IND-C-2014 - Concept Note
Integrated View

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A. Program details

Country / Applicant:	India	Principal Recipients	Department of Economic Affairs, Ministry of Finance of India International Union Against Tuberculosis and Lung Disease World Vision India India HIV/AIDS Alliance Plan India Solidarity and Action Against the HIV Infection in India	Total requested amount	
Component:	HIV/TB			Allocation	USD 449,346,922
Start Month/Year:	October 2015			Above	USD 278,668,023

Summary Budget by Module

Module	Allocated/Above	2015	2016	2017	Total
HSS-Procurement supply chain management (PSCM)	Allocation	0	0	0	0
	Above	5,932,500	13,842,500	1,258,334	21,033,334
HSS-Health and community workforce	Allocation	0	0	0	0
	Above	458,333	958,333	500,000	1,916,666
Treatment, care and support	Allocation	49,834,632	94,741,323	64,135,805	208,711,760
	Above	13,340,144	29,881,948	24,020,899	67,242,991
HSS-Health information systems and M&E	Allocation	1,500,000	3,000,000	3,170,000	7,670,000
	Above	500,000	1,000,000	500,000	2,000,000
PMTCT	Allocation	971,024	2,172,597	2,974,735	6,118,356
	Above	847,238	2,649,574	3,288,435	6,785,247
TB/HIV	Allocation	6,809,566	13,359,145	9,073,888	29,242,599
	Above	3,469,946	6,486,518	5,153,456	15,109,920
TB care and prevention	Allocation	24,562,479	33,801,446	17,643,454	76,007,379
	Above	11,409,608	16,513,681	13,958,148	41,881,437
MDR-TB	Allocation	31,807,075	53,955,265	19,913,747	105,676,087
	Above	35,913,735	57,613,016	17,470,632	110,997,383
Community systems strengthening	Allocation	583,712	1,037,674	453,962	2,075,348
	Above	205,088	1,109,232	1,455,694	2,770,014
Program management	Allocation	3,594,105	6,254,956	3,996,332	13,845,393
	Above	1,030,089	3,303,825	4,597,117	8,931,031
Total	Allocation	119,662,593	208,322,406	121,361,923	449,346,922
	Above	73,106,681	133,358,627	72,202,715	278,668,023

Summary Budget by Principal Recipient

Principal Recipient	Allocated/Above	2015	2016	2017	Total
Department of Economic Affairs, Ministry of Finance of India	Allocation	100,477,341	180,407,378	107,230,203	388,114,922
	Above	63,036,097	115,040,883	54,239,846	232,316,826
India HIV/AIDS Alliance	Allocation	5,777,235	9,834,160	4,056,925	19,668,320
	Above	3,126,297	9,242,457	11,153,985	23,522,739
International Union Against Tuberculosis and Lung Disease	Allocation	10,069,673	10,631,207	2,250,169	22,951,049
	Above	3,356,559	3,543,736	750,057	7,650,352
Plan India	Allocation	1,180,922	2,790,122	4,028,812	7,999,856
	Above	1,024,273	3,153,412	4,246,053	8,423,738
Solidarity and Action Against the HIV Infection in India	Allocation	807,049	1,606,247	1,198,229	3,611,525
	Above	853,054	1,691,867	1,291,183	3,836,104
World Vision India	Allocation	1,350,373	3,053,292	2,597,585	7,001,250
	Above	1,710,401	686,272	521,591	2,918,264
Total	Allocation	119,662,593	208,322,406	121,361,923	449,346,922
	Above	73,106,681	133,358,627	72,202,715	278,668,023

B. Program goals and impact indicators

Goals

1	To achieve Universal Access to quality TB Care and Control
2	To reduce new infections of HIV by 50% (2007 Baseline of NACP III)
3	To provide comprehensive care and support to all persons living with HIV/AIDS and treatment services for all those who require it.

Linked to goal(s) #	Impact indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
2	HIV I-1: Percentage of young people aged 15–24 who are living with HIV		0.27	2011	Reports (specify)	0.27	0.27	0.26	Source:Technical Reports HIV Estimates-2012. Assumption:With additional funding and earlier initiation of ART, incidence will definitely come down however, the prevalance may not decrease significantly as mortality will also come down with earlier initiation of ART and better monitoring
1	TB I-3: TB mortality rate (per 100,000 population)		22	2012	Reports (specify)	20	19	18	WHO estimated burden (2012) per 100,00 people.
1	TB I-2: TB incidence rate (per 100,000 population)		176	2012	Reports, Surveys, Questionnaires, etc. (specify)	169	166	163	WHO estimated burden (2012) per 100,00 people;
1	TB I-1: TB prevalence rate (per 100,000 population)		230	2012	Reports, Surveys, Questionnaires, etc. (specify)	210	203	196	WHO estimated burden (2012) per 100,00 people;
1, 3	TB/HIV I-1: TB/HIV mortality rate, per 100,000 population		3.4	2012	Reports, Surveys, Questionnaires, etc. (specify)	3.0	2.8	2.7	TB India 2014; Mortality rates in TB-HIV coinfected cases is 15%

2, 3	HIV I-5: New HIV infections among children		14500	2011	Reports (specify)	11000	8000	4230	Technical Reports HIV Estimates-2012 . The interventions planned for PMTCT will lead to 70% reduction in vertical transmission from mother to child.from 2011 baseline data
3	HIV I-4: AIDS related mortality per 100,000 population		147729	2011	Reports (specify)	130000	120000	100000	Source: Technical reports HIV Estimates 2012 Assumption:30% reduction in mortality from 2011 baseline
2, 3	HIV I-2: HIV incidence among 15-49 age group		116000	2011	Reports (specify)	110000	90000	70000	Data reported is in absolute numbers. Source;Technical Reports HIV Estimates-2012 . Assumption: 50%reduction in HIV incidence (number of new infections) by 2017- from 2007 baseline.(140,000)

C. Program objectives and outcome indicators

Objectives:	
1	To provide Universal access to ART for all PLHIV including key populations to reduce morbidity and moratlity related to HIV & HIV-TB coinfection and also to reduce transmission risks
2	To strengthen systems for prevention, early diagnosis and treatment of TB and HIV in coinfected individuals for improved outcomes
3	To improve coverage of PMTCT services through enhanced access in public and private sector moving towards elimination of pediatric HIV and keeping mothers alive and healthy
4	To strengthen systems to enhance access to both TB and HIV services, quality of care, monitoring & evaluation
5	To enhance and upscale high impact TB diagnostics, treatment and prevention among vulnerable and marginalised population in both urban and rural districts
6	To improve access to early diagnosis and treatment of Drug Resistant TB
6	To engage with private sector and other providers outside RNTCP for public health impact for TB control
7	To strengthen evidence for guiding future policy for HIV and TB care and prevention
9	To strengthen community systems for both HIV and TB care and reduction in stigma and discrimination
10	Early linkages of PLHIV including key populations to care support and treatment services and retention in care continiuum

Linked to objective(s) #	Outcome Indicator	Country	Baseline			Targets			Comments and Assumptions
			Value	Year	Source	Year 1	Year 2	Year 3	
1, 2, 3, 4, 7, 9, 10	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		73	2013	Reports, Surveys, Questionnaires, etc. (specify)	75	78	82	Source:Cohort analysis ffor survival from selected ART Centres Assumption: The interventions proposed under the project will improve the retention of PLHIV in care continuum and their adherence to ART thereby improving the survival rates
2, 4, 5, 6, 7, 9	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases		113	2013	R&R TB system, yearly management report	117	120	125	Cases notified in the program and Estimated Mid-year population based on census 2011.
2, 4, 5, 6, 7, 9	TB O-2a: Treatment success rate - all forms of TB		88	2013	R&R TB system, yearly management report	89	90	90	Numerator: Total number of new TB cases treated successfully annually Denominator: Total number of New TB cases put on treatment annually Source: RNTCP Annual Status Report
2, 4, 5, 6, 6, 7, 9	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated		48	2013	R&R TB system, yearly management report	54	57	60	Number of MDR TB patients who have completed the treatment out of the evaluated patients among registered cohort (quarter).
1, 2, 3, 4, 9, 10	Proportion of eligible PLHIV initiated on ART		83	2014	HMIS	85	88	90	Numerator: Number of eligible PLHIV initiated on ART annually Denominator: Number of registered PLHIV eligible for ART annually

D. Modules

Module: HSS-Procurement supply chain management (PSCM)

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline N # / D #	Baseline %	Baseline Year	Baseline Source	Targets: Total Targets	Year 1 N # / D #	Year 1 %	Year 2 N # / D #	Year 2 %	Year 3 N # / D #	Year 3 %
PSM-1: Percentage of health facilities reporting no stock-outs of essential drugs	Department of Economic Affairs, Ministry of Finance of India		450 / 450	100	2014	HMIS	Allocation + Other Sources: 500 / 500	100	550 / 550	100	650 / 650	100	
							Above+Allocation+Other sources						

Comments [1]	Numerator : ART facilities reporting no stock outs of essential drugs Denominator: Total number of ART Centres functional

Module budget - HSS-Procurement supply chain management (PSCM)

Allocated request for entire module	USD 0	Above allocated request for entire module	USD 21,033,334

Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only): Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]
PSM infrastructure and development of tools	Department of Economic Affairs, Ministry of Finance of India	Allocation: 0	0	0		Based on NACP IV costing and current market costs	DBS
		Above: 5,932,500	13,842,500	1,258,334			

Description of Intervention [2]

For Strenthening of Supply Chain Management at the national level a IT based tool, IMS (Inventory management sysytem) will be developed for regular monitoring of all the comodities procured at the national and SACS level. This will help in avoiding any expiries and doing relocations whenever needed. For proper and adequate storage of commodities/ARV Drugs, infrastructure development of ware houses at SACS and at ART Facailities will be done.

Module: HSS-Health and community workforce

Module budget - HSS-Health and community workforce

Allocated request for entire module	USD 0	Above allocated request for entire module	USD 1,916,666

Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only): Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]
Health and community workers capacity building	Department of Economic Affairs, Ministry of Finance of India	Allocation:			0	Based on NACP IV costing	None
		Above: 458,333	958,333	500,000			

Description of Intervention [2]

Integration of both HIV and TB with the general health system is necessary for early diagnosis and prompt referral for appropriate treatment. Programs are supporting decentralization and strengthening of infrastructure (including laboratory) for testing of TB DMC/ FICTC) and treatment (DOTS centres/ LAC) and their alignment with health systems. Centres of Excellence in HIV care, and National Institutes for TB which serve as training and research facilities are working towards capacitating the general health system for mainstreaming HIV and TB care respectively. Under this project, it is proposed to conduct widespread sensitization of HCP in the general health system for suspecting, diagnosing and management of HIV & TB in patients as per standards of care/referral/reporting to national programme support. Further it is also proposed for advocacy and sensitization of the general health systems for universal precaution and infection control measures.

Module: Treatment, care and support																			
Measurement framework for module																			
Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets												
							Total Targets	Year 1		Year 2		Year 3							
			N # / D #	%	Year	Source		N # / D #	%	N # / D #	%	N # / D #	%	N # / D #	%				

Proportion of PLHIV in Pre ART care from ART centre and also registered in the CSC	India HIV/AIDS Alliance	Current grant	127,617 304,389	42	2014	Reports (specify)	Allocation + Other Sources	219,691 378,777	58	253,361 422,268	60	279,403 465,672	60			
							Above+Allocation+Other sources	64,392 378,777	17	76,008 422,268	18	93,134 465,672	20			
Comments [1]	"PLHIV registered in ART centre and in Pre ART phase will be provided with care and support services and registered in the CSC. The following services would be provided to the PLHIV registered at CSCs:Counselling , Support Group meeting in CSC, LFU track back to ART, Missed case follow up, Pre-ART Registration, CD4 follow up, Link to TI, Testing of partner/spouse, children and family member, Hospital /clinical referrals(OI management, side effects, general ailment, TB, STI treatment), Social protection, Social entitlements. And for home or field level LFU track back to ART, Missed case follow up, Pre-ART Registration, CD4 follow up, Link to TI, Testing of partner/spouse, children and family member, Hospital /clinical referrals (OI management, side effects, general ailment, TB, STI treatment), Support for legal Aid, Social protection, Social entitlements The denominator for this indicator is drawn from the actual ART centre Pre ART registration data. That is the total number of PLHIV registered and in Pre ART phase in the ART centre is considered as denominator. So the estimated number of PLHIV in Pre ART phase has been calculated based on the ""On ART"" target proposed by DAC in TCS-1. Measurement: Denominator-- No of PLHIVs in Pre ART phase registered at ART center Numerator-- No of PLHIV in Pre ART phase who get registered at the CSC The baseline value has been drawn from the actual programme achievement till October,14 2014. Source: Programme MIS "															
Proportion of PLHIV registered in ART centre and ON ART registered in CSC	India HIV/AIDS Alliance		343,548		2014	Reports (specify)	Allocation + Other Sources	659,073		748,128		768,962				
							Above+Allocation+Other sources	193,177		224,438		256,321				
Comments [1]	" PLHIV registered in ART centre and ON ART will be provided with care and support services and registered in the CSC. The following services would be provided to PLHIV on ART registered at CSCs: counselling , Support Group meeting in CSC, LFU track back to ART, Missed case follow up, Pre-ART Registration, CD4 follow up, Link to TI, Testing of partner/spouse, children and family member, Hospital /clinical referrals(OI management, side effects, general ailment, TB, STI treatment), Social protection, Social entitlements. And for home or field level LFU track back to ART, Missed case follow up, Pre-ART Registration, CD4 follow up, Link to TI, Testing of partner/spouse, children and family member, Hospital /clinical referrals (OI management, side effects, general ailment, TB, STI treatment), Support for legal Aid, Social protection, Social entitlements The denominator for this indicator is drawn from the actual ART centre registration data. That is the total number of PLHIV registered and ""On ART"" in the ART centre is considered as denominator. So the target proposed by DAC (against indicator TCS-1) as the total number of PLHIV to be put on ART has been considered as the denominator for this indicator. Measurement: Denominator-- No of PLHIVs On ART registered at ART center Numerator-- No of PLHIV on ART who get registered at the CSC The baseline value has been drawn from the actual programme achievement till October, 14 2014. Source: Programme MIS"															
TCS-3: Percentage of adults and children that initiated ART, with an undetectable viral load at 12 months (<1000 copies/ml)	Department of Economic Affairs, Ministry of Finance of India	National program					Allocation + Other Sources	150,000 210,000	71	200,000 250,000	80	225,000 275,000	82			
							Above+Allocation+Other sources	110,000 150,000	73	320,000 400,000	80	490,000 600,000	82			
Comments [1]	Currently, program is not doing viral load monitoring for patients that are initiated on ART. Therefore it is not possible to give a baseline. Assumption: Under NFM it is proposed to introduce viral load monitoring in a phased manner. Under allocation , priority groups (children, pregnant women, PLHIV on ART for more than 5 years will be targeted). For reporting on viral suppression, representative sample of those on ART for twelve months will be taken as denominator .With above allocation funding, viral; load testing will be scaled up to all PLHIV on ART in a phased manner (25% of all PLHIV on treatment n in year 1, 50% in year 2 and 80% in year 3)															
TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Department of Economic Affairs, Ministry of Finance of India		768,000 1,072,389	72	2013	Reports (specify)	Allocation + Other Sources	1,136,333 1,515,110	75	1,246,880 1,558,601	80	1,361,704 1,602,005	85			
							Above+Allocation+Other sources	1,000 1,515,110	0	1,500 1,558,601	0	2,000 1,602,005	0			
Comments [1]	"1)Based on spectrum model estimations for ART need after adoption of WHO 2013 guidelines for ART initiation. CD4 cutoff of <=500. 2) Current coverage is nearly 67% of estimated need (CD4 cutoff <350). Proposed to increase to universal coverage based on revised guidelines by year 3. 4) Numerator is total number of PLHIV currently on ART, denominator is estimated need. 5) ART monthly reports from ART centres/SACS. 6) none. "															
TCS-4: Percentage of health facilities dispensing antiretroviral therapy that experienced a stock-out of at least one required antiretroviral drug in the last 12 month	Department of Economic Affairs, Ministry of Finance of India		0 450	0	2013	Reports (specify)	Allocation + Other Sources	0 500	0	0 550	0	0 650	0			
							Above+Allocation+Other sources									
Comments [1]	ART Monthly reports Numerator: Number of health facilities dispensing ART which had a stock out Denominator: Total number of health facilties dispensing ART															
Module budget - Treatment, care and support																

Allocated request for entire module	USD 208,711,760	Above allocated request for entire module	USD 67,242,991

Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions [3]	Other funding [4]
		Total Targets	Year 1	Year 2	Year 3		
Antiretroviral Therapy (ART)	Department of Economic Affairs, Ministry of Finance of India	Allocation	43,422,814	80,175,665	55,401,521	Govt. of India will increase its share in ARV funding from 0% in 14-15 to 20% in 15-16, 50% in the FY 16-17 and 70% in 17-18. Based on this principle of 80%, 50% and 30% contribution from global fund over three years, the global fund contribution works out to be 112 million, 93 million and 51 million respectively for 2015-16, 2016-17 and 2017-18. In the 2015-16, we already have saving to the tune of around 77 million from RCC Rd 4. Therefore, we propose in the NFM, 35 million for the first year for ARV Drugs, 93 million in the second year and 51 million in the third year which totals to179 million.Unit cost of first line ART is 121 USD/patient/year and for second line is 250USD/Patient/year The cost assumptions are based on NACP-IV costing guidelines/operational guidelines for ART services. It is proposed Improve retention in HIV care, reduction in morbidity and mortality, better coordination between programs, reduction in co-infection of HIV/TB and long-term will help to reduce transmission rates and thereby help in reduction of overall burden in the country.	Service delivery cost is expected from domestic funding however, part drugs cost is proposed to be met in GFM which will gradually be transitioned to GoI.
		Above	2,976,667	4,286,667	5,820,000		

Description of Intervention [2]
Allocation : In line with WHO 2013 recommendations, national guidelines on ART are being revised and patients with CD4 count <500 cells/mm3 will be eligible for ART (previously 350 cells/mm3). To further strengthen priority populations which are already eligible for immediate ART initiation irrespective of CD4 count, including pregnant women, children under five years of age, PLHIV with active TB, the India program is considering expanding to HIV positive partners in sero-discordant relationshipsThe target population are the people living with HIV and coverage is across India Intervention is implemented through SACS, which will act as SR for the grant. It is proposed to procure ARV drugs for both adult and peadiatric patients who are eligible according to the National Guidelines for ARV treatment.

Counseling and psycho-social support	India HIV/AIDS Alliance	Allocation	1,069,420	1,952,190	882,770	All the assumptions are made per NACP IV guidelines and based on current Global Fund Programme. Following major activities included in the intervention: 1. Activity for social entitlement 2. Support group meetings 3. Monitoring and Supervision Increase in Salaries under NACP IV have been indicated under above including scale up of 125 CSC from Year 1 onwards and entire quarter one under year 3 . This would form part of incentive funding	None
		Above	955,245	2,343,782	2,537,874		

Description of Intervention [2]
Counseling and Psycho-social support is the backbone of CSC service package. The following specific activities are carried at CSC: • A full time counselor placed at CSC provides specialized counseling to PLHIV on treatment adherence, positive living, positive prevention, TB/HIV co-infection, Reproductive and Sexual Health and many other issues pertaining to their wellbeing. A minimum of 80% of the total PLHIV registered at the CSC should be provided with thematic counseling. • Peer Counselor supplements the counseling services to PLHIV and their families during outreach activities and home visits. Peer support counseling plays a vital role in motivating PLHIV as a role model in many aspects of their development • Psycho-social support services is also extended through support group meeting which is held for a group of PLHIV from time to time. Support group meetings serve as a safe space for PLHIV promoting mutual experiential learning and empowering process. It is also a good platform for knowledge and skill enhancement as there is educational session from time to time. • Psycho-social support is also extended and strengthened by linking up the PLHIV with various social entitlements and social welfare benefits which enhance their livelihood options, financial assistance, and educational, nutritional and other health care facilities from central and state Government sponsored schemes.

Pre-ART care	India HIV/AIDS Alliance	Allocation	467,824	898,669	430,845	All the assumptions are made per NACP IV guidelines and based on current Global Fund Programme. Following major activities included in the intervention: 1. Administration Cost at SSR level 2. Orientation of TIs Increase in Salaries under NACP IV have been indicated under above including scale up of 125 CSC from Year 1 onwards and entire quarter one under year 3 . This would form part of incentive funding	None
		Above	743,873	1,733,067	1,707,768		
Description of Intervention [2]							
Care services provided to PLHIV on pre-ART includes: • ORWs and Peer Counselors follow up clients to monitor the CD4 count test to be done once in 6 months through outreach activities and need based home visits • Trained ORWs and Peer Educator provide home based care to the PLHIV and the care giver in the family to identify and manage minor signs and symptoms of OIs at home and to recognize when to seek help from doctor and nurse. • Clients are educated on positive prevention, positive living, sexual and reproductive health and various other related issues for their well being • Linkages to social entitlements and social welfare benefits							
Treatment adherence	India HIV/AIDS Alliance	Allocation	825,447	1,550,021	724,574	All the assumptions are made per NACP IV guidelines and based on current Global Fund Programme. Following major activities included in the intervention: 1. Endline Survey 2. Emergency Refereal 3. IEC material at field level 4. Salaries at SSR level Increase in Salaries under NACP IV have been indicated under above including scale up of 125 CSC from Year 1 onwards and entire quarter one under year 3 . This would form part of incentive funding	None
		Above	1,062,692	2,514,265	2,552,757		
Description of Intervention [2]							
1) Target population is PLHIV in all ART centres and the % burden/need coverage. 2) Implementation Approach: Treatment adherence and retention of PLHIV in HIV care is one of key objective of the Care and Support Centres (CSCs). The following activities are carried out to achieve the objective: • Training of all CSC staff on treatment adherence • Development of IEC materials like leaflets and job aids to be used by the staff on treatment adherence. • Counseling by the professional counselor at CSC as well as by the peer counselor through home visit and outreach activities to the PLHIV on ART • Support group meeting on treatment adherence • Outreach workers (ORWs) regularly track patients lost to follow-up and re-link them back to ART centres. Above Allocation: With support of above alloaction additional 125 care and support centres will be established in north east , Orissa , Punjab and metro cities to cover the emerging pockets of infecttions							
Treatment monitoring	Department of Economic Affairs, Ministry of Finance of India	Allocation	4,049,127	10,164,778	6,696,095	CD4 testing : each PLHIV needs 2 test per year . y1 y2 Y3 Regsitration in active care 1,310,520 1,441,503 1,582,712 CD4 testing 227,885 (85%) 2,594,706 (90%) 2,848,882(90%). Cost assumption: based on curent prices , unit cost i of CD4 equipment is 1466 USD and kit cost worked out is 3.33 USD. Viral load testing : It is planned to expand viral load testing to 25%, 50% & 80% of PLHIV . Recurring & non-recurring cost for viral load monitoring are included. Each test will cost approx 13.3 USD. NACO is planning to scale up to 39 equipments to cover entire country	None
		Above	7,601,667	19,004,167	11,402,500		
Description of Intervention [2]							
1CD4 testing:All PLHIV regstered in ART centres across the country. PLHIV still reach ART Centres very late and there are gaps in HIV detection and ascertaining ART eligibility. Therefore it is proposed to enhance treatment monitoring capabilities through expandedCD4 testing through Global Fund support to NACO. Currently, CD4 testing capabilities are only available at 276 ART centres and the funds would expand testing to 576 centres. Point of care CD4 testing equipment would be deployed in low prevalent districts with emerging new infections which currently have limited access. This would address leakages between diagnosis and treatment and result in earlier initiation of patients on ART. 2. Viral load testing expansion to entire country . India has adopted targeted viral load testing for those with suspected immunological failure, which is often detected very late, leading to continuation on failing regimen, accumulation of mutations and compromised future options. Presently, the program has 9 viral load testing lab and aims to scale up to 39 to save lives and lower risk of the emergence of drug resistant strains. India requests Global Fund support to NACO to expand viral load testing facilities to 39 resulting in increased uptake of second line ART to 5% of total PLHIV, and prevent transmission of drug resistant strains. Allocation: Based on the new WHO guidelines viral load monitoring will be initiated for priority group (children,pregnent women, PLHIV on ART for more than 5yrs) and hence under this proposal, equipment for measuring viral load and their recurring cost is factored in Above Allocation: Will be use to improve monitoring of treatment through scale up of viral load and target all PLHIV on ART . It is planned to initiate third line for PT failing on 2nd line of ART . Also it will be used to training of staff for viral load and POC monitoring and development of training tools.							

Programmatic Gap

Coverage Indicator : TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV

Current National Coverage	Year	Source	Latest Results	
	2014	Reports (specify) ART monthly reports		
	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	1'515'110	1'558'601	1'602'005	
B. Country targets	1'136'333 75.00 %	1'246'881 80.00 %	1'361'704 85.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	227'266 15.00 %	623'440 40.00 %	953'193 59.50 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	1,287,844 85.00 %	935,161 60.00 %	648,812 40.50 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	909'066 60.00 %	623'440 40.00 %	408'511 25.50 %	
F. Coverage from Allocation amount and other resources C+E	1,136,332 75.00 %	1,246,880 80.00 %	1,361,704 85.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	1,136,332 75.00 %	1,246,880 80.00 %	1,361,704 85.00 %	

Module: HSS-Health information systems and M&E

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
								Year 1		Year 2		Year 3			
			N # D #	%	Year	Source	Total Targets	N # D #	%	N # D #	%	N # D #	%	N # D #	%

M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines	Department of Economic Affairs, Ministry of Finance of India		375 456	82	2014	HMIS	Allocation + Other Sources Above+Allocation+Other sources	425 500	85	525 600	88	600 650	92			

Comments [1]	Numerator: Number of ART centres submitting tiomely reports according to national guidelines Denominator: Number of ART centres functional

Module budget - HSS-Health information systems and M&E			
Allocated request for entire module	USD 7,670,000	Above allocated request for entire module	USD 2,000,000

Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only) Total Targets	Year 1	Year 2	Year 3		Cost Assumptions [3]	Other funding [4]
Analysis, review and transparency	Department of Economic Affairs, Ministry of Finance of India	Allocation	1,500,000	3,000,000	3,170,000		The key activities includes strengthening of IT systems ,field visits, review meetings,workshops at the National and the state level. It is proposed to do 5 operational research each year on themes that are relevant and need for the programme. The costs are also allocated for Lab set up monitoring. The costs are also allocated for Pharma co vigilance, DR Monitoring . The unit costs of these activities are in line with the NACP -IV guidelines and at places where such guidelines are not available for example operational research the estimate is done based on the market costs of studies equivalent. The costs are included in the allocation amount.	The Government of India, funds a large part of the HMIS costs. Under the NACP-III, Strategic information Management Systems were launched and it is proposed to strengthen the same in the next phase as well. This includes cost of software, maintenance costs, data collection costs at the District, State and National level. Drug safety costs are also largely funded by the Government resources.
		Above						

Description of Intervention [2]
In India, due to rapid scale-up of ART, many ART facilities face challenges in monitoring of large cohorts of patients without adequate patient monitoring systems. Furthermore, many people are lost between HIV diagnosis, ART registration, and ART initiation, and it has been perceived that a more effective system to monitor the linkage needs to be developed. In response to this need, support is being requested to strengthen IT based system for patient monitoring to have real-time data for programmatic decision making . It is proposed to linked with unique identification (UID) to improve the tracking of patients to facilitate their linkage with social welfare and financial schemes of government and allow for patient mobility between sites so that the treatment is no discontinued when they are travelling operational research for ten impact and cost benefit analysis will be provided for future policy with unit cost of $0.5M. The studies will be done through ICMR , PHFI and other research and Public health agencies.

Routine reporting	Department of Economic Affairs, Ministry of Finance of India	Allocation				1) Cost assumptions based on costing norms of NACP-IV guidelines This activity of the M&E tools and guidelines shall be available to reporting units, further strengthening the capacity of the field staff to understand the indicators and M&E reporting and recording mechanisms.	The HMIS costs including routine reporting costs are largely covered under the NACP-IV by government resources.
		Above	500,000	1,000,000	500,000		

Description of Intervention [2]
It is proposed to strengthen M & E systems ,conduct periodic reviews and field visits It is also proposed to strengthen capacity for data analysis and interpretation for program performance and study treatment outcomes and have regular mechanism for data dissemination > also pharmacovigilance and drug resistance surveys will be initiated ,

Module: PMTCT

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline N # / D #	%	Year	Source	Targets: Total Targets	Year 1 N # / D #	Year 1 %	Year 2 N # / D #	Year 2 %	Year 3 N # / D #	Year 3 %	N # / D #	%
PMTCT-1: Percentage of pregnant women who know their HIV status	Solidarity and Action Against the HIV Infection in India		480,000 3,612,903	13	2013	HMIS	Allocation + Other Sources Above+Allocation+Other sources	368,070 1,806,452 80,700 1,806,452	20 4	809,754 3,612,903 194,040 3,612,903	22 5	668,046 2,709,677 160,083 2,709,677	25 6		

Comments [1]	Indicator has been modified as "Percentage of pregnant women delivering in private sector knowing their HIV status". The data has been taken from NHSRC 2012-13 Numerator: The number of women who will be tested at PPP sites to know their HIV status. The target has been proportionately calculated for 6, 12 and 9 months as per the program implementation period for Year 1 , 2 and 3 respectively . Denominator:The estimated 3.6 million deliveries in the private sector accros 11 states and 2 UTs a year. (NSHRC data 2012-13) Assumptions: The target of testing is calculated based on the number of sites to be scaled up in the year 1-3. In the year 1, around 3.68 lakh (6months target) pregnant women will be tested through these 1999 PPP sites. In year two, 8.09 lakh will be tested at PPP sites and the non-partnering private hospitals. In the third year, 6.68 lakhs (9 months target) will be reported through PPP sites and the non-partnering private hospitals The number of pregnant women tested in 4 implementation states (Andhra Pradesh, Karnataka, Maharashtra and Tamil Nadu) at 1085 PPP -ICTC/PPTCT sites in private sector and reported to government through NACO SIMS which accounts for 4.8 lakhs.There is non availability of disaggregated data in the private sector at the national level. Building on the current PPP testing data, new PPP sites across the country will add to increase in reporting of HIV testing data in private health sector.													
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	Solidarity and Action Against the HIV Infection in India		884 9,582	9	2013	Other (specify)	Allocation + Other Sources	663 4,791	14	2,266 9,582	24	2,640 7,181	37	
							Above+Allocation+Other sources	1,011 4,791	21	3,304 9,582	34	4,002 7,181	56	
Comments [1]	source: Numerator from Program data & denominator from estimates based on private sector deliveries as per strategic plan Indicator: "Percentage of estimated HIV positive pregnant women delivering in private sector ". Numerator: The number of HIV positive women identified in the private sector PPP program who are initiated on ART to reduce MTCT, Denominator: The estimated positive pregnant women across 11 states and 2 union territories calculated proportionately for 6, 12 and 9 months for the year 1, 2, 3 years respectively Assumption: The disaggregated data for the private sector on ART is not available and the numerator projected reflects a consolidated data from both private and public sector. SAATHII's program experience in three to four years of PPP projects in four southern high prevalance states is being used to calculate the target of 14%, 24% an 37% in the years 1 , 2 and 3 respectively (when compared to base-line private sector data)													
PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	Solidarity and Action Against the HIV Infection in India						Allocation + Other Sources	663 4,791	14	2,266 9,582	24	2,640 7,181	37	
							Above+Allocation+Other sources	1,011 4,791	21	3,304 9,582	34	4,002 7,181	56	
Comments [1]	Numerator : Number of infants born to HIV+ mothers receiving virological test for HIV withn 2 months of birth. Denominators: Estimated positive pregnant women across 11 states and 2 union territories calculated proportionality for 6 , 12 and 9 months for year 1, 3 and 3 respectively . Assumption : The disaggregated data for private sector on infants tested within two months of birth not available at national level. . Target is based on coverage of positive pregnant women.													
PMTCT-1: Percentage of pregnant women who know their HIV status	Plan India		8,831,854 29,420,153	30	2013	Reports (specify)	Allocation + Other Sources	7,316,461 20,904,173	35	14,632,922 20,904,173	70	14,632,922 20,904,173	70	
							Above+Allocation+Other sources	3,386,553 8,466,384	40	6,773,107 8,466,384	80	6,773,107 8,466,384	80	
Comments [1]	The source of data is NSP Multi Drug ARV NACO 2013 December.This data is non cumulative. Numerator: The number of women who will be tested for HIV at the iCTC/PMTCT centres(212 priority districts for PMTCT in 22 states as part of allocated budget and 193 district as part of above allocation Denominator:Total number of estimated deliveries in 212 priority districts in 22 states as a part of allocated budget and additional 193 disytricts as a part of above allocation.The estimate d 29.3 million deliveries in the country in a year Assumption: The 212 prioirity district will be chosed as per uptake of PMTCT s ervices and HIV positivity among pregnant women.As this is a national program the diatricts for intervention have been finalized in consultation with NACO.													
PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth	Plan India		10,277 12,551	82	2013	Reports (specify)	Allocation + Other Sources	4,992 6,000	83	9,984 11,093	90	9,984 11,093	90	
							Above+Allocation+Other sources	656 750	87	1,312 1,458	90	1,312 1,458	90	
Comments [1]	"Numerator: The number of infants born to HIV positive mothers receiving virological tests for HIV within 2 months of birth. Denominator: The estimated positive pregnant women in the target states : With the allocated amount for 212 districts in 22 states will be targeted and with the above allocated amount for 193 districts. Assumption - The 212 priority districts has been choosen as per uptake of PmTCT services and HIV positivity among pregnant women. As it is a national programme, the districts will be finalised in consultation with NACO" The data is non cumulative. Source is NSP Multi Drug ARV NACO 2013 December													
PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission	Plan India		10,277 12,551	82	2013	Reports (specify)	Allocation + Other Sources	4,992 6,000	83	9,984 11,093	90	9,984 11,093	90	
							Above+Allocation+Other sources	656 750	87	1,312 1,458	90	1,312 1,458	90	
Comments [1]	"Numerator: The number of HIV positive women identified at the ICTC/PPTCT centres who are initiated on ART to reduce MTCT. Denominator: The estimated positive pregnant women in the targeted districts. Assumption - The 212 priority districts has been choosen as per uptake of PMTCT services and HIV positivity among pregnant women. As it is a national programme, the districts will be finalised in consultation with NACO" The data is non cumulative. source is NSP MultiDrug ARV NACO December 2013													

Module budget - PMTCT

Allocated request for entire module	USD 6,118,356	Above allocated request for entire module	USD 6,785,247

Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions [3]	Other funding [4]
		Total Targets	Year 1	Year 2	Year 3		
Prong 1: Primary prevention of HIV infection among women of childbearing age	Plan India	Allocation	637,184	1,415,704	2,192,197	The total cost budgeted under this line includes cost of out reach workers budgeted. ORW will facilitate for implementation of project action at the district level & printing of IEC materials on PPTCT for adolescents and youth in the first year of the project only. The total budget includes allocation & above allocation budget.The cost includes organizing Community Mobilization, conduct Mid Media Campaign (Wall Painting; Nukkad Natak; Rally; Adolescent Group Activities) and Coordination with PLHIV Network to seek volunteers to promote ASRH/SRH. The cost includes conduct advocacy event at states level in all three years or project implementation	No Other funding is received
		Above	521,617	1,934,074	2,587,191		
Description of Intervention [2]							
All pregnant women will be targetted to access PPTCT services, through increase BCC. This will be implementd in 405 districts in 27 States and 4 Union Territories in India1) Target Population: Pregnant women. Targeting adolescents? Geographic Scope: 389 districts in 26 States/Union Territories of India which represent 2/3rd of estimated national PPTCT burden. 2) Implementation Approach: Pregnant women will be reached provided behavior change communication (BCC) .							
Prong 3: Preventing vertical HIV transmission	Plan India	Allocation	209,850	402,413	215,638	The cost includes varies thematic trainings for State and District Level Project Staff, volunteers and peripheral health workers.	None
		Above	173,950	333,242	178,359		
	Solidarity and Action Against the HIV Infection in India	Allocation	35,240	70,480	49,487	Cost for mapping of private hospitals and sensitisation of private practitioners/medical associations at state and district level. This also includes Technical services by experts from national level professional medical asssociations of FOGSI/IAP/IMA. Key activites include mapping of private hospitals, and sensitisation of key stakeholders from private health sector and training of state and district bodies of FOGSI/IMA/IAP from their national expertise group. Allocation amount to cover high priority districts in 11 states and two UTs and above allocation amount across additional five states and three UTs and additioanl activity related to experience sharing meetings among private hospitals for strengthening involvement/engagement process	No
		Above	77,921	146,258	92,922		
Description of Intervention [2]							
SAATHI: HIV positive pregnant women in private health sector in the country. Geography: Private health sector/hospitals across 11 states and two union territories (Andhra Pradesh (including Telangana), Karrataka, Tamilnadu, Maharastra, Goa, Gujarat, Odisha, Rajasthan, West Bengal, Jharkhand and Kerala, and two Union Territories including Puducherry and Delhi) that are prioritised in National PPTCT strategic plan. 235 high priority districts in 11 states and 2 UTs as listed in NSP.This geography is estimated to have 9582 HIV positive pregnant women in private health sector (nearly 89% of 10749 total positives in private health sector). 2) Implementation approach: Inolvement and engagement of private health sector. Engagement of private hospitals - The mapping of private hospitals and training and sensitisation of key stakeholders at district and state levels in the proposed operational geography to involve and engage them so as to ensure national guidelines are followed by private sector, and also they report data to government. Professional medical asssociations of IAP/FOGSI/IMA will provide technical support for effective involvement and engagement of its member representatives across the implementation geography through engaging its member doctors. 3) Allocation: 235 high load distrits across 11 states and 2 UTs. I Above Allocation: I06 addtional districts acoss 5 states and 3 UTs. Plan: Pephrial Health Care Workers will be trained in BCCand Advocacy to reach out to all pregnant women and increase uptake of PPTCT services.1) Target Population: Geographic Scope: 2) Implementation Approach: Pephrial Health Care Workers (from government facility) will be trained in BCC and advocacy to reach out to all pregnant women and increase uptake of PPTCT services. 3) Allocation: improve PMTCT in 212 priority districts of 17 ststes : I mprove access PMTCT coverage in 193 priority districts of 10 states and 4 union territories.							

Prong 4: Treatment, care & support to HIV+ mothers, their children & families	Plan India	Allocation	88,750	284,000	517,413	The cost includes salary and other related cost of district officers to facilitate and monitored the implementation of the project. This position will be dedicated 100% of time to the project The mentioned positions will be hired for the 27 months as a full time staff.	No
		Above	73,750	236,000	429,963		
Description of Intervention [2]							
Increasing community involvement in these 405 districts to create greaterawarness towards uptake of PPTCT services in 27 States and 4 Union Territories 2) Implementation Approach: Increasing community involvement in these 389 districts to create greater awarness towards uptake of PPTCT services.							

Programmatic Gap

Coverage Indicator : PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission

Current National Coverage National coverage is 10,085 out of estimated 34,000	Year	Source	Latest Results
	2014	Reports (specify) program reports	10085.0

	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	34'000	34'000	34'000	Country need Is estimated using delivery data of National Health Mission and spectrum estimates of Department of AIDS Control (Annex: Table-1)
B. Country targets	20'000 58.82 %	25'000 73.53 %	29'000 85.29 %	Estimated HIV Positive Pregnant women for private sector is calculated 13, 19 and 28% for year 1, 2 and 3 respectively.
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	10'000 29.41 %	12'000 35.29 %	14'000 41.18 %	Funded by MAC AIDS Fund and renewed annually subject to funding availability
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	24,000 70.59 %	22,000 64.71 %	20,000 58.82 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	8'000 23.53 %	10'000 29.41 %	13'000 38.24 %	
F. Coverage from Allocation amount and other resources C+E	18,000 52.94 %	22,000 64.70 %	27,000 79.42 %	
G. Targets to be potentially financed by above allocation amount	2'000 5.88 %	3'000 8.82 %	2'000 5.88 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	20,000 58.82 %	25,000 73.52 %	29,000 85.30 %	

Module: TB/HIV

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
								Year 1		Year 2		Year 3			
			N # / D #	%	Year	Source	Total Targets	N # / D #	%	N # / D #	%	N # / D #	%	N # / D #	%

TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	India HIV/AIDS Alliance			Allocation + Other Sources	550,000 850,000	65	650,000 900,000	72	750,000 950,000	79			
				Above+Allocation+Other sources	650,000 850,000	76	750,000 900,000	83	820,000 950,000	86			
Comments [1]	As this is new activity for CSC, baseline is not available. "All the PLHIV registered in CSC would be provided with Verbal screening through community based Intensified Case Finding Approach (ICF). Out of those the eligible PLHIV would be sent for the screening at the TB testing facility. The denominator is calculated as the total registration target for the CSC. Based on the programme experience so far the target of 10%, 14% and 15% of the registered client at CSC has been set for the proposal period. Denominator: No of PLHIV registered at CSC those who are registered and follwoed up at CSC and eligible to be sent for TB testing Numerator: No of PLHIV regsitered at CSC, those who are tested for TB Source: Programme MIS "												
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	Department of Economic Affairs, Ministry of Finance of India		38,754 44,027	88	2013	Reports (specify)	Allocation + Other Sources	54,000 60,000	90	64,000 70,000	91	74,000 80,000	92			
							Above+Allocation+Other sources									
Comments [1]	Source: Global TB report 2014 (WHO). Numerator: Number of TB coinfected PLHIV initiated on ART Denominator: Total number of HIV -TB coinfected patients registered at ART Centres across thecountry													
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	Department of Economic Affairs, Ministry of Finance of India		888,213 1,416,014	63	2013	TB patient register	Allocation + Other Sources	866,730 1,238,186	70	945,140 1,260,186	75	996,595 1,277,686	78			
							Above+Allocation+Other sources	873,447 1,247,782	70	961,486 1,281,981	75	1,027,315 1,317,071	78			
Comments [1]	The testing rate depends on co location of the TB and HIV diagnostic facilities which is at present 56%. The target set for this is based on the assumption that by April 2016 co location will be 80%. This data will come from TB register.													
TB/HIV-4: Percentage of new HIV-positive patients starting IPT during the reporting period	Department of Economic Affairs, Ministry of Finance of India		0 100	0	2013	Reports, Surveys, Questionnaires, etc. (specify)	Allocation + Other Sources	100,000 1,000,000	10	200,000 1,000,000	20	350,000 1,000,000	35			
							Above+Allocation+Other sources									
Comments [1]	The modest targets have been set keeping in view INH procurement lag time of 8-10 months.													
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	Department of Economic Affairs, Ministry of Finance of India		890,000 1,110,000	80	2014	Other (specify)	Allocation + Other Sources	930,000 1,136,333	82	1,050,000 1,246,881	84	1,155,000 1,361,704	85			
							Above+Allocation+Other sources									
Comments [1]	Source: ART Centres monthly report. Numerator: No of PLHIV in active care screened for 4 symptom complex. Denominator: Total no of PLHIV registered in active care at ART centres. All those found positive for TB through 4 symptom screening will be subjected to CBNAAT testing being proposed to be scaled up during this project. CTD, UNION and WVI will facilitate CBNAAT testing of these PLHIV													
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	World Vision India	National program					Allocation + Other Sources	2,500 36,000	7	20,000 36,000	56	13,500 36,000	38			
							Above+Allocation+Other sources									
Comments [1]	The project will help 36000 TB cases to know their HIV status. These TB cases will be detected by the project activities like active case search, community referrals and contact tracing.													

Module budget - TB/HIV			
Allocated request for entire module	USD 29,242,599	Above allocated request for entire module	USD 15,109,920

Intervention		Intervention budget (request to the Global Fund only)					
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]

Collaborative activities with other programs and sectors?	Department of Economic Affairs, Ministry of Finance of India	Allocation	1,500,000	3,000,000	3,000,000	On total 10% of total budget is for TB/HIV. The INH prevention therapy is calculated @USD 10 per patient for 650000 patients in three years . Cost of Airborbe infection control will be borne by NACO. CTD will develop a software with a cost of 0.24 million and audio visual training material on TBHIV of USD 0.16 million. Training cost will be borne by domestic budget.	Domestic budget will bear all TV/HIV budget.
		Above					
	India HIV/AIDS Alliance	Allocation	453,674	764,422	310,748	All the assumptions are made per NACP IV guidelines and based on current Global Fund Programme. Following major activities included in the intervention: 1. Outreach worker to TB/HIV 2. Training for TB/HIV Cost related to support 125 CSCs under Year 2 and Year 3 is being requested under incentive funding. In addiiton activities for KPs on TB has been budgeted under incentive funding.(existing 350 +25 additional) in alignment with the national framework for joint HIV/TB collaborative initiatives. As it is an integrated approach utilizing the existing CSC staff, it is a cost effective community and home based model of intensified case finding and linkages to services for early detection and treatment complementing the national TB program. Intensified case finding of presumptive TB through the integrated community and home based approach will enhance awareness of TB prevention, early detection of TB among PLHIV and their family members and TB-HIV confection treatment through referral and linkage with RNTCP and follow up with PLHIV on TB treatment for treatment adherence and tracking of LFU/defaulter cases and bringing them back to treatment Output: All the PLHIV (Approximately 1.3 million) registered with the CSCs will be provided with TB related messages. 100 percent of the registered PLHIV would be followed up to provide TB related message through Intensified case finding approach. Approximately 0.4 million PLHIV registered in the CSC would be referred for TB testing. 100 percent of the PLHIV who will come out TB positive will be followed up initiation of TB treatment and then followed up for the completion of treatment. 100 percent of the family members and/ or sexual partners of the registered client would be reached with TB related messages and suspected cases would be referred for TB testing. All the family members/ sexual partners tested TB positive would be followed up for TB related messaging initiation and completion of TB treatment. TB related activities for 100 additional CSC.	None
		Above	159,399	433,991	551,576		
Description of Intervention [2]							

Allinace: TB/HIV collaborative interventions: This intervention has been selected with an aim of expanding and strengthening the HIV/TB component being integrated into the existing service package of 475 CSCs (existing 350 +125 additional) in alignment with the national framework for joint HIV/TB collaborative initiatives. As it is an integrated approach utilizing the existing CSC staff, it is a cost effective community and home based model of intensified case finding and linkages to services for early detection and treatment complementing the national TB program. Intensified case finding of presumptive TB through the integrated community and home based approach will enhance awareness of TB prevention, early detection of TB among PLHIV and their family members and TB-HIV confection treatment through referral and linkage with RNTCP and follow up with PLHIV on TB treatment for treatment adherence and tracking of LFU/defaulter cases and bringing them back to treatment. DEA: Ensuring that simple administrative and environmental measure aimed at reducing exposure of HIV infected patients to M tuberculosis are implemented at the ART Centre. Ensuring natural ventilation wherever possible by augmented ventilation through the well planned use of supply and exhaust fans. Availability of surgical mask, tissues and appropriate no touch disposal receptacles.

Community TB care delivery	International Union Against Tuberculosis and Lung Disease	Allocation	469,331	830,890	238,137	Increase percentage of HIV positive patients who were screened for TB in TI , CSC and DLN settings in Axshya Districts in 60 cities. The budget estimates are based on Phase II budget assumptions. The applilcable Human Resource budget line item is estimated with increase of 10% on yearly basis. New Activities proposed are based on rationale cost assumptions.	None.
		Above	156,444	276,963	79,379		
	World Vision India	Allocation	312	1,413	1,272	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above					

Description of Intervention [2]

Union: The proposed grant will support the strengthening of the intensified TB case finding across HIV care settings including TIs, CSCs and DLN. This will include early diagnosis of TB, initiation of treatment and adherence of treatment among clients of TIs, CSCs and DLN. WVI: Provide counselling services to TB/HIV co-infected cases for treatment adherence and successful completion

Other	World Vision India	Allocation	15,246	45,359	50,904	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above	0	0	0		

Description of Intervention [2]

WVI: Proportionate HR & Admin support

TB/HIV collaborative interventions	Department of Economic Affairs, Ministry of Finance of India	Allocation	4,248,723	8,580,568	5,397,596	1) The unit cost are based on NSP cost, SSF cost. 2) INH prophylaxis, airborne infection control, PITC, development of key training (audiovisual) modules, integration of RNTCP and NACP reporting platforms. Procurement of INH for IPT for 670,870 patient courses, first line and 2nd line drugs for HIV infected TB patients. Molecular diagnosis for early detection of TB among PLHIV for 409,000 tests Screening for DR TB amongst PLHIV through C&DST labs Above allocation: Early detection of TB among PLHIV (estimated 358,000) through molecular testing. Screening for DR TB amongst PLHIV through C&DST labs through additional screening capacity with decentralized labs proposed under this project. *USD 2.83 million is for DEA NACO rest for DEA CTD	None
		Above	3,116,212	5,744,492	4,513,789		
	International Union Against Tuberculosis and Lung Disease	Allocation	113,673	93,215	26,136	Increase percentage of HIV positive patients who were screened for TB in TI , CSC and DLN settings. The budget estimates are based on Phase II budget assumptions. New activities proposed are based on rationale cost assumptions. Above allocation: Increase percentage of HIV positive patients who were screened for TB in TI , CSC and DLN settings in 285 Axshya Districts and 60 cities. Costs would capacity building/training of health care providers in HIV sector, supporting community volunteers, and a package of TB services.	None.
		Above	37,891	31,072	8,712		
	World Vision India	Allocation	8,607	43,278	49,095	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above	0	0	0		

Description of Intervention [2]

The Union: The TB/HIV collaborative interventions aimed at increasing access to diagnostics (including rapid diagnostics) and treatment will be undertaken under the project.The proposed grant will support the strengthening of the intensified TB case finding across HIV care settings including TIs, CSCs and DLN. Interventions will increase access to diagnostic services through sputum collection and transporation, access to CBNAAT/Xpert MTB/RIF and to TB treatment. WVI : Assist TB cases to know their HIV status DEA/CTD: The proposed grant will support the strengthening of the intensified TB case finding across HIV care settings. Intervention include deployment of CBNAAT for improved TB diagnosis including DRTB amongst PLHIV, offer Provider Initiated HIV Testing and Counselling (PITC) and provide INH Preventive Therapy (IPT). In addition, the implementation of the National Air-Borne Infection Control Guidelines would be prioritised in high risk health care facilities of TB & HIV including surveillance of health care personnel. DEA: Intensified TB case finding in ART centres through appropriate utilization of newer diagnostics.20% CBNAAT diagnostics will used for detecting TB in HIV + patients. INH Preventive Therapy to Prevent TB among PLHIV will be provided. Provider Initiated HIV Testing and Counselling (PITC) by DAC. In addition to the above with DAC Supportive Mechanism for linkage and adherence will be promoted. Air Borne infection control in ART centre as well as in the DR TB centre will be done by NACO. DEA/NACO: ART supervisor for ART centres and attached link ART Centre will be provided to monitor and mentor the facilities and strengthing the linkages with general health focusing on TB-HIV co infection, PMTCT and key population.

Programmatic Gap

Coverage Indicator : TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register

Current National Coverage Across the country.	Year	Source	Latest Results
	2012	Reports (specify) TB India 2014	888213.0

	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	1'247'782	1'281'981	1'317'071	
B. Country targets	873'447 69.00 %	961'486 75.00 %	1'027'315 77.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	873'447 69.00 %	961'486 75.00 %	1'027'315 77.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	374,335 31.00 %	320,495 25.00 %	289,756 23.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
F. Coverage from Allocation amount and other resources C+E	873,447 69.00 %	961,486 75.00 %	1,027,315 77.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	873,447 69.00 %	961,486 75.00 %	1,027,315 77.00 %	

Module: TB care and prevention

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline N # / D #	Baseline %	Baseline Year	Baseline Source	Targets: Total Targets	Year 1 N # / D #	Year 1 %	Year 2 N # / D #	Year 2 %	Year 3 N # / D #	Year 3 %	Targets N # / D #	Targets %
DOTS-5: Number of children <5 in contact with TB patients who began IPT	World Vision India	National program				R&R TB system, yearly management report	Allocation + Other Sources	763		3,053		2,289			
							Above+Allocation+Other sources								

Comments [1]	It is estimated that 13% of the all types TB cases detected by the project would have children who require IPT and will be helped by the project to access the service from RNTCP. Total 6105 such children are targeted as project coverage for this service.

DOTS-6: Number of TB cases (all forms) notified among key affected populations/high risk groups	World Vision India	Current grant			Allocation + Other Sources	6,439		25,755		19,315			
					Above+Allocation+Other sources								
Comments [1]	The project will detect 25590 TB cases (all forms) from urban slums of 100 cities of 70 districts. The project will detect 25919 TB cases (all forms) from 28000 villages of 70 districts. Overall the project has targeted to detect 51509 TB cases of all forms.												
DOTS-7a: Percentage of notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities	World Vision India	National program			Allocation + Other Sources	925 7,400	12	3,700 7,400	50	2,775 7,400	38		
					Above+Allocation+Other sources								
Comments [1]	The project will help the qualified doctors of the tier 2 and tier 3 cities in notifying TB cases through registration in NIXSHAY (Global Fund supported TB HMIS) .Here the percentage is calculated on the basis of yearly target proportionate to the total targeted notified TB cases from the qualified private doctors committed by the project.												
DOTS-7c: Percentage of notified TB cases, all forms, contributed by non-NTP providers - community referrals	World Vision India				Allocation + Other Sources	1,932 15,453	13	7,726 15,453	50	5,795 15,453	38		
					Above+Allocation+Other sources								
Comments [1]	The key mechanism of TB case detection from the KAP will be -active case search of the HRGs by the project, community referrals enhanced and follow up by the project.Target wise 30% TB cases to be detected through community referrals												
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	International Union Against Tuberculosis and Lung Disease		663,224	2012	R&R TB system, yearly management report	Allocation + Other Sources	7,500		52,500		52,500		
						Above+Allocation+Other sources	2,500		17,500		17,500		
Comments [1]	Source: India TB Report 2012.As per the National estimates the annual incidence is 176 per 100,000, which translates into 1063744 cases of which 663224 cases have been notified in 285 project districts. Therefore, about 38% cases are missed in 285 project districts. The project aims to reduce the number of missed cases by 3% in first year, 20% in 2nd year, 20% in the 3rd year. In the targets, the numerator is the number of additional cases contributed by the project and the denominator is the number of missed cases. Overall the project aims to notify 150000 additional cases (including 112500 within allocation and 37500 above allocation) among the vulnerable and marginalised populations during the project period. The above allocation amount will facilitate an additional 10% of the missed cases (37,500).												
DOTS-6: Number of TB cases (all forms) notified among key affected populations/high risk groups	International Union Against Tuberculosis and Lung Disease				Allocation + Other Sources	6,749		37,969		37,969			
					Above+Allocation+Other sources	1,688		12,656		12,656			
Comments [1]	The project interventions are targeted towards increasing access to vulnerable and marginalised populations within the 285 districts including 60 urban sites. It is aimed that atleast 90% of all the additionally notified cases (150,000) by the project will be from vulnerable and marginalised populations which includes slums, tribals, geographically remote, PLHIV, migrants, women and children. The baseline for this indicator is not known as the current RNTCP reporting system does not capture population specific data. In the targets, the numerator refers to the cases notified from the key affected populations and the denominator is the total number of additional cases notified by the project (as per indicator DOTS 1 a - Union).												
DOTS-7a: Percentage of notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities	International Union Against Tuberculosis and Lung Disease				Allocation + Other Sources	0 7,500	0	24,000 45,000	53	43,500 60,000	72		
					Above+Allocation+Other sources	0 2,500	0	8,000 15,000	53	14,500 20,000	72		
Comments [1]	The baseline for this target is not known because the current RNTCP reporting does not capture the data specific for non-NTP providers. Therefore we have taken the denominator as the number of additional TB cases notified through the project interventions (150,000 over the project period). Of these at least 90,000 cases will be notified through the non-NTP providers which includes qualified practitioners, corporate hospitals, NGOs and non-qualified practitioners. Within the allocated funding 67500 cases would be notified. Above allocation funding will increase the number of additional cases by 25% (~22500). Targets are cumulative annually.												
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	Department of Economic Affairs, Ministry of Finance of India		1,238,186	2013	R&R TB system, yearly management report	Allocation + Other Sources	1,283,186		1,310,186		1,337,686		
						Above+Allocation+Other sources	1,327,782		1,381,981		1,437,071		
Comments [1]	Numerator is all forms of TB patients notified in the program and denominator is the estimated TB cases based on Global reports; Decrease in estimated cases based on reduction in TB cases rates as per reports; estimated mid-year population based on Census 2011; Indicates the % of the TB cases who have been notified in the program; Recording & Reporting system of the Program												

DOTS-2a: 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	Department of Economic Affairs, Ministry of Finance of India			88	2013	R&R TB system, yearly management report	Allocation + Other Sources	1,142,036 1,283,186	89	1,179,167 1,310,186	90	1,217,294 1,337,686	91				
							Above+Allocation+Other sources	1,181,726 1,327,782	89	1,243,783 1,381,981	90	1,307,735 1,437,071	91				
Comments [1]	Numerator is the reported New TB cases who have completed the treatment out of the (denominator) the cohort of the New TB cases registered in the same quarter.																
DOTS-4: Percentage of reporting units reporting no stock-out of first-line anti-TB drugs on the last day of the quarter	Department of Economic Affairs, Ministry of Finance of India		209 209	100	2013	R&R TB system, yearly management report	Allocation + Other Sources	209 209	100	209 209	100	209 209	100				
							Above+Allocation+Other sources										
Comments [1]	Number of districts reporting stock out positions of drugs in their quarterly stock position basis to state out of the total number of districts in 9 state.																
DOTS-7a: Percentage of notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities	Department of Economic Affairs, Ministry of Finance of India		38,926 1,238,186	3	2013	Reports, Surveys, Questionnaires, etc. (specify)	Allocation + Other Sources	60,000 1,283,186	5	115,000 1,310,186	9	100,000 1,337,686	7				
							Above+Allocation+Other sources	40,000 1,327,782	3	55,000 1,381,981	4	35,000 1,437,071	2				
Comments [1]	Cumulative numbers; assumption = 90% of all cases notified through project's efforts will be from Key Affected populations.																

Module budget - TB care and prevention			
Allocated request for entire module	USD 76,007,379	Above allocated request for entire module	USD 41,881,437

Intervention	Responsible Principal Recipient(s)		Intervention budget (request to the Global Fund only)				Cost Assumptions [3]	Other funding [4]	
			Total Targets	Year 1	Year 2	Year 3			
Case detection and diagnosis	Department of Economic Affairs, Ministry of Finance of India	Allocation		705,069	1,741,865	1,838,124	The CBNAAT machine and cartridge cost is based on existing procurement cost. Machine cost includes the maintenance and caliberation for 3 years. Early diagnosis through rapid molecular test in the clinically and socially vulnerable patients.	No	
		Above		780,069	1,704,155	2,386,596			
	International Union Against Tuberculosis and Lung Disease	Allocation		3,024,689	3,278,107	913,711	1) The budget estimates are based on Phase II budget assumptions. The applicable Human Resource budget line item is estimated with increase of 10% on yearly basis. New Activities proposed are based on rationale cost assumptions. 2) Increase in percentage of notified TB cases, all forms contributed by Non-NTP providers - community Referral. Newly identified TB patients through project activities will be notified. Above allocation would allow for identification of additional TB cases by increasing coverage to specific cities, by covering costs of activities and support costs.	None.	
		Above		1,008,230	1,092,702	304,570			

Description of Intervention [2]
Union:"The project will continue to use the “high-yield intervention” under existing project interventions which is enhance case finding through Axshya Samvad to 285 districts and will start in 30 urban sites catering tor slums, contacts of TB patients and PLHIV. Through this focussed outreach activity the project will be able to reach out and interact directly with households and its members of key affected population and provide them information on TB symptoms, diagnostics and treatment services, and identification of TB symptomatic, referrals and sputum collection and transportation. Rapid diagnostic tools (GeneXpert MTB-Rif) will be used to diagnose TB for PLHIV. National TB help-line will help directly to provide information to TB symptomatics on diagnosis and centres. Funds available through Corporate Social Responsibility will be used for TB diagnosis. The intervention will be carried by a network in ~1200 partner NGO and ~12000 community volunteer’s network in 285 districts (507 million population) and through a network of 300 CVs in 30 urban sites (10 million population). The direct yield through this intervention will be 45,000 TB cases. DEA: 20% of CBNAAT cartridges (0.3 million) is proposed to be deployed for early TB diagnosis.

Collaborative activities with other programs and sectors	Department of Economic Affairs, Ministry of Finance of India	Allocation	556,666	1,098,333	848,333	1) Unit cost for coordination at State level and district level has been proposed @ 1,666 USD annually and Slum coverage cost has been estimated @ USD 3,250 per slum annually. 2) Intensified case finding in 9 states covering 150 slums with collaboration with NUHM for early case detection. Alignment of RNTCP infrastructure with NUHM facilities at these state and district level shall be ensured Above allocation: Additional 150 slums will be covered.	None.
		Above	0	0	0		
Description of Intervention [2]							
The proposed grant would support targeted intervention in urban slums leveraging the additional resources from Ministry of Urban Development , Ministry of Women and Child Development, Minstry of Social Justice & Empowerment and National Urban Health Mission in 9 existing GFATM supported states. The interventions including intersectoral coordination will be carried out in 300 slums across 50 cities/towns in 9 states. This will help improve the quality of life and generate livilihood options and prevent catastrophic out of pocket expenditure, thus alleviating poverty.							
Community TB care delivery	International Union Against Tuberculosis and Lung Disease	Allocation	1,323,537	1,366,124	349,914	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	None.
		Above	441,179	455,375	116,638		
	World Vision India	Allocation	0	0	0	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above	100,922	227,121	175,474		
Description of Intervention [2]							
Union : The proposed intervention aims to strengthen the engagement of the community in TB control activties and empower the TB affected community in the project districts. The project will strengthen the engagement of Partnership for TB Care and Control (PTCC) and the existing network of NGOs, Community Volunteers and TB Forums to support promoting awareness, early diagnosis, treatment initiation and adherence in the project districts. The interventions proposed will improve reach and access to TB diagnostics through social mobilization, improving referrals and sputum collection and transport, improving case management, early initiation and adherence of the treatment, and empower the TB patients on their roles and responsibilities. ~90% of the additional 150,000 TB cases will be identified through community driven interventions. WVI: Assist DTOs to conduct inter-sectoral coordination meeting during developing district level PIP of RNTCP and facilitate coordination among different sectors for effective district-level RNTCP planning (Public sectors: Health (RCH, AIDS Control), Education, ICDS, Urban Administration & Development, Slum Development, Mass Media, Prison, Railway, Armed Forces, Mines, Para-Military, CSO sectors: NGOs working in health/development/HIV, PLHIV networks, Registered Unions (migrants, rickshaw-pullers, cabs, domestic helpers, labour union, labour contractors), professional bodies (IMA, IPA), Diabetic association Private: Corporate hospitals, Pharmacist Association) • Provide soft-skill and counselling training to Municipal Health Workers, RNTCP-staff, General Health Staff, ASHA workers & DOT Providers to enhance their health-communication skills • Conduct advocacy activities during the state and district level RNTCP review meetings to promote TB case detection in children and care to TB-affected and TB/HIV affected children. • Facilitate state level training of the NGOs (who are currently functional in TB & HIV projects) on National Policy and Guideline of TB/HIV co-infection management in collaboration with State AIDS Control Society and State TB Cells along with promotion of RNTCP-NGO schemes Community System Strengthening (CSS) – Activities • Train community care-givers (community volunteers, women SHGs & CBOs of slums & villages), community institutions (ASHA workers, AWW, VHSCs, slum committees, labours' union), HIV counterparts (district level PLHIV networks, HIV TI projects, Community Care Centres, Link Workers Schemes) and others (Diabetics' association) on TB, RNTCP, TB/HIV, identification & referral of TB presumptive cases to RNTCP and provision of DOT as community DOT Provider • Help to include TB & HIV activities in village and slum health action plans • Mobilize existing CBOs and SHGs for grass-root level TB & HIV advocacy and facilitate their quarterly meeting with DTOs • Facilitate participation of infected and affected people like cured TB patients, PLHIV, TB/HIV co-infected cases in project planning & decision making • Engage selected high-schools in TB control activities • Sensitize local media on TB & RNTCP						

Engaging all care providers	Department of Economic Affairs, Ministry of Finance of India	Allocation	3,572,822	6,196,115	5,244,558	1) all costings are based on existing SSF budget for IMA and CBCI and new activities are based on rational cost estimates. PPM cost of RNTCP is based on NSP document. Under allocation the only 14 states of CBCI and 16 units of IMA have been taken. Above allocation: additional 7 Units of IMA and 15 states of CBCI will be covered under above allocation funds. PPM coordinators and TBHVs of 9 states under GFATM are proposed to be included under above allocation funds.	None
		Above	1,631,684	2,251,597	2,333,168		
	International Union Against Tuberculosis and Lung Disease	Allocation	2,714,625	1,696,224	202,778	The budget estimates are based on Phase II budget assumptions. The new activities proposed are based on rationale cost assumptions. 2) Training and engagement of rural health care providers and Ayush providers in supporting RNTCP services to 285 districts. Above Allocation: Additional 6000 private providers would be sensitized and engaged in providing TB services to socially vulnerable populations with operations in 60 cities. In addition, private labs and private hospitals would be increased to support the goal of RNTCP and universal access to TB care.	None.
		Above	904,875	565,408	67,593		
	World Vision India	Allocation	15,328	52,024	41,656	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above	89,714	274,909	205,254		

Description of Intervention [2]

"UNION: The project will continue engaging Rural Healthcare providers and AYUSH (~20,000) in the existing project districts. A network of NGOs and Community volunteers which has been established will be further strengthened and engaged for referrals, sputum collection and transportation and DOT provision. The project will continue to build capacity of health care staff in soft skills to improve patient provider interaction. The project will also sensitise and engage ~250 secondary and tertiary non-government hospitals, ~6000 private practitioners, 2000 private labs on STCI (Standards of TB Care in India) WVI: Activities: Target group Qualified private physicains , Allopaths , aayush Unqualified UHCP(Urban unqualified HCP , RHCP, traditional healers , Institutions -corporate hospitals labs pharmacists • Map the popular and relevant service providers (qualified, unqualified, institution) in the private sector of the district and prioritize • Facilitate orientation of the qualified doctors on STCI and notification guidelines of RNTCP in collaboration with professional body like IMA, DTO and local resource persons • Provide operational support to the qualified doctors in TB case notification to RNTCP • Sensitize UHCP (Urban unqualified Health Care Providers), RHCP (Rural unqualified Health Care Providers) and AYUSH practitioners on TB, RNTCP, referral of TB presumptive cases to RNTCP and provision of DOT • Sensitize pharmacists and pharmacists' associations on TB, RNTCP, referral of TB presumptive cases to RNTCP and stopping of indiscriminate usage of antibiotics and across-the-counter sale of antibiotics • Sensitize private labs on the GoI policy of banning of serological test for TB • Facilitate referral of TB presumptive cases to RNTCP from private sectors • Engage private providers as Community DOT Providers • Establish follow-up interactions with private providers (as per priority) through physical meetings and telephonic communication • Assist DTO to conduct advocacy cum sensitization meeting with private sectors representatives of the district (corporate hospitals, qualified doctors, pharmacists' association, private labs' association, IMA, IPA) to promote STCI, TB case notification, referral of TB presumptive cases, banning of serological test, stoppage of indiscriminate sale of anti-biotics/ATT across the counter and newer guidelines of RNTCP on private sector engagement DEA: CTD proposes to PPM Coordinators and TBHVs in urban area for coordination of engaging all providers across 9 states. For remaining states the support is provided through domestic budget. Similarly access will be provided for non-NTP providers for the early diagnosis of TB through rapid molecular tests, 2% of the budgeted cartridges will be utilized for these patients. IMA and CBCI are proposed to be continued as Sub Recipients . Under the proposed grant output oriented activities rather than process oriented activities have been prioritised. In addition the geographical scope of these SRs has been further expanded . The innovative engagement of all care providers through the mechanism of Technical support group (TSG) is proposed to be continued . The HR for technical support to the existing nine GFATM supported states is proposed to be continued. "

Key affected populations	Department of Economic Affairs, Ministry of Finance of India	Allocation	911,559	2,355,869	2,548,565	1) The cost assumption are based on historical cost estimates as proposed by TVHA and ICMR. This intervention will result in increasing 12000 early TB cases by ICMR. 7 exile settlements of Tibetans will be covered by TVHA For the detailed costing assumption for ICMR proposal is attached as an attachment. 2) 40 tribal districts will be covered through mobile health vans for TB diagnosis and treatment adherence. 10 Pediatric work shops and meetings would be conducted for roping all the pediatricians under RNTCP Above allocation:additional 43 tribal districts will be covered through ICMR with similar activities as mentioned above and this intervention will result in increasing 13000 more early TB cases. 8 exile settlements of Tibetans will be covered by TVHA under above allocation funds. 11 Pediatric work shops and meetings would be conducted for roping all the pediatricians under RNTCP under above allocation funds. At least 90% of the project activities will target the key affected populations/high risk groups. The budget estimates are based on Phase II budget assumptions. New Activities proposed are based on rationale cost assumptions.	None
		Above	2,389,450	5,487,791	5,145,121		
	International Union Against Tuberculosis and Lung Disease	Allocation	229,016	189,746	62,380	1) The budget estimates are based on Phase II budget assumptions. The new activities proposed are based on rationale cost assumptions. 2) Key activities are focused demand generation with key populations (slum dwellers, prisoners, tribal populations, migrants, contacts of TB patients, refugees), TB patient linked to treatment and treatment adherence. Above allocation would support focused intervention on and scale-up in 60 cities located in project districts..	None.
		Above	76,339	63,249	20,793		
	World Vision India	Allocation	456,739	1,341,581	1,135,435	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above	1,475,666	137,275	91,183		

Description of Intervention [2]

Union: Under the proposed grant specific targeted interventions have been poposed for marginalised and vulnerable populations (tribals, refugees, slum dwellers, women & children). The interventions would specifically focus on quality TB care, increasing access, early and improved case detection , appropriate treatment support with an aim to improve public health outcomes. The implementers identified for these interventions are TVHA (20 refugee settlements) and ICMR (83 identified tribal districts) . WVI: Target population in 100 tier 2 & tier 3 cities of 70 targeted districts: Slums, people living with HIV & AIDS and their networks, HIV high risk groups currently being covered under Targeted Intervention projects and Link Workers' Schemes of NACP, homeless, migrants, prisons, other co-morbidies (Diabetes, occupational lung diseases), refugees/IDP (Internally Displaced Population), unorganized job sectorsTarget population in 14000 villages of 70 targeted districts: population with special needs (especially tribals, 'dalits', women, children, persons with disabilities), hard-to-reach (mountains, islands, forest-villages), conflict zones (political unrest due to insurgency). Activities: - Map high-risk & vulnerable target groups in urban & rural settings - Active case search in slums and key populations, sputum collection & transportation & accompanied referrals - Enhance community referrals & cross-referrals by community care-givers - Contact tracing - Provide support to improve access to CXR, CBNAAT, FNAC - Create awareness on TB & HIV (together with observation of World TB Day, World AIDS Day) in targeted slums and villages DEA CTD: Focusing on the Tribal population is one of the objectives under New Funding Model. Under this 80 districts will be covered . The Indian Council of Medical Research (ICMR) under the Department of Health Research/Ministry of Health & family Welfare/Government of India, in collaboration with Central Tuberculosis Division (CTD)/Department of Health & Family Welfare/MOHFW/GOI will do this project in certain defined hard to reach, tribal areas spread over North East and Central India. 40 districts will be covered under allocation and 40 districts in above allocation. Tibetan Voluntary Health Association will be involved under the program to extent the RNTCP service to the exiled Tibetan population in their 15 settlements in the country. 50% of the settlements will be covered under allocation. It is expected that these 2 special interventions will give 25000 additional TB cases to the program during the project period. Apart from the above two mentioned interventions contractual salaries of RNTCP staffs in 83 tribal districts of 9 states have been budgeted under the program. IPT intervention for paediatric TB has been proposed.

Other	Department of Economic Affairs, Ministry of Finance of India	Allocation	1,815,219	3,168,314	2,736,253	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above	1,799,587	3,215,091	2,927,050		
	International Union Against Tuberculosis and Lung Disease	Allocation	1,460,291	1,793,677	121,031	TB Helpline (selected states) will be useful in providing information to community on TB diagnosis and treatment. This will indirectly influence in case detection and adherence of treatment. The OR activties will help in generating evidence for informing the programme on policy changes and revision of the strategy. The budget estimates are based on Phase II budget assumptions. New Activities proposed are based on rationale cost assumptions.n, Communication, Technology (ICT) based solutions to support treatment adherence among TB patients.	None.
		Above	486,764	597,892	40,344		
	World Vision India	Allocation	836,188	1,491,186	1,253,491	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above	44,099	46,967	49,680		

Description of Intervention [2]

'TB Help Line will be set up in 6 identified states to provide information on TB, location of diagnostic and treatment centres and treatment adherence packages. The project will seek to promote and strengthen operational research through the capacity building of professionals associated with RNTCP to undertake operational research. This is based on The Union's international model and has been successfully tested in India under Axshya. This capacity building initiative will continue under the NFM. The project will establish an OR support group and undertake research on the priority areas identified by the programme. WVI: • IEC activities: Printing & utilization of IEC materials (IEC materials: Patient charters for TB/HIV co-infected cases & DR-TB cases, information brochure on TB & HIV, poster and banners to be used for World TB Day & World AIDS Day, abbreviated and laminated version of STCI to be distributed among qualified doctors, Project Annual Status Reports, Promising practice document, referral slips, project operational guideline) • Recording & Reporting • Monitoring & Supervision of project activities • Infrastructure and Equipment expenses, Office Expenses etc. • Administration & Finance : CTD: The existing National Program Management Unit will be further strengthened with additional technical support in consonance with the proposed scale up of the interventions and need for strengthened monitoring systems. The proposed grant would further strengthen WHO technical assistance to the National Program in consonance with the proposed scale up of the interventions. Existing support to NRLs under the grant will be continued. WHO budget is based on the organization policy on HR . NPMU at CTD has been budgeted at similar prevailing rates under SSF project. 2) Functional National Programme Management Unit at CTD, support to national reference laboratories under the programme. under NPMU 4 new positions have been added in addition 30 consultants including Field and National level consultants from WHO will be providing technical assistance to the programme. 3 consultants for drug logistics has been budgeted Above allocation: 12 more field consultants and 4 consultants from CTD have been budgeted in order to improve the quality and outcome of programme managment. PMDT unit supported by WHO for monitoring and implementing the DR TB across the country for better quality assurance across the country.) Cost assumptions are based on the historical cost estimates. 2) Programme has proposed ICMR for identified research areas taking into account their technical and implementation expertise. The detailed ICMR proposal is attached.

Treatment	Department of Economic Affairs, Ministry of Finance of India	Allocation	6,380,532	6,774,230	0	1) For Cat I patient the Unit cost is USD 10 for Cat II is USD 18. The assumption of the unit cost is based on the last invoice of these drugs. 2) Under this patient wise courses for 9 GFATM supported states have been taken. All drugs budgeted under this head is under allocation and No above allocation budget is reqeusted under this head.	World Bank is funding for first line drugs for FY 2015-16
		Above	0	0	0		
	International Union Against Tuberculosis and Lung Disease	Allocation	543,091	1,182,447	284,051	The activities will ensure improved treatment outcomes for the patients treated in the public and private sector including MDR TB patients. The budget estimated are based on phase2 budget assumptions . New activities are based on rationale cost assumptions .	None.
		Above	181,030	394,149	94,684		
	World Vision India	Allocation	17,108	75,604	63,174	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above	0	0	0		

Description of Intervention [2]
The Union: The civil society project will ensure treatment adherence of the patients diagnosed in the project districts through the provision of a treatment adherence package including counseling, use of mobile technology (sms/IVRS), home visits and flexi DOT. Atleast 15000 MDR-TB and 130,000 TB cases (including 40,000 taking treatment in the public sector and 90000 taking treatment in the private sector) will be be provided this treatment adherence support to reduce lost to follow up and ensure favourable outcomes. WVI Activities: - Provide flexi-DOT services to the slums in collaboration with local DTC - Provide treatment and adherence education to the TB patients who will be detected from the project activities - Link needy TB cases with govt. welfare schemes wherever possible - Assist children-contacts to access INH prophylaxis - Provide counselling services to childhood TB cases DEA: First line drugs for nine states – Andhra Pradesh , Bihar, Chhattisgarh, Haryana, Jharkhand, Karnataka, Orissa, Telangana and Uttarkhand will be procured from this funding . Total of 31% of total FLD of country will be met from this . A total of 887300 cat I drugs 221900 of cat II drugs and 54100 doses of paediatric courses will be purchased from this. All these have been included in the allocation.

Programmatic Gap

Coverage Indicator : DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses

Current National Coverage Across the country.	Year	Source	Latest Results
	2013	Reports (specify) TB India 2014	1416014.0

	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	2'200'000	2'200'000	2'200'000	
B. Country targets	1'500'000 68.00 %	1'550'000 70.00 %	1'600'000 72.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	1'093'742 49.00 %	1'123'429 51.00 %	1'152'100 52.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	1,106,258 51.00 %	1,076,571 49.00 %	1,047,900 48.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	406'258 18.00 %	426'571 19.00 %	447'900 20.00 %	
F. Coverage from Allocation amount and other resources C+E	1,500,000 67.00 %	1,550,000 70.00 %	1,600,000 72.00 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	0 0.00 %	0 0.00 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	1,500,000 67.00 %	1,550,000 70.00 %	1,600,000 72.00 %	

Module: MDR-TB

Measurement framework for module

Coverage/Output indicator	Responsible PR(s)	Tied to	Baseline				Targets								
								Year 1		Year 2		Year 3			
			N # / D #	%	Year	Source	Total Targets	N # / D #	%	N # / D #	%	N # / D #	%	N # / D #	%

MDR TB-4: Percentage of cases with drug resistant TB (RR-TB and/or MDR-TB) started on treatment for MDR-TB who were lost to follow up at six months	International Union Against Tuberculosis and Lung Disease		2,300 14,336	16	2013	R&R TB system, yearly management report	Allocation + Other Sources Above+Allocation+Other sources	262 1,875 88 625	14 14	450 3,750 150 1,250	12 12	562 5,625 188 1,875	10 10		
Comments [1]	Baseline is based on the RNTCP data 2013, current trends of loss to follow-up at 6 month interval among MDR patients is around 16%. The denominator is the total number of MDR patients who will be provided counselling services and the numerator is the number of cases who will be lost to folow up at 6 months. It is aimed to reduce the proportion of loss to follow up amongst the target MDR cases by 2% annually. The project will provide treatment adherence support to at least 15000 MDR cases duirng the project period which includes 3750 (25%) who can be be provided this support only if the above allocation funding is provided.														
MDR TB-1: Percentage of previously treated TB patients receiving DST (bacteriologically positive cases only)	Department of Economic Affairs, Ministry of Finance of India		181,021 273,265	66	2003	R&R TB system, quarterly reports	Allocation + Other Sources Above+Allocation+Other sources	218,612 273,265	80	232,275 273,265	85	245,939 273,265	90		
Comments [1]	Under the current PMDT guidelines all previously treated patients are being offered DST for evaluation of DR TB. This data is being reported by DRTB centres.														
MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	Department of Economic Affairs, Ministry of Finance of India		23,289		2013	R&R TB system, quarterly reports	Allocation + Other Sources Above+Allocation+Other sources	44,000		49,500		55,000			
Comments [1]	Under the program all laboratories (liquid, LPA and CBNAAT) reporting, all diagnosed Rifampicin resistance are being reported. These will be reported through laboratories.														
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	Department of Economic Affairs, Ministry of Finance of India		20,763		2013	R&R TB system, quarterly reports	Allocation + Other Sources Above+Allocation+Other sources	40,000		45,000		50,000			
Comments [1]	The Global Fund would support 24200 drug courses, Additional 28600 courses have been requested in above allocation. In the absence of request from programme not been agreed upon and as the government of India is committed to provide treatment to those diagnosed, the same would be procured through domestic resources as per the approved quality standards of GoI which are at variance from WHO PQP														
MDR TB-5: Percentage of DST laboratories showing adequate performance on External Quality Assurance	Department of Economic Affairs, Ministry of Finance of India		38 38	100	2013	Reports (specify)	Allocation + Other Sources Above+Allocation+Other sources	51 51 56 56	100 100	56 56 66 66	100 100	56 56 76 76	100 100		
Comments [1]	This indicator is based upon the on-going quality assurance mechanism undertaken by the program. The NRLs conducts annual proficiency testing of all laboratories and submit report to the program on the EQA. Data source: NRL reports on Quality Assurance (Annual Proficiency testing).														
Number of Labs performing Liquid Culture	Department of Economic Affairs, Ministry of Finance of India		22		2013	Reports (specify)	Allocation + Other Sources Above+Allocation+Other sources	45 50		50 60		50 70			
Comments [1]	Number of laboratories having BSL3 facilities and performing liquid culture. PMDT update on implementation status received from States.														
Number and Percentage of districts diagnosing DR-TB using CBNAAT technology	Department of Economic Affairs, Ministry of Finance of India		235		2013	Reports (specify)	Allocation + Other Sources Above+Allocation+Other sources	528		704		704			
Comments [1]	PMDT update on implementation status received from States.														
Total number of DR-TB cases who received counselling services by the project	World Vision India						Allocation + Other Sources Above+Allocation+Other sources	70		486		415			
Comments [1]	The project will build counselling capacities of the CVs (Community Volunteers) and the CVs will provide home-based counselling services to the MDR-TB patients who are registered for treatment under RNTCP. Overall purpose of the counselling would be treatment adherence and successful treatment completion.														
Module budget - MDR-TB															

Allocated request for entire module	USD 105,676,087	Above allocated request for entire module	USD 110,997,383

Intervention	Responsible Principal Recipient(s)	Intervention budget (request to the Global Fund only)				Cost Assumptions [3]	Other funding [4]
		Total Targets	Year 1	Year 2	Year 3		
Case detection and diagnosis: MDR-TB	Department of Economic Affairs, Ministry of Finance of India	Allocation	7,523,113	21,082,207	19,083,296	1) The existing Global Fund SSF grant forms the basis of cost assumption for lab scale up proposed under this project with annual inflationary cost inclusion. The new activities proposed are based on historical cost assumptions. The project includes 10 new labs under allocation and 20 more labs under above allocation to achieve universal access for diagnosis of DR TB and Follow up of all diagnosed cases. i) Upgradation of TB culture labs to bio-safety level 3 (as per WHO guidelines)@96,005 USD ii) Sputum processing equipment & other culture equipment and minor civil works@149,574 USD iii) Liquid culture equipment (first consigment)@ 80,894 USD iv) non health office, data, telephone, etc equipment@2,398 USD v) CBNAAT equipment with AMC etc@ 21,000 USD vi) CBNAAT infrastructure upgrade with solar power & maintenance@12000 USD vii) reagents and diagnostics: LC@16USD per test, LPA@25USD per test, CBNAAT Cartrigde@11.98USD, speciation test @1.15USD, DNA sequencing@50USD per test and 25USD for transportation and other consumables, Other Lab supplies - disinfectants, chemicals, stains and miscellaneous@7627 per lab. Unit cost assumed for MDR patient course is USD 1732 and for XDR patient course USD 10000. 2) Identification and testing of eligible suspects, counselling and case holding of diagnosed cases, follow-up examinations of diagnosed patients, retrieving loss to follow-up cases Above allocation: Provision of additional 430000 molecular tests for identification of R-resistance and an additional 20 culture and DST labs for provision of treatment and follow-up examinations of an additional 25500 MDR TB patients and implementation of revised guidelines of follow-up cultures for new and re-treatment patients during, end treatment and long term follow-ups. Subjecting diagnosed MDR TB patients to SLDST will result in early detection of XDR TB allowing for appropriate treatment thus improving outcomes and reducing mortality rate. In addition, screening of high risk populations (PLHIV, pediatric, and urban slums) through culture/molecular diagnosis will result in incremental case detection and subsequent treatment of TB.	Yes, through EXPAND TB Project (commodity support), World Bank (drugs)
		Above	6,224,536	16,078,358	16,234,150		

Description of Intervention [2]							
With the support from NFM case detection and diagnosis will be scaled up throughout the country . Second line DST will also be scaled up. It is proposed to set up 30 more labs in the country from this grant. Labs will be established by FIND India. 200 more CBNAAT machines will be procured from this grant. 10 Labs will be establish from allocation fund and 20 from above allocation fund. Similarly 90 CBNAAT machines will be procured from allocation fund and 110 from above allocation fund.							
Other	World Vision India	Allocation	533	1,434	1,286	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	None
		Above	0	0	0		
Description of Intervention [2]							
WVI: Proportionate HR & Admin support for the common categories .							
Treatment: MDR-TB	Department of Economic Affairs, Ministry of Finance of India	Allocation	24,091,697	32,669,434	775,862	1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity. 3. USD 1,732 per MDR TB patient course and USD10,926 for XDR TB patient course. In addition o drug cost 11.3% and 11.7 % have been budget as part part procurement and other costs charged by GDF for the procurement of these dugs . The Drugs costs are based on the last invoice of GDF. 4. USD 3,400 for district level counselling is bugeted . The cost is based on National guidelines.	MDR and XDR Drugs will be procured from domestic resources as well as World Bank resources also.
		Above	29,625,392	41,467,732	1,219,138		
	International Union Against Tuberculosis and Lung Disease	Allocation	191,420	200,777	52,031	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	None.
		Above	63,807	66,926	17,344		
	World Vision India	Allocation	312	1,413	1,272	Unit cost has been calculated activity wise, which is as follows: 1. For the current continuing activities of SSF Phase 2 the unit cost has been taken as current budgeted cost (for Phase 2) plus inflation @ 10% on year to year basis. 2. For new activities (which are not part of current SSF Phase 2), unit cost has been taken as estimated cost of the activity.	No
		Above		0	0		
Description of Intervention [2]							
The Union: MDR-TB patients on treatment currently have a high lost to follow up rates (~20%). The project will provide counselling services to at least 15000 MDR patients across 60 identified project districts to ensure treatment adherence. The Counselling services will be provided at health facilities and patient's residence by trained counsellors. The counsellors will also link the patients with appropriate social welfare schemes. DEA: The proposed grant will support for procurement of 49800 MDR and 3000 XDR drug courses. To improve the treatment outcomes, the proposal includes adherence support through dedicated DRTB Counselling mechanism in all districts across the country." It is also proposed to have one DRTB counsellor in each project district under this project from Under Allocation 23000 MDR drugs and 1200 XDR courses will be procured .From under allocation budget DRTB counsellors will be place in 9 GFATM supported districts . From Above allocation : DRTB consellors in rest of the country will be placed in additional 491 districts covering the whole country. 26800 MDR courses and 1800 XDR courses will be procured. WVI: Contact home based counselling tothe MDR TB cases for treatment adherence andsuccessful treatment completion .							

Programmatic Gap

Coverage Indicator : MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment

Current National Coverage Across the country	Year	Source	Latest Results
	2013	Reports (specify) TB India 2014	23289.0

	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	CCM Comments
Current Estimated Country Need				
A. Total estimated population in need/at risk (from National Strategic Plan)	99'000	99'000	99'000	While the estimates at the community level are around 99000* patients, as per the Global TB Report 2014, there were an estimated 62000 cases of MDR-TB among notified TB patients in 2013 Source: *WHO TB Global Report 2008 Global TB Report 2014
B. Country targets	40'000 40.00 %	45'000 45.00 %	50'000 50.00 %	
Country Need Already Covered				
C. Country need planned to be covered by domestic & other sources	21'250 21.00 %	18'200 18.00 %	27'000 27.00 %	
Programmatic Gap				
D. Expected annual gap in meeting the need A-C	77,750 79.00 %	80,800 82.00 %	72,000 73.00 %	
Country need planned to be covered by domestic & other sources				
E. Targets to be financed by allocation amount	0 0.00 %	11'000 11.11 %	12'000 12.12 %	
F. Coverage from Allocation amount and other resources C+E	21,250 21.00 %	29,200 29.11 %	39,000 39.12 %	
G. Targets to be potentially financed by above allocation amount	0 0.00 %	13'000 13.13 %	13'800 13.94 %	
H. Total coverage (allocation amount, above allocation amount and other resources) F+G	21,250 21.00 %	42,200 42.24 %	52,800 53.06 %	

Module: Community systems strengthening

Module budget - Community systems strengthening

Allocated request for entire module	USD 2,075,348	Above allocated request for entire module	USD 2,770,014

Intervention		Intervention budget (request to the Global Fund only)					
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]

Advocacy for social accountability	India HIV/AIDS Alliance	Allocation	543,949	969,385	425,436	All the assumptions are made per NACP IV guidelines and based on current Global Fund Programme. Following major activities included in the intervention: 1.Advocacy activities at the SR and SSR level 2. World Aids Day event Increase in Salaries under NACP IV have been indicated under above including scale up of 125 CSC from Year 1 onwards and entire quarter one under year 3 . This would form part of incentive funding	No
		Above	191,117	567,054	900,620		
Description of Intervention [2]							
1) Target Population: Communities.. 2) Implementation Approach: In order to strengthen the enabling environment for PLHIV and other most at risks populations to be able to have access to prevention and care, support and treatment service, advocacy initiatives at district, state and national level plays significant role. a. At district level, CSC conducts sensitization meetings, awareness programme to the service providers in government sectors, private sectors, community leaders and district level nodal officers under different line departments of the state government. In addition, Discrimination response team formed in each of the district to support PLHIV to respond to any incidence of stigma and discrimination towards PLHIV meets once in a quarter and as and when there is a need from time to time (maximum once in month) b. At the state level, Vihaan Sub-Recipient partners organize state level advocacy activities mainly to strengthen linkage of PLHIV with social entitlements and social welfare schemes. Such state level advocacy facilitates the advocacy initiatives at district level. c. At national level, once/twice in a year, Principal Recipients in collaboration with Sub-recipients and National AIDS Control Organization jointly organize aiming necessary policy changes that affects the national response to care, support and treatment for PLHIV.						
Community-based monitoring for accountability	India HIV/AIDS Alliance	Allocation	39,763	68,289	28,526	All the assumptions are made per NACP IV guidelines and based on current Global Fund Programme. Following major activities included in the intervention: Community Advisory Board (CAB) and State Oversight Committee (SOC) Under NACP IV have been indicated under above including scale up of 125 CSC from Year 1 onwards and entire quarter one under year 3 . This would form part of incentive funding	No
		Above	13,971	39,178	52,074		
Description of Intervention [2]							
1) Target Population: Communities. Geographic Scope: INSERT. 2) Implementation Approach: Community Advisory Body (CAB) will be established by 475 Care and Support Centres as a mechanisms for monitoring ongoing performance and quality of all services, activities, interventions and other factors that are relevant to the disease, including prevention, care and support services, financing of programs, and of issues and challenges in the environment, (such as discrimination and gender-based inequalities), that constitute barriers to an effective response to the disease and to an enabling environmen							
Institutional capacity building, planning and leadership development	India HIV/AIDS Alliance	Allocation	0	0	0	All the assumption are made as per NACP IV guidollowing majot activities included in the intervntions: 1. Capacity Building for SLN and DLN 2. Mentoring and organisational support for Networks Under NACP IV have been indicated under above including 475 CSCs in the year 2.	No
		Above	0	503,000	503,000		
Description of Intervention [2]							
1) Target Population: Communities at National and sub national level The program seeks to build capacity of local organisations at the district level in a range of areas necessary for them to fulfil their roles in service provision, social mobilization, monitoring and advocacy. Includes support in planning, institutional and organizational development, systems development, human resources, leadership, and community sector organizing. This is proposed to be done through training and exposure visit of key staff members from these 475 organisations.							

Module: Program management

Module budget - Program management

Allocated request for entire module	USD 13,845,393	Above allocated request for entire module	USD 8,931,031

Intervention		Intervention budget (request to the Global Fund only)					
	Responsible Principal Recipient(s)	Total Targets	Year 1	Year 2	Year 3	Cost Assumptions [3]	Other funding [4]

Grant management	Department of Economic Affairs, Ministry of Finance of India	Allocation	200,000	400,000	490,000	Salary of 25 regional coordinators. 15 Program officers and 15 Technical officers and 10 Admin assistant have been budgeted as per NACP IV salary structure.	Rest will be from DBS
		Above	0	0	0		
	India HIV/AIDS Alliance	Allocation	2,377,158	3,631,184	1,254,026	Cost are based on existing grant on oversight. The costs include Human Resources, Office Running cost, Trainings of SR staff, Supervison from PR to SR and by SR to SSRs, Coordination meetings A portion of PR and SR costs in Year 2 and Year 3 is being requested under incentive funding	Ok
		Above	0	1,108,120	2,348,316		
	Plan India	Allocation	245,138	688,005	1,103,564	The cost includes staff salary of national, regional and state level, also budgeted other cost which includes recruitment charges, insurance, equipment and officer recurring cost. The cost is assumed based on the Human Resources policy of Plan India. The cost of equipments and office recurring costs is budgeted on market rates. This budget also cost includes staff travel to state and district offices for project monitoring and meeting with varies Govt. officials	None
		Above	254,956	650,096	1,050,540		
	Solidarity and Action Against the HIV Infection in India	Allocation	771,809	1,535,767	1,148,742	Cost includes Human resources, training and technical assistance activities, overhead and planning and administration expenses of PR and 11 SR units. 2. Key activities cost include training of project teams, mapping of private hospitals and hospital assessment, capacity building of PPP site staff through onsite mentorship visits and supportive supervision visits, and ensuring linkages of positives in private hospitals with government ICTC/ART centres. Allocation: 11 states and two Union territories, with core technical staff at each of SR providing focused technical assistance. Above allocation: Additional staff at PR and SR to form a complete technical team for comprehensive technical support in 11 states and two UTs, to ensure comprehensive quality in private hospitals and cost for scale-up to additional five states and three UTs	No
		Above	775,133	1,545,609	1,198,261		

Description of Intervention [2]
SAATHI: HIV positive pregnant women in private health sector in the country. Geography: Private health sector/hospitals across 11 states and two union territories (Andhra Pradesh (including Telangana), Karnataka, Tamilnadu, Maharastra, Goa, Gujarat, Odisha, Rajasthan, West Bengal, Jharkhand and Kerala, and two Union Territories including Puducherry and Delhi) that are prioritised in National PPTCT strategic plan. 235 high priority districts in 11 states and 2 UTs as listed in NSP.This geography is estimated to have 9582 HIV positive pregnant women in private health sector (nearly 89% of 10749 total positives in private health sector). 2. Implementation will be done through establishment of ICTC/PPTCT centres in private hospitals through tripartite Public Private Partnerships of SACS, Private hospitals and PRs/SRs in a phased manner to reach 1999 PPP-ICTC/PPTCT centres. Eleven SR units will serve as technical interface agency for PPP implementation in their respective states and UTs. PRs along with SRs will build the capacity of PPP-ICTC/PPTCT hospitals through trainings, onsite sensitisation, data validation and clinical and counseling mentorship visits to follow national ICTC/PPTCT and ART guidelines and standards. This also include ensuring reporting of HIV testing and positive identification data by huge number of non-PPP private hospitals through government order on mandatory reporting, and sensitisation of professional medical associations. Allocation amount will cover 235 high priority districts in 11 states and two UTs. Technical assistance activity will be focused with limited staffing . Above allocation amount will cover additional 175 districts in 5 states and three UTs, with additional staffing and comprehensive technical assistance by interface agency. So a total of 410 districts will be covered from 16 states and five UTs with both allocation and above allocation amounts. Alliance: Cost of PR and SR to manage the grant. The costs include Human Resources, Office Running cost, Trainings of SR staff, Supervison from PR to SR and by SR to SSRs; Coordination meetings with Stakeholders (i.e. DAC, SACs, various departments of government). Plan :Includes specific Global Fund grant management related activities at the PR/SR level. These could include- development and submission of grant documents; oversight and technical assistance related to Global Fund grant implementation and management and specific Global Fund requirements; improvement of financial management; supervision from PR to SR level (applicable when the national disease control program is not the PR); human resource planning/ staffing and overheads, operational costs; coordination with national program, district and local authorities; quarterly meetings, training, and office/IT equipment at PR/SR level; mobilizing leaders to support implementation and sustainability of the program; Financial monitoring and audits. DEA: Strengthening Technical support to ART centres.

E. Financial Gap Analysis and Counterpart Financing

Country: India	Currency: USD
Component: HIV/AIDS	Cycle: April - March
Year of CN Submission: 2015	

	Current and previous			Estimated					
Part One: National Strategic Plan Funding Needs and Resources									
Total Funding Needs									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Total Funding needs for the National Strategic Plan (provide annual amounts)				590,170,000	702,820,000	652,940,000			NACP-IV documents + Request from Non Govt PR. The NACP estimates are till Mar 2017, therefore the estimation from April 17 to Mar 18 is based on percentage increase in budget allocation of 2016-17 from the previous year.
LINE A: Total Funding needs for the National Strategic Plan	0			1,945,930,000					

Domestic Resources									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Total Resources									
Domestic source B1: Loans	44,090,000	48,820,000	54,190,000	54,740,000	53,130,000				National Aids Control support project document
Domestic source B2: Debt relief									
Domestic source B3: Government revenues	262,720,000	300,880,000	342,080,000	426,660,000	475,780,000	538,400,000			NACP-IV document
Domestic source B4: Social health insurance									
Domestic source B5: Private sector contributions national									
LINE B: Domestic Resources	306,810,000	349,700,000	396,270,000	481,400,000	528,910,000	538,400,000	0	0	

External Resources									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Other	62,930,000	51,380,000	48,880,000	25,630,000	9,490,000				Extra budgetary resources committed by Donors
United Nations Development Fund for Women (UNIFEM)									Demand for Grants 2013-14
United States Government (USG)									Demand for Grants 2013-14
United Kingdom									Demand for Grants 2013-14
LINE C: External Resources	62,930,000	51,380,000	48,880,000	25,630,000	9,490,000	0	0	0	

Global Fund Resources									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
IDA-708-G14-H	4,952,357	6,060,240	0	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
IDA-H-IHAA	0	19,418,141	12,033,513	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
IDA-708-G13-H	0	7,603,611	0	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.

IDA-202-G02-H-00	27,000,000	34,020,000	44,530,000	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
IDA-708-G15-H	3,451,866	4,791,231	0	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
IDA-910-G20-H	2,975,387	0	0	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
IDA-405-G06-H	43,000,000	102,240,000	79,660,000	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
IDA-405-G05-H	5,740,000	470,000	0	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.

IDA-910-G21-H	701,024	4,775,284	0	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
IDA-202-G19-H	2,369,909	5,489,151	2,420,000	0	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
LINE D: Global Fund Resources	90,190,543	184,867,658	138,643,513	0	0	0	0	0	

Total Request									
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Total anticipated resources (annual amounts)	459,930,543	585,947,658	583,793,513	507,030,000	538,400,000	538,400,000	0	0	
LINE E : Total anticipated resources (Line B+C+D)	1,629,671,714			1,583,830,000					
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)	0	0	-583,793,513	83,140,000	164,420,000	114,540,000	0	0	
LINE F: Total anticipated funding gap (Line A - E)	-1,629,671,714			362,100,000					
LINE G: Total Funding Request to the Global Fund			0	81,534,935	165,400,374	115,168,635			
LINE H: Funding request within the Allocated Amount			0	59,062,147	112,220,971	78,996,581			
LINE I: Funding request above the Allocated Amount			0	22,472,789	53,179,403	36,172,054			

Part Two: Overall Health Sector - Government Health Spending									
Government Health Spending									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Domestic source J1: Loans									
Domestic source J2: Debt Relief									
Domestic source J3: Government funding resources	5,363,050,000	6,671,670,000	7,086,770,000	7,441,110,000	7,813,160,000	8,203,820,000			
Total government health	5,363,050,000	6,671,670,000	7,086,770,000	7,441,110,000	7,813,160,000	8,203,820,000	0	0	

Part Three: Counterpart Financing Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%									
Counterpart Financing									
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Total government resources	306,810,000	349,700,000	396,270,000						
Average of government resources	350,926,667								
Average of request within allocated	62,569,925								
Counterpart financing based on existing commitments	84.87%								
Average of total request	90,525,986								
Counterpart financing based on total funding request	79.49%								

Country: India	Currency: USD
Component: Tuberculosis	Cycle: April - March
Year of CN Submission: 2015	

	Current and previous			Estimated					
Part One: National Strategic Plan Funding Needs and Resources									
Total Funding Needs									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Total Funding needs for the National Strategic Plan (provide annual amounts)	96,000,000	145,000,000	219,000,000	378,127,168	406,064,584	411,304,204			The NSP has been currently reviewed . The proposed expenditure shown here for 2015 -16, 2016-17 are based on full expression of demand as assessed on date. The expenditure shown on 2017-18 are alos based on full expression of as assessed on date and not reflected in NSP as the NSP cover the periodtill March 2017 only. The NSP for the period 2017-22 will be prepared in 2016-17.
LINE A: Total Funding needs for the National Strategic Plan	460,000,000			1,195,495,956					

Domestic Resources									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Total Resources									
Domestic source B1: Loans	29,000,000		38,290,000	61,710,000					Loan documents
Domestic source B2: Debt relief									
Domestic source B3: Government revenues	60,000,000	52,000,000	26,000,000	190,000,000	212,000,000	348,560,000			The allocation for 13th Five year plan is likely in the year 2017. The domestic funding as proposed is assumed to be approved in 13th FYP.
Domestic source B4: Social health insurance									
Domestic source B5: Private sector contributions national									
LINE B: Domestic Resources	89,000,000	52,000,000	64,290,000	251,710,000	212,000,000	348,560,000	0	0	

External Resources									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Other									
LINE C: External Resources	0	0	0	0	0	0	0	0	

Global Fund Resources									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
IDA-T-WVI	2,000,000	2,000,000	2,000,000	1,000,000	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
IDA-T-IUATLD	8,000,000	12,000,000	13,000,000	7,000,000	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
IDA-T-CTD	30,000,000	113,000,000	86,000,000	9,330,000	0	0			The online form does not provide the option to enter the grant amount and presents different data than the numbers available in the records at DAC.
LINE D: Global Fund Resources	40,000,000	127,000,000	101,000,000	17,330,000	0	0	0	0	

Total Request									
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Total anticipated resources (annual amounts)	129,000,000	179,000,000	165,290,000	269,040,000	212,000,000	348,560,000	0	0	
LINE E : Total anticipated resources (Line B+C+D)	473,290,000			829,600,000					
Annual Anticipated Funding Gap (Total funding need - Total anticipated funding gap)	0	0	53,710,000	109,087,168	194,064,584	62,744,204	0	0	
LINE F: Total anticipated funding gap (Line A - E)	-13,290,000			365,895,956					
LINE G: Total Funding Request to the Global Fund			0	111,234,336	176,280,658	78,396,000			
LINE H: Funding request within the Allocated Amount			0	60,600,448	96,101,436	42,365,341			
LINE I: Funding request above the Allocated Amount			0	50,633,888	80,179,222	36,030,659			

Part Two: Overall Health Sector - Government Health Spending									
Government Health Spending									Data Sources/Comments
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Domestic source J1: Loans									
Domestic source J2: Debt Relief									
Domestic source J3: Government funding resources	6,808,500,000	7,489,430,000	8,238,370	9,062,210,000	9,786,000,000	10,510,000,000			
Total government health	6,808,500,000	7,489,430,000	8,238,370	9,062,210,000	9,786,000,000	10,510,000,000	0	0	

Part Three: Counterpart Financing Low income = 5% low income, lower lower-middle income = 20%, upper lower-middle income (high level) = 40%, upper-middle income = 60%									
Counterpart Financing									
	04/2012 - 03/2013	04/2013 - 03/2014	04/2014 - 03/2015	04/2015 - 03/2016	04/2016 - 03/2017	04/2017 - 03/2018	04/2018 - 03/2019	04/2019 - 03/2020	
Total government resources	89,000,000	52,000,000	64,290,000						
Average of government resources	68,430,000								
Average of request within allocated	49,766,806								
Counterpart financing based on existing commitments	57.89%								
Average of total request	91,477,749								
Counterpart financing based on total funding request	42.79%								

Footnotes

1 - Target Assumptions :

Please describe:
1) overall assumptions used in calculating targets,
2) anticipated rate of scale-up,
3) population size estimates,
4) description of indicator/package of services,
5) data source,
6) other relevant information

2 - Description of Intervention :

Please describe:
1) rationale for Global Fund support,
2) linkages to national strategic plan,
3) target population and geographic scope,
4) implementation approach, and
5) other relevant information.
Please differentiate between scope of allocated and above allocated request

3 - Cost Assumptions for the request of the Global Fund

Please describe:
1) cost assumptions and data sources,
2) key activities,
3) other relevant information.
Please differentiate between allocated and above allocated

4 - Other funding received for this intervention (including scope of activities funded)