The Global Fund

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Solidarity and Action Against The HIV Infection in India** (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 21 July 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 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
3.3	Program Title:	Supporting India's Progress Towards 95-95-95 through EMTCT, Interventions among Incarcerated Populations, Integrated Service Delivery for High Risk and Bridge populations and systems strengthening
3.4	Grant Name:	IND-H-SAATHII
3.5	GA Number:	2034
3.6	Grant Funds:	Up to the amount of USD 26,450,381 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (inclusive)
3.8	Principal Recipient:	Solidarity and Action Against The HIV Infection in India 1st Floor, C 1/3, Bhim Nagri Hauz Khas, Safdarjung Development Area

		110016 New Delhi Republic of India Attention: Dr. Sai Subhasree Raghavan President Telephone: +91 1141007035 Email: subha@saathii.org
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 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 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (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.

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

5.4 Prior to the use of Grant Funds set forth in budget line 557 "Parked FX budgetary gains" of the Program budget, envisaged for activities under the Technical Review Panel's approved interventions for prevention and management of co-infections (treatment, care and support) to support key populations, including incarcerated populations, on the register of unfunded quality demand, the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund's written approval of, the defined interventions, workplan and costing of such activities.

5.5 In accordance with the Global Fund Board Decision on additional support for country responses to COVID-19 (GF/B42/EDP11), the Program budget includes US$ 6,824,868 in funding granted under the Global Fund COVID-19 Response Mechanism ("C19RM Funds") programmed towards activities to respond to the COVID-19 pandemic ("Approved C19RM Activities"). Notwithstanding anything to the contrary in the Grant Agreement, C19RM Funds must remain invested in the Approved C19RM Activities and may only be reprogrammed upon prior written approval by the Global Fund, provided that C19RM Funds are not used after 30 June 2021, unless otherwise expressly agreed in writing by the Global Fund.

[*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

By: M.A. Eldon Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Apr 15, 2021

Solidarity and Action Against The HIV Infection in India

By:

Name: Sai Subhasree Raghavan

Title: President

Date: 1/4/2021

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 Goals and objectives

The goals of the program are to contribute towards

- Elimination of mother-to-child transmission of HIV.
- Reducing the new infections by 80% by 2024 by accelerating HIV prevention in key population and at-risk groups.
- Reaching fast track targets, 95-95-95 of ending AIDS among key populations, prisoners and one stop centers ("OSC").

The objectives are as follows for respective components

1. Continue and intensify PMTCT interventions that will help India to reduce mother to child transmission to <5% and increase HIV free survival in 24 states and union territories between 2021 and 2024.
2. Increase HIV testing from 24% to 70% among 2.9 million incarcerated individuals in 37 states and union territories over three years (2021- 2024).
3. Increase linkages of HIV+ incarcerated individuals to care and treatment services from current 79% to 100% in 37 states and union territories over three years (2021- 2024).
4. Increase the availability of integrated behavioral, clinical and social protection services for HIV among transgender population ("TG"), people who inject drugs ("PWID") and bridge populations across the Republic of India.
5. Increase the community participation in the national response through community system strengthening.
6. Ensure 100% of public sector health care service providers responsible for HIV/STI testing and treatment services possess the requisite knowledge and skills to provide quality HIV services over the period 2021-2024.
7. Improve the knowledge and skill of targeted intervention ("TI") service providers in an innovative and sustainable manner through training institutions across the country over the period 2021-24.

2 Program description

Solidarity and Action Against The HIV Infection in India ("SAATHII") has significantly contributed to India's National AIDS Control Programme in the past five years, specifically towards Eliminating Mother to Child Transmission of HIV ("EMTCT") in 22 states, scaling up HIV, TB, STI and Hepatitis interventions among incarcerated populations at 880 prisons and closed settings across 13 states, expanding community-based testing in seven states, and building the capacity of medical doctors, nurses and laboratory technicians across the country. SAATHII will build upon the above successes to strengthen and scale up these interventions, and enable India to fast-track its progress towards the 95-95-95 targets, in the proposed grant.

2.1 Elimination of Mother to Child Transmission (SVETANA)

SAATHII, through SVETANA consortium of partners, has been supporting the scale up of PPTCT services since 2015 in the private sector in 14 states through Global Fund support. In 2018, this program was expanded to cover both private and public sector services in 22 states which account for 47% of total deliveries (14.1/29.9 million) and 65% of the estimated HIV+ pregnant women (14,774/22,677). Over the 24-month period (2018-19), the ŚVETANA program has contributed to increase in the coverage of HIV counselling and testing among

pregnant women from 85 to 100%, positive identification from 45 to 59% and linked 98% of the identified to ART, in these geographies. In addition, testing and reporting by the private sector increased from 35% to 64%. With respect to the retention in the PPTCT cascade, the ŚVETANA program was able to reach 80% of positive pregnant women with education, counselling and psychosocial support which contributed to the retention of 83% of mother-infant pairs at 2 months, 90% at 6 months and 68% at 18 months of birth. In the proposed grant, the SVETANA consortium comprising of SAATHII, SVYM, NCPI+, GSNP+ and a new SR will: (i) accelerate HIV testing of pregnant women from current 100% to 130% (accounting for 20% duplication); (ii) initiate and continue ART among 100% of identified HIV+ pregnant and lactating women; (iii) increase testing of spouses and partners of HIV+ pregnant and lactating women from current 89% to 98%; (iv) increase early infant diagnosis among HIV exposed infants at two months from 83% to 100%; (v) prevent unintended pregnancies; and (vi) prevent new infections among women of reproductive age.

2.2 HIV and TB Interventions for Incarcerated Populations (SUBHIKSHA+)

HIV prevalence (2.1%) among incarcerated population is much higher than the general population (IHSS Plus 2019). To address this, the national program has rolled out HIV interventions in prisons and closed settings in partnership with SAATHII and other partners in the past four years. Despite the scale-up, the coverage continued to be low at 21%. During the proposed grant, SUBHIKSHA consortium comprising of SAATHII, VHS, SVYM, NCPI+, GSNP+, VHS and a new SR, will work together to saturate all prisons and other closed settings (2,047) across 37 states and union territories with HIV and TB interventions. Towards this, SAATHII, SVYM, NCPI+, GSNP+ and a new SR will work in 24 states and union territories (in north, west, and south India), and VHS will work in five (5) eastern and eight (8) North Eastern states. This project named Subhiksha+, will work towards increasing screening and diagnosis of HIV, TB, STI and Hepatitis through delivery of integrated services, and ensure treatment to those detected positive through onsite services or referrals to other free government services. Furthermore, the program will continue to follow-up the inmate and their family members after release to link them to HIV, TB, STI and Hepatitis services closer to their residence.

2.3 Increase the Reach of Key Population with Comprehensive Services and Community System Strengthening

The HIV prevalence among PWID (6.26%), single male migrants (SMM) (0.51%) and transgender population (3.14%) are among the highest among all High-Risk Groups in India. Even though the national program has been funding targeted interventions to support these vulnerable key populations, there are significant gaps and that remain to be addressed. Towards this, SR-VHS will establish one stop centers across the country to identify and serve unreached key populations with HIV services integrated with other health and socio-economic services in alignment with the new national guidelines. Additionally, OSC will also provide additional support and health services to the beneficiaries of existing prevention programs to address their other health and support needs. The program is expected to increase access to and uptake of HIV prevention, counselling and testing services among unreached transgender, PWID, and bridge populations and link those detected positive to treatment services. In addition, the prevention and support services will help reduce the vulnerabilities which are associated with high risk for HIV.

2.4 Capacity Strengthening of HIV Service Providers through Blended Training

Since 2018, SAATHII has been supporting NACO in building the capacity of public health providers (doctors, nurses and lab technicians) on HIV testing, care and treatment through Blended Training Approach. Towards this, SAATHII has developed a robust technology-based Learning Management System and online interactive learning modules and completed the training of master trainers for all cadres. In addition, 13,200 providers (doctors, nurses, lab technicians) were enrolled in online training, among those 42% completed the training and others are underway, and 1,617 providers completed in-person training and others are underway. For the upcoming grant, SAATHII will train additional cadres including ART pharmacists, community care coordinators, data managers, counselors and staff of prevention programs, conduct refresher training to all cadres and establish online community of practice for sharing and discussing difficult cases and scientific advances. In addition, the BCT program will enhance the learning management system and transition it to the government, update the training modules in line with government guidelines and will create institutional mechanisms for the

training by the national program to ensure sustainability. In this phase, SAATHII will be implementing these activities in partnership with SVYM, NCPI+, GSNP+ and a new SR.

3 Strategies

3.1 Elimination of Mother to Child Transmission (SVETANA)

During this phase, SVETANA consortium of partners will focus on integrating HIV counseling and testing of pregnant and lactating women and follow-up of HIV+ pregnant women as part of the general health system and transition these services to the national health mission over a three-year period. Towards this, SVETANA consortium will engage national, state and district government agencies in developing a shared vision, ensure allocation of funding for these activities as part of the national health budgets, train health care providers of maternal and health and family planning departments, and facilitate joint planning and reviews. In addition, SVETANA consortium will further strengthen its partnership with professional medical associations FOGSI, IAP and IMAI, for increasing their stewardship for saturation of private sector facilities with PMTCT services.

SVETANA partners will also expand their interventions towards reducing new infections among women of reproductive age through focused prevention interventions in high prevalence geographies and vulnerable communities, including exposed and infected adolescents, discordant couples, migrants, construction workers, and lorry drivers, and scaling up of self-testing when it becomes available. Preventing unintended pregnancies and planning for intended pregnancies will be another important new strategy during this phase which will entail sensitization of NACP and NHM providers, establishing referral systems between PMTCT and family planning services, accompanied referrals, and ongoing education of PLHIV on family planning with support of VIHAAN staff, government providers and positive networks.

SVETANA program will further strengthen the quality of PMTCT services by decentralizing HIV testing to the village level to ensure early testing (first trimester), motivating disclosure among discordant couples, enrolment of known positives in the PMTCT program, tracking of adherence to viral load monitoring, exclusive breast feeding, medications and facility visits, ensuring uninterrupted supply of ART, ARV and CPT prophylaxis, increasing access to and uptake of comprehensive antenatal, post-natal and new born services, facilitating linkages to nutrition support and other social protection services and engaging men in the care of mother-baby pairs. In addition, the program will continue and build upon its strong outreach systems for improving quality of services as detailed above, retaining the mother-baby pairs until 18 months after delivery and improving spouse and partner testing.

3.2 HIV and TB Interventions for Incarcerated Populations (SUBHIKSHA)

SUBHIKSHA consortium partners will deploy strategies that will effectively reach all the incarcerated population and ensure sustainability after the project period. As a first step, the project will sensitize the officials of all the prisons and OSC, and train their medical and paramedical staff and develop prison specific behaviour change communication (BCC) tools in partnership with the national program.

With regard to HIV, TB, STI and Hepatitis prevention, volunteers selected from the inmates will be trained on BCC, and will be given responsibility for educating the inmates. Efforts will be made to institutionalise prison peer volunteers who can be leverage for other health education also. HIV and TB counselling and screening will be integrated as part of routine medical services where available by establishing facility integrated testing centres (FICTC). For those facilities without medical services, screening camps will be organised with technical and commodity support from the local government testing services (SICTC and FICTC).

For all screened reactive inmates, efforts will be made to ensure confirmation tests are offered within the prison settings and all diagnosed HIV+ inmates will be linked to the nearest ART Center (ARTC) for treatment initiation. In addition, the project will help establish Link ART Centers (LAC) in prisons with a high number of HIV+ inmates, for routine monitoring and counselling and uninterrupted distribution of medicines. Furthermore, the project will facilitate access to STI, TB, viral hepatitis, diagnosis and treatment services as per their need, provide

appropriate harm reduction services to all PWID inmates and will also establish an institutional mechanism to ensure post-release follow-up services to the inmates.

3.3 Increase the Reach of Key Population with Comprehensive Services and Community System Strengthening

SR-VHS will demonstrate and scale up OSC for delivery of integrated HIV, health and support services which will help identify and serve unreached key and bridge population including migrants, truckers, TG population and PWID. The community friendly OSC, will provide clinical, behavioural and support services customized to the needs of bridge and TG population and PWID. Towards this, the OSC will also establish strong referral systems for accessing health services, including mental health services, hormone therapy, gender transition, social protection, livelihood, deaddiction, harm reduction and other OST services. It is anticipated that the national program will scale up these interventions as part of the NSP.

The OSC will coordinate closely with other prevention projects in implementation geographies to avoid duplication and ensure saturation of coverage of all the target key populations. The OSC will establish robust linkages with relevant government facilities towards ensuring uninterrupted supply of test kits, condoms and other consumables required for implementation.

3.4 Resilient and Sustainable Systems in Health: Strengthening of HIV Service Providers, Community Members and Organizations

Towards building sustainable and resilient health systems, SAATHII will further strengthen the electronic platform, entitled Learning Management System (LMS), integrate with the existing IT systems of the national program and transition to the government. LMS is a comprehensive online platform which includes the functionalities for needs assessment of trainees, uploading of trainee details and training modules, enrolling, tracking the progress and evaluating the performance of trainees, and organizing continuing medical education sessions. SAATHII will also expand upon the current online and classroom training modules to cover prevention, program management, data management and use, will update them as per the changes in the guidelines and upload on the LMS. With robust online system and comprehensive set of update training modules, LMS will be evolved as an HIV academy, managed by government through domestic budget after the project period.

In addition, SAATHII will capitalize efforts from the 2017-2019 allocation grant, expand the training to additional cadres responsible for prevention, care and treatment, and will conduct refresher trainings, continuing medical education sessions and case discussion series for all cadres based on the findings post-training assessment and supportive monitoring visits. Towards building cost efficiency and sustainability, SAATHII will leverage the changes occurred during the COVID period, with regard to increase in familiarity in use of online platforms by the trainees and will conduct these sessions mainly through online methods.

SAATHII will identify and strengthen the capacity of existing training institutions for training of the providers of the prevention programs and will also support them in rolling out of the trainings which will be funded by the state government through the domestic budgets. It is anticipated that these institutions will be supported by the government through domestic budget after the project period. SAATHII will collaborate with NACO and other CBO and NGO partners in implementing a package of community systems strengthening including improving social mobilization, building community linkages and coordination to improve community resilience.

4 Planned Activities

4.1 Elimination of Mother to Child Transmission (SVETANA)

- Reduce new infections through:
  - Strengthening counselling of at-risk couples with focus on migrants, agricultural, non-agricultural laborers, exposed adolescents and young adults;
  - Promoting self-testing;
  - Integration of HIV prevention as part of routine counselors of adolescent program; and

- Scaling of community based screening in high prevalent geographies.
- Prevent unintended pregnancies through
    - Increase availability of family planning services by training of both providers of HIV and RMNCH+A services;
    - Strengthening referral systems and tracking the uptake of services; and
    - Educating WLHIV and increasing uptake of family planning services.
- Prevent new infections among children through
    - Strengthening the ownership of and oversight by state and district level government bodies through advocacy, ongoing sensitization, formation of EMTCT committees, and ensuring joint monitoring of the program;
    - Ensuring HIV testing of all pregnant women in the first trimester through integration of HIV testing with routine antenatal services and decentralising of HIV testing to the village level and enrollment of all eligible private maternal health facilities in the program;
    - Initiating ART among the newly identified HIV+ pregnant women and tracking those already on treatment and become pregnant;
    - Retaining mother-baby pairs until after 18 months of delivery and ensuring viral supporession through provision of quality PMTCT services;
    - HIV testing, linkage to treatment, and engagement of spouses and partners in the care of mother and baby; and
    - Leveraging Blended Training for improving quality of services in the public sector health sector.

4.2 HIV and TB Interventions for Incarcerated Populations (SUBHIKSHA)

- Increase the ownership and oversight of the national, state and district government bodies through sensitization, organising of the national and state level launches, formation of National, State and District Level Oversight Committees and facilitation of joint reviews.
- Map all prisons and OSC (2,047) across 37 states and union territories.
- Map HIV, TB, STI and Hepatitis service providers and establish referral systems.
- Sensitize and train officials, medical and paramedical staff of prisons and OSC.
- Select and train Prison Peer Volunteers on provision of HIV/TB/STI/HBV/HCV services.
- Developing specific IEC material packages.
- Increase awareness on HIV, TB, STI, HBV and HCV prevention, diagnosis and treatment in prisons and OCS through; (a) one-to-one and one-to-group counselling or education; (b) display of posters and wall paintings; (c) screening of short video films; (d) prison radio stations; and (e) large group activities such as sports, yoga, folk theatre and film shows.
- Scale up HIV, TB, STI, and Hepatitis counselling and screening services through integration with routine medical services of the prisons or by organising screening camps.
- Ensure the confirmatory testing and linkage to treatment for HIV, TB, STI, Hep C and HBV.
- Provide positive living and treatment adherence counselling to the HIV+ inmates.
- Motivate all PWID inmates to access OST services where available.
- Ensure post-release linkage of HIV+ inmates to care and treatment services of Vihaan, TB patients to Directly Observed Treatment Short-course providers, and PWID inmates OST and rehabilitation centers.
- Facilitate ongoing sharing of good practices for timely replication across the country.

4.3 Increase the Reach of Key Population with Comprehensive Services and Community System Strengthening

- Increase the ownership and oversight of the national, state and district government bodies through sensitization, formation of National, State and District Level Oversight Committees and facilitation of joint reviews.
- Sensitize and train relevant government officials, health care providers, employers, lawyers, media, and other stakeholders at the national, state, and district levels.
- Map and estimate the size of the KPs in all operational and their surrounding districts.

- Promote one-stop centres for key populations through various demand generation activities including mid-media, and mass-media campaigns.
- Establish OSC which entails:
  - Identifying suitable locations by avoiding overlap with other prevention programs;
  - Establishing linkages with government services for supplies of test kits and condoms;
  - Establishing referral systems with HIV, health and social support service providers; and
  - Establish linkages with prevention (TI) projects located around the OSC for providing value added services to their clients.
- Roll out the OSC services which include:
  - Awareness on HIV, prevention, diagnosis and treatment through one-to-one and one-to-group counselling and education;
  - HIV counselling and screening services either at the OSC, and/or organising camps at suitable locations / sites / hotspots;
  - Referral and linkage for confirmatory testing, HIV treatment and other health and support services;
  - Positive living and treatment adherence counselling;
  - Linkage to the prevention (TI) projects for accessing additional prevention services;
  - Monthly health and welfare camps which entails health assessment by doctor including screening for non-communicable diseases, and literacy on and access to Social Protection Schemes and Services (SPS);
  - For PWID, organising bi-monthly sessions with Psychiatrists, roll out of PreP and PEP when available, and refer them for specialised social services such as employment support, occupational rehabilitation, life skill training and other de-addiction services; and
  - For transgender organise bi-monthly sessions with experts, monthly legal clinic and provide emergency shelter services.
- Establishing Trans integrated clinics at the Government Medical Colleges.
- Support the National Government in updating guidelines for migrants and truckers.

Community System Strengthening

- Map and identify community advocates (CA) and CBOs and build their capacity.
- Provide technical assistance and mentoring support to CA, CBO and CBO Networks.
- Organise annual leadership development and advocacy planning meetings and quarterly state level advocacy meetings among CBO and network representatives.
- Document and disseminate best practices and introduce e-newsletter for providing technical update and cross-learning among CBO and network representatives.
- Capacitate communities for implementation of community score card system.
- Facilitate participation of CAs in National, State and District Level Community Advisory Boards for presenting score cards and advocating on pressing issues of key population.

4.4 Capacity Strengthening of HIV Service Providers through Blended Training

- Modify Learning Management System for learner friendliness.
- Enhance the curriculum of all cadres to include the NACP program components and Management, M&E systems, data management, visualization and use of data for decision making, and leadership and team management.
- Conduct induction training for new cadres and refresher trainings for previous cadres from public health facilities and improving quality of trainings through trainee feedback.
- Expand the training to private sector providers and other public sector cadres.
- Conduct online Community of Practice (CoP) sessions to facilitate discussion of complex cases and to provide technical updates on emerging issues.
- Identify and build the capacity of 19 training Institutes that will be responsible for training of the staff of prevention interventions (NGOs and CBOs).
- Conduct training of the staff of prevention interventions through training institutes.

5 Target Group/Beneficiaries

- Women of reproductive age, pregnant women in 24 Śvetana states / UTs (14.1 million), and HIV+ positive pregnant and lactating women (newly identified and known positive), and their spouses, partners, and children
- Men, women and TG in prisons and closed settings and HIV+ inmates
- Transgender population
- Migrant workers and truckers (bridge population)
- People who inject/use drugs (PWID/PWUD)
- Doctors, nurses, lab technicians, and outreach workers
- Medical officers, nurses, lab technicians at ICTC, ART and STI centres, and TI training institutes

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

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Performance Framework

Country	India
Grant Name	IND-H-SAATHII
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	Solidarity and Action Against The HIV Infection in India

Reporting Periods							
	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 Achieving zero new infections, zero AIDS-related deaths and zero AIDS related stigma & discrimination

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023	2024
1	HIV I-14 Number of new HIV infections per 1000 uninfected population	India	N: .05 D: P:	2019 India HIV AIDS Estimation 2019	Gender | Age,Gender,Age	Solidarity and Action Against The HIV Infection in India	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments The indicator and targets will be finalized by NACO to align with NSP, and this will be revised as per communication from NACO									
2	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	Solidarity and Action Against The HIV Infection in India	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments The indicator and targets will be finalized by NACO to align with NSP, and this will be revised as per communication from NACO									
3	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 AIDS Estimation 2019		Solidarity and Action Against The HIV Infection in India	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments 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	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

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	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023	2024
1	HIV O-11[illegible] Percentage of people living with HIV who know their HIV status at the end of the reporting period	India	N: D: P:		Gender	Solidarity and Action Against The HIV Infection in India	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments The indicator and targets will be finalized by NACO and this will be revised as per communication from NACO									
2	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	India	N: D: P:		Gender	Solidarity and Action Against The HIV Infection in India	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments The indicator and targets will be finalized by NACO and this will be revised as per communication from NACO									

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
PMTCT															
1		PMTCT-1 Percentage of pregnant women who know their HIV status	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 15,794,324 D: 16,219,300 P: 97.4%	2019 SIMS	HIV test status	Yes	Solidarity and Action Against The HIV Infection in India	Non cumulative - special	N: 8,092,030 D: 16,184,060 P: 50.0%	N: 8,496,631 D: 16,184,060 P: 52.5%	N: 8,901,233 D: 16,184,060 P: 55.0%	N: 9,305,835 D: 16,184,060 P: 57.5%	N: 9,710,436 D: 16,184,060 P: 60.0%	N: 10,115,038 D: 16,184,060 P: 62.5%
	Comments Indicator and targets are set in alignment with NSP. Numerator - is the number of pregnant women who tested for HIV at Stand Alone ICTC and FICTCs (includes both public and private health sector) and know their status and reported in the national strategic information management system (SIMS). Denominator - Estimated number of pregnant women who delivered in the 23 Švetana states as reported in the national Health Management Information System (HMIS). Baseline – Data source is HMIS 2019-20 for the denominator and for numerator, number reported in SIMS for the period 2019-20. Assumptions for target setting: HMIS data on estimated pregnancies for 2019-20 was considered for projecting the targets. the baseline for HIV testing among pregnant testing was 101% in the 21 Svetana states with ten states having 100% and above testing of pregnant women, including Chandigarh (140%), DNH (155%), Maharashtra (122%), Puducherry (171%) & Telangana (127%) reporting highest testing numbers. The validation study conducted by National program estimated duplication in HIV testing among pregnant about 22% in public sector and 10% in private sector (source: Report on validation exercise conducted in Maharashtra, 2016). Therefore assuming duplications in HIV testing reported in public and private sectors, the target setting was directed to achieve more than 100% of the proposed targets to ensure higher testing coverage of pregnant women. The project will implement the following strategies to increase the number of pregnant women tested and reported : i) increase the private sector testing and reporting from the current level of 55% to 85% by Y3; ii) coordination and advocacy to ensure budgeting for HIV testing kits in state PIP and increase the number of pregnant women testing through the VHSND or at sub-center level and PMSMA in low coverage areas of EMTCT core states and other states where ANC testing coverage is low; iii) Increase the number and percentage of reporting from FICTCs by 5% to 10%, from the current level of 90%. Target: The target setting is aimed towards reaching the EMTCT process targets of 95% ANC HIV Testing and beyond in the core EMTCT states and other states. Considering the overall achievement & field efficiency wherein testing has surpassed the estimated number in many of the Svetana states, the projected targets follows increasing trajectory starting at 105% in Year 1 and reaching 125% by year 3.														
2		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: 8,580 D: 9,166 P: 93.6%	2019 SAATHII program report		Yes	Solidarity and Action Against The HIV Infection in India	Non cumulative - special	N: 4,583 D: 9,166 P: 50.0%	N: 4,583 D: 9,166 P: 50.0%	N: 4,583 D: 9,166 P: 50.0%	N: 4,583 D: 9,166 P: 50.0%	N: 4,583 D: 9,166 P: 50.0%	N: 4,583 D: 9,166 P: 50.0%
	Comments Indicator and targets are set in alignment with NSP. Numerator - Number of HIV-positive pregnant women (including new identified and known positives) who are to be initiated/ or are continued on ART from Švetana program line list. Denominator used for target setting is the number of HIV positive pregnant women for 24 States/UTs as per the data of 2019-20 in SIMS (including new and known positive pregnant women); and at the time of reporting, the actual number of HIV positive pregnant women identified and reported in SIMS for that reporting period will be used for this denominator. Baseline (2019-20) - was calculated based on the number of positive pregnant women (new & known) reported in the SIMS (for denominator) and number of positive pregnant women initiated/continued on ART in the Švetana program ; for MP data from Plan India line list (for numerator). Target – Projected at 100% from Year 1 to Year3. Considerations/assumptions for projecting the targets are, i)The current baseline overall achievement which is at 94%. Fifteen of the 21 Svetana implementation states had achieved 95% and more in year 2019-20. Especially, in the eight states that had accounted for 53% of the positive pregnant women in 2019-20, the number of PPW initiated/on ART was 95% and above, ii)NACO will ensure institutional arrangements with SACS or directly from CST division for sharing the positive mothers line list to the project teams. iii)Alignment with the Goal of 95-95-95 - In line with the national agenda including achieving EMTCT goals.														
3		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: 6,641 D: 7,787 P: 85.3%	2019 SAATHII program report	HIV test status	Yes	Solidarity and Action Against The HIV Infection in India	Non cumulative	N: 3,919 D: 4,124,7 P: 95,0%	N: 3,919 D: 4,124,7 P: 95,0%	N: 4,124 D: 4,124,7 P: 100,0%	N: 4,124 D: 4,124,7 P: 100.0%	N: 4,124 D: 4,124,7 P: 100.0%	N: 4,124 D: 4,124,7 P: 100.0%

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Comments

3

Indicator and targets are set in alignment with NSP. Numerator is the number of eligible babies who completed first early infant diagnosis (EID) within 2 month from Svetana line list. The denominator is the estimated number of eligible babies (2 month EID) born to positive pregnant women calculated based on SIMS 2019-20 total positive pregnant women minus the 10% reduction for pregnancy loss. At the time of reporting, the actual number of eligible infants born to HIV positive pregnant women for the specified reporting period, will be calculated and used for this denominator. Baseline (2019-20) - was calculated using Švetana line list data of eligible babies (denominator) and those tested within 2 months as reported in Svetana MIS and from MP state from Plan India (numerator). Target - The target for all Svetana states in Y1 is projected at 95%, and 100% for Y2 & Y3. Considerations for projecting the targets were, a. Current achievement - Four of the twenty-one Svetana states had reported less than 80% EID completed. Fifteen states had reportedly tested 85% and more of the eligible babies. Hence, considering the current efficiencies, the projected targets for year 1 aims at testing 95% or more eligible babies which will be then scaled up to 100% by year 2. The strategies that will be used for reaching the set targets will include: i) weekly due list generation and intensive follow up of the eligible mother baby pairs; ii) close coordination with SA ICTC to ensure uninterrupted supply cf consumables and DBS cards; and iii) coordination with ICTC counsellors for appointment-based method for bringing the eligible mother baby pairs to EID testing. b. Goal of 95-95-95 - In line with the national agenda including achieving EMTCT goals.

Differentiated HIV Testing Services

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 National, 100% of national program target	N: D: P:		HIV test status	Yes	Solidarity and Action Against The HIV Infection in India	Non cumulative	N: 2,590 D: 47,552 P: 5.4%	N: 10,249 D: 47,552 P: 21.6%	N: 15,227 D: 47,552 P: 32.0%	N: 18,301 D: 47,552 P: 38.5%	N: 21,961 D: 47,552 P: 46.2%	N: 26,353 D: 47,552 P: 55.4%

Comments

4

Indicator and targets are set in alignment with NSP, Baseline & actual denominator not available, Numerator - Number of vulnerable populations (migrants & truckers) registered with OSC who received HIV test during the reporting period. (Denominator - Number of vulnerable populations (truckers & migrants) registered in the One Stop Centres (OSCs) during the reporting period. The denominator used for target setting is estimated population within the district where the OSC will be located, Currently, Currently updated population size estimates are not available. NACO is undertaking a a Programmatic Mapping and Population Size Estimation (p-MPSE) and based on this report, the population size estimates and current coverage gaps will be considered for revising the targets. Besides referring to p-MPSE, the project will source current target population size, coverage gaps at states and district levels. Projected targets will be finalised during the first three to six months of implementation. The actual denominator will be calculated based on the p-MPSE report (NACO is currently urdertaking this exercise) and initial field level interactions with SACS, DAPCUs & TIs.) within the first two quarters. Target setting was based on: 1. Targets have been projected based on the number of One Stop Centres established for Migrants & Truckers over Period 1 to Period 3. Four OSCs will be set-up in P1, sixteen in P2 and 14 in P3. 2. Targets projected based on testing load for each OSCs. For vulnerable populations (truckers & migrants) OSCs, it was calculated at 370 per centre in P1 to 775 in P6. Assumptions for projecting targets- 1.New and already registered community members (with TIs) are expected to visit the OSCs and the coverage under this indicator will go upto 70% for vulnerable populations (truckers & migrants). 2. The OSCs will cater to beneficiaries who are not covered by existing TIs and will not duplicate the efforts of these TIs. However, OSCs services will be offered to any beneficiary who wants to access the services regardless whether they are covered by existing TIs. The project will put in place a mechanism for identifying such beneficiaries who access both OSCs and TI services. Duplication of services and reporting will be identified and sorted out between the OSC and TIs through this system. Moreover, the proposed OSCs will be established outside the existing TI catchment areas. 3.The OSCs will not only provide services to the population located within the district where the OSCs will be established, but also from adjoining districts and the unreached population from the state. 4.Disaggregated data by type of population (truckers & migrants) will be reported.

	HTS Other-1: Percentage of other vulnerable population who have received an HIV test during reporitng period and know their results (spouses of HIV positive pregnant women)	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 8,215 D: 9,166 P: 89.6%	2019 SAATHII program report		Yes	Solidarity and Action Against The HIV Infection in India	Non cumulative	N: 4,583 D: 4,583 P: 100.0%	N: 4,583 D: 4,583 P: 100.0%	N: 4,583 D: 4,583 P: 100.0%	N: 4,583 D: 4,583 P: 100.0%	N: 4,583 D: 4,583 P: 100.0%	N: 4,583 D: 4,583 P: 100.0%

5

Comments

Indicator and targets are set in alignment with NSP. Numerator - Number of spouses of positive pregnant women who tested for HIV and know their status and data source will be from Svetana line list. Denominator will be the number of HIV positive pregnant women for 24 states and UTs (including new and known positive pregnant women) as per the data reported in SIMS/SOCH for the period 2019-20. At the time of reporting the actual number of HIV Positive pregnant women reported in SIMS/ SOCH during the reporting period will be used as the denominator. Baseline (2019-20) - was calculated based on number of positive pregnant women reported in SIMS (for denominator) and number of spouses of positive pregnant women who tested for HIV in the Svetana line list; anf for MP from Plan INdia line list (for numerator). Target The target for this indicator has been projected to achieve 100% from Year 1 to Year 3. Considerations for target projections are, a. Current achievement - Sixteen states had reported 90% or more testing of spouses in 2019-20. b. Goal of 95-95-95 - In line with the national agenda including achieving national goals towards elimination of HIV, the project had enumerated these targets.

People in prisons and other closed settings	HTS-3f(M) Number of people in prisons or other closed settings 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: 456,769 D: P:	2019 SAATHII program report	HIV test status	Yes	Solidarity and Action Against The HIV Infection in India	Non cumulative	N: 306,556 D: P:	N: 358,963 D: P:	N: 438,533 D: P:	N: 524,199 D: P:	N: 626,922 D: P:	N: 657,865 D: P:

Comments

6

Indicator and targets are set in alignment with NSP. Numerator - Number of inmates in prison and closed settings (from 31 States/UTs where interventions are in place) tested for HIV and reported in national reporting system, SIMS. (Denominator - Number of inmates in prisons and other closed settings from 37 States/UTs, includes convicts, under trials and inmates of Other Closed Setting for the reporting period;) Baseline (2019-20) -Numerator is the number of inmates tested for HIV is 4,56,769, the source is the monthly reports submitted to NACO by the states. Baseline denominator is the annual population of inmates is 18,86,092, the source of this data is Prisons Statistics India, 2019 report, National Crime Records Bureau, Ministry of Home affairs, Target Setting was done as per following: The overall targets for number of inmates that received HIV test is projected at 35% in Year 1, 51% in Year 2 and 68% in Year 3. The assumptions / considerations for projecting the targets were, a. Current coverage - The current coverage in 31 states/UTs (started in 2018 by SAATHII) where implementation is ongoing indicates presence of resources and systems in place. However, majority of the states have reported low testing figures in SIMS, Only states/UTs such as Tamilnadu (83%), Chandigarh (78%), Jharkhand (63%), Arunachal Pradesh (56%), and Himachal Pradesh (51%) had reported HIV testing at more than 50%. Sixteen States/UTs had reported HIV testing of inmates at less than 25%. In SAATHII implementation states/UTs, the projected target is at 30% in period 1 in states with baseline less than the proposed target. The states with more than 60% baseline achievement have been projected targets at incremental increase of 5% between the years. In VHS (SR) implementation states, where majority of the states/UTs (9) have baseline achievement less than 25%, the targets had been projected at incremental increase of 10% - 15% over the years so as to achieve overall testing targets at 70%. b.Trained manpower available at the implementation sites, absence of prior intervention at new states, and the implementation experience of VHS when projecting targets. c.Current facilities -SAATHII proposes to cover 1350 incarceration housing a total of 281 (220 FICTCs & 61 SAICTCs) HIV testing facilities. In the proposed intervention sites, 81% (1227 facilities) do not have in house testing for HIV and 9 states do not have in house HIV testing facilities. Only Himachal Pradesh & Delhi had higher proportion of in-house HIV testing to facilities (11 FICTCs for 14 Prisons & OCS in Himachal Pradesh, 9 FICTCs & 1 SAICTC for 14 Prisons & CCS). d.Inmate population (including turnover) - Prisons and OCS in the proposed implementation states are populated with more inmates than the designated capacity. More than 68% of the inmates are Undertrials who are highly floating population and this poses a challenge in uptake of HIV testing services due to non-availability of 24/7 testing services within the facilities. The proposed strategies for achieving the projected targets are as follows but not limited to, i) Establish FICTCs in facilities with more than 500 inmates, ii) Extend service coverage by SAICTCs located within facilities to nearby facilities where no such services are available, iii) organise more screening camps within the facilities in coordination with nearest SAICTCs.

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#	Population	Indicator	Country / Coverage	Baseline	Baseline year and source	Disaggregation	Required	Responsible PR	Cumulation type	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6
7	Non-specified population groups	HTS-5 Percentage of people newly diagnosed with HIV initiated on ART	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 1,939 D: 2,443 P: 79.4%	2019 SAATHII program report	Gender,Target / Risk population group	Yes	Solidarity and Action Against The HIV Infection in India	Non cumulative	N: 1,972 D: 2,464 P: 80.0%	N: 2,732 D: 3,213.771131 P: 85.0%	N: 3,671 D: 4,078.874819 P: 90.0%	N: 4,726 D: 4,974.744147 P: 95.0%	N: 5,985 D: 5,984.552214 P: 100.0%	N: 6,291 D: 6,290.761993 P: 100.0%

Comments

Indicator and targets are set in alignment with NSP. This indicator refers specifically to prisoners and inmates. Numerator - Is the number of newly identified HIV positive inmates who have been initiated on ART. For reporting, Positive line list from Project MIS will be the data source. Denominator - Is the number of inmates who had tested HIV positive (only new) identified in prisons & other closed settings as reported in SIMS/SOCH. For calculating the denominator, actual number of newly identified HIV positive inmates from prisons and other closed settings from 37 states/UTs and reported in SIMS/SOCH will be considered. Known positives will be excluded from the calculation. Baseline (2019-20) - The denominator was the newly diagnosed inmates with HIV and numerator was newly diagnosed HIV positive inmates initiated on ART. The source for the baseline (numerator & denominator) was the monthly State AIDS Control Society Reports submitted to NACO, from 31 States/UTs. Targets were set based on the following considerations: a. Current coverage - The overall ART linkage is 79% (2019-20), with States/UTs such as Bihar, Delhi, Madhyapradesh, Punjab, Rajasthan & Uttarpradesh which detected 65% of the ART cases, had linked 75%-90% of the PLHIVs with ART services. Considering the baseline of 79%, the project aims to link 85% of the newly identified cases with ART services by Year 1. The projected targets are in increasing trajectory and aims to achieve 100% by Year 3 across all states. For five UTs which has no interventions the ART coverage has been projected based on the national program positivity rate of 0.53%. b. Goal of 95-95-95 - The project targets are in line with the national goal of achieving 95-95-95. c. Viable strategies - Are as follows but not limited to, i) In the proposed subhiksha+ states, 54 Link ART Centers (LACs) are located within the prison and will also advocate to establish LACs in prisons where more than 10 HIV positive cases had been detected; ii) Prison Peer Mobilisers employed in the project will closely monitor and ensure early initiation of ART; iii) the project will establish linkages with ART centers and LACs located outside the prisons to enable early registration and continuation of ART services to HIV positive inmates; iv) sustained advocacy with prison staff on importance of testing and linkages to ART services.

#	Population	Indicator	Country / Coverage	Baseline	Baseline year and source	Disaggregation	Required	Responsible PR	Cumulation type	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6
8	Transgender people	HTS-3b ᴹ Percentage of transgender people 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: D: P:		Age,HIV test status	Yes	Solidarity and Action Against The HIV Infection in India	Non cumulative	N: 1,600 D: 14,114 P: 11.3%	N: 4,160 D: 14,114 P: 29.5%	N: 8,840 D: 14,114 P: 62.6%	N: 10,648 D: 14,114 P: 75.4%	N: 11,713 D: 14,114 P: 83.0%	N: 12,884 D: 14,114 P: 91.3%

Comments

Indicator and targets are set in alignment with NSP. Baseline & actual denominator not available. Numerator - Number of Transgenders registered at the OSCs who received HIV test during the reporting period. Denominator - Number of Transgenders (TGs) registered in the One Stop Centres (OSCs) during the reporting period. The denominator used for target setting is the estimated population within the district where the OSC will be located. Currently updated population size estimates are not available. NACO is undertaking a Programmatic Mapping and Population Size Estimation (p-MPSE) and based on this report, the population size estimates and current coverage gaps will be considered for revising the targets. Besides referring to p-MPSE, the project will source current target population size, coverage gaps at states and district levels. Projected targets will be finalised during the first three to six months of implementation.During the reporting, the actual denominator will be calculated based on the p-MPSE report (NACO is currently undertaking this exercise) and initial field level interactions with SACS, DAPCUs & TIs in the two quarters.) Targets setting was based on: 1. Targets have been projected based on the number of One Stop Centres established for TGs between Period 1 to Period 3. Four OSCs will be set-up in period 1, six in period 2 and ten in period 3. 2. Targets projected based on testing load for each OSCs. For TGs, the testing load has been projected at 400 per centre in P1 which is gradually increased to 644 per centre by P6. Assumptions for projecting targets- 1. New and already registered community members (with TIs) are expected to visit the OSCs. There will be repeat tests done as per the protocol where TGs are expected to test for HIV once in six months. In the revised targets, the percentage coverage of unreached population will go upto 95%. 2. The OSCs will cater to beneficiaries who are not covered by existing TIs and will not duplicate the efforts of these TIs. However, OSCs services will be offered to any beneficiary who wants to access the services regardless whether they are covered by existing TIs. The project will put in place a mechanism for identifying such beneficiaries who access both OSCs and TI services. Duplication of services and reporting will be identified and sorted out between the OSC and TIs through this system. Moreover, the proposed OSCs will be established outside the existing TI catchment areas. 3.The OSCs will not only provide services to the population located within the district where the OSCs will be established, but also from adjoining districts and the unreached population from the state.

#	Population	Indicator	Country / Coverage	Baseline	Baseline year and source	Disaggregation	Required	Responsible PR	Cumulation type	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6
9	People who inject drugs and their partners	HTS-3d ᴹ Percentage of people who inject drugs 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: D: P:		Age,Gender,HIV test status	Yes	Solidarity and Action Against The HIV Infection in India	Non cumulative	N: 1,000 D: 7,581 P: 13.2%	N: 3,600 D: 7,581 P: 47.5%	N: 4,985 D: 7,581 P: 65.8%	N: 5,656.75 D: 7,581 P: 74.6%	N: 6,222.42 D: 7,581 P: 82.1%	N: 6,845 D: 7,581 P: 90.3%

Comments

Indicator and targets are set in alignment with NSP. Baseline & actual denominator not available. Numerator - Number of PWIDs registered in OSCs who received HIV test during the reporting period. (Denominator - Number of People Who Inject Drugs (PWID) registered in the One Stop Centres (OSCs) during the reporting period. The denominator used for target setting is the estimated population within the district where the OSC will be located. Currently updated population size estimates are not available; NACO is undertaking a a Programmatic Mapping and Population Size Estimation (p-MPSE) and based on this report, the population size estimates and current coverage gaps will be considered for revising the targets. Besides referring to p-MPSE, the project will source current target population size, coverage gaps at states and district levels. Projected targets will be finalised during the first three to six months of implementation. During reporting the actual denominator will be calculated based on the p-MPSE report (NACO is currently undertaking this exercise) and initial field level interactions with SACS, DAPCUs & TIs in the first two quarters. Target setting was based on: 1. Targets have been projected based on the number of One Stop Centres established for PWID, over Period 1 to Period 3. Four OSCs will be set-up in P1 and 13 in P2. 2. Targets projected based on testing load for each OSCs. For PWID OSCs, it was calculated at 250 per centre in P1 to 403 in P6. Assumptions for projecting targets- 1.New and already registered community members (with TIs) are expected to visit the OSCs. There will be repeat tests done as per the protocol where PWID are expected to test for HIV once in six months. In the revised targets, the percentage coverage of unreached population will go upto 95% for PWID. 2. The OSCs will cater to beneficiaries who are not covered by existing TIs and will not duplicate the efforts of these TIs. However, OSCs services will be offered to any beneficiary who wants to access the services regardless whether they are covered by existing TIs. The project will put in place a mechanism for identifying such beneficiaries who access both OSCs and TI services. Duplication of services and reporting will be identified and sorted out between the OSC and TIs through this system. Moreover, the proposed OSCs will be established outside the existing TI catchment areas. 3.The OSCs will not only provide services to the population located within the district where the OSCs will be established, but also from adjoining districts and the unreached population from the state.

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country

Comments

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Summary Budget

Country	India
Grant Name	IND-H-SAATHII
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	Solidarity and Action Against The HIV Infection in India

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
COVID-19	$6,824,868				**$6,824,868**											**$6,824,868**	**25.8 %**
Differentiated HIV Testing Services	$315,329	$303,181	$372,184	$381,885	**$1,372,579**	$389,409	$394,065	$443,514	$377,825	**$1,604,812**	$325,089	$323,084	$335,408	$304,441	**$1,288,022**	**$4,265,413**	**16.1 %**
PMTCT	$570,649	$629,625	$622,358	$604,421	**$2,427,052**	$525,626	$523,939	$580,229	$508,878	**$2,138,671**	$371,532	$354,403	$371,532	$241,540	**$1,339,008**	**$5,904,732**	**22.3 %**
Prevention	$77,001	$142,179	$204,149	$184,574	**$607,904**	$272,916	$225,579	$204,948	$226,774	**$930,216**	$191,215	$211,711	$184,857	$173,031	**$760,814**	**$2,298,935**	**8.7 %**
Program management	$615,261	$455,359	$419,666	$580,799	**$2,071,085**	$522,651	$418,152	$415,962	$556,673	**$1,913,438**	$334,798	$302,160	$299,946	$410,601	**$1,347,505**	**$5,332,028**	**20.2 %**
RSSH: Health management information systems and M&E								$17,839		**$17,839**			$30,581		**$30,581**	**$48,421**	**0.2 %**
RSSH: Human resources for health, including community health workers	$183,303	$186,351	$247,218	$163,665	**$780,538**	$196,816	$172,707	$187,950	$142,847	**$700,320**	$77,332	$63,463	$77,332	$63,463	**$281,589**	**$1,762,447**	**6.7 %**
Treatment, care and support						$13,538				**$13,538**						**$13,538**	**0.1 %**
Grand Total	**$8,586,411**	**$1,716,696**	**$1,865,576**	**$1,915,344**	**$14,084,027**	**$1,920,954**	**$1,734,441**	**$1,850,442**	**$1,812,997**	**$7,318,834**	**$1,299,966**	**$1,254,821**	**$1,299,657**	**$1,193,077**	**$5,047,520**	**$26,450,381**	**100.0 %**

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)	$813,984	$835,525	$862,262	$893,147	**$3,404,918**	$938,790	$900,380	$897,775	$926,206	**$3,663,151**	$672,728	$644,549	$643,349	$665,339	**$2,625,965**	**$9,694,033**	**36.6 %**
Travel related costs (TRC)	$807,478	$638,645	$797,884	$799,592	**$3,043,599**	$760,660	$678,425	$780,197	$662,330	**$2,881,613**	$491,392	$475,907	$493,201	$314,263	**$1,774,764**	**$7,699,976**	**29.1 %**
External Professional services (EPS)	$25,310	$38,259	$30,625	$97,308	**$191,502**	$26,239	$12,701	$30,540	$96,870	**$166,350**	$12,208	$12,208	$42,789	$96,377	**$163,582**	**$521,434**	**2.0 %**
Infrastructure (INF)	$21,224	$18,005			**$39,229**	$11,372				**$11,372**						**$50,601**	**0.2 %**
Non-health equipment (NHP)	$148,029	$52,805	$8,586	$8,344	**$217,764**	$26,699	$6,703	$6,217	$5,975	**$45,593**	$7,833	$5,011	$4,525	$4,283	**$21,652**	**$285,009**	**1.1 %**
Communication Material and Publications (CMP)	$15,796	$55,162	$70,813	$16,105	**$157,876**	$39,840	$21,867	$19,993	$7,251	**$88,951**	$3,190	$6,168	$6,168	$3,190	**$18,715**	**$265,542**	**1.0 %**
Indirect and Overhead Costs	$66,430	$78,294	$95,406	$100,171	**$340,301**	$117,355	$114,365	$114,365	$114,365	**$460,450**	$112,615	$109,625	$109,625	$109,625	**$441,490**	**$1,242,241**	**4.7 %**
Living support to client/ target population (LSCTP)	$6,688,160			$677	**$6,688,837**			$1,354		**$1,354**		$1,354			**$1,354**	**$6,691,544**	**25.3 %**
GrandTotal	**$8,586,411**	**$1,716,696**	**$1,865,576**	**$1,915,344**	**$14,084,027**	**$1,920,954**	**$1,734,441**	**$1,850,442**	**$1,812,997**	**$7,318,834**	**$1,299,966**	**$1,254,821**	**$1,299,657**	**$1,193,077**	**$5,047,520**	**$26,450,381**	**100.0 %**

The Global Fund

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
																	0.0 %
																	0.0 %
PR	**$7,233,465**	**$269,114**	**$329,832**	**$447,619**	**$8,280,030**	**$397,682**	**$354,719**	**$348,264**	**$427,722**	**$1,528,387**	**$221,396**	**$211,679**	**$211,193**	**$295,120**	**$939,389**	**$10,747,806**	**40.6 %**
Solidarity and Action Against The HIV Infection in India	$7,233,465	$269,114	$329,832	$447,619	$8,280,030	$397,682	$354,719	$348,264	$427,722	$1,528,387	$221,396	$211,679	$211,193	$295,120	$939,389	$10,747,806	40.6 %
SR	**$1,352,946**	**$1,447,581**	**$1,535,745**	**$1,467,724**	**$5,803,997**	**$1,523,272**	**$1,379,722**	**$1,502,178**	**$1,385,274**	**$5,790,447**	**$1,078,570**	**$1,043,142**	**$1,088,464**	**$897,957**	**$4,108,132**	**$15,702,575**	**59.4 %**
Gujarat State Network of People Living with HIV/AIDS (GSNP+) - SR	$80,475	$78,256	$85,711	$76,498	$320,939	$70,777	$66,235	$73,002	$61,295	$271,309	$48,227	$43,183	$46,438	$32,721	$170,569	$762,818	2.9 %
Madhya Pradesh - New SR	$135,052	$113,216	$112,938	$109,075	$470,281	$103,274	$98,330	$112,982	$91,334	$405,920	$73,741	$66,099	$71,052	$50,450	$261,342	$1,137,543	4.3 %
NATIONAL COALITION OF PEOPLE LIVING WITH HIV IN INDIA (NCPI+) - SR	$122,515	$117,680	$94,784	$93,001	$427,981	$94,188	$90,223	$95,786	$84,032	$364,228	$60,443	$54,718	$57,929	$38,608	$211,698	$1,003,907	3.8 %
SAATHII -SU-North East	$16,893	$13,586	$28,335	$14,199	$73,013	$11,717	$9,984	$9,436	$9,086	$40,223	$2,857	$2,826	$2,755	$3,023	$11,460	$124,696	0.5 %
SAATHII-SU-APTS	$108,224	$103,822	$122,479	$111,248	$445,773	$97,176	$90,511	$108,769	$89,386	$385,842	$66,158	$58,421	$63,173	$49,890	$237,642	$1,069,256	4.0 %
SAATHII-SU-DLHRUK	$97,746	$101,131	$100,896	$95,491	$395,264	$79,952	$77,825	$93,320	$77,303	$328,399	$58,058	$52,346	$55,764	$44,679	$210,847	$934,511	3.5 %
SAATHII-SU-Eastern Region	$65,114	$62,006	$80,300	$68,172	$275,592	$56,845	$50,330	$54,399	$49,113	$210,686	$31,883	$28,584	$30,604	$23,821	$114,891	$601,170	2.3 %
SAATHII-SU-MHGOA	$100,914	$102,361	$113,326	$100,303	$416,904	$89,115	$83,169	$92,323	$82,688	$347,296	$57,689	$51,960	$55,239	$43,368	$208,257	$972,457	3.7 %
SAATHII-SU-Rajasthan	$91,906	$82,117	$87,689	$92,012	$353,724	$85,773	$83,570	$94,549	$71,512	$335,404	$56,628	$44,839	$54,639	$38,953	$195,059	$884,187	3.3 %
SAATHII-SU-TNPYAD	$138,597	$125,463	$131,503	$122,340	$517,902	$111,347	$104,471	$119,377	$103,208	$438,404	$66,258	$59,978	$63,391	$51,924	$241,551	$1,197,857	4.5 %
Swamy Vivekananda Youth Movement - SR	$87,431	$84,808	$88,010	$84,742	$344,991	$73,706	$69,681	$76,695	$67,807	$287,890	$49,293	$43,854	$47,191	$37,359	$177,697	$810,577	3.1 %
Uttar Pradesh - New SR	$48,828	$41,640	$46,032	$37,458	$173,958	$42,490	$39,676	$31,890	$29,846	$143,903	$27,427	$24,649	$26,117	$24,209	$102,401	$420,261	1.6 %
Volunteer Health Services (VHS)	$259,252	$421,494	$443,742	$463,186	$1,587,674	$606,913	$515,717	$539,651	$568,663	$2,230,943	$479,908	$511,686	$514,173	$458,953	$1,964,719	$5,783,336	21.9 %
Grand Total	**$8,586,411**	**$1,716,696**	**$1,865,576**	**$1,915,344**	**$14,084,027**	**$1,920,954**	**$1,734,441**	**$1,850,442**	**$1,812,997**	**$7,318,834**	**$1,299,966**	**$1,254,821**	**$1,299,657**	**$1,193,077**	**$5,047,520**	**$26,450,381**	**100.0 %**