The Global Fund

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 the **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, effective 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, HIV/AIDS
3.3.	Program Title:	Joint Effort for Elimination of Tuberculosis (JEET) for patients seeking care in private sector / Strengthening Overall Care for HIV patients (SOCH)
3.4.	Grant Name:	IND-C-WJCF
3.5.	GA Number:	1619
3.6.	Grant Funds:	Up to the amount of USD 18,283,889.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 March 2021 (inclusive)
3.8.	Principal Recipient:	William J Clinton Foundation 26, Okhla Industrial Estate, Phase 3 110020 New Delhi Republic of India Attention Mr Harkesh Singh Dabas

		Telephone: +91 11 4305 0000 Facsimile: Email: hdabas@clintonhealthaccess.org
3.9.	Fiscal Year:	1 April to 31 March
3.10.	Local Fund Agent:	Price Waterhouse Chartered Accountants LLP Building 8, 7th & 8th Floor, Tower-B DLF Cyber City 122002 Gurgaon Republic of India Attention Mr. Heman Sabharwal Telephone: 911244620510 Facsimile: +97714004578 Email: heman.sabharwal@in.pwc.com
3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland Attention Urban Weber Department Head Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 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 (2017, as amended from time to time), (2) the Health Products Guide (2017, 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. During implementation of the Program, the Grantee shall take all necessary actions to cooperate and collaborate with the Foundation for Innovative New Diagnostics India and the Centre for Health Research and Innovation (together, the "JEET Entities") pursuant to a Memorandum of Understanding, in form and substance satisfactory to the Global Fund, to be entered into by the Grantee and the JEET Entities with respect to such Program Activities.

5.2. The use of Grant Funds to finance the integration of data management systems (the "Integration Activities") shall be subject to the signing of a Memorandum of Understanding (the "MoU"), in form and substance satisfactory to the Global Fund, between the Grantee and the National AIDS Control Organization with respect to the Integration Activities. The MoU

shall detail each parties' implementation responsibilities with respect to the Integration Activities, including the responsibilities of any subcontracted implementing agencies, and the terms and conditions of their collaboration. The Grantee agrees to take all necessary actions to adhere to the MoU during the implementation of the Program.

5.3. The Grantee agrees to take all necessary actions to coordinate and cooperate with the Central TB Division, Directorate General of Health Services (the "CTD") during implementation of the Program, including through participation in the following two coordination meetings that shall be hosted by CTD at a place, date and time and in a manner to be determined by CTD:

i. Principal Recipient Coordination Committee Meeting; and

ii. National Biannual Review Meeting.

5.4. The Grantee acknowledges and agrees that (i) the commitment and disbursement of Grant Funds under the Grant Agreement is subject to the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), and (ii) 20% of India's allocation will be made available upon increases in co-financing as required under the STC Policy.

5.5. With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), it is understood and agreed that (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain information that could be used to identify a person or people, and (2) the Grantee has undertaken or has caused to be undertaken prior to collection and thereafter whatever is required under the applicable laws of India to ensure that such information may be transferred to the Global Fund for such purpose upon request.

[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 Edington
Title: Head, Grant Management Division

Date: Feb 8, 2018

William J Clinton Foundation

By:_____

Name: Mr. Harkesh Singh Dabas
Title: Managing Director

Date: 7th Feb 2018

Acknowledged by

By:_____

Name: Ms. Preeti Sudan
Title: Chair of the Country Coordinating Mechanism for Republic of India

Date: 01.03.2018

By:_____

Name: Dr. Nerges Mistry
Title: Civil Society Representative of the Country Coordinating Mechanism for Republic of India

Date: 07/03/2018

Schedule I

Integrated Grant Description

Country:	Republic of India
Program Title:	Joint Effort for Elimination of Tuberculosis (JEET) for patients seeking care in private sector / Strengthening Overall Care for HIV patients (SOCH)
Grant Name:	IND-C-WJCF
GA Number:	1619
Disease Component:	Tuberculosis, HIV/AIDS
Principal Recipient:	William J Clinton Foundation

A. PROGRAM DESCRIPTION

1. Background and Rational for the Program:

Tuberculosis

The private sector for TB is massive, heterogeneous and growing, accounting for roughly 80% of the first contact of patients with health-care providers in the country. Studies conducted since the 1990s have documented that more than half of the TB cases are diagnosed and treated in the private sector. Recent evidence on drug sales in the private market also suggests an estimated 2.2 million TB patients seeking care in the private sector. Despite the mandatory notification advisory by the Govt. of India, a significant number of patients are still not getting notified to the RNTCP. Two decades of attempts to improve collaboration between the public and private sectors have yielded limited results. Reaching TB patients in the private sector, ensuring quality of care, and reducing the cost incurred by patients are the three important aspects to address in a holistic manner.

There have been some successes such as the pilots in Mumbai, Patna and Mehsana under the Universal Access to TB Care (UATBC) project along with the efforts to engage private sector laboratories under the Initiative to Promote Affordable and Quality TB Tests (IPAQT) and the pediatric access project focused on private sector engagement in 10 cities. However, it is important to replicate the learnings from these successful pilots and scale them up to the national level to achieve the ambitious NSP (2017-2025).

The proposed strategy for private sector engagement under the current grant involves development of constructive partnership with private providers by establishing linkages to enhance notifications and tracking patients to ensure successful completion of treatment. The proposed private sector approach under the grant builds upon the lessons learnt from UATBC project, which was aimed at improving TB notifications by using ICT support, providing free TB drugs for notified TB patients, and extending adherence support to patients diagnosed and treated in the private sector.

HIV

There are an estimated 2 million people living with HIV in India which is the third largest population of PLHIV in the world after South Africa and Nigeria. Of these, ~1.2 million individuals are under care currently. With the adoption of the 90-90-90 target, National AIDS Control Organization (NACO) faces a steep task of putting an additional ~600,000 patients on Anti-retroviral Therapy Centers (ART) over the next 3.5 years. This combined with the marked decline in rates at which patients are being initiated on

ART, and the limited resource envelope for the program underscores the need for adoption of smart and innovative testing and treatment strategies. Further, there is a critical need for timely collection and evaluation of comprehensive programmatic data to monitor progress, make course-corrections and deploy data-driven and context-based strategies.

The multiplicity of streams of information and lack of linkage between them hinders end-to-end patient tracking across facilities (like ICTCs, ARTCs etc.), hampers intra-division data visibility in NACO and, leads to duplication of data entry effort by healthcare workers(HCWs). Therefore, the National Strategic Plan (NSP) on HIV and STIs for 2017-2024 has identified the need for a comprehensive and integrated M&E system as a key priority area for the National AIDS Control Program (NACP). The NSP emphasizes the need to strengthen existing systems so that they can effectively support decision-making in line with Fast-Track targets, HIV cascade monitoring, patient follow-ups and, client based surveillance. This is articulated under Priority No. 5 - Restructuring the Strategic Information System to be efficient and patient centric. Taking cognizance of such issues, NACO has identified development of a single integrated M&E platform as one of its key priorities to achieve the 90-90-90 objective and EMTCT of HIV and Syphilis by 2020.

2. Goal:

1. To achieve a rapid decline in burden of TB morbidity and mortality while working towards elimination of TB in India by 2025
2. "Development of an integrated Information technology (IT) based Monitoring and & Evaluation (M&E) platform for tracking of all clients and commodities under NACO"

3. Strategies:

The NSP aims to evolve a high-quality patient centered model of TB care to "go where the patients go". In line with the NSP strategic approach, the specific project related strategic elements include:

- Contract agencies at district level to work closely with the patient and all patient touchpoints including chemists, pharmacies, clinics, providers, hospitals, laboratories, and RNTCP.
- Engage with RNTCP network at national, state and district levels.
- Increase nationwide access to WHO approved quality TB diagnosis through public and private lab network.
- Ensure notifications and microbiological confirmation of TB patients
- Facilitate early treatment initiation and adherence support systems for improved treatment completion rates
- Develop mechanisms to reduce catastrophic costs to TB patients.
- Explore integration and interoperability of myriad information management systems across NACO such as SIMS, IMS, PALS, Empower (ALLIANCE) etc. and across Ministry of Health such as MCH, HMIS and Nikshay to effectively collate information across platforms and leverage it for programmatic decision-making.
- Enhance IT based supply chain management of all commodities (at LACs, ARTCs, ICTCs & Blood Banks) and all clients (at ICTCs, Prevention Clinics, STIs, TIs, ARTCs)
- Develop reporting dashboard to enable evidence driven policy making at all levels in NACO

4. Planned activities:

The proposal is designed to enhance the RNTCP's management capacity for private sector engagement by establishing a Patient Provider Support Agency (PPSA) in designated geographies. The grant will support to set up such PPSAs in 35 RNTCP districts (in 9 cities/urban agglomerations/corporations), each covering more than one million population and state level management units. The intervention would focus on the urban populations of the districts. Program implementation arrangement will also include capacity building through training of RNTCP staff.

In the 35 RNTCP districts, intensified activities will be carried out which will include close coordination with private practitioners, linkages for free diagnostics, drugs and treatment support to ensure treatment outcomes of TB patients seeking care in the private sector. State Program Management Units will be established to support the program in the 7 states of the country under.

National Project Management Unit (NPMU) at country level and State Program Management Unit at state level, will be responsible to ensure private sector engagement and coordination with national and state level stakeholders including RNTCP, National Technical Working Group, state TB Control Programs, State Technical Working Group (STWG), and other stakeholders.

Patient Provider Support Agency (PPSA)

Patient Provider Support Agency (PPSA) would be responsible for continuous, end-to-end engagement of private sector to provide quality TB services to patients seeking care in private sector. PPSAs will be established in 35 RNTCP districts in following 9 cities/urban agglomerations/corporations:

State	City	Population
Gujrat	Ahmedabad	63,61,084
	Surat	48,48,223
Madhya Pradesh	Bhopal	22,00,770
	Indore	27,02,243
Delhi	New Delhi	1,10,34,555
Tamil Nadu	Chennai	71,96,515
Haryana	Gurgaon	15,14,085
Bihar	Patna	16,83,200
Rajasthan	Jaipur	35,84,455

The service delivery model for PPSA includes the following major activities:

1. Engagement of private providers – PPSA Field Officers will network with private sector providers. PPSA will promote quality and early diagnosis, use of rapid diagnostics, DST, TB notifications, treatment as per Standards for TB Care in India (STCI) and utilization of available public-sector services for the patients seeking care in the private sector.
2. Notification of TB patients– PPSA will support both engaged and non-engaged private sector providers for TB notifications in Nikshay/eNikshay through sensitization of private practitioners and by establishing mechanisms / modalities to support private sector notifications.
3. Linkage to free diagnostics services by RNTCP;
4. Linkage to free treatment services by RNTCP including adherence support through ICT enabled mechanisms, social support schemes, and RNTCP supported incentives to patients and providers as provisioned in NSP;
5. In additions to their respective focus geography, PPSA field officers will undertake engagement of champion TB providers and provide adherence support to patients seeking TB care through them in the peripheral cities/towns.

Non-PPSA Model

For 175 cities across the 7 states, following activities will be supported by the project staff from PPSA cities, and State PMUs in the non PPSA cities in close association with RNTCP staff to ensure sustainability and transferability of capacity and learnings.

1. Capacity building of RNTCP's private sector engagement network (PPM coordinators, TBHVs, TB supervisor - new position for private sector engagement under NSP), through trainings, providing job aids, information materials etc.
2. Engagement of private providers – assist TBHVs, PPM coordinators, TB supervisor and other district level staff to engage with private sector providers.
3. Notification of TB – support planning and execution of activities for sensitizing private sector providers for TB notifications in eNikshay through existing programme staff to support private sector notifications into eNikshay as per NSP.

4. Free diagnostics and treatment services – Training/sensitization of private sector to promote utilization of free diagnostics and treatment services of TB available in public sector, and technical support for establishing linkages to ICT enabled adherence mechanism in private sector, and linkages to social welfare schemes.

HIV:

- Conducting an assessment study to understand the feasibility and methodology of integration of different software systems under NACO's eco –system
- Finalizing scope of the system to be developed in a consultative process with all levels of NACO stakeholders, development partners, and external stakeholders like other public National Health Mission (NHM) representatives, implementation partners, civil society groups etc.
- Developing an Integrated IT based M&E platform incorporating the inputs received during the assessment study
- Pre testing the integrated system to incorporate user feedback, and thereafter rolling out the software across the country
- Training all the relevant users on the integrated IT system to drive uptake and usage at all levels
- Change management at all levels of users to ensure sustainability of system and strengthening of data driven policy-making and strategizing through M&E dashboard of the system
- Sustainably transitioning the system to NACO before the end of the grant period

5. Target Group/Beneficiaries

Tuberculosis: The private sector engagement intervention takes a multi-pronged approach to engaging with private sector by working with providers, pharmacies, presumptive and microbiologically confirmed TB patients in coordination with the RNTCP.

HIV: The proposal will benefit all suspected cases of HIV tested under the program as also all PLHIV under the program's care.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

The Global Fund

Performance Framework

Country	India
Grant Name	IND-C-WJCF
Implementation Period	01-Jan-2018 - 31-Mar-2021
Principal Recipient	William J Clinton Foundation

Reporting Periods							
	Start Date	01-Jan-2018	01-Oct-2018	01-Apr-2019	01-Oct-2019	01-Apr-2020	01-Oct-2020
	End Date	30-Sep-2018	31-Mar-2019	30-Sep-2019	31-Mar-2020	30-Sep-2020	31-Mar-2021
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals and Impact Indicators

1	To achieve a rapid decining burden of TB morbidity and mortality while working towards elimination of TB in India by 2025

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
1	TB I-2: TB incidence rate per 100,000 population	India	217	2015 WHO Global TB Report 2016		N: D: P: % Due Date:	N: D: P: % Due Date:	N: 142 D: P: % Due Date: 31-Dec-2021	The baseline for incidence rate is from WHO Global TB report 2016 and the traget for the same has been proposed based on NSP (2017-2025). It is based on calendar year. The PR has provided target for the last year of the grant period i.e. 2020 as 142 (~34.5% decline from the baseline) which is appropriate as measurement of incidence rate in between will be a challenge. NSP does not have annual targets. For the target in 2020, the PR is planning to use results from TB prevalence survey.
2	TB I-3(M): TB mortality rate per 100,000 population	India	32	2015 WHO Global TB Report 2016		N: 30 D: P: % Due Date: 31-Dec-2019	N: 24 D: P: % Due Date: 31-Dec-2020	N: 15 D: P: % Due Date: 31-Dec-2021	The baseline for TB mortality rate is reported from the WHO Global report 2016 as 37/100,000 polulation. The targets for the three years grant period (Yr 1 as 30 , Yr 2 as 24 and Yr 3 as 15) are in line with the NSP document. The population size 1,372,067,039 is used in 2018 with an average of 1.13% growth rate.
3	TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	India	2.84%	2015 NDRS results		N: D: P: % Due Date: 31-Mar-2018	N: D: P: % Due Date:	N: D: P: % Due Date:	NDRS results used for the basline are yet to be published. The proportion of MDR tb is only for new smear positive cases and not all new cases. Targets will be set during first quarter of grant implementation, i.e. by 31 Mar 2018. PF will be revised based on this new information.

Program Objectives and Outcome Indicators

1	Systematically engage the private provides with an increase in case notification to 2 million cases annually
2	Improving treatment adherence and treatment support byadoption of iCT tools and partnerships

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
1	TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)	India	59%	2015 WHO Global TB Report 2016		N: 2,400,000 D: 3,131,884 P: 76.63% Due Date: 01-Apr-2019	N: 2,680,000 D: 3,085,600 P: 86.85% Due Date: 01-Apr-2020	N: 2,880,000 D: 3,040,000 P: 94.73% Due Date: 01-Apr-2021	The baseline of 59% for this indicator is from the WHO Global TB report 2016. The numerator includes "Number of new and relapse cases that were notified and treated" whereas the denominator will include "Estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)" The source of the information for the numerator will be Nikshay whereas the denominator is based on the programme estimations.
2	TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	India	46%	2013 Annual Status Report 2017	TB case definition	N: 15,687 D: 32,682 P: 47.99% Due Date: 01-Apr-2019	N: 60,590 D: 108,196 P: 56.00% Due Date: 01-Apr-2020	N: 48,511 D: 74,632 P: 65.00% Due Date: 01-Apr-2021	Baseline figure was reported in 2015, based on cohort from two quarters in 2013 to two quarters in 2014. Treatment success rate for patients on short term regimen will be disaggregated in Year 3 or if available earlier.

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	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2018	2019	2020	Comment
3	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	India	127.2	2015 WHO Global TB Report 2016		N: 179 D: P: % Due Date: 01-Apr-2019	N: 197 D: P: % Due Date: 01-Apr-2020	N: 209 D: P: % Due Date: 01-Apr-2021	The PR has provided the baseline for this indicator from the WHO Global TB report 2016 as 127. The targets are calculated basis the TB case notifications (from public sector and private sector) of the new and retreatment cases which will be reported from Nikshay and the projected polulations (census data). The population size 1,372,067,039 is used in 2018 with an average of 1.13% growth rate.
4	TB O-6: Notification of RR-TB and/or MDR-TB cases – Percentage of notified cases of bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated RR-TB and/or MDR-TB cases	India	36%	2015 WHO Global TB Report 2016		N: 59,400 D: 130,000 P: 45.69% Due Date: 01-Apr-2019	N: 71,078 D: 130,000 P: 54.67% Due Date: 01-Apr-2020	N: 82,800 D: 130,000 P: 63.69% Due Date: 01-Apr-2021	The Numerator and Denominator includes the notificatrions from Private Sector.

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Sep-2018	01-Oct-2018 31-Mar-2019	01-Apr-2019 30-Sep-2019	01-Oct-2019 31-Mar-2020	01-Apr-2020 30-Sep-2020	01-Oct-2020 31-Mar-2021	Comments
TB care and prevention												
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: Subnational	N: D: P:		Gender,HIV test status,Age	N-Non-cumulative	N: D: P:	N: D: P:	N: 17,139 D: 24,485 P: 69.9%	N: 39,311 D: 56,159 P: 69.9%	N: 60,278 D: 86,111 P: 70.0%	N: 83,865 D: 119,807 P: 70.0%	- No baseline has been provided for this indicator as there is no previous information available on the treatment success rate across the implementing district Data Source: NIKSHAY/JEET DATABASE. The JEET consortium (CHRI, FIND, WJCF) is developing a joint system to capture patient treatment outcome information. - The Numerator for this indicator: Total number of notifed TB cases who successfully completed treatment. Denominator for this indicator: Total number of notified TB cases of reporting period. - targets are set at 70% for the entire grant period. - Targets are set from 3rd period which refers for the TSR for the 9 months cohort Jan-Sep 2018. The rest are for 6 months targets for the respective cohorts of notified TB cases one year before.
TCP-7a: Number of notified TB cases (all forms) contributed by non-national TB program providers – private/non-governmental facilities	Country: India; Coverage: Subnational	N: D: P:			N-Non-cumulative	N: 24,485 D: P:	N: 56,159 D: P:	N: 86,111 D: P:	N: 119,807 D: P:	N: 153,503 D: P:	N: 164,731 D: P:	- This is a new intervention targeting the private sector. No baseline is available. - The source of reporting on this indicator will be Nikshay - A total of 561,596 notifications are proposed by the PR and this is corresponding to the WJCF share out of the total 1.5 million from all three JEET project partners (CHRI, FIND, WJCF). The targets provided by the PR corresponds to the 36 period of grant implementation however, as the grant will be for a total of 39 months duration, 43,199 cases (corresponding to one quarter achievement) were added to target to arrive at 604,795 TB cases notified in 39 months period. Detailed geographic locations can be referred from the integrated grant description document. - Reporting of diaggregated information of the TB cases notified in terms of age, gender, KAP is recommended.
RSSH: Health management information systems and M&E												
M&E Other-1: Percentage of users trained on integrated M&E system	Country: India; Coverage: National	N: D: P:			N-Non-cumulative	N: D: P:	N: D: P:	N: D: P:	N: 1,775 D: 15,231 P: 11.6%	N: 9,607 D: 15,231 P: 63.0%	N: 3,849 D: 15,231 P: 25.2%	No baseline has been provided for this indicator as it's a new activity. - The Numerator for this indicator: Total number of people which are going to be trained in the respective perioed. . Denominator for this indicator: Total number of trainees which are going to be trained in reporting period. In order for the users to be trained, a number of steps have to have occurred (see work plan tracking measures), and the training will start in 2019

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Workplan Tracking Measures							
Intervention	**Key Activity**	**Comments**	**Milestone Target**	**Criterion for Completion**	**01-Jan-2018 30-Sep-2018**	**01-Oct-2018 31-Mar-2019**	**01-Apr-2019 30-Sep-2019**
RSSH: Health management information systems and M&E							
Routine reporting	Development of integrated HIV M&E and reporting system	This is one of the key activities of WJCF. It is the HIV component of this grant led by the NACO and WJCF. The goal is to assess the current multiple HIV reporting systems and develop an integrated solution for case-based reporting, including clients from both prevention and treatment interventions. The roll out of the final system is intended to be in 2020.	Completion of assessment study	0 - Not started 1 - Started: data collection started 2 - In progress: data collection completed, analysis and report in progress 3 - Completed: assessment completed and report is submitted to NACO	X		
			Development of integrated M&E system based on assessment study results	0 - Not started 1 - Started: vendor identified 2 - In progress: contract signed with vendor, development in progress 3 - Completed: first version of the system developed and quality control (QC) of the system for piloting in progress by WJCF		X	
			Pilot of integrated M&E system	0 - Not started 1 - Started: sites identified and agreed with NACO 2 - In progress: pilot and feedback collection in progress 3 - Completed: pilot completed and feedback incorporated into system			X

Component Name	Tuberculosis,HIV/AIDS
Country / Applicant:	India
Principal Recipient	William J Clinton Foundation
Application/Grant Name	IND-C-WJCF
IP Start Date	01-Jan-18
IP End Date	31-Mar-21
Grant Currency:	USD

Budget Summary (in grant currency)

01-Jan-18 31-Mar-18	Y1	01-Apr-18 30-Jun-18	01-Jul-18 30-Sep-18	01-Oct-18 31-Dec-18	01-Jan-19 31-Mar-19	Y2	01-Apr-19 30-Jun-19	01-Jul-19 30-Sep-19	01-Oct-19 31-Dec-19	01-Jan-20 31-Mar-20	Y3	01-Apr-20 30-Jun-20	01-Jul-20 30-Sep-20	01-Oct-20 31-Dec-20	01-Jan-21 31-Mar-21	Y4

By Module	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
Program management	222,505	222,505	369,427	363,660	391,352	359,114	1,483,552	356,714	373,025	354,563	356,246	1,440,547	358,462	353,846	376,923	307,066	1,396,297	**4,542,901**	25%
TB care and prevention	301,339	301,339	867,684	906,723	906,723	916,896	3,598,026	916,896	862,513	862,513	871,420	3,513,342	816,295	816,295	816,295	538,863	2,987,747	**10,400,454**	57%
RSSH: Health management information systems and M&E	233,335	233,335	233,335	233,335	233,335	233,260	933,265	240,366	233,260	391,003	398,176	1,262,804	398,176	398,176	69,703	45,075	911,129	**3,340,533**	18%
Total	**757,179**	757,179	**1,470,446**	**1,503,718**	**1,531,410**	**1,509,270**	6,014,843	**1,513,976**	**1,468,797**	**1,608,079**	**1,625,841**	6,216,693	**1,572,932**	**1,568,316**	**1,262,920**	**891,004**	5,295,173	**18,283,889**	100%

By Cost Grouping	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
1.0 Human Resources (HR)	208,729	208,729	781,491	838,414	847,645	844,871	3,312,420	844,871	842,785	842,785	852,479	3,382,919	852,479	852,479	852,479	592,219	3,149,656	**10,053,724**	55%
2.0 Travel related costs (TRC)	251,770	251,770	290,290	290,290	290,290	276,886	1,147,756	283,885	275,003	431,463	539,409	1,529,760	539,409	539,409	218,216	195,945	1,492,978	**4,422,264**	24%
3.0 External Professional services (EPS)			39,496	42,430	60,892	33,151	175,970	33,151	51,613	33,151	34,559	152,475	39,174	34,559	57,636	28,448	159,817	**488,262**	3%
4.0 Health Products - Pharmaceutical Products (HPPP)																			
5.0 Health Products - Non-Pharmaceuticals (HPNP)																			
6.0 Health Products - Equipment (HPE)																			
7.0 Procurement and Supply-Chain Management costs (PSM)																			
8.0 Infrastructure (INF)																			
9.0 Non-health equipment (NHP)	235,976	235,976	227,419	200,256	200,256	220,985	848,914	218,585	166,085	166,085	66,046	616,800	8,521	8,521	8,521	8,677	34,241	**1,735,931**	9%
10.0 Communication Material and Publications (CMP)	28,904	28,904	28,904	28,904	28,904	26,258	112,972	26,366	26,258	27,541	25,792	105,958	25,792	25,792	18,512		70,096	**317,929**	2%
11.0 Programme Administration costs (PA)	31,800	31,800	71,204	71,781	71,781	75,476	290,243	75,476	75,411	75,411	75,914	302,213	75,914	75,914	75,914	65,714	293,458	**917,714**	5%
12.0 Living support to client/ target population (LSCTP)			31,642	31,642	31,642	31,642	126,569	31,642	31,642	31,642	31,642	126,569	31,642	31,642	31,642		94,927	**348,065**	2%
13.0 Payment for Results																			
Total	**757,179**	757,179	**1,470,446**	**1,503,718**	**1,531,410**	**1,509,270**	6,014,843	**1,513,976**	**1,468,797**	**1,608,079**	**1,625,841**	6,216,693	**1,572,932**	**1,568,316**	**1,262,920**	**891,004**	5,295,173	**18,283,889**	100%

By Recipients	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
William J Clinton Foundation	757,179	757,179	917,659	964,915	992,607	970,467	3,845,648	975,173	929,995	1,069,276	1,087,039	4,061,483	1,034,129	1,029,514	724,118	603,567	3,391,328	**12,055,638**	66%
SR1			175,091	173,537	173,537	173,537	695,703	173,537	173,537	173,537	173,537	694,149	173,537	173,537	173,537	87,091	607,702	**1,997,554**	11%
SR2			42,177	40,623	40,623	40,623	164,046	40,623	40,623	40,623	40,623	162,492	40,623	40,623	40,623	22,851	144,720	**471,259**	3%
SR3			71,871	70,317	70,317	70,317	282,822	70,317	70,317	70,317	70,317	281,268	70,317	70,317	70,317	37,558	248,509	**812,599**	4%
SR4			28,162	26,608	26,608	26,608	107,985	26,608	26,608	26,608	26,608	106,431	26,608	26,608	26,608	16,211	96,034	**310,450**	2%
SR5			35,214	33,660	33,660	33,660	136,193	33,660	33,660	33,660	33,660	134,640	33,660	33,660	33,660	19,818	120,798	**391,631**	2%
SR6			87,731	86,177	86,177	86,177	346,261	86,177	86,177	86,177	86,177	344,707	86,177	86,177	86,177	43,219	301,749	**992,718**	5%
SR7			64,483	62,929	62,929	62,929	253,272	62,929	62,929	62,929	62,929	251,718	62,929	62,929	62,929	32,522	221,310	**726,300**	4%
SR8			26,207	24,653	24,653	24,653	100,167	24,653	24,653	24,653	24,653	98,613	24,653	24,653	24,653	14,668	88,628	**287,408**	2%
SR9			21,852	20,298	20,298	20,298	82,746	20,298	20,298	20,298	20,298	81,192	20,298	20,298	20,298	13,500	74,394	**238,332**	1%
Total	**757,179**	**757,179**	**1,470,446**	**1,503,718**	**1,531,410**	**1,509,270**	**6,014,843**	**1,513,976**	**1,468,797**	**1,608,079**	**1,625,841**	**6,216,693**	**1,572,932**	**1,568,316**	**1,262,920**	**891,004**	**5,295,173**	**18,283,889**	100%