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 **International Union Against Tuberculosis and Lung Disease** (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 2 April 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.

2. **Single Agreement**. This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at http://www.theglobalfund.org/GrantRegulations). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.

3. **Grant Information**. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of India
3.2	Disease Component:	Tuberculosis
3.3	Program Title:	Axshya-Plus: Resilient Axshya Communities for Elimination of TB in India and mobilization of resources through multisectoral engagement
3.4	Grant Name:	IND-T-IUATLD
3.5	GA Number:	2036
3.6	Grant Funds:	Up to the amount of USD 13,431,955 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (inclusive)
3.8	Principal Recipient:	International Union Against Tuberculosis and Lung Disease C-6, Qutub Institutional Area 110016 New Delhi Republic of India

		Attention: Ms. Mousumi Chakraborty Finance Director Telephone: +91 1146054406 Email: mousumi.chakraborty@theunion.org
3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	Price Waterhouse Chartered Accountants LLP (PWCALLP) Building 8, 8th Floor, Tower-B, DLF Cyber City 122002 Gurgaon, Haryana Republic of India Attention: Heman Sabharwal Team Leader Telephone: +91 1244620148 Facsimile: +91 1244620620 Email: heman.sabharwal@in.pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Urban Weber Department Head Grant Management Division Telephone: +41 587911700 Facsimile: +41 445806820 Email: urban.weber@theglobalfund.org

4. **Policies**. The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

5. **Covenants**. The Global Fund and the Grantee further agree that:

5.1 Personal Data

(1) Principles. The Principal Recipient acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"): (a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and (b) Natural persons are afforded, where relevant, the right to information about Personal Data that is

processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles: (a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and (b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

5.2 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

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

5.4 Use of Grant Funds for the recovery of costs for support of the Principal Recipient's headquarters under the Program is conditional on the Principal Recipient providing, to the Global Fund's satisfaction: (1) by 30 April 2021, a narrative description of the services to be provided by the headquarters for the duration of the Implementation Period; and (b) by 30 September 2021, and together with every progress update and disbursement request thereafter, a narrative description of services completed by the headquarters for the preceding period. In all cases, the Principal Recipient shall comply with the Global Fund's policies relating to indirect cost recovery.

[*Signature Page Follows.*]

IN WITNESS WHEREOF, the Global Fund and the Grantee have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: M.A. Eldon Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Apr 15, 2021

International Union Against Tuberculosis and Lung Disease

By: Guy S Marks

Name: Guy Marks

Title: President & Executive Director (Interim)

Date: 25th 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

In 2019, the National TB Elimination Programme (NTEP) notified over 2.4 million of estimated 2.7 million incident TB cases - missing nearly 0.3 million TB cases. Children with TB comprised just 6% of the total TB patients; while 78% of children (aged <6 years) eligible for TB Preventive Treatment (TPT) received treatment. TPT uptake among people living with HIV (newly enrolled in care) was only 17%. About 58% of notified TB cases were tested for Rifampicin Resistance.

Global prevalence of Latent TB Infection (LTBI) is estimated to be nearly 33%. In India, there are no estimates regarding the prevalence of LTBI; however, WHO data indicates that roughly 3.5 lakh children below the age of 5 years were eligible for LTBI treatment. Although most of the infected persons do not manifest the disease, the lifetime risk of reactivation of TB is estimated to be around 5–10%. If untreated, 40% of LTBI children under 1 year of age develop active disease, whereas it is 24% in children of 1–10 years and 16% in those between 11 and 15 years. The infected persons accumulate in the pool of LTBI and is a potential source of converting latent TB to active TB. To control the active infection, the reduction in the magnitude of the pool of latent infection is required.

To accelerate the bending of the TB incidence curve as per the WHO End TB Strategy, along with intensive efforts in the management of all forms of active TB diseases; identification, diagnosis, and treatment of latent TB infection at an extensive level are vital. A holistic package of promotive, preventive, and curative management of tuberculosis will be cost-effective.

There is a growing acknowledgement that TB elimination targets will only be met through a multi-sectoral approach that addresses the social determinants of health, and not merely through a medical response aimed at diagnosis and treatment. While the focus is rightly on finding active TB patients, there is a need to simultaneously increase the uptake of TPT to prevent progression from latent to active TB. Ending TB will only be possible by bringing together various stakeholders to contribute to the TB response. Multi-sectoral collaboration is an important area to garner the support of different ministries, development partners, stakeholders and institutions to harness their expertise and influence in mobilizing resources and commitment towards TB Free India 2025. There is a need to sustain and nurture this initiative so that it translates policies into actions across various levels. Axshya-Plus consortium brings together organizations with different skill sets and experience and is thereby well positioned to kick start and accelerate multi-dimensional actions to contribute significantly to TB elimination efforts in India.

The reach of NTEP services to vulnerable and marginalized groups is limited due to various reasons. These factors continue to contribute to missing TB patients along the TB care cascade. Other key social determinants factors like poverty, illiteracy, social exclusion and poor knowledge about TB result in unfavorable outcomes and continued TB transmission in the community. Meaningful engagement of the community will be critical to achieve the End TB goal.

2. Goals

Demonstrate implementation models for programmatic management of Latent TB Infection and mobilize resources and resourcefulness of various stakeholders through multi-sectoral convergent actions.

3. Strategies

a. Axshya-Plus will primarily strengthen TB preventive strategies aimed at Programmatic Management of TB Prevention Treatment (PM-TPT), focusing on household contacts of index TB patients. The core thematic areas are:
    - implementation of TPT models for better programmatic management of TB prevention and care services;
    - generate evidence through operational research to support policies and practice; and
    - engage multi-sectoral stakeholders to mobilize resources for the program.

   The project will implement components of Community Engagement relevant to project activities.
b. Technical assistance will be provided on technical and programmatic management of TPT (PM-TPT), and multi-sectoral coordination, including workplace interventions.
c. Evidence will be generated to address several key research questions through Operational Research (OR).
d. Strengthening Public Finance Management System (PFMS).

4. Planned Activities

a. Programmatic Management of TB Preventive Treatment (PM-TPT)

Programmatic management of TB preventive treatment will be implemented through two main approaches:

- **Model One – "Test and Treat"** which encompasses symptom screening of household contacts, testing for TB infection, preventive treatment and follow-up services; will cover 10 priority districts in 2 states (Maharashtra and Himachal Pradesh). Each block of the districts will have one LTBI Coordinator based on number of annual notifications of pulmonary TB patients. The ratio would be 1 LTBI coordinator per 600 notifications.

  The LTBI Coordinators will screen contacts of Pulmonary TB patients (index case) for TB preventive Treatment. During the household visits, the household contacts will be screened for 4 cardinal symptoms of TB. The contacts with TB infection will be initiated on TB preventive Treatment (TPT). Eligible contacts less than 6 years will be linked to NTEP for consultation with medical officer and will be initiated on TPT following diagnostic evaluations.

  Persons with TB symptoms of index patients will be provided with sample collection and transport services. The project will also facilitate need-based testing of samples from index TB patients to increase uptake of Universal Drug Susceptibility Test (UDST). Following the diagnosis, TB patients will be linked to treatment services and patients with negative results will be evaluated for TPT.

- **Model two – "Treat only":** includes symptom screening of household contacts, preventive treatment and follow-up services; and will be implemented in 90 districts across 7 states. This model will focus on ensuring treatment of eligible TPT beneficiaries based on symptom screening. One LTBI Coordinator will be assigned for covering 1000 notifications, but for hard to reach areas like in the State of Himachal Pradesh, Assam and Chhattisgarh the ratio has been considered as 1:600.

Diagnostic and Drugs Support: Procurement of 3HP for treatment (or any other regimen proposed by programme) in the first year of implementation in Test and Treat sites of 10 districts. 6H will be mobilized from NTEP supplies for children <6 years of age. From the second year onwards, the drugs and diagnostics services of NTEP will be utilized.

Follow up mechanism: All patients on TPT will be followed from diagnosis to treatment completion by the Block Coordinators for two years. The project will use existing digital applications and tools of the NTEP for contact-tracing, Adverse Drug Reaction (ADR) management and monitoring treatment adherence.

b. Technical Assistance: On technical and programmatic management of TPT (PM-TPT), and multi-sectoral co-ordination with the following core functioning areas:

- Facilitate implementation of PM-TPT in Axshya-Plus and non-Axshya-Plus districts;
- Facilitate implementation of workplace policies among the sensitized organizations; and
- Support states in establishing committees for multi-sectoral engagement and mobilising resources for TB in coordination with the Regional Consultants placed for multi–sector engagement.

c. Operational Research: Establishment of a LTBI Study Group to convene all stakeholders, under the leadership of the NTEP, to identify common research priorities, develop generic OR protocols, conduct multi-centric studies, advocate for and support development of policies and operational guidelines for programmatic management of TPT in the country. Stakeholders will include experts from technical agencies, academic institutes, national TB institutes, TB project implementing partners and donors.

Operational research studies:

i. Burden, Feasibility and Cost-effectiveness of LTBI implementation optimizing WHO guidelines across various TPT eligible groups in India; and
ii. Magnitude and severity of Adverse Events (AEs) among those receiving TB Preventive Therapy (TPT) under Project Axshya Plus and assessing type of care and support systems required to address AEs.

d. Multi-sectoral co-ordination and workplace interventions: Adoption of the "National Multi-sector Action Framework for TB free India" which focusses on the following key strategic areas for integrated action:

i. Integrate TB in healthcare service delivery;
ii. TB Free Workplaces;
iii. Socio-economic support to patients;
iv. Awareness generation and infection control;
v. Corporate social responsibility investments in TB; and
vi. Targeted interventions for key populations.

e. Public Finance Management System (PFMS): Provision of technical assistance to PFMS at the state and district level for the NTEP and NVBDCP for the first two years of implementation.

Outputs of the project:

- ~3.4 million household contacts visited at home for contact screening (4 symptom screening).
- ~126,000 eligible household contacts in the age group of >6 years tested for TB infection with IGRA test.
- ~1.84 million household contacts initiated on TB preventive treatment.
- > 85% of beneficiaries initiated on TPT complete treatment.
- Twelve Memorandum of Understanding (MOU) signed between ministries and NTEP.
- Eight states and six UTs Inter-ministerial committees constituted and made functional.
- Eight states and six UTs adopt TB Workplace policy developed by Ministry of Labour and Employment.

5. Target Group/Beneficiaries

Contacts of the diagnosed pulmonary TB patients; TB patients under Nikshya Poshan Yojana Scheme (Direct beneficiary Transfers); Ministerial representatives from different Ministers, Rotarians and local elected representatives for advocacy and resource mobilization.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Performance Framework

Country	India
Grant Name	IND-T-IUATLD
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	International Union Against Tuberculosis and Lung Disease

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		International Union Against Tuberculosis and Lung Disease	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: 449,700 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	Demonstrate implementation models, generate evidence, and scale-up programmatic management of TB preventive treatment.
2	Mobilize resources and resourcefulness of various stakeholders through multisectoral convergent actions

	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: 1,561,326 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								

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															
1		TCP Other-1: Percentage of household contacts screened	Country: India; Coverage: Geographic Subnational, 100% of national program target	N: D: P:			Yes	International Union Against Tuberculosis and Lung Disease	Non cumulative	N: 130,279 D: 186,113 P: 70.0%	N: 260,558 D: 372,226 P: 70.0%	N: 435,505.62 D: 580,674.15744 P: 75.0%	N: 435,505.62 D: 580,674.15744 P: 75.0%	N: 483,118 D: 603,898 P: 80.0%	N: 483,118 D: 603,898 P: 80.0%
	Comments														
	Indicator and targets are set to align with NSP across all JEET implementing partners. Baseline data are not available. 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 household size has been considered as 4.8 as per 2011 Census data. Definition of Indicator- Numerator- The numerator will include the Household contacts visited and screened Denominator- This will include all the household contacts eligible for screening i.e. HH of Pulmonary TB cases X 3.8 contacts. As discussed with government PR, to set the target, the PR has taken the baseline figures from Annual TB report 2020. The baseline denotes the home visits done by the field staff amongst the total TB patients initiated on treatment (Public + private cases) i.e. home visits for 49% of all TB cases was done by the programme staff. It maybe noted here that this baseline figure includes all TB cases put on treatment and not only the pulmonary TB cases. However, under this project, PR targets to visit the contacts of all "pulmonary TB cases". Also, for the baseline, numerator is taken from the Annual TB report-2020 and includes the "home visits by the field staff" done for all TB patients. However, the indicator definition talks about the number of Household "contacts" visited which is Households x 3.8. The baseline and targets are therefore are not matched and hence, in absence of any documented baseline figures we suggest not to include the baseline numbers. The PR has submitted following percentages in Funding Request (FR) as 70% for Year 1 and @75% for Year 2 and @80 for Year 3. Hence, corresponding change in targets has been made. Source for the numerator and denominator- During discussions with the PR, it was informed that Union has developed forms and formats for capturing the information for the LTBI pilot and similar forms maybe utilized for the grant beginning April 2021. Nikshay presently does not have an interface to capture information on Household contact screening, TPT initiation or completion and till the time such a modification is done, paper based reports/excel based forms will be utilized for recording the information. Further, for this indicator number of household contacts (Households x 4) have been considered whereas in Funding request PR had given no. of households only. In the FR, PR had taken coverage for all 12 months of year 1 whereas in the revised PF submitted to GF PR had taken 9 months of implementation for coverage. However, it is proposed to align the coverage to the level submitted in the FR. It may be noted that implementation in the districts is the staggered in year 1 due to which PR is apprehensive of achieving targets of first 6 months.													
2		TCP-5.1 Number of people in contact with TB patients who began preventive therapy	Country: India; Coverage: Geographic Subnational, 100% of national program target	N: D: P:		Age	Yes	International Union Against Tuberculosis and Lung Disease	Non cumulative	N: 67,289 D: P:	N: 134,578 D: P:	N: 268,488 D: P:	N: 268,488 D: P:	N: 346,154 D: P:	N: 346,154 D: P:
	Comments														
	Indicator and targets are set to align with NSP across all JEET implementing partners. No baseline data was available. Under this grant, PR plans to target both <6 and > 6 adult household contacts for TPT. In view of this, as the baseline figures will be a mismatch as compared to the targets we propose not to include any baseline figures. Definition-As per the Global Fund "Indicator Guidance Sheet -Tuberculosis", it is "Number of people in contact with TB patients who began preventive therapy " which is absolute numbers and not in percentage. However, PR has provided both the numerator (Number of people in contact with TB patients who began preventive therapy) as well as the denominator (number of eligible contacts -HH screenedX4). However, the indicator should be reported in absolute numbers in line with the Global Fund "Indicator Guidance Sheet as well as other PR. Further, the assumptions taken by The Union in the FR appear reasonable. PR proposes target of eligible contacts initiated on TPT as 65% (Y-1) , 75% (Y-2) and 85% (Y-3) for <6yrs under boht the models . For >6years , it is 50% (Y-1) , 60% (Y-2) and 70% (Y-3), of eligible contacts / IGRA positives started on treatment There are some minor changes suggested as mentioned below: 1. In the flow of TPT cascade, Union has taken symptomatic amongst in the HH contacts @ 2% whereas we suggest 10% symptomatic and a corresponding number has been reduced from those offered TPT. PR will be required to submit age and regimen wise disaggregation of the reported numbers. Source -Nikshay presently does not have an interface to capture information on Household contact screening, TPT initiation or completion and till the time such a modification is done, paper based reports/excel based forms will be utilized for recording the information.													
3		TCP Other-2: Percentage of contacts initiated on TPT completing treatment	Country: India; Coverage: Geographic Subnational, 100% of national program target	N: D: P:			Yes	International Union Against Tuberculosis and Lung Disease	Non cumulative	N: D: P:	N: 53,831.2 D: 67,289 P: 80.0%	N: 107,662 D: 134,578 P: 80.0%	N: 214,790 D: 268,488 P: 80.0%	N: 228,215 D: 268,488 P: 85.0%	N: 294,231 D: 346,154 P: 85.0%
	Comments														
	Indicator and targets are set to align across all JEET implementing partners. No baseline data was available. There are no corresponding performance indicators for reference in the NSP document. Baseline-There is no baseline data as this is a new indicator and not currently tracked by the national TB programme. 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. Age and Regime wise completion rates will be disaggregated and reported by the PR. Source -Nikshay presently does not have an interface to capture information on Household contact screening, TPT initiation or completion and till the time such a modification is done, paper based reports/excel based forms will be utilized for recording the information.														

The Global Fund

Workplan Tracking Measures									
Population	**Intervention**	**Key Activity**	**Milestones**	**Criteria for Completion**	**Country**	**01-Apr-2021 30-Sep-2021**	**01-Oct-2021 31-Mar-2022**	**01-Apr-2022 30-Sep-2022**	**01-Apr-2023 30-Sep-2023**
TB care and prevention									
	Not applicable	Implementation of inter-ministrial and multi-sectoral activities	Conduct state-level workshops and develop inter-ministrial committee	0 = Not started; 1 = Started: at least 1 state level workshop conducted and 1 inter-ministrial committee formed; 2 = Advanced: at least 2 state level workshops conducted and 2 inter-ministrial committee formed; 3 = Completed: 3 state level workshops conducted and 4 inter-ministrial committee formed.	India	X			
				0 = Not started; 1 = Started: at least 5 state level workshops conducted and 1 MOU signed; 2 = Advanced: at least 6 state level workshops conducted and 2 MOUs signed; 3 = Completed: 7 state level workshops conducted, 4 MOUs signed, and first national level inter-ministrial meeting conducted.	India		X		
				0 = Not started; 1 = Started: at least 5 state level workshops conducted; 2 = Advanced: at least 6 state level workshops conducted; 3 = Completed: 7 state level workshops conducted, and second national level inter-ministrial meeting conducted.	India			X	
				0 = Not started; 1 = Started: at least 6 state level workshops conducted and 5 MOU signed; 2 = Advanced: at least 8 state level workshops conducted and 6 MOUs signed; 3 = Completed: 10 state level workshops conducted and 8 MOUs signed.	India				X

Comments

Axshya Plus will adopt the “National Multi-sector Action Framework for TB free India” which focusses on the following key strategic areas for integrated action: i. Integrate TB in healthcare service delivery ii. TB Free Workplaces iii. Socio-economic support to patients iv. Awareness generation and infection control v. Corporate social responsibility investments in TB vi. Targeted interventions for key populations Output of the activity includes: 1. Twelve Memorandum of Understanding (MOU) signed between ministries and NTEP. 2. Eight states and six UTs Inter-ministerial committees constituted and made functional. 3. Eight states and six UTs adopt TB Workplace policy developed by Ministry of Labour and Employment.

Summary Budget

Country	India
Grant Name	IND-T-IUATLD
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	International Union Against Tuberculosis and Lung Disease

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	$566,704	$303,921	$311,484	$324,185	**$1,506,294**	$340,024	$315,453	$342,451	$335,955	**$1,333,883**	$324,069	$322,881	$324,069	$344,021	**$1,315,041**	**$4,155,218**	**30.9 %**
RSSH: Financial management systems	$72,760	$81,694	$72,760	$72,760	**$299,973**	$27,809	$27,809			**$55,617**						**$355,591**	**2.6 %**
TB care and prevention	$281,750	$460,365	$796,177	$904,730	**$2,443,022**	$880,332	$803,827	$813,875	$990,382	**$3,488,416**	$919,686	$867,487	$714,804	$487,731	**$2,989,708**	**$8,921,147**	**66.4 %**
Grand Total	**$921,214**	**$845,981**	**$1,180,420**	**$1,301,675**	**$4,249,290**	**$1,248,165**	**$1,147,089**	**$1,156,326**	**$1,326,337**	**$4,877,917**	**$1,243,755**	**$1,190,368**	**$1,038,873**	**$831,752**	**$4,304,749**	**$13,431,955**	**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)	$331,883	$455,145	$642,980	$775,256	**$2,205,263**	$809,642	$809,642	$795,236	$795,236	**$3,209,756**	$834,870	$834,870	$717,048	$540,314	**$2,927,101**	**$8,342,121**	**62.1 %**
Travel related costs (TRC)	$94,151	$190,121	$216,322	$172,810	**$673,403**	$256,048	$167,413	$201,901	$336,714	**$962,076**	$246,400	$182,170	$159,341	$93,756	**$681,667**	**$2,317,147**	**17.3 %**
External Professional services (EPS)	$118,454	$80,359	$211,606	$234,620	**$645,040**	$36,849	$36,849	$36,849	$62,570	**$173,116**	$40,877	$40,877	$40,877	$66,598	**$189,229**	**$1,007,384**	**7.5 %**
Non-health equipment (NHP)	$280,708	$885	$885	$885	**$283,364**	$24,170	$885	$885	$885	**$26,826**	$5,052	$5,052	$5,052	$5,052	**$20,209**	**$330,399**	**2.5 %**
Communication Material and Publications (CMP)		$10,844		$9,476	**$20,320**		$10,844		$9,476	**$20,320**		$10,844		$9,476	**$20,320**	**$60,960**	**0.5 %**
Indirect and Overhead Costs	$96,018	$99,809	$99,809	$99,809	**$395,444**	$106,716	$106,716	$106,716	$106,716	**$426,865**	$100,205	$100,205	$100,205	$100,205	**$400,819**	**$1,223,129**	**9.1 %**
Living support to client/ target population (LSCTP)		$8,818	$8,818	$8,818	**$26,455**	$14,739	$14,739	$14,739	$14,739	**$58,958**	$16,351	$16,351	$16,351	$16,351	**$65,403**	**$150,816**	**1.1 %**
GrandTotal	**$921,214**	**$845,981**	**$1,180,420**	**$1,301,675**	**$4,249,290**	**$1,248,165**	**$1,147,089**	**$1,156,326**	**$1,326,337**	**$4,877,917**	**$1,243,755**	**$1,190,368**	**$1,038,873**	**$831,752**	**$4,304,749**	**$13,431,955**	**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	**$559,603**	**$483,961**	**$693,261**	**$672,597**	**$2,409,422**	**$527,052**	**$485,249**	**$473,595**	**$643,557**	**$2,129,453**	**$483,560**	**$477,068**	**$448,255**	**$441,243**	**$1,850,126**	**$6,389,001**	**47.6 %**
International Union Against Tuberculosis and Lung Disease	$559,603	$483,961	$693,261	$672,597	$2,409,422	$527,052	$485,249	$473,595	$643,557	$2,129,453	$483,560	$477,068	$448,255	$441,243	$1,850,126	$6,389,001	47.6 %
SR	**$361,611**	**$362,020**	**$487,159**	**$629,078**	**$1,839,867**	**$721,113**	**$661,840**	**$682,731**	**$682,780**	**$2,748,464**	**$760,195**	**$713,301**	**$590,618**	**$390,509**	**$2,454,623**	**$7,042,954**	**52.4 %**
Catholic Health Association of India	$166,232	$174,399	$204,275	$285,758	$830,665	$338,351	$305,456	$326,347	$326,396	$1,296,549	$361,453	$340,937	$285,992	$195,857	$1,184,239	$3,311,453	24.7 %
SR 2	$195,379	$187,621	$282,883	$343,319	$1,009,203	$382,762	$356,384	$356,384	$356,384	$1,451,915	$398,742	$372,364	$304,626	$194,653	$1,270,384	$3,731,502	27.8 %
Grand Total	**$921,214**	**$845,981**	**$1,180,420**	**$1,301,675**	**$4,249,290**	**$1,248,165**	**$1,147,089**	**$1,156,326**	**$1,326,337**	**$4,877,917**	**$1,243,755**	**$1,190,368**	**$1,038,873**	**$831,752**	**$4,304,749**	**$13,431,955**	**100.0 %**