$31,849,582	\$35,937,148	\$26,206,555	\$62,143,703	\$93,993,285	94.0 %
SR	\$2,143,043	\$2,143,043	\$2,072,690	\$1,775,179	\$3,847,869	\$5,990,912	6.0 %
Hindustan Latex Family Planning Promotion Trust (HLFPPT)	\$963,472	\$963,472	\$884,469	\$849,052	\$1,733,521	\$2,696,993	2.7 %
Society for Health Allied Research and Education India	\$445,281	\$445,281	\$427,093	\$127,625	\$554,718	\$999,999	1.0 %
Tata Institute of Social Sciences	\$734,290	\$734,290	\$761,128	\$798,502	\$1,559,630	\$2,293,920	2.3 %
Grand Total	\$33,992,625	\$33,992,625	\$38,009,838	\$27,981,734	\$65,991,572	\$99,984,197	100.0 %