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 **William J. Clinton 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 1 December 2017, 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:	Tuberculosis
3.3	Program Title:	Joint Effort for Elimination of TB (JEET 2.0), India
3.4	Grant Name:	IND-T-WJCF
3.5	GA Number:	2041
3.6	Grant Funds:	Up to the amount of USD 22,452,552 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (inclusive)
3.8	Principal Recipient:	William J. Clinton Foundation 40, Okhla Industrial Estate, Phase 3 110020 New Delhi Republic of India Attention: Mr. Harkesh Singh Dabas Managing Director Email: hdabas@clintonhealthaccess.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: +91-124-462-0620 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.

[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 Edg C

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Apr 15, 2021

William J. Clinton Foundation

By: _____

Name: Harkesh Singh Dabas

Title: Managing Director

Date: 22nd March 2021

Acknowledged by

By: _____

Name: Rajesh Bhushan

Title: Chair, Country Coordinating Mechanism of Republic of India

Date: 09/04/2021

By: Shyamala Nataraj

Name: Shyamala Nataraj

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

Date: 06/04/2021

Schedule I
Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

The Republic of India continues to bear the world's highest burden of tuberculosis (TB) in terms of absolute numbers of incident TB cases. Further, an estimated 350 million people in India are latently infected with TB and 4 million new TB infections occur every year[1].

Efforts of National TB Elimination Programme (NTEP) through interventions such as JEET have resulted in an increase of 38% in notifications from 2017 to 2019[2]. In order to achieve its 2025 TB elimination target, the country needs to dramatically increase detection and treatment of Latent TB Infection (LTBI). India's National Strategic Plan 2017–2025 (NSP) has set an ambitious target of 95% LTBI identified/eligible cases to be initiated on TB Preventive Treatment (TPT).

However, in 2018 less than 25% children below 6 years[3] and 17% of newly enrolled PLHIV[Error! Bookmark not defined.] had access to TPT. Low TPT coverage is mainly driven by inadequate household contact tracing (<40%) and inconsistent TB screening practices in ART clinics. Finally, as NTEP scales-up Patient Provider Support Agency (PPSAs) in over 100 districts through domestic funding, it is important that existing JEET (PPSAs) are seamlessly transitioned to the domestic funded agencies. A planned transition will ensure patients in these districts continue to get access to quality drugs and diagnostics in the post COVID-19 lockdown state. The COVID-19 pandemic has had a catastrophic effect on the TB control services both in the public and private sector. While the domestic PPSAs transition has been planned, the stringent implementation of COVID-19 containment measures has had a lasting administrative and programmatic effect. To recover the gains made under JEET, the transition will ensure getting services back, its transition to domestic support and to minimize the impact of the COVID-19 pandemic on tuberculosis.

2. Goals

The project will accelerate NTEP's progress towards TB elimination by improving quality of care and increasing patients' access to drugs and diagnostics through technology driven interventions and partnerships with the private sector. Specifically, the project will address gaps in LTBI care cascade, measure and improve quality of care across the cascade and build NTEP capacity with the following objectives:

a. To address the LTBI burden by establishing mechanisms for household contact tracing of adults and children in contact with Pulmonary TB (PTB) patients and ensuring access to quality care; and
b. To sustain and strengthen the gains under the JEET project and provide strategic and operational support to States in transitioning to domestically funded PPSAs (by December 2021).

3. Strategies and Activities

As part of the NSP mantra to "go where the patient goes", the project will target household contacts of PTB index cases, pediatric contacts and private sector patients. The project will engage private laboratories, pharmacies, logistics providers as well as support NTEP staff at the district, state, and national level to provide patients access to quality services.

The project aims to **improve access to quality services for public as well as private sector TB patients**. This will be achieved by leveraging and, more importantly, extending the project's existing relationships with the private sector. New partnerships will be forged in specialized domains of drugs and diagnostics supply chain, patient care and last-mile delivery of services.

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[1] Houben RMGJ, Dodd PJ. The global burden of latent tuberculosis infection: a re-estimation using mathematical modelling. PLoS Medicine. 2016;13(10):e1002152.
[2] Nikshay Reports accessed on 16th February 2020 (https://reports.nikshay.in/).
[3] India TB Report 2019.

Objective 1: Address LTBI burden in India

To address the gaps across the LTBI care cascade, the project proposes the following interventions:

Holistic contact tracing: Provision of intensive household contact tracing; offering contacts screening and testing for disease and infection, linkage to treatment and adherence support. The project will offer comprehensive counselling to families, contacts of confirmed PTB patients and ensure regular follow-up.

Linkages to diagnostics and drugs: Symptomatic contacts will be screened for TB using Chest X-Ray and those with lesions will be linked to confirmatory tests including CBNAAT/Truenat. The project will partner with private facilities to provide access to 'near-home' free diagnostic screening: Innovative solutions such as at-home screening tests, AI-based test interpretation will be explored to standardize quality of testing and reporting. In a proportion of district test and treat modality will be piloted using different approach. After year 1, the drugs and diagnostics will be facilitated from the programme until the end of the project. Similarly, linkages for timely and convenient TPT drug refills will be developed to improve adherence. There will also be piloting of implementation models for newer regimen other than 3HP.

Mechanisms to link High Risk Groups: The project proposes to use the data from contact tracing to develop predictive hotspot maps of high-risk and vulnerable groups, and use these to plan targeted interventions in urban and rural settings. This will guide planning resources for LTBI treatment in high- and low-TB incidence settings as well as Active Case Finding interventions.

Leverage Community Platforms: To ensure sustainability of long-term follow-up of index cases, report relapse and support to the affected household, community-based service delivery platforms such as Health and Wellness centres, Village Health Sanitation and Nutrition Days (VHSND) and support systems such as TB Forums will be leveraged.

Objective 2: Sustain and strengthen the gains under JEET project

The existing JEET PPSA will be transitioned within the first nine months of implementation. A planned transition will ensure patients in these districts continue to get access to quality drugs and diagnostics in the post COVID-19 lockdown state. While the domestic PPSAs transition has been planned, the stringent implementation of COVID-19 containment measures has had a lasting administrative and programmatic effect. To recover the gains made under JEET, the transition will ensure getting services back, its transition to domestic support and to minimize the impact of COVID-19 pandemic on tuberculosis.

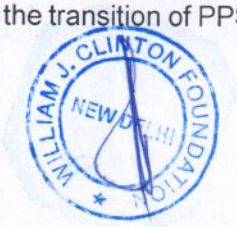
The following interventions are proposed:

- **Support PPSA transition to domestic funded agencies:** State Transition Plans (STP) are proposed to be developed in consultation with NTEP. STP will include optimization of resources based on learnings till date, SR capacity building to manage end-to-end PPSA operations, development of SOPs and technical support at the state level for budgeting, contracting and capacity development to manage PPSAs under domestic funding. Handholding support will also be provided to Technical Support Units proposed under the domestic budget.
- **Continue efforts to improve access and quality of service delivery:** The project will continue to strengthen FDC drug logistics systems and improve drug access to private sector patients. Innovative solutions such as partnerships with e-pharmacies for home-delivery of drugs and e-vouchers to stock drugs at chemists will be explored.

3. Target Group/Beneficiaries

For Latent Tuberculosis: household contact of pulmonary TB patients in target geographies.

For the private sector engagement intervention: TB patients seeking health care services in the private health sector. The Principal Recipient will facilitate TB notifications from private health sector, provide public health action support to patients and private providers through PPSAs, and support the transition of PPSAs to domestic funding during the first year of the grant.



The grant will cover 64 NTEP districts across 11 states and Union Territories of India. These are Uttar Pradesh, Uttarakhand, Jammu and Kashmir, Haryana, Rajasthan, Gujarat, Bihar, Tamil Nadu, Delhi, Kerala and Ladakh.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

The Global Fund

Performance Framework

Country	India
Grant Name	IND-T-WJCF
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	William J Clinton 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 achieve a rapid decline in burden of TB, morbidity and mortality to achieve the Sustainable Development Goals of 80% reduction in incidence and 90% reduction in deaths by 2025; five years earlier than the stipulated timeline.

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	TB I-2 TB incidence rate per 100,000 population	India	N: 199.3 D: P:	2019 Global TB Report 2019			N: 183 D: P: % Due Date: 30-Sep-2022	N: 174 D: P: % Due Date: 30-Sep-2023	N: 164 D: P: % Due Date: 31-Mar-2024
	Comments								
	Baseline is based on 2018 data published in the 2019 Global TB Report: 2,690,000 cases / 1,350,000,000 population. Targets: 2021: 2,534,208 cases / 1,384,813,000 population 2022: 2,433,670 cases / 1,398,661,000 population 2023: 2,316,743 cases / 1,412,648,000 population.							
2	TB I-3□M□ TB mortality rate per 100,000 population	India	N: 33.3 D: P:	2019 Global TB Report 2019			N: 30 D: P: % Due Date: 30-Sep-2022	N: 27 D: P: % Due Date: 30-Sep-2023	N: 25 D: P: % Due Date: 31-Mar-2024
	Comments								
	Baseline is based on 2018 data published in the 2019 Global TB Report, including both HIV-negative and HIV positive: 449,780 cases / 1,350,000,000 population. Targets: 2021: 415,444 cases / 1,384,813,000 population 2022: 377,639 cases / 1,398,661,000 population 2023: 353,162 cases / 1,412,648,000 population.							

Program Objectives, Outcome Indicators and targets

1	Build, strengthen and sustain enabling policies, empowered institutions, multi-sectoral collaborations, engaged communities, and human resources with enhanced capacities to create a supportive ecosystem to END TB.
2	Prevent the emergence of TB in susceptible populations.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2022	2023
1	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	India	N: 1,561 D: 1,908,683 P: 81.8%	2018 Global TB Report 2020			N: 1,134,000 D: 1,350,000 P: 84.00% Due Date: 30-Sep-2022	N: 1,859,804 D: 2,188,005 P: 85.00% Due Date: 30-Sep-2023	N: 2,012,400 D: 2,340,000 P: 86.00% Due Date: 31-Mar-2024
	Comments								
	Numerator – Successful outcome (cured plus treatment completed) of all notified cases (new relapse) of the "cohort 1 year prior to reporting period" Denominator- Number of (new + relapse)of TB cases from Public and Private sector put on treatment are to be reported. Source of Data reporting : Nikshay								

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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
TB care and prevention															
		TCP Other-1: Percentage of household contacts screened	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:			Yes	William J Clinton Foundation	Non cumulative	N: 121,589 D: 173,699 P: 70.0%	N: 225,809 D: 322,584 P: 70.0%	N: 348,391 D: 464,522 P: 75.0%	N: 425,811 D: 567,749 P: 75.0%	N: 386,482 D: 483,102 P: 80.0%	N: 472,366 D: 590,458 P: 80.0%
1	**Comments**	Indicator and targets are set to align with NSP across all JEET implementing partners. Baseline data are not available. Custom indicator - it is justified to include the same to assess the reach and coverage of the project amongst the household contacts of pulmonary TB patients. The PR proposes " Number of household contacts visited for contact screening" whereas we propose to change it to "Number (%) of household contacts screened". 1. Indicator Measurement Numerator- The numerator will include the Household contacts visited and screened Denominator- This will include all the household contacts eigible for screening i.e. HH of Pulmonary TB cases X 3.8 contacts where household size is assumed to be 4.8 based on census data. 2. Baseline - This is a new indicator. In absence of any documented baseline figures, no baseline has been included. 3. Targets - The assumptions used for arriving at the targets are as follows a) Household Visits for contact tracing in Y1, Y2, & Y3 @ 70%, 75% & 80% respectively out of the total eligible household contacts. b) The assumption used is @3.8 Household contacts per Pulmonary TB patient c) Pulmonary TB cases increment assumed @ 4% from 2019 baseline in Y1, 4% increment from Y1 & 4% increment from Y2 cases. 4. Source for the numerator and denominator - Nikshay presently does not have an interface to capture information on Household contact screening and till the time such a modification is introduced, paper based reports/forms (as designed by The Union) will be utilized for recording the information. 5. Disaggregation details - Age wise disaggregation will be provided by the PR. It is proposed that the total household contacts to be screened during 3 years of the grant implementation will be 198,0448. Coverage is 11 states (i.e. Bihar, Delhi, Gujarat, Haryana, Jammu and Kashmir, Ladakh, Kerala, Rajasthan, Tamil Nadu, Uttar Pradesh and Uttarakhand). The coverage includes total 59 districts (addtional 5 districts) for implementation of LTBI intevention.													
		TCP-5.1 Number of people in contact with TB patients who began preventive therapy	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:		Age	Yes	William J Clinton Foundation	Non cumulative	N: 62,801 D: P:	N: 116,630 D: P:	N: 214,782 D: P:	N: 282,512 D: P:	N: 276,914 D: P:	N: 338,450 D: P:
2	**Comments**	Indicator and targets are set to align with NSP across all JEET implementing partners. Baseline data are not available. 1. Targets - The assumptions used to arrive at the targets are: The targets proposed are in absolute numbers and are meant to cover 50% (Y-1), 60% (Y-2) and 70% (Y-3) of the eligible contacts for initiation on TPT. For < 6 years children, basis the achievement as per the Annual TB report @ 78% , target of 65%, 75% & 85% < 6 years children are proposed to be initiated on TPT in Y1, 2 &3. The detailed assumptions used to arrive at the targets are Annexed. As per the targets provided, a combined total of 127, 2089 eligible contacts are proposed to be put on TPT across 59 districts in 11 states in 3 years. 2. Disaggregation details - Regime wise/model wise (3 HP, 6H), Age wise (<6, >6 years) will be provided by the PR. 3. Source - The source for reporting on this indicator will be the same as mentioned above in the indicator TB-Other -6. Coverage is for 11 states(i.e. Bihar, Delhi, Gujarat, Haryana, Jammu and Kashmir, Ladakh, Kerala, Rajasthan, Tamil Nadu, Uttar Pradesh and Uttarakhand) 4. Indicator Measurement - Numerator: Number of children under 6 and >6 contacts of confirmed PTB patients who initiate TPT (assuming 3.8 person from each HH).													
		TCP Other-2: Percentage of contacts initiated on TPT completing treatment	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:			Yes	William J Clinton Foundation	Non cumulative	N: D: P:	N: 59,241 D: 62,801 P: 80.0%	N: 93,304 D: 116,630 P: 80.0%	N: 182,564.7 D: 214,782 P: 85.0%	N: 223,135.2 D: 262,512 P: 85.0%	N: 235,376.9 D: 276,914 P: 85.0%
3	**Comments**	This is a custom indicator and a new indicator. Hence, there is no baseline data as currently, this is not tracked by the national TB programme. 1. Targets - TPT completion rate is @ Y1-80% and 85% for Y 2 & 3. Regime wise completion rates will be disaggregated and reported by the PR. 2. Indicator measurement - The treatment completion rate will be determined for the cohort of the cases initiated on TPT (6H or 3HP) and the reporting done correspondingly for the 11 states being covered (i.e. Bihar, Delhi, Gujarat, Haryana, Jammu and Kashmir, Ladakh, Kerala, Rajasthan, Tamil Nadu, Uttar Pradesh and Uttarakhand) across 59 districts. The data collection form will be developed and harmonized among the 3 NGO PRs (Union, WJCF, and FIND). Numerator - Number of contacts of confirmed PTB patients who completed the treatment out of the denominator Denominator: Number of cases who were initiated on TPT in the last 6 months (i.e. reported numerator of indicator TCP 5.1 for the last reporting cycle). The treatment completion rate will be determined for the cohort of the cases initiated on TPT (6H or 3HP) in the last 6 months. Data on age and regimen will be disaggregated and reported by the PRs. Completion means 6 months for 6H or 3 months of weekly 3HP or 3RH, or as defined by the national guidelines.													
		TCP-7a Number of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 160,745 D: P:	2019 Nikshay Data		Yes	William J Clinton Foundation	Non cumulative	N: 103,982 D: P:	N: 34,661 D: P:	N: D: P:	N: D: P:	N: D: P:	N: D: P:
4	**Comments**	Indicator and targets are set to align with NSP across all JEET implementing partners. 1. Baseline - The baseline figure for this indicator is the actual achievement of the PR for the period April 2019 to Dec 2019 (LFA verified PU figures have been taken as baseline). 2. Targets - The target for this indicator is for 9 months period (i.e. April-Dec 2021). In view of the fact that the JEET implementation will be transitioned in a phased manner during these 9 months, the targets for this period have been developed in line with 2019 figures. Also, with the prevailing COVID situation and related disruption in the services no increament is expected in the private sector notifications. In the FR, PR WJCF had proposed a combined target of 180, 000 for WJCF & FIND together; breakup as 144,440 & 35,560 for WJCF & FIND respectively. At the time of finalisation of the grant documents, 2 PPSAs - Indore and Bhopal were confirmed to have transitioned to domestic budget by March 2021 (a change from the time of FR submission) with an estimated notifications of 5,797 (based on 2019 period). Accordingly, a total of 174,203 private sector notifications for the 2 PRs are proposed i.e. WJCF - 138,643 and FIND- 35,560. 3. Source - The numbers will be reported from Nikshay HMIS portal for the 8 States where PPSA will be active in the reporting period (Rajasthan, Delhi, Haryana, Gujarat, Bihar, Maharashtra, Uttar Pradesh and Assam). 4. Disaggregation details - Age, Gender, KAP wise disaggregation will be provided by the PR.													

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5		TCP-2□M□ Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: India; Coverage: Geographic National, 100% of national program target	N: 341,718 D: 482,894 P: 70.8%	2018 Annual TB Report 2020	Age,Gender,HIV test status	Yes	William J Clinton Foundation	Non cumulative	N: 115,127 D: 153,503 P: 75.0%	N: 123,548 D: 164,731 P: 75.0%	N: D: P:	N: D: P:	N: D: P:	N: D: P:
	Comments														
	Indicator and targets are set to align with NSP across all JEET implementing partners. 1. Baseline - The baseline figure for this indicator is the actual achievement of the PR in the current grant. 2. Targets - The target for this indicator is taken @ 75% treatment success rate. This is taken similar across the 2 JEET PRs-WJCF & FIND. For he period, Oct-Dec'20 actual achievement figures will be reported. 3. Source - The numbers will be reported from Nikshay HMIS portal for the 8 States where PPSA will be active in the reporting period (Rajasthan, Delhi, Haryana, Gujarat, Bihar, Maharashtra, Uttar Pradesh and Assam). 4. Disaggregation details - The PR has reported combinesd results of PPSA & PPSA lite districts during the last PU submission, whereas the targets for PPSA districts only for the new grant, hence, baseline disaggregation is not available. This will be available on actual reported figures at the tine of reporting by PR. 5. Indicator measurement - The success rate will be determined for the cohort of the cases notified in the corresponding previous year. Numerator - Number of contacts of whosuccessfully completed the treatment out of the denominator Denominator: Number of patients who were notified in the corresponding previous period of last year (notified 1 year before)														

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	

Comments

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Summary Budget

Country	India
Grant Name	IND-T-WJCF
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	William J Clinton 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
Program management	$873,680	$760,050	$710,472	$445,394	**$2,789,596**	$393,350	$327,538	$332,693	$371,951	**$1,425,532**	$363,772	$321,496	$332,199	$303,585	**$1,321,052**	**$5,536,180**	**24.7 %**
TB care and prevention	$1,447,340	$1,961,389	$2,131,700	$1,298,877	**$6,839,306**	$1,397,447	$1,314,205	$1,314,205	$1,311,026	**$5,340,884**	$1,328,543	$1,245,300	$1,245,300	$917,039	**$4,736,182**	**$16,916,372**	**75.3 %**
Grand Total	**$2,321,020**	**$2,721,439**	**$2,842,171**	**$1,744,271**	**$9,628,902**	**$1,790,797**	**$1,641,743**	**$1,646,899**	**$1,683,977**	**$6,766,416**	**$1,692,314**	**$1,566,797**	**$1,577,500**	**$1,220,624**	**$6,057,235**	**$22,452,552**	**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)	$1,426,097	$1,680,226	$1,922,060	$1,054,506	**$6,082,890**	$1,099,669	$1,098,857	$1,098,857	$1,101,652	**$4,398,035**	$1,151,640	$1,149,203	$1,143,603	$815,145	**$4,259,592**	**$14,740,517**	**65.7 %**
Travel related costs (TRC)	$416,937	$466,165	$369,150	$220,064	**$1,472,316**	$302,719	$197,931	$205,305	$185,628	**$891,583**	$272,495	$185,628	$202,838	$166,348	**$827,310**	**$3,191,208**	**14.2 %**
External Professional services (EPS)	$82,246	$233,957	$233,957	$190,225	**$740,386**	$219,363	$185,655	$185,655	$185,655	**$776,327**	$112,539	$75,852	$75,852	$76,529	**$340,772**	**$1,857,485**	**8.3 %**
Health Products - Non-Pharmaceuticals (HPNP)	$2,538	$6,640	$12,834		**$22,012**											**$22,012**	**0.1 %**
Health Products - Equipment (HPE)	$271	$1,665	$3,087	$2,166	**$7,188**											**$7,188**	**0.0 %**
Non-health equipment (NHP)	$167,315	$58,428	$19,672	$117,380	**$362,795**	$16,746	$7,002	$4,783	$53,974	**$84,506**	$4,756	$5,230	$4,322	$4,949	**$19,257**	**$466,557**	**2.1 %**
Communication Material and Publications (CMP)	$39,814	$42,454	$42,454	$39,814	**$164,535**	$45,908	$45,908	$45,908	$45,908	**$183,634**	$39,855	$39,855	$39,855	$39,855	**$159,422**	**$507,591**	**2.3 %**
Indirect and Overhead Costs	$144,214	$190,316	$199,645	$120,116	**$654,291**	$106,390	$106,390	$106,390	$111,159	**$432,331**	$111,028	$111,028	$111,028	$117,797	**$450,882**	**$1,537,504**	**6.8 %**
Living support to client/ target population (LSCTP)	$26,277	$26,277	$24,002		**$76,555**											**$76,555**	**0.3 %**
Payment for Results	$15,311	$15,311	$15,311		**$45,933**											**$45,933**	**0.2 %**
GrandTotal	**$2,321,020**	**$2,721,439**	**$2,842,171**	**$1,744,271**	**$9,628,902**	**$1,790,797**	**$1,641,743**	**$1,646,899**	**$1,683,977**	**$6,766,416**	**$1,692,314**	**$1,566,797**	**$1,577,500**	**$1,220,624**	**$6,057,235**	**$22,452,552**	**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	$645,730	$596,496	$582,903	$432,299	$2,257,427	$416,035	$366,244	$372,079	$405,381	$1,559,738	$305,367	$259,447	$280,360	$249,075	$1,094,249	$4,911,414	**21.9 %**
William J Clinton Foundation	$645,730	$596,496	$582,903	$432,299	$2,257,427	$416,035	$366,244	$372,079	$405,381	$1,559,738	$305,367	$259,447	$280,360	$249,075	$1,094,249	$4,911,414	21.9 %
SR	$1,675,290	$2,124,943	$2,259,269	$1,311,972	$7,371,475	$1,374,762	$1,275,500	$1,274,819	$1,281,596	$5,206,677	$1,386,947	$1,307,350	$1,297,140	$971,549	$4,962,986	$17,541,138	**78.1 %**
Alert India	$167,707	$182,716	$216,983	$126,619	$694,026	$118,521	$115,629	$115,629	$116,040	$465,819	$118,704	$118,027	$118,027	$80,423	$435,180	$1,595,025	7.1 %
Centre for Health Research and Innovation	$895,248	$1,225,835	$1,308,595	$626,810	$4,056,488	$683,251	$634,749	$634,069	$638,540	$2,590,609	$690,715	$651,743	$641,533	$492,217	$2,476,208	$9,123,305	40.6 %
LEPRA Society	$56,274	$54,460	$50,388		$161,122											$161,122	0.7 %
TB Alert India	$230,225	$267,939	$264,162	$184,900	$947,226	$165,886	$162,128	$162,128	$162,670	$652,812	$167,054	$166,242	$166,242	$123,512	$623,049	$2,223,088	9.9 %
World Vision India	$325,836	$393,992	$419,141	$373,643	$1,512,613	$407,105	$362,993	$362,993	$364,346	$1,497,437	$410,475	$371,338	$371,338	$275,398	$1,428,549	$4,438,599	19.8 %
Grand Total	**$2,321,020**	**$2,721,439**	**$2,842,171**	**$1,744,271**	**$9,628,902**	**$1,790,797**	**$1,641,743**	**$1,646,899**	**$1,683,977**	**$6,766,416**	**$1,692,314**	**$1,566,797**	**$1,577,500**	**$1,220,624**	**$6,057,235**	**$22,452,552**	**100.0 %**