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 **Department of Economic Affairs, Ministry of Finance of India** (the "Principal Recipient") on behalf of India (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 1 October 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: | Malaria |
| 3.3 | Program Title: | Intensified Malaria Elimination Program 2 |
| 3.4 | Grant Name: | IND-M-NVBDCP |
| 3.5 | GA Number: | 2039 |
| 3.6 | Grant Funds: | Up to the amount of USD 52,737,385 or its equivalent in other currencies |
| 3.7 | Implementation Period: | From 1 April 2021 to 31 March 2024 (inclusive) |
| 3.8 | Principal Recipient: | Department of Economic Affairs, Ministry of Finance of India<br>33 A1, North Block<br>110011 New Delhi<br>Republic of India<br>Attention: Dr. Neeraj Dhingra<br>Director (NVBDCP) |

| | | |
|---|---|---|
| | | Telephone: +91 1122185942<br>Email: dhingradr@hotmail.com |
| 3.9 | Fiscal Year: | 1 April to 31 March |
| 3.10 | Local Fund Agent: | Price Waterhouse Chartered Accountants LLP (PWCALLP)<br>Building 8, 8th Floor, Tower-B, DLF Cyber City<br>122002 Gurgaon, Haryana<br>Republic of India<br>Attention: Heman Sabharwal<br>Team Leader<br>Telephone: +91 1244620148<br>Facsimile: +91 1244620620<br>Email: heman.sabharwal@in.pwc.com |
| 3.11 | Global Fund contact: | The Global Fund to Fight AIDS, Tuberculosis and Malaria<br>Global Health Campus, Chemin du Pommier 40<br>1218 Grand-Saconnex, Geneva, Switzerland<br>Attention: Urban Weber<br>Department Head<br>Grant Management Division<br>Telephone: +41 587911700<br>Facsimile: +41 445806820<br>Email: urban.weber@theglobalfund.org |

4. **Policies**. The Grantee shall, and shall cause the Principal Recipient to, 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 and the Principal Recipient, from time to time.

5. **Representations**. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorised by or obtained all necessary consents, approvals and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

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

6.1 Personal Data

(1) Principles. The Principal Recipient, on behalf of the Grantee, 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.

6.2 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.

6.3 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.

6.4 In the event that procurements of Health Products are carried out through the Pooled Procurement Mechanism ("PPM") of the Global Fund, the Principal Recipient represents that it has all the necessary power and authority to execute, deliver and carry out its obligations under the wambo.org - PPM registration letter in the form approved by the Global Fund.

6.5 The use of Grant Funds to finance large scale population surveys at budget line 117 of the Program budget (the "Survey"), is subject to the satisfaction of each of the following conditions: (1) the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of an ethics board approved survey protocol,

including a detailed costed work plan, for the Survey (the “Survey Protocol”); and (2) the written approval by the Global Fund of the Survey Protocol.

6.6 By no later than 31 March 2022, the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund’s written approval of, a concise plan describing how the Principal Recipient will target information education communication and behavior change communication activities for tribal and remote populations. Such plan shall include details on key activities, milestones, deliverables, monitoring and evaluation (M&E) criteria and timelines.

6.7 Prior to the use of Grant Funds by the Principal Recipient to finance the activities described in budget line 144, “NGO SRs for high endemic areas for monitoring & supervision”, of the Program budget, the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund’s written approval of, a detailed budget with underlying assumptions for such activities.

6.8 Prior to the use of Grant Funds by the Principal Recipient to finance the activities described in the following budget lines of the Program budget: (1) 115 “Outsourcing Agency for IEC/BCC Activity”; (2) 145, “Data centre at DTe NVBDCP establishment, enhancement of IT and software development”; and (3) 146, “Surveillance System at Dte NVBDCP”, the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund’s written approval of, a detailed budget with underlying assumptions as well as a work plan for such activities.

6.9 By no later than 31 March 2022, the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund’s written approval of, a concise local-level costed operational plan to strengthen cross-border case management and prevention. Building on the achievements at national and district levels, such plan shall include activities to: (1) reinforce collaboration between districts on both sides of each border; (2) explore opportunities to collaborate with HIV and TB teams which will undertake similar operational planning with district health teams, to leverage synergies and efficiencies for comprehensive programming; (3) strengthen non-governmental community initiatives and community-based organizations (CBOs) focused on cross-border malaria activities; and (4) incorporate malaria activities for non-governmental organizations which are near to, but reside within the Host Country’s borders.

[*Signature Page Follows.*]

**IN WITNESS WHEREOF**, the Global Fund and the Principal Recipient, acting on behalf of 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 20, 2021

**Department of Economic Affairs, Ministry of Finance of India**
on behalf of India

By: _____

Name: Sandhya Bhullar

Title: Director (FB)

Date: 15th April, 2021

**Acknowledged by**

By: _____

Name: Rajesh Bhushan

Title: Chair, Country Coordinating Mechanism of Republic of India

Date: 19/04/2021.

By: Shyamala Nataraj

Name: Shyamala Nataraj

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

Date: 16/04/2021

**Schedule I**
**Integrated Grant Description**

## A. PROGRAM DESCRIPTION

### 1. Background and Rationale for the Program

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

Malaria is still a significant public health issue for the seven North Eastern (NE) states (Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, and Tripura) and the states of Odisha, Jharkhand, Chhattisgarh, and parts of Madhya Pradesh. In 2019, the seven NE states, Jharkhand, Chhattisgarh, and Odisha which account for approximately 12% of country's population, contributed 48% of total cases (81.4% of Pf cases) and 77% of total deaths; the allocation funding would be applied for prioritized specific interventions in these proposed 10 states. The activities in this grant will continue support for the NE states to further sustain the gains and will now include high burden (API>2) districts in three additional states for a total of 155 districts (7 NE states - 107 districts, Jharkhand - 13, Chhattisgarh - 16, and Odisha - 19 districts). Malaria distribution within each state varies and requires an increasingly differentiated approach by district. The intention is to maximize impact on malaria reduction and move on towards malaria elimination. For elimination, sustained and more intensive efforts, empowered communities, strengthened health and community systems and enabled environment and resources are necessary; without which there is a possible risk of low endemic areas having outbreaks followed by persistent transmission and may become high risk areas.

LLINs were introduced in the program for personal protection and to interrupt transmission since 2009. However, significant scale up in LLIN coverage for populations living in high-risk areas has been achieved during 2015-2019. LLINs were distributed free of cost to all households in pre-identified villages with API>2 (as prioritized after micro-stratification). Further, for reaching the goal of malaria pre-elimination, the country programme changed the eligibility criteria for distribution of LLINs by including Sub-Centres having API>1 (with 1 LLIN per 1.8 persons). The goal of this strategy is to eliminate malaria in Category 1 districts (API <1) by 2020 and Category 2 districts (API 1–2) by 2022, while reducing transmission in Category 3 districts to stabilize API<1 by 2022.

Till 2019, a total of 49 million LLINs (from the Global Fund grant and domestic budget) have been procured and distributed. Currently, 22.4 million LLINs (6.6 million procured through the grant for 7 NE states and 15.8 million through DBS for other non-project states) are being distributed. Post-distribution follow-up at field level, together with regular BCC activities are also being scaled up to ensure consistent and correct use of LLINs by the beneficiaries.

Malaria cases and deaths declined by 81% and 93%, respectively, in 2019 compared to 2015 in 7 NE states. Similarly, in Odisha, which was recording an increasing trend till 2016, malaria cases and deaths declined by 91% and 89%, respectively. In Jharkhand and Chhattisgarh, malaria cases declined by 65% & 58%, respectively, in 2019 compared to 2015.

The Intensified Malaria Elimination Project (IMEP), being implemented for 39 months (January 2018 - March 2021), is also covering Madhya Pradesh, besides 7 NE states, and similar results are expected with application of comprehensive package including LLIN distribution through mass campaign for universal coverage of all Sub centres with API > 1.

## 2. Goals, Strategies and Activities

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

**Objectives:**

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

**Strategies**:

- Prevention – Integrated Vector Management including LLINs
- Early Diagnosis and treatment through Case Management
- Surveillance and Epidemic response
- Cross-cutting Interventions – community mobilization, advocacy, programme management and coordination, monitoring & evaluation
- Capacity building

The Principal Recipient is responsible for LLIN procurement, policy & strategy, M&E including national HMIS, surveys/evaluations, overall program/grant management, and oversight and technical assistance to PRs/SRs/SSRs. The Principal Recipient will contract five NGO SRs: one for development and rollout of a community awareness campaign through appropriate IEC/BCC material/activities, and four others, each based in the states of Meghalaya, Mizoram, Jharkhand, and Chhattisgarh, responsible for implementation of modules/interventions, BCC, M&E/MIS, training, coordination, etc. in high endemic areas.

**Activities**:

- Provision of LLINs for Jharkhand & Chhattisgarh (replacements needed in 2021) and a portion of the total needs in the NE states in 2023.
    - Procurement and distribution of LLINs
- Provision of vehicles and motor bikes for high malaria endemic districts/states for enhanced monitoring and supervision in the program which is presently difficult due to difficult terrain.
- An intensive country-wide IEC/BCC campaign developed and led by a specialized agency to mobilize communities and their participation in achieving malaria elimination.
    - Hiring of agency and development of campaign strategy and materials
    - Public announcements, and community consultation meetings
- Strengthening of data quality and data use
    - Data quality assessment and validation including supervisory visits, periodic performance reviews at various levels, on site data verification, spot checks, etc.
    - Large scale population surveys
    - LQAS
    - Regular field visits for interacting with community members & leaders, data quality assessment & validation, periodic performance reviews at various levels, on site data verification, spot checks, providing & getting community feedback etc.
- Regional and state review meetings to monitor activities like LLIN usage, EDCT and surveillance.

**3. Target Group/Beneficiaries**

The target group/ beneficiaries include marginalized groups, tribal population, and women and children and other key affected population such as Jhum cultivators (shifting cultivators); forest workers; miners; and migrant & mobile populations (especially in border areas).

Geographical Focus: Seven North Eastern states, Chhattisgarh, Jharkhand and Odisha.

**B. PERFORMANCE FRAMEWORK**

Please see attached.

**C. SUMMARY BUDGET**

Please see attached.

# Performance Framework

| | |
|---|---|
| **Country** | India |
| **Grant Name** | IND-M-NVBDCP |
| **Implementation Period** | 01-Apr-2021 - 31-Mar-2024 |
| **Principal Recipient** | Department of Economic Affairs, Ministry of Finance of 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 reduce malaria related morbidity by at least 50% and mortality by atleast 75% in project areas (10 states) by 2023 compared to baseline (2018). |

| | Impact Indicator | Country | Baseline Value | Baseline Year and Source | Required Dissagregation | Responsible PR | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|---|---|---|---|
| 1 | Malaria I-2.1 Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year | India | N: 1.42<br>D:<br>P: | 2018<br><br>HMIS Report | Age,Species | Department of Economic Affairs, Ministry of Finance of India | N: .97<br>D:<br>P: %<br><br>Due Date:<br>01-May-2022 | N: .81<br>D:<br>P: %<br><br>Due Date:<br>01-May-2023 | N: .68<br>D:<br>P: %<br><br>Due Date:<br>01-May-2024 |
| | **Comments** | | | | | | | | |
| | >Data Source: NVBDCP MIS : [NVBDCP has been mentioned in this modular template as PR1 too]. >Baseline value : The baseline & targets relate to 7 NE states, Chhattisgarh, Jharkhand & Odisha. It is assumed that there will be 50 % reduction of malaria cases in North-Eastern states, Chhattisgarh, Jharkhand & Odisha by 2023 compared to 2018 (calculated on the basis of previous trend). >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR1-NVBDCP from the States in the months of January to March every year. Further data aggregation and report preparation takes another 2-3 months. Therefore, the final figures are available only in May-June in the next year. [Impact related reports would be seen after three months of completion of reporting period]. >It is expected that with intensifying efforts by PR1 and PR2-TCI together with SRs, SSRs, and others for EDCT (introduction of bi-valent RDTs for detection of both Pf and Pv cases and ACT-AL), adoption of LLINs/ITNs & other vector control methods, BCC, supervision & monitoring, MIS, trainings and continued motivation of ASHA/Community Health Volunteers (CHVs) and further strengthening of health & community systems, recording/reporting, etc. with special emphasis on alleviation of procurement and supply management, and issues relating to key populations, etc. the targets would be achieved. However, it may change with any unusual epidemiological situation or any interruption in programme implementation due to unforeseen factors. Baseline: 230,458 / 162,139,000 2021: 161,321 / 167,051,974 2022: 136,315 / 168,722,494 2023: 115,229 / 170,409,719 | | | | | | | | |
| 2 | Malaria I-3.1□ᴹ□ Inpatient malaria deaths per year: rate per 100,000 persons per year | India | N: .04<br>D:<br>P: | 2018<br><br>HMIS Report | Age | Department of Economic Affairs, Ministry of Finance of India | N: .03<br>D:<br>P: %<br><br>Due Date:<br>01-May-2022 | N: .02<br>D:<br>P: %<br><br>Due Date:<br>01-May-2023 | N: .01<br>D:<br>P: %<br><br>Due Date:<br>01-May-2024 |
| | **Comments** | | | | | | | | |
| | >Data Source: NVBDCP MIS : [NVBDCP has been mentioned in this modular template as PR1 too]. >Baseline value : The baseline & targets relate to 7 NE states, Chhattisgarh, Jharkhand & Odisha. It is assumed that there will be 75 % reduction of malaria deaths in North-Eastern states, Chhattisgarh, Jharkhand & Odisha by 2023 compared to 2018 (calculated on the basis of previous trend). >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR1-NVBDCP from the States in the months of January to March every year. Further data aggregation and report preparation takes another 2-3 months. Therefore, the final figures are available only in May-June in the next year. [Impact related reports would be seen after three months of completion of reporting period]. >It is expected that with intensifying efforts by PR1 and PR2-TCI together with SRs, SSRs, and others for EDCT (introduction of bi-valent RDTs for detection of both Pf and Pv cases and ACT-AL), adoption of LLINs/ITNs & other vector control methods, BCC, supervision & monitoring, MIS, trainings and continued motivation of ASHA/Community Health Volunteers (CHVs) and further strengthening of health & community systems, recording/reporting, etc. with special emphasis on alleviation of procurement and supply management, and issues relating to key populations, etc. the targets would be achieved. However, it may change with any unusual epidemiological situation or any interruption in programme implementation due to unforeseen factors. Baseline: 70 / 162,139,000 2021: 53 / 167,051,974 2022: 40 / 168,722,494 2023: 18 / 170,409,719 | | | | | | | | |
| 3 | Malaria I-4 Malaria test positivity rate | India | N: 230,458<br>D: 18,068,629<br>P: 1.3% | 2018<br><br>HMIS Report | Species,Type of testing | Department of Economic Affairs, Ministry of Finance of India | N: 161,321<br>D: 16,705,197<br>P: 0.97%<br><br>Due Date:<br>01-May-2022 | N: 136,315<br>D: 16,872,249<br>P: 0.81%<br><br>Due Date:<br>01-May-2023 | N: 115,229<br>D: 17,040,972<br>P: 0.68%<br><br>Due Date:<br>01-May-2024 |
| | **Comments** | | | | | | | | |

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

## Program Objectives, Outcome Indicators and targets

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

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

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

## Coverage indicators and targets

| CI Number | Population | Coverage Indicator | Country and Scope of Targets | Baseline Value | Baseline Year and Source | Required Dissagregation | Include in GF Results | Responsible PR | Cumulation Type | 01-Oct-2021 31-Mar-2022 | 01-Apr-2022 30-Sep-2022 | 01-Oct-2023 31-Mar-2024 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Vector control** | | | | | | | | | | | | |
| 1 | | VC-1□ᴹ□ Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns | Country: India;<br><br>Coverage: Geographic Subnational, 100% of national program target | N: 9,648,400<br>D:<br>P: | 2018<br>NVBDCP MIS | Target / Risk population group | Yes | Department of Economic Affairs, Ministry of Finance of India | Non cumulative | N: 5,672,898.5<br>D:<br>P: | N: 5,672,898.5<br>D:<br>P: | N: 4,503,239.58<br>D:<br>P: |
| | **Comments** | | | | | | | | | | | |
| | >The total requirement of LLINs for the country as a whole is 64.93 million. >LLINs to the population at risk in project areas were distributed prior to the Baseline year, 2018. 9.64 million LLINs were additionally supplied to Madhya Pradesh in 2018. >Distribution of 6.6 million LLINs is on-going in NE in 2020. >Out of 11.3 million LLINs that will be procured in 2021 (by GF funds), 4.983 million LLINs will be replaced in Jharkhand and 6.362 million LLINs will be replaced in Chhattisgarh in 2021. Delivery expected by end Q3 and distribution in Q4 & Q5. >A part (4.5 million) of the total requirement of 6.7 million LLINs for NE states will be replaced in 2023 (by GF funds). >Rest of the LLINs for replacement in NE states & Odisha will be procured from PAAR. | | | | | | | | | | | |

## Workplan Tracking Measures

| Population | Intervention | Key Activity | Milestones | Criteria for Completion | Country | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| **Comments** | | | | | | |
| | | | | | | |

# Summary Budget

| | |
|---|---|
| **Country** | India |
| **Grant Name** | IND-M-NVBDCP |
| **Implementation Period** | 01-Apr-2021 - 31-Mar-2024 |
| **Principal Recipient** | Department of Economic Affairs, Ministry of Finance of 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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Program management | $347,323 | $350,138 | $1,746,354 | $320,091 | **$2,763,906** | $364,081 | $364,081 | $364,081 | $330,866 | **$1,423,110** | $378,352 | $378,000 | $378,000 | $345,136 | **$1,479,487** | **$5,666,503** | **10.7 %** |
| RSSH: Health management information systems and M&E | $233,481 | $292,007 | $871,317 | $701,333 | **$2,098,139** | $350,533 | $688,974 | $397,501 | $371,422 | **$1,808,429** | $350,533 | $824,350 | $397,501 | $312,896 | **$1,885,279** | **$5,791,847** | **11.0 %** |
| RSSH: Human resources for health, including community health workers | $175,568 | $175,568 | $175,568 | $175,568 | **$702,274** | $184,347 | $184,347 | $184,347 | $184,347 | **$737,388** | $193,564 | $193,564 | $193,564 | $193,564 | **$774,257** | **$2,213,919** | **4.2 %** |
| Vector control | $34,115 | $61,190 | $88,265 | $25,170,474 | **$25,354,044** | $88,265 | $3,164,957 | $88,265 | $88,265 | **$3,429,753** | $88,265 | $88,265 | $88,265 | $10,016,524 | **$10,281,320** | **$39,065,117** | **74.1 %** |
| **Grand Total** | **$790,487** | **$878,904** | **$2,881,504** | **$26,367,467** | **$30,918,363** | **$987,227** | **$4,402,359** | **$1,034,194** | **$974,900** | **$7,398,679** | **$1,010,714** | **$1,484,179** | **$1,057,330** | **$10,868,120** | **$14,420,343** | **$52,737,385** | **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) | $447,385 | $447,385 | $447,385 | $447,385 | **$1,789,540** | $469,754 | $469,754 | $469,754 | $469,754 | **$1,879,017** | $493,242 | $493,242 | $493,242 | $493,242 | **$1,972,968** | **$5,641,526** | **10.7 %** |
| Travel related costs (TRC) | $343,102 | $404,444 | $949,498 | $445,282 | **$2,142,326** | $463,322 | $463,322 | $475,682 | $442,466 | **$1,844,792** | $463,322 | $936,786 | $475,330 | $383,940 | **$2,259,378** | **$6,246,496** | **11.8 %** |
| External Professional services (EPS) | | | | $67,688 | **$67,688** | | $67,688 | | | **$67,688** | | | | | | **$135,376** | **0.3 %** |
| Health Products - Non-Pharmaceuticals (HPNP) | | | | $25,082,209 | **$25,082,209** | | | | | | | | | $9,955,334 | **$9,955,334** | **$35,037,543** | **66.4 %** |
| Non-health equipment (NHP) | | | $1,430,471 | $270,752 | **$1,701,223** | | $270,752 | $34,608 | $8,529 | **$313,888** | | | $34,608 | $8,529 | **$43,136** | **$2,058,248** | **3.9 %** |
| Communication Material and Publications (CMP) | | $27,075 | $54,150 | $54,150 | **$135,376** | $54,150 | $3,130,842 | $54,150 | $54,150 | **$3,293,294** | $54,150 | $54,150 | $54,150 | $27,075 | **$189,527** | **$3,618,196** | **6.9 %** |
| **GrandTotal** | **$790,487** | **$878,904** | **$2,881,504** | **$26,367,467** | **$30,918,363** | **$987,227** | **$4,402,359** | **$1,034,194** | **$974,900** | **$7,398,679** | **$1,010,714** | **$1,484,179** | **$1,057,330** | **$10,868,120** | **$14,420,343** | **$52,737,385** | **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 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **LI** | | | **$1,459,355** | **$25,420,649** | **$26,880,004** | | **$338,440** | | | **$338,440** | | **$473,816** | | **$9,955,334** | **$10,429,150** | **$37,647,595** | **71.4 %** |
| National Vector Borne Disease Control Programme (NVBDCP) | | | $1,459,355 | $25,420,649 | $26,880,004 | | $338,440 | | | $338,440 | | $473,816 | | $9,955,334 | $10,429,150 | $37,647,595 | 71.4 % |
| **SR** | **$790,487** | **$878,904** | **$1,422,150** | **$946,818** | **$4,038,359** | **$987,227** | **$4,063,918** | **$1,034,194** | **$974,900** | **$7,060,239** | **$1,010,714** | **$1,010,362** | **$1,057,330** | **$912,786** | **$3,991,193** | **$15,089,791** | **28.6 %** |
| Arunachal Pradesh | $124,032 | $117,567 | $188,715 | $116,267 | $546,582 | $121,214 | $121,214 | $126,975 | $120,726 | $490,129 | $125,042 | $125,042 | $130,804 | $124,555 | $505,444 | $1,542,154 | 2.9 % |
| Assam | $110,706 | $117,171 | $201,763 | $109,907 | $539,547 | $113,624 | $113,624 | $121,289 | $114,044 | $462,581 | $116,688 | $116,688 | $124,353 | $117,108 | $474,836 | $1,476,964 | 2.8 % |
| Chhattisgarh | $37,333 | $37,333 | $89,191 | $35,695 | $199,553 | $37,333 | $1,035,244 | $41,809 | $36,508 | $1,150,893 | $37,333 | $37,333 | $48,274 | $36,508 | $159,448 | $1,509,894 | 2.9 % |
| Jharkhand | $34,805 | $34,805 | $105,748 | $33,451 | $208,810 | $34,805 | $837,297 | $40,361 | $34,264 | $946,727 | $34,805 | $41,270 | $40,361 | $34,264 | $150,700 | $1,306,237 | 2.5 % |
| Manipur | $94,408 | $94,408 | $134,812 | $92,554 | $416,182 | $97,803 | $97,803 | $100,118 | $96,354 | $392,078 | $101,367 | $101,367 | $103,682 | $99,919 | $406,335 | $1,214,595 | 2.3 % |
| Meghalaya | $93,083 | $93,083 | $108,717 | $91,242 | $386,125 | $103,259 | $96,442 | $98,809 | $96,226 | $394,735 | $99,969 | $99,969 | $102,335 | $99,752 | $402,026 | $1,182,886 | 2.2 % |
| Mizoram | $61,254 | $61,254 | $73,963 | $59,142 | $255,614 | $63,469 | $70,286 | $64,806 | $61,763 | $260,324 | $65,794 | $65,794 | $67,131 | $64,088 | $262,808 | $778,745 | 1.5 % |
| Nagaland | $106,408 | $106,408 | $120,638 | $104,946 | $438,399 | $110,357 | $110,357 | $120,981 | $110,113 | $451,807 | $114,504 | $114,504 | $118,310 | $114,260 | $461,578 | $1,351,784 | 2.6 % |
| NGO SRs | | $58,526 | $117,052 | $117,052 | $292,630 | $117,052 | $117,052 | $117,052 | $117,052 | $468,208 | $117,052 | $117,052 | $117,052 | $58,526 | $409,682 | $1,170,521 | 2.2 % |
| Odisha | $51,023 | $53,838 | $115,711 | $56,654 | $277,226 | $53,838 | $1,244,773 | $64,539 | $54,651 | $1,417,801 | $53,838 | $53,838 | $64,539 | $54,651 | $226,866 | $1,921,893 | 3.6 % |
| SR1 | | $27,075 | $54,150 | $54,150 | $135,376 | $54,150 | $54,150 | $54,150 | $54,150 | $216,602 | $54,150 | $54,150 | $54,150 | $27,075 | $189,527 | $541,504 | 1.0 % |
| Tripura | $77,434 | $77,434 | $111,690 | $75,756 | $342,315 | $80,322 | $165,677 | $83,306 | $79,050 | $408,354 | $90,171 | $83,354 | $86,338 | $82,081 | $341,944 | $1,092,613 | 2.1 % |
| **Grand Total** | **$790,487** | **$878,904** | **$2,881,504** | **$26,367,467** | **$30,918,363** | **$987,227** | **$4,402,359** | **$1,034,194** | **$974,900** | **$7,398,679** | **$1,010,714** | **$1,484,179** | **$1,057,330** | **$10,868,120** | **$14,420,343** | **$52,737,385** | **100.0 %** |