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 **Foundation for Innovative New Diagnostics India** (the "Principal Recipient" or the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 21 November 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:	Strengthening health systems for sustainable access to quality diagnosis, engagement of private sector, management of latent TB and amplifying community action for achieving TB elimination in India
3.4	Grant Name:	IND-T-FIND
3.5	GA Number:	2040
3.6	Grant Funds:	Up to the amount of USD 37,659,371 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (inclusive)
3.8	Principal Recipient:	Foundation for Innovative New Diagnostics India Flat no. 8, 9th floor Vijaya building

		17 Barakhamba road 110001 New Delhi Republic of India Attention: Dr. Sanjay Sarin Director Email: sanjay.sarin@finddx.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 In accordance with the Global Fund Board Decision on additional support for country responses to COVID-19 (GF/B42/EDP11), the Program budget includes USD 42,885 in funding granted under the Global Fund COVID-19 Response Mechanism ("C19RM Funds") programmed towards activities to respond to the COVID-19 pandemic ("Approved C19RM Activities"). Notwithstanding anything to the contrary in the Grant Agreement, C19RM Funds must remain invested in the Approved C19RM Activities and may only be reprogrammed upon prior written approval by the Global Fund, provided that C19RM Funds are not used after 30 June 2021, unless otherwise expressly agreed in writing by the Global Fund.

[*Signature Page Follows.*]

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: _____

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Apr 15, 2021

Foundation for Innovative New Diagnostics India

By: _____

Name: Louisa Chaubert

Title: Director, Finance

Date: 25th March 2021

By: _____

Name: Sanjay Sarin

Title: Director

Date: 24th March 2021

Acknowledged by

By: _____

Name: Rajesh Bhushan

Title: Chair, Country Coordinating Mechanism of Republic of India

Date: 09/04/2021

By: _____

Name: Shyamala Nataraj

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

Date: 06/04/2021

Schedule I
Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

The National TB Elimination Programme (NTEP) in India has set itself an ambitious goal of achieving rapid decline in tuberculosis (TB) burden, morbidity, and mortality to achieve elimination of TB by 2025, five years ahead of the global elimination goals. An important pillar of the NTEP's strategy for TB elimination is 'Detect TB' which aims to scale-up free, high sensitivity diagnostic tests and algorithms to provide Universal DST to all presumptive TB patients combined with systematic screening of high-risk populations. This requires both supply and demand side interventions. On the supply side, NTEP has established a network of 61 C-DST labs (additional 20 by 2021), 50 LPA facilities and >1,200 CBNAAT sites, resulting in an exponential increase in diagnosis of TB and DR-TB cases. There is a need for further enhancement of capacity by strengthening and optimizing the existing network, scaling up newer indigenous diagnostics (TrueNat™), and establishing efficient sample transportation systems. The rapid expansion of the NTEP lab network needs to be supported with a robust quality assurance mechanism covering all sites and technologies. In addition, there is a large volume of data generated from the network which needs to be managed and leveraged appropriately for programmatic purposes. This can be done through the development and deployment of efficient diagnostic connectivity solutions across the network.

India continues to bear the world's highest burden of TB in terms of absolute numbers of incident TB cases. Further, an estimated 350M people in India are latently infected with TB and 4M new TB infections occur every year. Efforts of NTEP through interventions such as JEET have resulted in country's notifications to increase by 38% from 2017 to 2019. 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 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 and 17% of newly enrolled PLHIV 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.

To realize India's ambitious goals of TB elimination, it is also critical that affected communities, survivor-led networks, CSOs, PRIs, and other community institutions work in synergy to translate the TB response into a national movement towards elimination.

2. Goals

The overall goal of the program is to support the NTEP in its endeavor to achieve TB elimination by 2025 through:

- Lab quality improvement across the NTEP network and increasing access to high quality diagnostics;
- Improving access to quality TB services for private sector TB patients and provide strategic and operational support to States in transitioning to domestically funded PPSAs;
- Addressing the LTBI burden by establishing mechanisms for household contact tracing of adults and children in contact with PTB patients and ensuring access to quality care; and
- Promoting rights-based, gender responsive and equitable services for all, including the underserved and those most vulnerable to TB.

3. Strategies and Activities

a. **<u>Project SHAQTI</u>** (Strengthening Health systems for sustainable Access to Quality diagnosis towards TB elimination in India):

Lab quality improvement across the NTEP network through:

- Quality assurance, accreditation support and implementation of international best practices;
- Strengthening infrastructure of existing C-DST facilities;
- Enhancing biosafety risk management;
- Supporting maintenance of critical lab equipment with phased transition by end of grant;
- Strengthening lab data management via expansion of LIMS integrating CBNAAT; and
- TrueNat™ and development of customized dashboards for real time monitoring.

Increasing access to high quality diagnostics through:

- Coordinating implementation of TrueNat™ deployment across the country with focused support for training, uninterrupted testing, connectivity, troubleshooting and quality assurance;
- Sustenance of service-delivery across existing C-DST labs via supply of consumables & reagents;
- Optimization of lab network capacity and implementation of a sample transport network to increase access to TB diagnostics; and
- Strengthening capacity for cultures at district level for monitoring response to DR-TB treatment.

Strengthening and expanding capacity for Genome Sequencing for TB surveillance and clinical management

b. Project JEET (Joint effort for Elimination of TB)

The project will engage private laboratories, pharmacies, logistics providers as well as NTEP staff at the district, state, and national level to provide patients access to quality services.

Address the LTBI burden in India: the project will cover 22 NTEP districts across 4 states of India, i.e. Punjab, Telangana, Karnataka and Andhra Pradesh, and implement the following:

- Holistic contact tracing: intensive household contact tracing; offering contacts screening and testing for disease and infection, linkage to treatment and adherence support.
- Mechanisms to link High Risk Groups: Use of 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.
- 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.

Sustain and strengthen the gains under JEET project

The project will aim to transition the existing JEET PPSA under FIND, within the first year of implementation.

- Support PPSA transition to domestic funded agencies: State Transition Plans (STP) are proposed to be developed in consultation with NTEP and these will include optimization of resources based on learnings to 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 (TSUs) 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.

c. Project Unite to ACT

The project will be implemented through a two-pronged approach, i.e. direct implementation in 10 project states and 75 project districts, augmented by a comprehensive, pan-India Technical Assistance Package to accelerate community engagement.

i. Build capacity of TB-affected communities to meaningfully contribute to the design, implementation and evaluation of the programme and promote rights-based, gender responsive and equitable services for all, including the underserved and those most vulnerable to TB.

Build the knowledge and skills of TB survivors to be effective Champions through comprehensive capacity-building

- Create cadre of master trainers for training TB survivors as TB Champions through Training-of-Trainer workshops at the sub-national level;
- Conduct state-level and district level capacity-building workshops for TB survivors;
- Develop and disseminate communication aids and materials for TB Champions to educate people with TB and communities; and
- Support the increased participation of trained TB Champions at national and state level platforms.

Support the formation and strengthening of TB survivor-led networks

- Facilitate the formation of survivor-led networks in all project states;
- Facilitate the formation of district chapters of networks in project districts;
- Support networks to organize regular follow-up meetings with state and district TB Cells; and
- Facilitate capacity-building of state-level network leaders for improved governance, strategic planning and sustainability.

ii. Adopt integrated approaches for TB-free communities by engaging TB survivors as Champions to expand community access to TB prevention and care and improve the quality of life of people with TB.

Engage trained TB Champions through a structured Mentorship Program designed to support people with TB

- Enroll trained TB Champions in a six-month Mentorship Program with a clear work plan and deliverables;
- Organize planning and review meetings for TB Champions to achieve their work plans;
- Active participation in their respective survivor-led networks at the state and district levels, as members of State and District TB Forums and as treatment supporters, members of ACF teams and other modes of engagement; and
- In year 3, build the capacity of the TB Champions to apply for various schemes under the partnership options.

Establish community-led Support Hubs for people with TB/DR-TB at TUs to amplify access to a comprehensive package of person-centered support services

- Develop operational guidelines for TB Support Hubs;
- Train TB Champions to operate TB Support Hubs; and
- Oversee and monitor the operation of TB Support Hubs by TB Champions.

Facilitate partnerships between TB Champions and Community Health Officers

- Develop operational guidance for involvement of CHOs in TB;
- Train and sensitize CHOs in project districts for improved community participation towards TB elimination; and
- Facilitate coordination between TB Champions and CHOs for improved and proactive outreach to communities.

iii. Accelerate & support the uptake of community-led activities in states.

Mainstream community engagement into NTEP policies, strategies, training and service delivery

- Constitute National 'CE for TB' Technical Group, at least with 25% members as TB Survivors/representatives from key affected populations; and
- Support the development and operationalization of strategies and operational guidelines for community engagement.

Strengthen the functioning of National, State and District TB Forums

- Build capacity of TB Champions who are members to engage effectively through the Forums; and

- Sensitize members of TB Forums (other than TB Champions) to involve communities meaningfully and in keeping with the vision of the Forums.

Support states to develop and strengthen effective engagement of communities
Provide technical support at the state level for planning, implementing and reviewing strategies and interventions for community engagement, including budgeting in PIP and utilizing allocated funds.

4. Target Group/Beneficiaries

- Household contacts of Pulmonary TB (PTB) patients, pediatric contacts and private sector patients in 22 NTEP districts across 4 states India i.e. Andhra Pradesh, Telengana, Karnataka, and Punjab;

- TB affected communities supported by TB survivors/activists in 10 states, i.e Bihar, Delhi, Gujarat, Haryana, Kerala, Madhya Pradesh, Punjab, Rajasthan, Uttar Pradesh, West Bengal. In addition, the grant will provide technical support for community response in 15 additional states; and

- Beneficiaries of diagnostic system strengthening intervention are TB patients throughout India, especially DR TB patients.

B. PERFORMANCE FRAMEWORK
Please see attached.

C. SUMMARY BUDGET
Please see attached.

Performance Framework

Country	India
Grant Name	IND-T-FIND
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	Foundation for Innovative New Diagnostics India

Reporting Periods							
	Start Date	01-Apr-2021	01-Oct-2021	01-Apr-2022	01-Oct-2022	01-Apr-2023	01-Oct-2023
	End Date	30-Sep-2021	31-Mar-2022	30-Sep-2022	31-Mar-2023	30-Sep-2023	31-Mar-2024
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals, Impact Indicators and targets

1	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: 449,700 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	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: 1,561,328 D: 1,908,683 P: 81.8%	2018 Global TB Report 2020		Foundation for Innovative New Diagnostics India	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								

2	TB O-7 Percentage of people diagnosed with TB who experienced self-stigma that inhibited them from seeking and accessing TB services	India	N: D: P:		Gender	Foundation for Innovative New Diagnostics India	N: D: P: % Due Date:	N: D: P: % Due Date:	N: D: P: % TBD Due Date:
	Comments								
	This is a custom indicator. Indicator Definition/Source of reporting Two studies (baseline and end line) would be done to establish the baseline and achievement. These studies (baseline and end line) are planned to be undertaken using the Stop TB Partnership's stigma assessment tool. The baseline study is planned for 2021. Results will be used as the "baseline" figure. (Exact population which would be covered in the studies is yet to be determined). Target- The target in 2023 is intended to be a 30% reduction in stigma from baseline, specific to project districts at the end of the project for 80 districts in 10 states where the mentorship program and support hub program would be undertaken. Specific percentage target will be set once the result of the baseline study is completed.								

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															
10		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: 20,965 D: P:	2020 Actual achievement of the PR for the period October 2019 to March 2020		Yes	Foundation for Innovative New Diagnostics India	Non cumulative	N: 26,670 D: P:	N: 8,890 D: P:	N: D: P:	N: D: P:	N: D: P:	N: D: P:
	Comments														
	This is a standard indicator. 1. Baseline - The baseline figure for this indicator is the actual achievement of the PR for the period October 2019 to March 2020 (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 increment 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 142,130 & 37,870 for WJCF & FIND respectively. At the time of finalization 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 notification 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 for the 5 States where PPSA will be active in the reporting period (i.e. Telangana, Andhra Pradesh, West Bengal, Punjab & Karnataka). . 4. Disaggregation details - Age, Gender, KAP wise disaggregation will be provided by the PR.										
4		TCP Other-1: Percentage of household contacts screened	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:			Yes	Foundation for Innovative New Diagnostics India	Non cumulative	N: 14,245 D: 20,353 P: 70.0%	N: 60,655 D: 86,642 P: 70.0%	N: 135,106 D: 180,148 P: 75.0%	N: 145,106 D: 195,148 P: 74.4%	N: 164,870 D: 209,334 P: 78.8%	N: 171,307 D: 216,671 P: 79.1%
	Comments														
	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 have change it to "Number (%) of household contacts screened" basis discussion with the Global Fund Country Team. 1. Indicator Measurement Numerator- The numerator will include the Household contacts screened Denominator- This will include all the household contacts eigible for screening i.e. HH of Pulmonary TB cases X 3.5 contacts 2. Baseline - This is a new indicator. In absence of any documented baseline figures, no baseline has been included. 3. Targets - In reference to the discussions with the Global Fund Country Team and as informed to the PR, the targets have been revised . 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 @ 3.5 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 visited for contact screening during 3 years of the grant implementation will be 691,289. Coverage is in 22 districts in 4 states (i.e. Visakhapatnam, East Godavari, west Godavari, Krishna, Vikarabad, Medchal, Rangareddy, Hyderabad, Mahbubnagar, Karimnagar, Warangal Urban, Bangalore Rural, BANGALORE CITY, Belgaum, Bagalkot, Bijapur, Jalandhar, Ludhiana, Mohali, Patiala, Amritsar).										
5		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:	No baseline avilable	Age	Yes	Foundation for Innovative New Diagnostics India	Non cumulative	N: 7,354 D: P:	N: 31,332 D: P:	N: 70,262 D: P:	N: 101,562 D: P:	N: 115,348 D: P:	N: 118,117 D: P:
	Comments														
	This is a standard indicator and also also a new indicator. Hence, there is no baseline data as currently, this is not tracked by the national TB programme. 1. Targets - The assumptions used to arrive at the targets are: The targets proposed are 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 iniiated on TPT in Y1, 2 &3. As per the targets provided, a combined total of 443,975 eligible contacts are proposed to be put on TPT across 22 districts in 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 4 states(i.e.Telangana, Andhra Pradesh, Punjab and Karnataka) 4. Indicator Measurement - Numerator: Number of children under 6 and >6 contacts of confirmed PTB patients who initiate TPT (assuming 3.5 person from each HH).										

6		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:	No baseline avilable		Yes	Foundation for Innovative New Diagnostics India	Non cumulative	N: D: P:	N: 5,883 D: 7,354 P: 80.0%	N: 25,066 D: 31,332 P: 80.0%	N: 59,723 D: 70,262 P: 85.0%	N: 86,328 D: 101,562 P: 85.0%	N: 98,045 D: 115,348 P: 85.0%
	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 tretament completion rate will be determined for the cohort of the cases initiated on TPT (6H or 3HP) and the reporting done after 9 months for the same cohort for the 4 states being covered 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 specified 6 months (i.e. reported numerator of indicator TCP 5.1 for the last reporting cycle)													
7		TCP Other-3: Number of People with DS TB who received person-centered care and support services from TB champions during reporting period	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:			Yes	Foundation for Innovative New Diagnostics India	Non cumulative	N: D: P:	N: 48,000 D: P:	N: 48,960 D: P:	N: 40,320 D: P:	N: 40,320 D: P:	N: 40,320 D: P:
	Comments														
	This is a custom indicator to track the number of People With TB (PWTB) reached out through REACH intereventions. Baseline- This is a new intervention and hence no baseline is available for the same. Indicator definition-The indicator numbers include the people who will be provided any four of the following services by the TB champions in the mentorship program or in hubs. 1. If a Person with TB(PWTB) has received Treatment literacy session twice - preferably once during IP and once during CP 2. If a PWTB has received vulnerability assessment and linkage to smoking cessation / de-addiction services at least once 3. If a PWTB has received gender - responsive peer counselling (in person or over the phone), preferably once during IP and once during CP 4. If a PWTB has received screening for mental health challenges and linkage to mental health services 5. If a PWTB participates in patient-provider meetings at least once during treatment 6. IF a PWTB is linked to medical care in case of adverse effects and other medical events when required 7. If a PWTB has received one session of gender-responsive family / partner counseling to improve family support 8. Retrieval in the case of loss-to-follow-up if required 9. If a PWTB has received linkage and follow up for management of comorbidities, if required 10. If a PWTB's household contacts are screened for TB once during the beginning of treatment and is documented Target- A total of 217,920 PWTB will receive patient centered care and support during the grant period. The targets have been developed from 3Q of the Y1 as the initial period is expected to be utilized for hiring, training and coordination activities. Coverage- This intervention will be implemented across 80 districts in 10 states by the SR REACH Disaggregation- Age wise and gender wise disaggergation will be provided by the PR. Source for Reporting: Paper based/excel based/MIS system which shall be developed by the SR/PR													
8		TCP-Other 4: Treatment success rate- all forms: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated from private/non-governmental facilities	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 257,768 D: 317,361 P: 81.2%	2019 Segregated data of 80 districts obtained from CTD by PR/SR for the calendar year 2019 for public sector		Yes	Foundation for Innovative New Diagnostics India	Non cumulative	N: D: P:	N: D: P:	N: D: P:	N: 42,240 D: 48,000 P: 88.0%	N: 43,575 D: 48,960 P: 89.0%	N: 35,884 D: 40,320 P: 89.0%
	Comments														
	This is a standard indicator. Baseline: The baseline is taken from the segregated data of 80 districts obtained from CTD by PR/SR for the calendar year 2019 for public sector. Indicator Definition Numerator: Number of people who have been provided services by the by the TB champions and have have initiated treatment up to 12 months prior with successful treatment outcome (i.e. treatment completed or cured) Denominator: Number of patients on treatment supported through TB champions or support hubs up to 12 months earlier. Disaggregation- Age wise and gender wise disaggergation will be provided by the PR. Coverage- This intervention will be implemented across 80 districts in 10 states by the SR REACH Source for Reporting: The source of data will be the program data (Nikshay) segregated by project for the patients supported by the TB champions in the mentorship program or in hubs.													
9		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 Subnational, less than 100% national program target	N: 10,214 D: 14,266 P: 71.6%	2018 India TB report 2020 specific to the project states	Age,Gender,HIV test status	Yes	Foundation for Innovative New Diagnostics India	Non cumulative	N: 10,583 D: 14,111 P: 75.0%	N: 8,467 D: 11,289 P: 75.0%	N: D: P:	N: D: P:	N: D: P:	N: D: P:
	Comments														
	This is a standard indicator. 1. Baseline - The baseline figure for this indicator is the actual achievement of the PR in the current grant for the period October 2019 to March 2020 . 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 the period, Oct-Dec'20 actual achievement figures will be reported. 3. Source - The numbers will be reported from Nikshay HMIS portal for the 5 States where PPSA will be active in the reporting period (i.e. Telangana, Andhra Pradesh, West Bengal, Punjab & Karnataka). 4. Disaggregation details - The PR has reported combined 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 time 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 who successfully completed the treatment or cured out of the denominator up to 12 months prior Denominator: Number of patients who were notified in the corresponding previous period up to 12 months prior													
MDR-TB															
1		MDR TB-5 Percentage of DST laboratories showing adequate performance on External Quality Assurance	Country: India; Coverage: Geographic National, 100% of national program target	N: 36 D: 81 P: 44.4%	2019 NTEP certification data as per TB India report 2019.		Yes	Foundation for Innovative New Diagnostics India	Non cumulative – other	N: 42 D: 81 P: 51.9%	N: 47 D: 81 P: 58.0%	N: 53 D: 81 P: 65.4%	N: 62 D: 81 P: 76.5%	N: 72 D: 81 P: 88.9%	N: 77 D: 81 P: 95.1%
	Comments														

1	1. Indicator Measurement Numerator - Number of labs which are able to achieve the certifications for the technologies that they are implementing such as i.e. LC FLDST, LC SLDST, FL LPA & SL LPA and have adequate infrastructure for implementing these technologies. Denominator- These include 81 labs from the NTEP lab network and are supported under TGF project. 2. Source of reporting : Paper based reporting system developed by PR with copies of relevant technology certifications. 3. Comments on Base line Numerator: Total number of labs supported by FIND and have all relevant technology certifications (as per TB India report 2019) Denominator- These include 81 labs from the NTEP lab network and are support under TGF project. 4. Targets The total labs which are planned to be supported by FIND under TGF project are considered as denominator and of these, the labs which are expected to get the relevant technology certifications are considered as numerator.														
2		MDR TB-Other 1: Percentage of CBNAAT laboratories (GeneXpert) showing adequate performance on External Quality Assurance	Country: India; Coverage: Geographic National, 100% of national program target	N: 651 D: 664 P: 98.0%	2019 CBNAAT EQA report (3rd Round)		Yes	Foundation for Innovative New Diagnostics India	Non cumulative – other	N: D: P:	N: 1,287 D: 1,355 P: 95.0%	N: D: P:	N: 1,358 D: 1,430 P: 95.0%	N: D: P:	N: 1,430 D: 1,505 P: 95.0%
	Comments														
	1. Indicator Measurement Numerator - A CBNAAT site would be considered proficient if it achieves a score of 80% or more in the PT round. Denominator- Number of labs (public and private) participating in the PT round (those testing the panels and submitting results). 2. Source of reporting : The report of EQA (Prof. testing) PT round prepared by CTD/NTI Bangalore. 3. Comments on Base line. Numerator: Total number of labs which have shown a score of 80% or more in the PT round of 2019 Denominator- The total labs who have participated in EQA in 2019 4. Targets. It is assumed that 90% of the labs with CBNAAT machines in the public sector and 50% of the labs in the private sector would participate in the EQA till end of the grant (Year-1 90%, Year -2 95%, Year 3 100%). 5. Other Comments. 1. The baseline is 98%, however, the targets proposed are 95% which is considered appropriate as the basline sample was ony 50% of the current targets and with the increase in number of labs participating in these EQA's, the number of labs reaching satisfactory performance are expected to decrease.														
3		MDR TB-Other 2: Percentage of Truenat laboratories showing adequate performance on External Quality Assurance	Country: India; Coverage: Geographic Subnational, 100% of national program target	N: D: P:			Yes	Foundation for Innovative New Diagnostics India	Non cumulative – other	N: D: P:	N: 400 D: 500 P: 80.0%	N: D: P:	N: 1,700 D: 2,000 P: 85.0%	N: D: P:	N: 3,150 D: 3,500 P: 90.0%
	Comments														
	1. Indicator Measurement: Numerator - A Truenat site would be considered proficient if it achieves a score of 80% or more in the PT round. Denominator- Number of labs (public and private) participating in the PT round (those testing the panels and submitting results). 2. Source of reporting : The report of EQA (Prof. testing) PT round prepared by CTD/NTI Bangalore. 3. Baseline comments: Since Truenat EQA hasn't yet been introduced, there is no baseline available. Pilot testing of Truenat EQA is planned in 1Q 2021 by NTEP. 4. Targets: Unlike CBNAAT, Truenat is at DMC level being managed by existing LT (with no experience of molecular testing), thus we intend to improve EQA performance over time from 80% to 90%. CTD is planning to scale up the Treunat sites from the current 1500 to ~3500 or more over time. Since, capacity to manufacture panels will need to be enhanced, the no. of sites planned for EQA participation will be increased in a phased manner (from 500 in Yr 1 to ~3500 in Yr 3).														

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	

Comments

The Global Fund

Summary Budget

Country	India
Grant Name	IND-T-FIND
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	Foundation for Innovative New Diagnostics India

By Module	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	Total Y1	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	Total Y2	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	Total Y3	Grand Total	% of Grand Total
COVID-19	$42,885				**$42,885**											**$42,885**	**0.1 %**
MDR-TB	$366,007	$461,711	$769,276	$1,979,698	**$3,576,693**	$2,164,295	$1,678,153	$1,353,011	$2,053,456	**$7,248,915**	$2,183,026	$1,758,859	$1,228,653	$745,673	**$5,916,210**	**$16,741,818**	**44.5 %**
Program management	$748,579	$774,700	$759,207	$701,476	**$2,983,962**	$620,114	$631,037	$623,363	$629,996	**$2,504,510**	$630,466	$642,972	$649,106	$608,463	**$2,531,008**	**$8,019,480**	**21.3 %**
TB care and prevention	$774,270	$1,020,748	$1,359,854	$1,081,779	**$4,236,651**	$1,233,474	$1,382,143	$1,059,449	$1,040,228	**$4,715,294**	$1,041,438	$967,123	$964,384	$930,298	**$3,903,243**	**$12,855,187**	**34.1 %**
Grand Total	**$1,931,742**	**$2,257,158**	**$2,888,337**	**$3,762,953**	**$10,840,191**	**$4,017,883**	**$3,691,333**	**$3,035,823**	**$3,723,680**	**$14,468,719**	**$3,854,929**	**$3,368,955**	**$2,842,143**	**$2,284,434**	**$12,350,461**	**$37,659,371**	**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)	$701,745	$980,911	$1,064,115	$1,088,631	**$3,835,402**	$816,986	$824,124	$824,124	$824,506	**$3,289,741**	$855,064	$865,330	$865,330	$854,584	**$3,440,309**	**$10,565,451**	**28.1 %**
Travel related costs (TRC)	$221,725	$568,240	$996,648	$516,844	**$2,303,458**	$634,251	$842,166	$603,186	$586,068	**$2,665,670**	$478,036	$441,305	$390,283	$373,774	**$1,683,397**	**$6,652,525**	**17.7 %**
External Professional services (EPS)	$155,184	$285,759	$418,298	$387,715	**$1,246,956**	$289,728	$303,186	$354,873	$307,996	**$1,255,784**	$264,100	$247,745	$302,374	$245,302	**$1,059,521**	**$3,562,261**	**9.5 %**
Health Products - Pharmaceutical Products (HPPP)	$569,168				**$569,168**											**$569,168**	**1.5 %**
Health Products - Non-Pharmaceuticals (HPNP)	$1,238		$570	$792,136	**$793,944**	$876,056	$486,465	$16,703	$604,173	**$1,983,396**	$611,529	$593,201	$585,845		**$1,790,576**	**$4,567,915**	**12.1 %**
Health Products - Equipment (HPE)		$194,522	$194,478	$208,234	**$597,233**	$634,168	$478,760	$480,253	$690,901	**$2,284,083**	$975,867	$705,801	$248,620	$497,473	**$2,427,763**	**$5,309,079**	**14.1 %**
Procurement and Supply-Chain Management costs (PSM)	$10,906	$22,351	$46,183	$55,901	**$135,341**	$70,417	$53,935	$51,965	$72,630	**$248,947**	$77,912	$54,100	$56,988	$27,836	**$216,836**	**$601,124**	**1.6 %**
Infrastructure (INF)	$10,239	$1,015	$1,015	$524,287	**$536,557**	$226,380	$136,234	$350,738	$300,995	**$1,014,347**	$215,519	$125,373	$50,758	$1,015	**$392,665**	**$1,943,569**	**5.2 %**
Non-health equipment (NHP)	$135,296	$69,523	$31,083	$31,083	**$266,985**	$47,639	$41,955	$24,416	$14,019	**$128,029**	$24,306	$23,792	$23,792	$23,792	**$95,683**	**$490,697**	**1.3 %**
Communication Material and Publications (CMP)	$6,734	$3,830	$11,453	$19,113	**$41,130**	$55,694	$2,640	$2,640	$21,200	**$82,173**	$41,445	$4,231	$9,409	$12,840	**$67,925**	**$191,228**	**0.5 %**
Indirect and Overhead Costs	$113,019	$124,519	$118,006	$132,522	**$488,066**	$114,439	$111,190	$111,190	$111,190	**$448,010**	$118,262	$115,013	$115,013	$114,810	**$463,098**	**$1,399,174**	**3.7 %**
Living support to client/ target population (LSCTP)	$6,488	$6,488	$6,488	$6,488	**$25,952**	$194,942	$324,903	$129,961	$129,961	**$779,766**	$129,961	$129,961	$129,961	$129,961	**$519,844**	**$1,325,563**	**3.5 %**
Payment for Results						$57,183	$85,774	$85,774	$60,042	**$288,774**	$62,927	$63,102	$63,769	$3,045	**$192,843**	**$481,617**	**1.3 %**
GrandTotal	**$1,931,742**	**$2,257,158**	**$2,888,337**	**$3,762,953**	**$10,840,191**	**$4,017,883**	**$3,691,333**	**$3,035,823**	**$3,723,680**	**$14,468,719**	**$3,854,929**	**$3,368,955**	**$2,842,143**	**$2,284,434**	**$12,350,461**	**$37,659,371**	**100.0 %**

By Recipients	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	Total Y1	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	Total Y2	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	Total Y3	Grand Total	% of Grand Total
PR	**$1,314,880**	**$1,203,522**	**$1,522,694**	**$2,638,103**	**$6,679,199**	**$2,702,405**	**$2,221,058**	**$1,883,132**	**$2,592,992**	**$9,399,586**	**$2,706,204**	**$2,290,169**	**$1,770,844**	**$1,265,423**	**$8,032,640**	**$24,111,425**	**64.0 %**
Foundation for Innovative New Diagnostics India	$1,314,880	$1,203,522	$1,522,694	$2,638,103	$6,679,199	$2,702,405	$2,221,058	$1,883,132	$2,592,992	$9,399,586	$2,706,204	$2,290,169	$1,770,844	$1,265,423	$8,032,640	$24,111,425	64.0 %
SR	**$616,862**	**$1,053,637**	**$1,365,643**	**$1,124,850**	**$4,160,992**	**$1,315,478**	**$1,470,275**	**$1,152,692**	**$1,130,688**	**$5,069,133**	**$1,148,725**	**$1,078,786**	**$1,071,299**	**$1,019,010**	**$4,317,821**	**$13,547,946**	**36.0 %**
Karnataka Health Promotion Trust	$140,034	$177,156	$198,110	$185,855	$701,155	$99,155	$98,326	$98,326	$98,708	$394,515	$102,386	$102,386	$102,386	$101,840	$408,998	$1,504,669	4.0 %
Resource Group for Education and Advocacy for Community Health (REACH)	$174,324	$390,777	$695,925	$446,273	$1,707,299	$883,644	$1,041,739	$724,156	$701,770	$3,351,309	$701,938	$631,999	$624,512	$574,474	$2,532,923	$7,591,530	20.2 %
TB Alert India	$171,411	$294,152	$288,572	$310,508	$1,064,642	$226,335	$224,695	$224,695	$224,695	$900,419	$234,383	$234,383	$234,383	$233,311	$936,461	$2,901,522	7.7 %
World Health Partners	$131,094	$191,552	$183,036	$182,215	$687,896	$106,344	$105,515	$105,515	$105,515	$422,890	$110,018	$110,018	$110,018	$109,384	$439,438	$1,550,224	4.1 %
Grand Total	**$1,931,742**	**$2,257,158**	**$2,888,337**	**$3,762,953**	**$10,840,191**	**$4,017,883**	**$3,691,333**	**$3,035,823**	**$3,723,680**	**$14,468,719**	**$3,854,929**	**$3,368,955**	**$2,842,143**	**$2,284,434**	**$12,350,461**	**$37,659,371**	**100.0 %**