Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **T.C.I. Foundation** (the "Principal Recipient" or the "Grantee"), 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 28 January 2021, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

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:	Malaria
3.3	Program Title:	Saksham: Capacity Building of Malaria Elimination Workforce in India by a Single Window Interface for Facilitating Workplace e-Training under the Digital India Initiative
3.4	Grant Name:	IND-M-TCIF
3.5	GA Number:	2038
3.6	Grant Funds:	Up to the amount of USD 12,262,615 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (inclusive)
3.8	Principal Recipient:	T.C.I. Foundation TCI House, 69 Institutional Area, Sector 32 122001 Gurgaon Republic of India

		Attention: Dr. Munish Chander Head of Organization Email: munish.chander@tcil.com
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.

[*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: _____

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Apr 15, 2021

T.C.I. Foundation

By: _____

Name: Munish Chander

Title: Head of Organization

Date: 15/03/2021.

Acknowledged by

By: _____

Name: Rajesh Bhushan

Title: Chair, Country Coordinating Mechanism of Republic of India

Date: 09/04/2021

By: _____

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. Background and Rationale for the Program

India has made significant advances in addressing malaria in recent years. Although the country accounted for 85% of the total malaria incidence in the South-East Asia Region in the World Malaria Report 2018, the most recent report (2019) indicates that there was a reduction of 2.6 million malaria cases in 2018 compared to 2017. Achievements in malaria mortality and morbidity remain fragile (e.g. an increase in cases and deaths in 2014; and in 1976, a massive resurgence of malaria was attributed to inadequate health infrastructure and diminishing monitoring and logistics in many parts of the country). The gains achieved to date need to be sustained, and in line with India's goal of eliminating malaria by 2030.

Unlike other countries where there are designated malaria control programs, the NVBDCP has a broad mandate for all vector borne diseases in India. While this is a strength in terms of enhancement of the integrated approach in prevention of vector borne diseases/infection, this also creates a challenge for translation of the malaria elimination agenda at state and peripheral levels. The momentum and speed of implementation of critical interventions such as LLIN distributions are affected by a lack of dedicated human resources at district levels. Pushing towards pre-elimination and elimination in high burden states requires both strong political drive and building on critical human resources at the implementation and service delivery level.

India's health system is welfare oriented and provides for a comprehensive package of basic health care services. But due to a rapidly growing population, and broadly static levels of public health expenditure, the public health system is stressed to meet the health care demands as per Indian Public Health Standards. In the malaria control domain, the lack of service providers (especially health workers and laboratory technicians) is compounded by the shortage of Health assistants/supervisors (Male), malaria inspectors and assistant malaria officers which ultimately affects surveillance and service delivery, particularly in remote and difficult to reach areas. Though domestic resources are allocated for implementation of malaria control measures, there is still a large funding gap for scaling up specific interventions like the provision of LLINs, RDTs, and ACT and for positioning health care delivery (including surveillance) and management staff at state/ district level and below to achieve universal coverage and impact. In most states, the federal government contributes 60% of the funding for malaria, while states contribute the remaining 40%. Human resources are provided through the state-level National Health Mission (NHM) budget and NVBDCP has no direct engagement with those human resources.

Health infrastructure also requires strengthening to provide better healthcare services. Likewise, for trained manpower, there is substantial mismatch between system requirements and the availability of required skills and competencies. Shortage of health managers, epidemiologists, health economists, other specialists in various fields exist and where existing, their retention in the highly competitive market is challenging. Also, most of the private sector care providers are yet to be oriented/ trained by the program.

2. Goals, Strategies and Activities

Goal: To reduce malaria related morbidity by 50% and mortality by 75% in project areas (10 states) by 2023 compared to baseline (2018).

Objectives:

1. Achieve near universal coverage of the population at risk of malaria with an appropriate vector control intervention (LLIN) in project areas.
2. Achieve near universal coverage in project areas by appropriate BCC activities to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative interventions.
3. Strengthen surveillance to detect, notify, investigate, classify and respond to all cases and foci in project areas to move towards malaria elimination.

4. Ensure effective capacity building, programme management and coordination to deliver a combination of interventions for malaria elimination.

Activities

- Strengthening program and technical management at state/district levels through the deployment of additional critical HR at national/state/district levels in high burden states/districts:
    - Establishment of a Malaria Elimination Cell at the national level for better coordination of the program;
    - District VBD Specialists in all 155 project districts;
    - M&E and IEC Consultants in project state headquarters.
- Development of an online interactive platform for capacity building for health personnel at different levels in all three categories of states to improve overall implementation of anti-malaria interventions especially surveillance and response, and community mobilization.
    - Design and development of platform
    - Development of module content and translation into e-modules
    - Development of guidelines and manuals and their dissemination
    - Training of trainers
- Strengthening of entomological zones in the project areas to augment entomological surveillance to support malaria elimination.

3. Target Group/Beneficiaries

Health providers and peripheral staff at National, State, and District/block level (e.g. state/ district programme officers/ consultants, MTSs, LTs, Medical officers of District Hospitals (Physicians, Paediatricians, Gynaecologists on severe malaria) and Medical Officers of PHCs, ASHA/CHV,etc.)

Geographical Focus: Pan-India for Training; All districts of the seven Northeast States, and high endemic districts for Chhattisgarh, Jharkhand, and Odisha for additional human resources.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Performance Framework

Country	India
Grant Name	IND-M-TCIF
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	T.C.I. Foundation

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	To reduce malaria related morbidity by at least 50% and mortality by atleast 75% in project areas (10 states) by 2023 compared to baseline (2018).

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	Malaria I-2.1 Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	India	N: 1.42 D: P:	2018 HMIS Report	Age,Species	T.C.I. Foundation	N: .97 D: P: % Due Date: 01-May-2022	N: .81 D: P: % Due Date: 01-May-2023	N: .68 D: P: % Due Date: 01-May-2024
	Comments								
	>Data Source: NVBDCP MIS : [NVBDCP has been mentioned in this modular template as PR1 too]. >Baseline value : The baseline & targets relate to 7 NE states, Chhattisgarh, Jharkhand & Odisha. It is assumed that there will be 50 % reduction of malaria cases in North-Eastern states, Chhattisgarh, Jharkhand & Odisha by 2023 compared to 2018 (calculated on the basis of previous trend). >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR1-NVBDCP from the States in the months of January to March every year. Further data aggregation and report preparation takes another 2-3 months. Therefore, the final figures are available only in May-June in the next year. [Impact related reports would be seen after three months of completion of reporting period]. >It is expected that with intensifying efforts by PR1 and PR2-TCI together with SRs, SSRs, and others for EDCT (introduction of bi-valent RDTs for detection of both Pf and Pv cases and ACT-AL), adoption of LLINs/ITNs & other vector control methods, BCC, supervision & monitoring, MIS, trainings and continued motivation of ASHA/Community Health Volunteers (CHVs) and further strengthening of health & community systems, recording/reporting, etc. with special emphasis on alleviation of procurement and supply management, and issues relating to key populations, etc. the targets would be achieved. However, it may change with any unusual epidemiological situation or any interruption in programme implementation due to unforeseen factors. Baseline: 230,458 / 162,139,000 2021: 161,321 / 167,051,974 2022: 136,315 / 168,722,494 2023: 115,229 / 170,409,719								
2	Malaria I-3.1□ᴹ□ Inpatient malaria deaths per year: rate per 100,000 persons per year	India	N: .04 D: P:	2018 HMIS Report	Age	T.C.I. Foundation	N: .03 D: P: % Due Date: 01-May-2022	N: .02 D: P: % Due Date: 01-May-2023	N: .01 D: P: % Due Date: 01-May-2024
	Comments								
	>Data Source: NVBDCP MIS : [NVBDCP has been mentioned in this modular template as PR1 too]. >Baseline value : The baseline & targets relate to 7 NE states, Chhattisgarh, Jharkhand & Odisha. It is assumed that there will be 75 % reduction of malaria deaths in North-Eastern states, Chhattisgarh, Jharkhand & Odisha by 2023 compared to 2018 (calculated on the basis of previous trend). >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR1-NVBDCP from the States in the months of January to March every year. Further data aggregation and report preparation takes another 2-3 months. Therefore, the final figures are available only in May-June in the next year. [Impact related reports would be seen after three months of completion of reporting period]. >It is expected that with intensifying efforts by PR1 and PR2-TCI together with SRs, SSRs, and others for EDCT (introduction of bi-valent RDTs for detection of both Pf and Pv cases and ACT-AL), adoption of LLINs/ITNs & other vector control methods, BCC, supervision & monitoring, MIS, trainings and continued motivation of ASHA/Community Health Volunteers (CHVs) and further strengthening of health & community systems, recording/reporting, etc. with special emphasis on alleviation of procurement and supply management, and issues relating to key populations, etc. the targets would be achieved. However, it may change with any unusual epidemiological situation or any interruption in programme implementation due to unforeseen factors. Baseline: 70 / 162,139,000 2021: 53 / 167,051,974 2022: 40 / 168,722,494 2023: 18 / 170,409,719								
3	Malaria I-4 Malaria test positivity rate	India	N: 230,458 D: 18,068,629 P: 1.3%	2018 HMIS Report	Species,Type of testing	T.C.I. Foundation	N: 161,321 D: 16,705,197 P: 0.96569349047485% Due Date: 01-May-2022	N: 136,315 D: 16,872,249 P: 0.807924302207726% Due Date: 01-May-2023	N: 115,229 D: 17,040,972 P: 0.676187954536866% Due Date: 01-May-2024

	Comments
3	>Data Source: NVBDCP MIS : [NVBDCP has been mentioned in this modular template as PR1 too]. >Baseline value : The baseline & targets relate to 7 NE states, Chhattisgarh, Jharkhand & Odisha. It is assumed that there will be 50 % reduction of malaria cases in North-Eastern states, Chhattisgarh, Jharkhand & Odisha by 2023 compared to 2018 (calculated on the basis of previous trend). >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR1-NVBDCP from the States in the months of January to March every year. Further data aggregation and report preparation takes another 2-3 months. Therefore, the final figures are available only in May-June in the next year. [Impact related reports would be seen after three months of completion of reporting period]. >It is expected that with intensifying efforts by PR1 and PR2-TCI together with SRs, SSRs, and others for EDCT (introduction of bi-valent RDTs for detection of both Pf and Pv cases and ACT-AL), adoption of LLINs/ITNs & other vector control methods, BCC, supervision & monitoring, MIS, trainings and continued motivation of ASHA/Community Health Volunteers (CHVs) and further strengthening of health & community systems, recording/reporting, etc. with special emphasis on alleviation of procurement and supply management, and issues relating to key populations, etc. the targets would be achieved. However, it may change with any unusual epidemiological situation or any interruption in programme implementation due to unforeseen factors. Baseline: 230,458 / 18,068,629 2021: 161,321 / 16,705,197 2022: 136,315 / 16,872,249 2023: 115,229 / 17,040,972

Program Objectives, Outcome Indicators and targets

1	Achieve near universal coverage of population at risk of malaria with an appropriate vector control intervention (LLIN).
2	Achieve universal coverage of case detection and treatment services (in project areas) to ensure 100% parasitological diagnosis of all suspected malaria cases and complete treatment of all confirmed cases.
3	Strengthen the surveillance to detect, notify, investigate, classify and respond to all cases and foci in all districts (in project areas) to move towards malaria elimination.
4	Achieve near universal coverage in project areas by appropriate BCC activities to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative interventions.
5	Ensure effective programme management and coordination to deliver a combination of interventions for malaria elimination.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2023
1	Malaria O-1a Proportion of population that slept under an insecticide-treated net the previous night	India	N: 60,960 D: 93,907 P: 64.9%	2018 Household Survey Report	Gender	T.C.I. Foundation	N: D: P: 85.00% Due Date: 31-Mar-2022	N: D: P: 95.00% Due Date: 31-Mar-2024
	Comments							
	>Data Source : Household survey for Malaria conducted by an independent agency in endemic districts of seven North - Eastern states of India & Odisha as part of IMCP-3 Project. >With extra inputs in health/community systems strengthening measures, IEC/BCC, procurement & supply of LLINs, other PHP through PPM/alternate GoI/other mechanisms; the knowledge, awareness about malaria, use of preventive measures are expected to improve resulting in achievement of desired outcomes. Outcome will be assessed based on the Household Survey that will be undertaken in Year 1 and Year 3 and accordingly reported. > This indicator indicates the knowledge & awareness of people who know the cause of/mode of and effective preventive measures for malaria and responsive behaviour.							
2	Malaria O-1b Proportion of children under five years old who slept under an insecticide-treated net the previous night	India	N: 3,111 D: 5,173 P: 60.1%	2018 Household Survey Report		T.C.I. Foundation	N: D: P: 85.00% Due Date: 31-Mar-2022	N: D: P: 95.00% Due Date: 31-Mar-2024
	Comments							
	>Data Source : Household survey for Malaria conducted by an independent agency in endemic districts of seven North - Eastern states of India & Odisha as part of IMCP-3 Project. >With extra inputs in health/community systems strengthening measures, IEC/BCC, procurement & supply of LLINs, other PHP through PPM/alternate GoI/other mechanisms; the knowledge, awareness about malaria, use of preventive measures are expected to improve resulting in achievement of desired outcomes. Outcome will be assessed based on the Household Survey that will be undertaken in Year 1 and Year 3 and accordingly reported. > This indicator indicates the knowledge & awareness of people who know the cause of/mode of and effective preventive measures for malaria and responsive behaviour.							
3	Malaria O-1c Proportion of pregnant women who slept under an insecticide-treated net the previous night	India	N: 683 D: 1,074 P: 63.6%	2018 Household Survey Report		T.C.I. Foundation	N: D: P: 85.00% Due Date: 31-Mar-2022	N: D: P: 95.00% Due Date: 31-Mar-2024
	Comments							
	>Data Source : Household survey for Malaria conducted by an independent agency in endemic districts of seven North - Eastern states of India & Odisha as part of IMCP-3 Project. >With extra inputs in health/community systems strengthening measures, IEC/BCC, procurement & supply of LLINs, other PHP through PPM/alternate GoI/other mechanisms; the knowledge, awareness about malaria, use of preventive measures are expected to improve resulting in achievement of desired outcomes. Outcome will be assessed based on the Household Survey that will be undertaken in Year 1 and Year 3 and accordingly reported. > This indicator indicates the knowledge & awareness of people who know the cause of/mode of and effective preventive measures for malaria and responsive behaviour.							

4	Malaria Other-1: Proportion of persons reporting fever within last two weeks, who have obtained a test result (RDT/microscopy) within 24 hours of reporting to health care system/ provider	India	N: 372 D: 398 P: 93.5%	2018 Household Survey Report		T.C.I. Foundation	N: D: P: 95.00% Due Date: 31-Mar-2022	N: D: P: 95.00% Due Date: 31-Mar-2024
	Comments							
	>Data Source : Household survey for Malaria conducted by an independent agency in endemic districts of seven North - Eastern states of India & Odisha as part of IMCP-3 Project. >With extra inputs in health/community systems strengthening measures, IEC/BCC, procurement & supply of LLINs, other PHP through PPM/alternate GoI/other mechanisms; the knowledge, awareness about malaria, use of preventive measures are expected to improve resulting in achievement of desired outcomes. Outcome will be assessed based on the Household Survey that will be undertaken in Year 1 and Year 3 and accordingly reported. > This indicator indicates the knowledge & awareness of people who know the cause of/mode of and effective preventive measures for malaria and responsive behaviour.							
5	Malaria Other-2: Proportion of people who know about the cause of, symptoms of, treatment for and preventive measures of Malaria	India	N: 19,640 D: 22,856 P: 85.9%	2018 Household Survey Report		T.C.I. Foundation	N: D: P: 90.00% Due Date: 31-Mar-2022	N: D: P: 95.00% Due Date: 31-Mar-2024
	Comments							
	>Data Source : Household survey for Malaria conducted by an independent agency in endemic districts of seven North - Eastern states of India & Odisha as part of IMCP-3 Project. >With extra inputs in health/community systems strengthening measures, IEC/BCC, procurement & supply of LLINs, other PHP through PPM/alternate GoI/other mechanisms; the knowledge, awareness about malaria, use of preventive measures are expected to improve resulting in achievement of desired outcomes. Outcome will be assessed based on the Household Survey that will be undertaken in Year 1 and Year 3 and accordingly reported. > This indicator indicates the knowledge & awareness of people who know the cause of/mode of and effective preventive measures for malaria and responsive behaviour.							

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-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
RSSH: Human resources for health, including community health workers														
1		HRH Other-1: Number of Health Workforce Trained in Malaria Prevention, Control and Elimination	Country: India; Coverage: Geographic Subnational, 100% of national program target	N: D: P:			Yes	T.C.I. Foundation	Non cumulative	N: 364,764 D: P:	N: 322,440 D: P:	N: 322,440 D: P:	N: 322,440 D: P:	N: 290,198 D: P:
	Comments													
	-Baseline is not available. Targets are calculated as per National Strategic Plan Framework on Malaria; Update on Asha Program; and Rural Health Statistics. -PR will not be reporting for the first period as all the Healthcare Workforce will have to receive fresh Training on the Comprehensive Modules designed under this Intervention focusing on Malaria Control, Prevention and Elimination. -The 'National Program Management Unit - TCIF (NPMU-TCIF) Team will design and develop the New Comprehensive Training Modules on e-platform in the 1st April, 2021 - 31st September, 2021 period. -NPMU at National and Regional Level will work in close coordination with the National, State and District Level Malaria Department to facilitate, support and prepare Action Plans for further training to different cadres of Healthcare Workforce and will result in coverage of 16,22,282 Healthcare Workforce. Calculation of Master Trainers: 5 Master Trainers x 36 States x 8 Cadres = 1,440 Master Trainers Calculation of Trainers: 30 Trainers x 36 States x 8 Cadres = 8,640 Trainers Calculation of Healthcare Workforce: Total Coverage 16,22,282 - 1,440 Master Trainers - 8,640 Trainers = 16,12,202 Healthcare Workforce Training Schedule from October 2021 to March 2024: Oct 2021 to Mar 2022 - 1,440 (100%) Master Trainers Oct 2021 to Mar 2022 - 8,640 (100%) Trainers Oct 2021 to Mar 2022 - 3,54,684 (22%) Healthcare Workforce Total for Oct 2021 to Mar 2022 = 1440 Master Trainers + 8640 Trainers + 3,54,684 Healthcare Workforce = 3,64,764 Apr 2022 to Sep 2022 - 3,22,440 (20%) Healthcare Workforce Oct 2022 to Mar 2023 - 3,22,440 (20%) Healthcare Workforce Apr 2023 to Sep 2023 - 3,22,440(20%) Healthcare Workforce Oct 2023 to Mar 2024 - 2,90,196 (18%) Healthcare Workforce										

Workplan Tracking Measures						
Population	**Intervention**	**Key Activity**	**Milestones**	**Criteria for Completion**	**Country**	**01-Apr-2021 30-Sep-2021**
RSSH: Human resources for health, including community health workers						
	Not applicable	Design and develop Cadre-wise Comprehensive Training Modules and Conversion of these Training Modules (vetted by NVBDCP) into Digital Platform as Digital Training Packages for Malaria Prevention, Control and Elimination along with Translation and Printing of Comprehensive Training Manuels into 08 Regional Languages	Comprehensive Training Modules Designed and Developed for 08 Cadres of Healthcare Workforce from 36 Indian States: 1) Consultant- National & State level 2) District Malaria Officer & Medical Officer 3) District VBD Consultant/Specialist 4) Entomologist/Insect Collector 5) Lab Technician 6) Malaria Technical Supervisor/Malaria Inspector/Health Inspector/Health Supervisor etc. 7) Multipurpose worker/ANM/ASHA/Anganwadi Worker 8) Private Sector (Healthcare staff) Digital e-modules/Training Modules are available for 08 Cadres of Healthcare workforce in 36 Indian States Translated and Printed versions of Modules are available in 08 regional languages	0 = Not started; 1 = Started: Training modules are drafted and pilot-tested; 2 = Advanced: At least 4 modules are ready to roll-out; 3 = Completed: Comprehensive Training Modules and e-modules are available for 08 Caders of Healthcare Workforce for Malaria Elimination in 36 Indian States. Translated versions of Modules are avilable in 08 regional languages.	India	X

Comments

-Collection and review of existing training resources will be done by National Program Management Unit (NPMU-TCIF) based at National Level and in close coordination with NVBDCP. -Selection of NPMU-TCIF team members will be done in close coordination and guidance of NVBDCP. -Regular intreaction meetings and brainstorming sessions of NPMU-TCIF with NVBDCP and other relevant stakeholders will be ensured during the entire duration of the Intervention. -Design and Development of Integrated Training Module will be done by NPMU-TCIF with involvement of Technical Experts on Malaria; Consultants; Representatives of Leading CSOs in Malaria and in close coordination with NVBDCP. '-Training Modules will have pictorial representations and will be designed for ease of understanding by Healthcare Workforce. '-Digital Package of Interegrated Training Modules will have facilities for Pre-Test, Post-Test, Tracking attendance of Participants, Interactive sessions, Group Works, Q&A Sessions, Monitoring the Progress of Trainees, Evaluation, and Certification. '-The Digital Package will include all other relevant options found vital during the course of development and implementation. '-Digital Packages will be open for modifications / amendments / re-disigning based on the results of Pre-testing. 'Modules will be translated and printed to 08 regional languages

Summary Budget

Country	India
Grant Name	IND-M-TCIF
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	T.C.I. Foundation

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
Case management			$365,516		**$365,516**											**$365,516**	**3.0 %**
Program management	$555,933	$374,778	$196,758	$199,263	**$1,326,733**	$205,006	$205,322	$203,630	$206,134	**$820,091**	$213,164	$213,623	$211,931	$216,128	**$854,847**	**$3,001,670**	**24.5 %**
RSSH: Health management information systems and M&E	$127,321	$190,982	$190,982	$190,982	**$700,267**	$190,474	$190,474	$190,474	$190,474	**$761,897**	$190,474	$190,474	$190,474	$190,474	**$761,897**	**$2,224,060**	**18.1 %**
RSSH: Human resources for health, including community health workers	$372,420	$513,549	$792,458	$554,679	**$2,233,106**	$538,374	$538,374	$538,374	$538,374	**$2,153,496**	$564,440	$564,440	$564,440	$564,440	**$2,257,759**	**$6,644,361**	**54.2 %**
Vector control			$27,008		**$27,008**											**$27,008**	**0.2 %**
Grand Total	**$1,055,674**	**$1,079,309**	**$1,572,721**	**$944,924**	**$4,652,629**	**$933,854**	**$934,170**	**$932,478**	**$934,982**	**$3,735,484**	**$968,078**	**$968,537**	**$966,845**	**$971,042**	**$3,874,503**	**$12,262,615**	**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)	$495,530	$671,380	$671,380	$673,885	**$2,512,175**	$705,987	$704,949	$704,949	$707,454	**$2,823,340**	$741,091	$740,197	$740,197	$742,701	**$2,964,186**	**$8,299,701**	**67.7 %**
Travel related costs (TRC)	$164,624	$228,691	$461,098	$269,821	**$1,124,234**	$226,953	$226,615	$226,615	$226,615	**$906,797**	$226,073	$225,735	$225,735	$225,735	**$903,277**	**$2,934,307**	**23.9 %**
External Professional services (EPS)	$202,387	$178,020	$46,502		**$426,909**		$1,692			**$1,692**		$1,692		$1,692	**$3,384**	**$431,985**	**3.5 %**
Health Products - Equipment (HPE)			$375,466		**$375,466**											**$375,466**	**3.1 %**
Infrastructure (INF)	$8,954				**$8,954**											**$8,954**	**0.1 %**
Non-health equipment (NHP)	$182,961		$17,057		**$200,018**											**$200,018**	**1.6 %**
Indirect and Overhead Costs	$1,218	$1,218	$1,218	$1,218	**$4,874**	$914	$914	$914	$914	**$3,655**	$914	$914	$914	$914	**$3,655**	**$12,184**	**0.1 %**
Payment for Results																	**0.0 %**
GrandTotal	**$1,055,674**	**$1,079,309**	**$1,572,721**	**$944,924**	**$4,652,629**	**$933,854**	**$934,170**	**$932,478**	**$934,982**	**$3,735,484**	**$968,078**	**$968,537**	**$966,845**	**$971,042**	**$3,874,503**	**$12,262,615**	**100.0 %**

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
PR	**$1,055,674**	**$1,079,309**	**$1,572,721**	**$944,924**	**$4,652,629**	**$933,854**	**$934,170**	**$932,478**	**$934,982**	**$3,735,484**	**$968,078**	**$968,537**	**$966,845**	**$971,042**	**$3,874,503**	**$12,262,615**	**100.0 %**
TCI Foundation (TCIF)	$1,055,674	$1,079,309	$1,572,721	$944,924	$4,652,629	$933,854	$934,170	$932,478	$934,982	$3,735,484	$968,078	$968,537	$966,845	$971,042	$3,874,503	$12,262,615	100.0 %
Grand Total	**$1,055,674**	**$1,079,309**	**$1,572,721**	**$944,924**	**$4,652,629**	**$933,854**	**$934,170**	**$932,478**	**$934,982**	**$3,735,484**	**$968,078**	**$968,537**	**$966,845**	**$971,042**	**$3,874,503**	**$12,262,615**	**100.0 %**