The Global Fund

Execution Version

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **India HIV/AIDS Alliance** (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 26 March 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:	HIV/AIDS
3.3	Program Title:	Vihaan: Accelerating the National HIV Response to achieve the 95-95-95 targets through a community led, rights-based, prevention to care approach
3.4	Grant Name:	IND-H-IHAA
3.5	GA Number:	2033
3.6	Grant Funds:	Up to the amount of USD 26,667,646 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (inclusive)
3.8	Principal Recipient:	India HIV/AIDS Alliance 6 Community Centre, Zamrudpur Kailash Colony Extension 110048 New Delhi Republic of India

		Attention: Mr. Ashim Chowla Chief Executive Telephone: +91 9963972223 Email: achowla@allianceindia.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 US$3,476,710 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.

5.5 Prior to the use of Grant Funds set forth in budget line 331 "Innovative Communication Strategies" of the Program budget, the Principal Recipient shall submit to the Global Fund, and obtain the Global Fund's written approval of: (1) a comprehensive innovative communication strategy and technical documents that are aligned with the National AIDS Control Organization's needs; (2) the request for proposal and bidding evaluation documentation which shall be consistent with the terms of the Grant Agreement (including, but not limited to, Article 5 of the Global Fund Grant Regulations (2014)); and (3) revisions to the performance framework (as set forth in Schedule 1 of this Grant Agreement) which reflect the targets associated with this activity.

[*Signature Page Follows.*]

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria

By: M. Eldon Edg

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Apr 15, 2021

India HIV/AIDS Alliance

By: _____

India HIV/AIDS Alliance New Delhi

Name: Ashim Chowla

Title: Chief Executive

Date: 31/03/2021

Acknowledged by

By: _____

Name: Rajesh Bhushan

Title: Chair, Country Coordinating Mechanism of Republic of India

Date: 09/04/2021

By: Shyamala Nataraj

Name: Shyamala Nataraj

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

Date: 06/04/2021

Schedule I

Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rational for the Program

Complementing the Government's HIV programme, the Global Fund-supported Vihaan Care and Support programme, implemented by India HIV/AIDS Alliance ("Alliance India") and its partner, promotes care and support for people living with HIV ("PLHIV") to improve uptake and efficacy of treatment. A core component of India's national HIV strategy, Vihaan offers community-based outreach, follow-up, counselling and referral services for PLHIV to strengthen treatment adherence and retention in care, and improve the overall quality of life for PLHIV.

In the grant starting from 1 January 2018 onwards till March 2021, the National AIDS Control programme adopted a differentiated care and service provision approach in reaching out to different categories of PLHIV depending on their clinical characteristics, adherence rates, risk behavior and vulnerabilities, gender, age and geographical locations to improve their treatment adherence and retention in HIV care. Various new initiatives have been taken up by Government of India like Test and Treat, Multi Month Dispensation of ART and Community based differentiated ART delivery models. Complimenting these initiatives, Vihaan care and support centers ("CSCs") have been playing a significant role in terms of providing peer-led treatment literacy and adherence support with other need-based referrals for social protection schemes amongst key priority groups of PLHIV such as, those who are yet to initiate ART, those who are newly initiated on ART, those with less than 80% ART adherence, MIS and LFU cases. This has contributed towards the national efforts of increasing retention of PLHIV in HIV care from 72% in December 2017 to 75% in December 2019. In addition, CSCs also tracked discordant couples, partners and children for HIV testing resulting in 96,632 eligible family members of PLHIV testing for HIV. 13,612 (14%) out of those tested, were found positive and linked to ART centers for ART initiation. Early detection of HIV-TB co-infection amongst PLHIV, also promoted through Intensified Case Finding ("ICF") of TB symptoms using 4S screening method resulted in 7,337 PLHIV diagnosed with TB symptoms (13% positivity rate) who were linked with TB treatment.

As the next grant proposal emphasized on transitioning of the Global Fund supported CSCs to the national programme, the Principal Recipient will continue providing technical support towards completing the smooth transition of the CSCs into the national programme and will support SACS in conducting training of the selected CSCs on the CSC guidelines and related reporting mechanisms so that the selected CSCs are well equipped to roll out the implementation from October 2023 onwards. Certain new program components such as tracking of clients' linkage loss from prioritized 100 ICTCs having high loads of linkage loss to ART, technical support to NACO identified ART centres to improve performance, Community System Strengthening and Private Sector Engagement.

<u>HST sub-program</u>

India has 385 million active Internet users above the age of 12. The popularity of online social networking sites ("SNS") has grown rapidly in recent years. Social media is being used for seeking sex partners, particularly among female sex workers ("FSWs"), men having sex with men ("MSM") and transgender women. The Humsafar Trust ("HST"), will develop a program that focuses on key and vulnerable populations using Virtual Platforms to reach their social and sexual networks.

2. Goal

The Government of India is implementing its current National Strategic Plan ("NSP") (2017-24) aimed at eliminating HIV by 2030 and aligned with the NSP agenda to move the country towards elimination and achievement of the 95-95-95 targets which will also increase coverage of ART.

3. Strategies

(i) Improving retention of PLHIV on ART in HIV care through transitioning of CSCs into ARVs refill centers. This will be implemented alongside the following activities:

- Intensified adherence support to PLHIV newly initiated on ART for 6 months preventing them to become new MIS/LFU cases;
- Tracking of MIS and LFU cases till definite outcomes are obtained;
- Providing peer led treatment adherence counselling on Dolutegravir ("DTG"), IPT initiation and TB treatment completion amongst PLHIV with TB co-infection;
- Conduct adherence support group meetings; and
- Advance disease management support to PLHIV on 2nd and 3rd ART regimen and those with less than 200 CD4.

(ii) Enhancing linkage of PLHIV not on ART to treatment through:

- Tracking of PLHIV linkage loss from prioritized 100 ICTCs and link to the ART centres for ART initiation by providing treatment preparedness counseling service;
- Accompanied referral of newly diagnosed PLHIV from ICTC to ART centres in close coordination with CSCs and ICTCs; and
- Linkages to social protection schemes.

(iii) Expanded positive prevention activities: Early testing and diagnosis will be encouraged through appropriate counselling and peer support. All who are tested will be supported to engage their sexual partners, family members and children toward testing.

(iv) Strengthening of private sector collaboration in order to enhance quality of outcomes for clients accessing HIV services through the private health facilities.

(v) Early detection of TB symptomatic cases.

(vi) Strengthened community systems and reduced stigma and discrimination: To ensure a robust system that supports the program goal and ensures stigma and discrimination free access to quality services.

(vii) Strengthening community monitoring and feedback mechanism.

(viii) Developing Community led response to Stigma and discrimination

- Mainstreaming HIV response with various Ministries to enhance uptake of social protection schemes; and
- CBO Capacity building and system strengthening through community champions.

<u>Reaching Key Populations through the Virtual Space</u>

- *Reach Key and vulnerable populations through virtual platforms*
  Identification of Key and vulnerable populations, their social and sexual networks through virtual platform outreach and refer them to HIV prevention programs.

- *Establish linkage to screening*
  Strengthen private sector engagement to establish linkage for KP (virtual platform) towards HIV testing.

- *Community Systems Strengthening ("CSS") for key and vulnerable populations*
  Build Community Support, monitor and document meaningful participation of key and vulnerable populations at every level of implementation of the project.

4. Planned Activities

- Provide treatment literacy to PLHIV yet to be initiated on ART;
- Provide preparedness counseling for initiation of DTG;
- Provide safe space for peer adherence support;
- Intensified prevention of new LFU cases;
- CSC based ART filling for stable PLHIV;
- Strengthening Home Based Care through ART delivery for PLHIV;
- Intensified tracking of MIS and LFU cases;
- Linkages with other line departments for enhancing the linkages of PLHIV with social protection schemes;
- Linkage with prioritized ICTC;
- Special approach for the second line and third line ART patients as part of Advance Disease Management;
- Technical support to SACS in the states where there are no Global Fund supported CSCs;
- Technical assistance to prioritized ART centers as per the NACO ART score card;
- Peer led ICF for TB amongst prioritized PLHIV;
- TB treatment follow up till treatment completion;
- Conduct community consultation for PLHIV Community Champion Identification;
- Conduct needs assessment for capacity building;
- Conduct training of PLHIV Community Champions;
- Develop community monitoring mechanism;
- Sensitization and training of private practitioners on National treatment guidelines; and
- Facilitating coordination between Private practitioners and SACS to enhance reporting and information sharing mechanism

Reaching Key Populations through the Virtual Space

- Baseline assessment of platforms and populations;
- Development of a virtual platform to reach last mile;
- Development of a virtual outreach package of comprehensive services for HIV, PrEP, PEP, OST, HIV/STI testing referrals, and care and support linkages;
- Virtual outreach activities;
- Building of referral mechanism;
- Map, identify and strengthen capacities of community champions;
- Technical Assistance to CBOs and community support groups to strengthen equitable access to services and ensure health and human rights; and
- Provision of innovative seed grants

5. Target Group/Beneficiaries

The proposed program aims to continue serving all people living with HIV and their partners and family members including children, with differential packages for specific sub-groups such as key populations, children and adolescents, women and discordant couples.

Virtual Space Program

- MSM seeking partners through virtual platforms;
- FSWs and Male Sex workers ("MSWs") accessing clients using virtual platforms;
- Adolescents and Youth (age group 18-24 years) in risk behavior accessing virtual platforms;
- Transgender women, People who inject drugs ("PWID"), men and women with high risk behaviors accessing virtual platforms; and
- Partners and spouse of those at risk or positive identified through virtual outreach.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

The Global Fund

Performance Framework

Country	India
Grant Name	IND-H-IHAA
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	India HIV/AIDS Alliance

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 Achieving zero new infections, zero AIDS-related deaths and zero AIDS related stigma & discrimination

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2022	2023	2024
1	HIV I-4 Number of AIDS-related deaths per 100,000 population	India	N: 4.43 D: P:	2019 India HIV AIDS Estimation 2019	Age,Gender,Gender | Age	India HIV/AIDS Alliance	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments									
	Targets will be based on revised NSP. As per NSP(2017-24) page no-38 the targets are TBD									
2	HIV I-14 Number of new HIV infections per 1000 uninfected population	India	N: .05 D: P:	2019 India HIV AIDS Estimation 2019	Gender | Age,Gender,Age	India HIV/AIDS Alliance	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments									
	Targets will be based on revised NSP. As per NSP(2017-24) page no-38 the targets are TBD									

Program Objectives, Outcome Indicators and targets

1 Reduce new infections by 80% by 2024

2 Link 95% of estimated PLHIV to services by 2024

3 Ensure ART initiation and retention of 95% PLHIV for sustained viral suppression by 2024

4 Eliminate mother-to-child transmission of HIV and syphilis by 2020

5 Eliminate HIV/AIDS related stigma and discrimination by 2020

6 Facilitate sustainable NACP service delivery by 2024

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2022	2023	2024
1	HIV O-11 [M] Percentage of people living with HIV who know their HIV status at the end of the reporting period	India	N: D: P: 76.0%	2019 SOCH	Gender	India HIV/AIDS Alliance	N: 1,750,000 D: 2,130,000 P: 82.16% Due Date: 01-Jun-2022	N: 2,000,000 D: 2,180,000 P: 91.74% Due Date: 01-Jun-2023	N: 2,030,000 D: 2,210,000 P: 91.86% Due Date: 01-Jun-2024	N: 2,140,000 D: 2,250,000 P: 95.11% Due Date: 01-Jun-2025
	Comments									
	Targets are based on NSP (2017-24) Page No-51									

The Global Fund

2	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	India	N: D: P: 84.0%	2019 MPR	Gender	India HIV/AIDS Alliance	N: 990,000 D: 1,100,000 P: 90.00% Due Date: 01-Jun-2022	N: 1,170,000 D: 1,300,000 P: 90.00% Due Date: 01-Jun-2023	N: 1,260,000 D: 1,400,000 P: 90.00% Due Date: 01-Jun-2024	N: 1,520,000 D: 1,600,000 P: 95.00% Due Date: 01-Jun-2025
	Comments									
	Targets are based on NSP (2017-24) Page No-51									
3	HIV O-21 Percentage of people living with HIV not on ART at the end of the reporting period among people living with HIV who were either on ART at the end of the last reporting period or newly initiated on ART during the reporting period	India	N: D: P: 70.0%	2017 National Strategic Plan For HIV/AIDS and STI 2017 – 24- (Page no-51)	Age,Treatment outcome,Gender	India HIV/AIDS Alliance	N: D: P: 90.00% Due Date: 01-Jun-2022	N: D: P: 92.50% Due Date: 01-Jun-2023	N: D: P: 94.00% Due Date: 01-Jun-2024	N: D: P: 95.00% Due Date: 01-Jun-2025
	Comments									
	Indicators and targets are set based on NACO guidance, and aligned with NSP which is yet to be finalized (Jan 2021). This indicator would be reported by Alliance India in the following way Every Month Newly initiated case line list would be shared by ART Centre and same would be followed for six Months and 7th Month retention would be reported.This retention rate is only for 12 Months. The Six Months retention data required to be worked on the first Quarter of the year Numerator: Number of newly initiated PLHIV retained on treatment since 6 months initiation of ART during reporting period. Source: SOCH / ARTC MLL. ART center will certify Annexures-A* to confirm 7th retention Denominator: Number of PLHIV newly initiated and alive on treatment during reporting period Source: SOCH / ARTC MLL Source of Information: Annexures-A Every Month Tracker/Line list shared from ART Centers to CSC of Newly Initiated cases from the SOCH or in Excel. The number will be reported in CSC MPR Means on Verification: ART records or fetched from SOCH on each cohort on retention calculation on the 7th month. If SOCH data is not available then Annexure-A would be used for verification. Reporting Frequency: Six Monthly basis (This indicator will be reported from second PU onwards) *Annexure-A is currently used at CSC program for data sharing by ART Centers to CSC. And the same modified version of Annexures-A would be used in the upcoming grant to track retention Assumption: As per India's National retention policy and as advised from NACO this indicator will be focusing on retention among Newly Initiated Client .The Newly Initiated Client would be followed up continuously for 6 Months . And , once confirmed from ART Centre they are continuing on treatment on 7th Month would be reported . It observed that the percentage of LFUs among Newly clients is higher and it is expected this intervention of providing differentiated care support and service delivery would help the overall treatment retention and reduce attrition of country									

Coverage Indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Disaggregation	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
Treatment, care and support															
1		TCS-1.1 Percentage of people on ART among all people living with HIV at the end of the reporting period	Country: India; Coverage: Geographic Subnational, 100% of national program target	N: D: P:		Age,Gender,Gender | Age,Duration of treatment,Target / Risk population group	No	India HIV/AIDS Alliance	Non cumulative – other	N: D: P: 75.0%	N: D: P: 80.0%	N: D: P: 82.0%	N: D: P: 85.0%	N: D: P: 87.0%	N: D: P: 90.0%
	Comments														
	Indicator and targets are set in alignment with NSP with guidance from NACO. No baseline data was available. This indicator is for IHAA only, specifically for patients on 2nd line and 3rd line treatment provided differentiated care and support services over a period of six months .Every Month 2nd and 3rd Line list would be shared and will be provided one differentiated care and support services* over a period of six Months Numerator :The number of patients on 2nd and 3rd line treatment, those provided differentiated care and support Source: CSC service register (Annexure-A) Denominator : Patients who are on 2nd and 3rd line treatment at beginning of every month Source: SOCH / ARTC MLL/(Annexure-A derived from ARTC-MLL) Source of Information : Monthly Tracker/Line list would be shared from ART Centers (Pushed through SOCH) to CSC of Patients on 2nd and 3rd line treatment Means on Verification: CSC service register .The data for two sub groups (2nd Line & 3rd Line would be captured separately in Annexure-A) Note: Baseline for this indicators is currently not available. In the first quarter of the grant cycle baseline would be finalized in discussion with NACO Reporting Frequency: Six Monthly basis Assumption: And as a part differentiated care strategy on targeted service delivery on priority clients of 2nd and 3rd Line Client would be provided differentiated care service delivery to ensure improved retention. All program ART centers are sharing line lists on a regular basis with CSCs. Currently as on Oct-20 MPR of NACO cumulative number of clients alive on 2nd line is 69,367 and 3rd Line is 2,218 *Differentiated care and support services Counseling, Support Group Meeting, TB Screening etc.														
2		TCS-Other 1: Percentage of PLHIV who are lost to follow up (LFU) and missed to ART Centre tracked with definite outcome	Country: India; Coverage: Geographic Subnational, 100% of national program target	N: D: P: 46.0%	2020 Program Data of Vihaan (Average Outcome of Last to PUDRs)		Yes	India HIV/AIDS Alliance	Non cumulative	N: D: P: 80.0%	N: D: P: 82.5%	N: D: P: 85.0%	N: D: P: 87.5%	N: D: P: 90.0%	N: D: P: 91.0%
	Comments														

2	Indicator and targets are set in alignment with NSP with guidance from NACO. Every Month LFU/MIS case would be shared by ART center. And over a period of six Months through outreach those client will be tracked and client with definite outcome would be reported Numerator: Number of LFU/MIS cases tracked back to ART Centre with definite outcome by CSC during the reporting period. (Source: MPR derived from Annexure-A) Denominator: Number of ART LFU/MIS cases reported since January 2017 received from ART Centers to CSC as a priority list Source: 3.8 & 3.9 But 3.8 should be new LFU's i.e., after January 2017 Source of Information: Monthly Tracker/Line list would be shared from (fetched from SOCH or Excel format from the ART Centers on LFU/MIS cases) Means of Verification: Tracker Sheet Reporting Frequency: Six Monthly basis Assumptions: Regular sharing of MIS & LFU Clients by ART centers. Regular updating of follow up data in ART records .COVID-19 situation is under control and regular outreach is happening by ORWs. Every Month LFU/MIS case would be shared by ART center. And over a period of six Months through outreach those client will be tracked and client with definite outcome would be reported Numerator: Number of LFU/MIS cases tracked back to ART Centre with definite outcome by CSC during the reporting period. (Source: MPR derived from Annexure-A) Denominator: the pool of ART LFU/MIS cases will be taken from reported since January 2017 received from ART Centers to CSC as a priority list approved by NACO. The actual denominator will be taken from the monthly line list received from ART Centers. This listing will comprise of both new LFU cases of the current months as well as carry forward cases. Source: 3.8 & 3.9 But 3.8 should be new LFU's i.e., after January 2017 Source of Information: Monthly Tracker/Line list would be shared from (fetched from SOCH or Excel format from the ART Centers on LFU/MIS cases) Means of Verification: Tracker Sheet Reporting Frequency: Six Monthly basis Assumptions: Regular sharing of MIS & LFU Clients by ART centers. Regular updating of follow up data in ART records .COVID-19 situation is under control and regular outreach is happening by ORWs.											

Prevention

	KP Others-1: Percentage of key population identified at virtual platforms who received e-referral and accessed HIV related services during the reporting period	Country: India; Coverage: Geographic National, 100% of national program target	N: D: P:		Yes	India HIV/AIDS Alliance	Non cumulative	N: D: P: 30.0%	N: D: P: 40.0%	N: D: P: 50.0%	N: D: P: 55.0%	N: D: P: 70.0%	N: D: P: 80.0%

Comments

4	Indicator and targets are set in alignment with NSP with guidance from NACO. No baseline data was available for this custom indicator as this is a new activity for the PR/SR. It is assumed that there will be ~98 million hits among all the virtual platforms, and ~100K clients referred to HIV related services. As a part of virtual outreach strategy through a baseline key Population would be identified and through virtual platform virtual population would be provided with HIV related service (Counseling on Mental Health, Prep, PEP, and Referral to TI services, STI services & HIV testing) Numerator: Number of identified key population accessed HIV related services (Counseling on Mental Health, Prep, PEP, and Referral to TI services, STI services & HIV testing) after receiving e-referral from virtual platforms, Source- Service Register for HIV related service for Virtual Outreach During the reporting period Denominator: Number of key population identified at virtual platforms (Social Networking Reach by numbers clicks/hits at various Social Networking sites) and received e-referral to HIV related services Source of Information: Service register Means of Verification: Referral Service. PR will do data quality audit of HST Assumption: Baseline of virtual population would be done in the first Quarter by HST. Reporting registers will also be prepared by HST As a part of virtual outreach strategy through a baseline key Population would be identified and through virtual platform virtual population would be provided with HIV related service (Counseling on Mental Health, Prep, PEP, and Referral to TI services, STI services & HIV testing) Numerator: Number of identified key population linked to HIV related service (Counseling on Mental Health, Prep, PEP, and Referral to TI services, STI services & HIV testing) Source- Service Register for HIV related service for Virtual Outreach During the reporting period Denominator: Number of key population identified at Virtual place (Social Networking Reach by numbers clicks/hits at various Social Networking sites) Source of Information: Service register Means of Verification: Referral Service. PR will do data quality audit of HST Assumption: Baseline of virtual population would be done in the first Quarter by HST. Reporting registers will also be prepared by HST. Key populations are MSM, MSM Partners, FSW (Female Sex Workers) , MSW(Male Sex Workers) , accessing clients through virtual platforms ,TG , PWIDs , Adolescents and Youths ,Men and women with high risk behaviors accessing virtual platforms

Differentiated HIV Testing Services

	Non-specified population groups	HTS-5 Percentage of people newly diagnosed with HIV initiated on ART	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P:	Gender,Target / Risk population group	No	India HIV/AIDS Alliance	Non cumulative	N: D: P: 85.0%	N: D: P: 87.5%	N: D: P: 90.0%	N: D: P: 92.0%	N: D: P: 94.0%	N: D: P: 95.0%

Comments

3	Indicator and targets are set in alignment with NSP with guidance from NACO. No baseline data was available. As a part of NACO strategy of 95, 95, 95 every year 100 ICTCs with maximum linkage loss on 19 identified states would be shared and CSC will follow those clients through Outreach and link them with ART Centre for registration All 100 priority ICTC HIV positive client would be linked with ART in 19 priority states Numerator: Number of newly detected PLHIV registered/ enrolled at ART for the reporting period Means of Verification: Referral-C signed and sealed from ART Centers Denominator: Number of newly detected PLHIV for the reporting period at Priority ICTCs (Death, Duplication excluded from the target) Source of Information: Line received through SOCH / Excel for 100 priority ICTCs on new detection Note: Baseline for this indicators is currently not available. In the first quarter of the grant cycle baseline would be finalized in discussion with NACO Reporting Frequency: Six Monthly basis Assumptions: Currently COVID-19 situation is under control and regular outreach is happening by ORWs. In this numerator clients registered at ART center for ART initiation will be captured. However, as a part of routine project monitoring report all clients would be followed and tracked to know there actual ART initiation status and same would be reported at PU comments section

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Apr-2021 30-Sep-2021	01-Oct-2021 31-Mar-2022	01-Oct-2022 31-Mar-2023	01-Oct-2023 31-Mar-2024
RSSH: Community systems strengthening									
		As a part of Community System Strengthening strategy, a Community Monitoring Tool will be developed & same would be used to get community feedback regarding ART services -accessibility , availability, acceptability of quality services which is expected to have one community score card/feedback developed per priority district as per implementation plan. The first 6 months will focus on establishing the system and capacity of CBOs.		0 = Not started; 1 = Started: at least 25% of CBOs using community score card; 2 = Advanced: at least 50% of CBOs using community score card; 3 = Completed: at least 70% of CBOs using community score card.	India		X		
			Roll out of community score card among CBOs	0 = Not started; 1 = Started: at least 40% of CBOs using community score card; 2 = Advanced: at least 60% of CBOs using community score card; 3 = Completed: at least 80% of CBOs using community score card.	India			X	
				0 = Not started; 1 = Started: at least 50% of CBOs using community score card; 2 = Advanced: at least 70% of CBOs using community score card; 3 = Completed: at least 90% of CBOs using community score card.	India				X

		As a part of Community System Strengthening strategy, a Community Monitoring Tool will be developed & same would be used to get community f	The first 6 months will include activities such as training and capacity building exercises among CBOs and development on the community Score Card.	0 = Not started; 1* = Started: Curriculum has been developed and 30% of CBOs have been trained; 2 = Advanced: 60% of CBOs have been trained; 3 = Completed: all CBOs have been trained.	India	X			
				0 = Not started; 1 = Started: at least 30% of the cases are resolved; 2 = Advanced: at least 50% of the cases are resolved; 3 = Completed: at least 70% of cases are resolved.	India		X		
		This activity is to improve the reporting of stigma and discrimination cases, as well as monitor those cases that are resolved.	Improvement of monitoring and resolving stigma and discrimination cases	0 = Not started; 1 = Started: at least 40% of the cases are resolved; 2 = Advanced: at least 60% of the cases are resolved; 3 = Completed: at least 80% of cases are resolved.	India			X	
				0 = Not started; 1 = Started: at least 50% of the cases are resolved; 2 = Advanced: at least 70% of the cases are resolved; 3 = Completed: at least 90% of cases are resolved.	India				X

Comments

CSS Others-1 Number of expected quarterly community feedback / Scorecard (for the reporting period) that are actually received in priority districts. Numerator: Number of community feedback received as per implementation plan (for the reporting period) that are actually received in sensitized priority districts Source of Information: Quarterly Feedback Report developed jointly with NACO, SACS & PR The actual number of community feedback report recieved would be reported Source of Information: As per implementation plan Reporting Frequency: Six Monthly basis Note: The actual targets of this indicator would be determined every quarter on the actual number of districts sensitized Assumptions: NACO, SACS and community networks will agree on common framework for community monitoring. Currently 160 DLNs are identified for capacity building which are expected to provide feedback on community score card.

The Global Fund

Summary Budget

Country	India
Grant Name	IND-H-IHAA
Implementation Period	01-Apr-2021 - 31-Mar-2024
Principal Recipient	India HIV/AIDS Alliance

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	$3,476,710				$3,476,710											$3,476,710	13.0 %
Prevention	$268,453	$262,185	$486,031	$486,031	$1,502,701	$140,572	$125,102	$125,102	$125,102	$515,878	$140,412	$124,942	$124,942	$124,942	$515,239	$2,533,817	9.5 %
Program management	$459,867	$493,770	$401,374	$479,743	$1,834,754	$446,018	$448,775	$417,486	$502,822	$1,815,100	$462,803	$465,559	$406,162	$479,558	$1,814,083	$5,463,937	20.5 %
RSSH: Community systems strengthening	$55,532	$1,492	$191,810	$101,736	$350,571	$78,691	$78,691	$116,840	$175,734	$449,955	$71,922	$71,922	$185,188	$126,578	$455,609	$1,256,136	4.7 %
RSSH: Health management information systems and M&E	$6,336	$23,231	$23,231	$23,231	$76,027	$6,336	$40,461	$6,336	$23,231	$76,363	$14,904	$31,799	$32,135	$31,799	$110,638	$263,029	1.0 %
RSSH: Health sector governance and planning	$12,314	$3,081	$1,565	$299	$17,259	$1,565	$211	$1,565	$299	$3,640	$14,610	$211	$1,565	$299	$16,685	$37,584	0.1 %
RSSH: Human resources for health, including community health workers	$51,714	$70,392	$159,327	$30,053	$311,486	$38,214	$38,214	$134,049	$31,532	$242,009	$39,766	$33,084	$33,084	$33,084	$139,018	$692,513	2.6 %
Treatment, care and support	$1,122,454	$1,152,592	$1,233,966	$1,084,345	$4,593,357	$1,180,782	$1,112,928	$1,145,024	$1,102,275	$4,541,010	$1,176,855	$1,152,488	$745,679	$734,531	$3,809,553	$12,943,920	48.5 %
Grand Total	**$5,453,379**	**$2,006,742**	**$2,497,304**	**$2,205,439**	**$12,162,865**	**$1,892,177**	**$1,844,382**	**$1,946,401**	**$1,960,995**	**$7,643,955**	**$1,921,272**	**$1,880,006**	**$1,528,755**	**$1,530,792**	**$6,860,826**	**$26,667,646**	**100.0 %**

By Cost Grouping	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	01/01/2022 - 31/03/2022	Total Y1	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	01/01/2023 - 31/03/2023	Total Y2	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	01/01/2024 - 31/03/2024	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$1,366,761	$1,126,000	$1,126,000	$1,126,000	$4,744,762	$1,182,248	$1,182,248	$1,182,248	$1,182,248	$4,728,993	$1,241,309	$1,241,309	$928,139	$928,139	$4,338,894	$13,812,649	51.8 %
Travel related costs (TRC)	$444,168	$315,627	$662,491	$325,851	$1,748,137	$350,307	$329,091	$431,787	$397,129	$1,508,314	$314,235	$300,901	$336,427	$284,287	$1,235,850	$4,492,301	16.8 %
External Professional services (EPS)	$296,393	$374,806	$529,713	$574,488	$1,775,399	$174,606	$149,001	$148,324	$197,577	$669,508	$175,683	$148,724	$146,595	$200,772	$671,774	$3,116,682	11.7 %
Infrastructure (INF)	$4,549				$4,549	$975				$975	$975				$975	$6,498	0.0 %
Non-health equipment (NHP)	$65,786				$65,786											$65,786	0.2 %
Communication Material and Publications (CMP)		$11,209			$11,209											$11,209	0.0 %
Indirect and Overhead Costs	$252,802	$179,100	$179,100	$179,100	$790,102	$184,041	$184,041	$184,041	$184,041	$736,165	$189,072	$189,072	$117,594	$117,594	$613,332	$2,139,600	8.0 %
Living support to client/ target population (LSCTP)	$3,022,921				$3,022,921											$3,022,921	11.3 %
GrandTotal	**$5,453,379**	**$2,006,742**	**$2,497,304**	**$2,205,439**	**$12,162,865**	**$1,892,177**	**$1,844,382**	**$1,946,401**	**$1,960,995**	**$7,643,955**	**$1,921,272**	**$1,880,006**	**$1,528,755**	**$1,530,792**	**$6,860,826**	**$26,667,646**	**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	**$3,481,530**	**$409,590**	**$337,699**	**$358,960**	**$4,587,779**	**$329,616**	**$307,203**	**$308,416**	**$356,762**	**$1,301,997**	**$346,336**	**$317,580**	**$303,160**	**$357,388**	**$1,324,464**	**$7,214,240**	**27.1 %**
India HIV/AIDS Alliance	$3,481,530	$409,590	$337,699	$358,960	$4,587,779	$329,616	$307,203	$308,416	$356,762	$1,301,997	$346,336	$317,580	$303,160	$357,388	$1,324,464	$7,214,240	27.1 %
SR	**$1,971,849**	**$1,597,152**	**$2,159,606**	**$1,846,479**	**$7,575,086**	**$1,562,562**	**$1,537,179**	**$1,637,985**	**$1,604,232**	**$6,341,958**	**$1,574,937**	**$1,562,426**	**$1,225,595**	**$1,173,404**	**$5,536,361**	**$19,453,406**	**72.9 %**
Gujarat State Network of People Living with HIV/AIDS (GSNP+)	$193,153	$129,593	$139,768	$129,200	$591,714	$140,208	$134,171	$134,865	$133,602	$542,846	$140,301	$139,160	$84,905	$85,619	$449,984	$1,584,543	5.9 %
National Coalition Of People Living With HIV in India (NCPI+)	$399,543	$244,869	$268,879	$243,637	$1,156,928	$260,176	$253,686	$254,740	$252,975	$1,021,578	$264,948	$263,731	$248,987	$250,356	$1,028,022	$3,206,528	12.0 %
Network of Maharashtra by People Living with HIV/AIDS (NMP+)	$467,481	$403,321	$415,770	$403,253	$1,689,824	$436,130	$419,529	$420,608	$417,539	$1,693,806	$437,813	$434,865	$327,836	$331,461	$1,531,975	$4,915,606	18.4 %
North East Regional Office (NERO)	$84,562	$83,797	$110,872	$82,192	$361,423	$88,027	$86,775	$83,320	$84,963	$343,086	$87,910	$88,431			$176,340	$880,849	3.3 %
Tamilnad Network of Positive People (TNP+)	$134,247	$75,943	$81,219	$75,761	$367,170	$82,363	$78,357	$79,063	$78,357	$318,140	$82,368	$81,641			$164,009	$849,318	3.2 %
The Humsafar Trust	$437,658	$461,864	$934,302	$714,954	$2,548,778	$340,747	$359,403	$459,261	$432,533	$1,591,944	$347,124	$341,867	$455,469	$396,523	$1,540,982	$5,681,704	21.3 %
Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNP+)	$255,206	$197,767	$208,795	$197,482	$859,251	$214,911	$205,258	$206,127	$204,262	$830,558	$214,474	$212,731	$108,399	$109,445	$645,049	$2,334,858	8.8 %
Grand Total	**$5,453,379**	**$2,006,742**	**$2,497,304**	**$2,205,439**	**$12,162,865**	**$1,892,177**	**$1,844,382**	**$1,946,401**	**$1,960,995**	**$7,643,955**	**$1,921,272**	**$1,880,006**	**$1,528,755**	**$1,530,792**	**$6,860,826**	**$26,667,646**	**100.0 %**