

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **India HIV/AIDS Alliance** (the "Principal Recipient" or the "Grantee"), pursuant to the Framework Agreement, dated as of 26 March 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein. The Grant Confirmation is effective as of the earlier of the start date of the Implementation Period (as defined below) or the date of the Global Fund's signature below, and Program Activities shall not commence prior to the start date of the Implementation Period, unless otherwise agreed in writing by the Global Fund.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time), available at https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of India
3.2	Disease Component:	HIV/AIDS
3.3	Program Title:	SAMAGRA: Strengthening a holistic HIV Response towards achieving a 95-95-95 target through a community-led, Right-based & Prevention to Care approach.
3.4	Grant Name:	IND-H-IHAA
3.5	GA Number:	3881
3.6	Grant Funds:	Up to the amount of USD 17,334,555 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2024 to 31 March 2027 (inclusive)

3.8	Principal Recipient:	India HIV/AIDS Alliance 6 Community Centre, Zamrudpur Kailash Colony Extension 110048 New Delhi Republic of India Attention: Mr. Rajiv Dua Chief Executive Email: rdua@allianceindia.org
3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	Price Waterhouse LLP Building 8, 8th Floor, Tower-B DLF Cyber City 122002 Gurgaon Republic of India Attention: Heman Sabharwal Team Leader Telephone: +911244620148 Facsimile: +91-124-462-0620 Email: heman.sabharwal@pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Urban Weber Department Head Grant Management Division Telephone: +41-587911700 Facsimile: +41-445806820 Email: urban.weber@theglobalfund.org

4. **Policies.** The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2023, as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

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

5.1 Personal Data

(1) Principles. The Principal Recipient, acknowledges that Program Activities are expected to respect the following principles and rights (“Data Protection Principles”):

(a) Information that could be used to identify a natural person (“Personal Data”) will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with

those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

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

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

5.4 External Auditor

(1) Grant Funds may be used to pay for the services of an external auditor retained by the Global Fund for the annual independent audit of the Program (the "External Auditor") and the Global Fund may disburse such Grant Funds directly to the External Auditor;

(2) The Principal Recipient consents, to the carrying out of audits of the Program by the External Auditor for the period covering fiscal years 2024-2025, 2025-2026 and 2026-2027 (and other such additional periods as the Global Fund may communicate to the Principal Recipient in writing), and to the terms of reference of the External Auditor and agrees that such terms of reference may be amended from time to time; and

(3) Without limiting Section 7.5 of the Global Fund Grant Regulations (as amended from time to time), the Principal Recipient shall cooperate fully with the External Auditor to allow the External Auditor to perform its services, including by providing all information and documents requested by the External Auditor or the Global Fund.

[Signature Page Follows.]

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

The Global Fund to Fight AIDS,
Tuberculosis and Malaria


India HIV/AIDS Alliance

By: [Signature]

Name: Mark Eldon-Edington

Title: Head, Grant Management
Division

Date: Mar 29, 2024

By: [Signature] 

Name: Rajiv Dua

Title: Chief Executive

Date: 22 March 2024

Acknowledged by

By: [Signature]

Name: Apurva Chandra

Title: Chair, Country Coordinating Mechanism of Republic of India

Date: 8 April 2024

By: [Signature]

Name: Anandi Yuvaraj

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

Date: 27/03/24

Schedule I

Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

India has committed to the Sustainable Development Goals (SDGs) for 2030, particularly SDG 3. Target 3.3 aims explicitly to end AIDS, tuberculosis, malaria, neglected tropical diseases, hepatitis, water-borne diseases, and other communicable diseases by 2030. India aims to achieve the UNAIDS target known as 95-95-95, along with other Fast-Track targets, by scaling up efforts and ensuring sustainable service delivery. Fast-tracking the response to AIDS requires strategic planning, predictable resource mobilization, and responsive implementation tailored to local contexts and needs.

NACP proposes that under the GC7, the existing mechanism of Care and Support Centers (CSC) and Elimination of Vertical Transmission of HIV and Syphilis (EVTHS) interventions being implemented by the PRs as vertical implementation is now implemented as a CSC 2.0, and the PRs are allocated states to implement the Global Fund-supported interventions.

The epidemiological background of state/UT is allocated to IHAA; Mizoram (2.7%) has the highest HIV prevalence in the country as per the HIV estimates report 2021. Manipur, Maharashtra, and Goa reported adult HIV prevalence higher than the national average. Prevalence for the remaining state/UT of Gujarat, Dadar & Nager Haveli, Chandigarh, Uttarakhand, Madhya Pradesh, and J&K is lower than the national average.

States/UTs allocated to Alliance India are as follows:

S.N.	States	Districts
	Total - 11	188
1	Chandigarh	1
2	DNH & DD	3
3	Goa	2
4	Gujarat	33
5	J&K	20
6	Ladakh	2
7	Madhya Pradesh	52
8	Maharashtra	35
9	Manipur	16

10	Mizoram	11
11	Uttarakhand	13

Program focus:

- Index testing of PLHIV and vulnerable population.
- Retention on ART of PLHIV Newly initiated on ART, Lost to Follow-up and MIS clients.
- Supporting adherence for PLHIV on 2nd line ART, 3rd line ART, <200 CD4, >1000VL and HIV-TB coinfectd.
- Tracking of HIV-positive pregnant women and infants across the cascade.
- Addressing stigma & discrimination.

Drawing from the guidelines for the Care & Support Centre, Elimination of Vertical Transmission of HIV & Syphilis, and Prison Intervention, it is imperative to prioritize comprehensive care and support for vulnerable populations. The Care & Support Centre guidelines underscore the importance of a holistic approach to health, encompassing physical, mental, and emotional well-being. The Elimination of Vertical Transmission of HIV & Syphilis guidelines emphasize the need for early detection, effective treatment, and prevention strategies to protect both mothers and infants. Additionally, the Prison Intervention guidelines advocate for accessible healthcare services, education, and counselling within correctional facilities to address the unique healthcare challenges faced by incarcerated individuals, to promote positive health outcomes and reduce recidivism rates.

2. Goals, Strategies and Activities

Goal: To accelerate the National HIV response in reaching 95-95-95 targets through innovations and community-led prevention-to-care models.

Objectives:

- To accelerate HIV prevention and promote testing through innovative approaches: virtual platforms, use of Artificial Intelligence, incarcerated & hard-to-reach key populations, youth/young people and index clients
- Eliminate vertical transmission of HIV and Syphilis from positive pregnant women HIV exposed to Infants
- To reduce linkage loss and increase retention of PLHIV on ART through intensified peer-led outreach.
- To strengthen adherence by providing differentiated holistic care and support to PLHIV.
- To strengthen private sector engagement to enhance access to HIV testing and care services.
- To increase community-led monitoring and accountability through sustainable community systems within the National AIDS Control Programme

Strategies and Planned Activities:

The proposed strategies in the GC 7 grant will focus on achieving the national targets of 95:95:95 through a comprehensive package of activities, including awareness creation, especially among the young population/at-risk population in virtual spaces/prison inmate/Key population and PLHIV, facilitating linkages to testing,

strengthening linkages between testing and treatment, augmenting care and support for PLHIV living with HIV under prevention; treatment, care & support and RSSH.

The proposed activities are as follows:

Prevention	<ul style="list-style-type: none"> • Red Ribbon Bus (RRB) • Prison and OCS • Virtual Intervention and AI
Treatment, Care & Support Programme	<ul style="list-style-type: none"> • Care Support Centre (CSC 2.0) • Lost to Follow-up • ART MIS clients • PLHIV newly detected • PLHIV initiated on 2nd line ART • PLHIV initiated on 3rd line ART • PLHIV <200 CD4 • PLHIV >1000 VL • HIV-TB coinfectd and • Positive pregnant women and exposed infants for linkages to treatment and care across the cascade (EVTHS) • Linkage of positive pregnant women detected positive for syphilis to treatment • Index testing of partners of PLHIV • Private Sector Engagement related to EVTHS.
Resilient & Sustainable Systems for Health (RSSH)	Community System Strengthening (CSS)

3. Target Group/Beneficiaries

Under this funding request, the proposed interventions aim to continue providing person-centric differentiated care services to the prioritized population. The following populations are being proposed to be covered under this funding request as follows:

- Prisons inmates (convicts under trial) and Other Closed Settings-OCS (inmates at Ujjwala, Swadhar, State-Run Homes, Juvenile homes, drug rehabilitation centers)
- CSC 2.0: Persons detected HIV positive, PLHIV newly initiated on ART, Lost to Follow-up, MIS, PLHIV initiated on 2nd line ART, PLHIV initiated on 3rd line ART, PLHIV <200 CD4, PLHIV >1000 VL, HIV-TB co-infected, and positive pregnant women and exposed infants for HIV care and linkages to the treatment of positive pregnant women detected positive for syphilis.
- Red Ribbon Bus for creating awareness among young and vulnerable populations in urban slums and rural areas.
- Virtual intervention for at-risk populations in the virtual spaces.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	India						
Grant Name	IND-H-IHAA						
Implementation Period	01-Apr-2024 - 31-Mar-2027						
Principal Recipient	India HIV/AIDS Alliance						

Reporting Periods	Start Date	01-Apr-2024	01-Oct-2024	01-Apr-2025	01-Oct-2025	01-Apr-2026	01-Oct-2026
	End Date	30-Sep-2024	31-Mar-2025	30-Sep-2025	31-Mar-2026	30-Sep-2026	31-Mar-2027
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals, Impact Indicators and targets	
1	To accelerate National HIV response in reaching 95-95-95 targets through innovations and community-led prevention to care models in the 11 States/UTs allocated to IHAA

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1	HIV I-4 Number of AIDS-related deaths per 100,000 population	India	N: 2.8900 D: P: %	2022 Global AIDS Monitoirng, 2022	Gender,Age,Gender Age	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments Baseline # N - 39624 Baseline # D - 1371733204 Value - 2.89 The indicator will be reported on an annual basis. These indicators will be measured by NACO. NACO will indicate when targets will be set in the first year of the grant with the update of the NSP							
2	HIV I-14 Number of new HIV infections per 1000 uninfected population	India	N: 0.0500 D: P: %	2022 Global AIDS Monitoirng, 2022	Gender,Gender Age,Age	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments Baseline # N - 66408 Baseline # D - 1369266204 Value - 0.05 The indicator will be reported on an annual basis. These indicators will be measured by NACO. NACO will indicate when targets will be set in the first year of the grant with the update of the NSP							
3	HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	India	N: D: P: 19.91%	2022 Global AIDS Monitoirng, 2022		N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:	N: D: P: % TBD Due Date:
	Comments Baseline # N - 4128 Baseline # D - 20735 Percentage (%) - 19.91 The indicator will be reported on an annual basis. These indicators will be measured by NACO. NACO will indicate when targets will be set in the first year of the grant. with the update of the NSP.							

Program Objectives, Outcome Indicators and targets	
1	To accelerate HIV prevention and promote testing through innovative approaches: virtual platforms, use of Artificial Intelligence, Incarcerated & hard-to-reach key populations, index client and Youth, in the 11 States/UTs allocated to IHAA
2	Eliminate vertical transmission of HIV and Syphilis among HIV positive pregnant women and exposed Infant in the 11 states/UTs allocated to IHAA
3	To increase retention of PLHIV on ART through intensified peer-led outreach by tracking 98% of the loss to follow-up in the 11 States/UTs allocated to IHAA by 2027
4	To strengthen private sector engagement to enhance access to HIV testing and care services.
5	To increase community-led monitoring and accountability through sustainable community systems within the National AIDS Control Programme
6	To augment viral load testing to improve coverage and to reach the third 95 targets by 2027.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1	HIV O-11 Percentage of people living with HIV who know their HIV status at the end of the reporting period	India	N: 1948635.0000 D: 2467000 P: 78.99%	2023 Sankalak Fifth Edition, 2023 (Pg # 153)	Gender Age, Age	N: D: P: 91.00%	N: D: P: 95.00%	N: D: P: 95.00%
	Comments Baseline # N - 1948635 Baseline # D - 2467000 Value - 79% Periodicity: The indicator will be reported on annual basis. Target Assumption: The targets defined for these indicators are as per NACP V strategy document Pg#42. Numerator: Number of PLHIV who know their HIV Status (Post Test Counselling) Denominator: Estimated number of PLHIV. These indicators will be measured by NACO.					Due Date: 30-Mar-2025	Due Date: 30-Mar-2026	Due Date: 30-Mar-2027
2	HIV O-12 Percentage of people living with HIV and on ART who are virologically suppressed	India	N: 1009262.0000 D: 1084218 P: 93.09%	2023 Sankalak Fifth Edition, 2023 (Pg # 153)	Gender Age, Age	N: D: P: 93.00%	N: D: P: 94.00%	N: D: P: 95.00%
	Comments Baseline # N - 1009262 Baseline # D - 1084218 Value - 93% Periodicity: The indicator will be reported on annual basis. Target Assumption: The targets defined for these indicators are as per targets for DLIs (mentioned in coverage indicators) for Payment for results grant. Numerator: Number of people living with HIV on ART for at least 6 months and with at least one routine VL test result who have virological suppression (<1000 copies/mL) during the reporting period. Denominator: Number of people living with HIV on ART for at least 6 months with at least one routine VL result during the reporting period. These indicators will be measured by NACO.					Due Date: 30-Mar-2025	Due Date: 30-Mar-2026	Due Date: 30-Mar-2027

Coverage indicators and targets														
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025	01-Oct-2025 31-Mar-2026	01-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
Differentiated HIV Testing Services														
4	HTS-3f Number of people in prisons and other closed settings that have received an HIV test during the reporting period and know their results	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 267863 D: P: %	2023 Sankalak Fifth Edition 2023 Report (Pg# 81 & 153)	Gender	Yes	Non cumulative	No	N: 319591 D: P: %	N: 319591 D: P: %	N: 359540 D: P: %	N: 359540 D: P: %	N: 399489 D: P: %	N: 399489 D: P: %
	Comments													
	HIV screening of inmates in prison and closed settings in 11 States/UTs allocated to IHAA Denominator: The estimated target for HIV testing in prisons and closed settings from 11 states/UTs allocated to IHAA, includes convicts and under-trial. The data source is the Prison Statistics India, National Crime Record Bureau, Ministry of Home Affairs Reports. Numerator: The number of inmates in prison and other closed settings (from 11 states/UTs with interventions in place) who were screened for HIV during the reporting period. The data source is from the prison intervention MPRs. Target: The target of this indicator has been set by keeping in mind the national goal of 95-95-95. The overall targets for the number of inmates who received an HIV test are projected at 80% in Year 1, 90% in Year 2, and 100% in Year 3. \The actual numbers will be reported and additional informaiton on the Prison population will be included in the comments. Baseline for the 11 States/UTs (Chandigarh, Dadra & Nagar Haveli, Goa, Gujarat, Jammu & Kashmir, Ladakh, Madhya Pradesh, Maharashtra, Manipur, Mizoram and Uttarakhand) allocated to IHAA is calculated based on the NACO Sankalak Fifth Edition 2023 report: Number of inmates tested in prison and OCS was 267,863 out of the total number of 399,489 inmates in prisons and OCS (67.05%).													
5	HTS-3e Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 14068 D: 31740 P: 44.32%	2023 Sankalak Fifth Edition, 2023 (Pg # 97 & 155)		Yes	Non cumulative – other	No	N: D: P: 60.00%	N: D: P: 60.00%	N: D: P: 70.00%	N: D: P: 70.00%	N: D: P: 80.00%	N: D: P: 80.00%
	Comments													
	Percentage of OVP that have received HIV test during the reporting period and know their status in the 11 intervention States/UTs allocated to IHAA. Index testing will be provided for the spouses and sexual partners of the index clients. All new HIV-positive detected clients at the SA-ICTCs registered in the CSC would be considered index clients. The number of sexual partners eligible index testing will be arrived at during the time of index client registration in CSC. Numerator: Number of spouses and sexual partners screened for HIV during the reporting period Source: Referral register and referral slips (Part C) in CSC Denominator: Number of spouses and sexual partners eligible for HIV screening during the reporting period. It is estimated that each index patient will have 2 partners. The numerator and denominator should also be provided during reporting, Source: CRF in CSC Source of information: The eligibility criteria based on the index client registration in CRF section B Means of verification: CRF/referral register and referral slip part-C Assumption: The denominator for this indicator will include eligible sexual partners identified during the reporting period. The eligible partner will include spouse of the index clients and other sexual partners/injecting partners whose HIV status is reported as not tested or don't know. The numerator and denominator will be provided during reporting. Transition Plan: The interventions would be transitioned to NACP in a phased manner in consultation with the NACP.													
Treatment, care and support														

Coverage indicators and targets														
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator	01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025	01-Oct-2025 31-Mar-2026	01-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
1	TCS Other -1 Percentage of PLHIV on ART who are Lost to follow up (LFU) tracked with definite outcome	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 617 D: 1299 P: 47.50%	2023 SOCH		No	Non cumulative – other	No	N: D: P: 70.00%	N: D: P: 70.00%	N: D: P: 85.00%	N: D: P: 85.00%	N: D: P: 98.00%	N: D: P: 98.00%
	Comments LFU Tracking: NACO has allocated 11 States/UTs (Chandigarh, Dadra & Nagar Haveli, Goa, Gujarat, Jammu & Kashmir, Ladakh, Madhya Pradesh, Maharashtra, Manipur, Mizoram and Uttarakhand) to IHAA. The ART centers in the intervention States/Union Territories allocated to IHAA will share the LFU line list with the CSC on a monthly basis. The clients will be tracked through outreach activities and provided with definite outcomes. Numerator: Number of LFU/MIS cases tracked back to ART Centre with definite outcomes during the reporting period. Definite outcomes will also include opted-out, stopped treatment, death, transfer out, clients taking ART from the private sector, Taking ART from other NACO ART Centre and brought back to ART centre. The focus of the intervention is to track back the LTFU to restart treatment. Source: CSC MPR Denominator: Number of LFU/MIS cases reported in ART MPR/SOCH from two preceding years (i.e. for April 2024, LFU cases from April 2022 to March 2024) Source: ART LFU/MIS Line List Source of Information: Monthly Tracker/Line list would be shared (from SOCH or Excel format) by the ART Centers of LFU/MIS cases Means of Verification: CSC MPR Reporting Frequency: Six Monthly basis Assumptions: Definite outcomes will include opted-out, stopped treatment, death, transfer out, taking ART from the private sector, taking ART from other NACO ART Centres and brought back to the ART centre. After the outreach, the untraceable (Incorrect / Incomplete address / Migrated clients who are not provided with source/destination addresses) clients will be subtracted from the denominator. The definition of 'LFU' will refer to PLHIV on ART who become lost to follow-up from ARV treatment from two preceding years (i.e. for April 2024, LFU cases from April 2022 to March 2024 for FY 2024-25) will be considered as the denominator. For denominator calculation, the preceding 2 years at the start of the PU reporting month will be considered along with new LFUs during the reporting period. The LFUs during the period 2021 to 2023 was 1,299 as per SOCH data in the 11 states allocated to IHAA. Transition Plan: The interventions would be transitioned to NACP in a phased manner in consultation with the NACO.													
2	TCS-8 Percentage of people living with HIV and on ART with viral load test result	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 313022 D: 443752 P: 70.54%	2023 SOCH	Gender Age, Age	Yes	Non cumulative – other	No	N: D: P: 75.00%	N: D: P: 75.00%	N: D: P: 85.00%	N: D: P: 85.00%	N: D: P: 95.00%	N: D: P: 95.00%
	Comments PLHIV on ART due for Viral Load testing from the ART centres in the 11 States/Union Territories allocated for IHAA Numerator: Number of people living with HIV on ART with at least one routine viral load test result during the reporting period. Source: Referral register and referral slips (Part C) in CSC Denominator: Number of people living with HIV on ART for at least six months. The numerator and denominator should also be provided during reporting Source: Line list of PLHIV due for VL testing shared by the ARTCs Source of Information: Line list received from ARTCs for VL Testing. Means of Verification: CSC MPR Reporting frequency: Six monthly basis Assumption: ART centres will share the line list of PLHIV on ART who are due for VL testing every month, and the PLHIV will be followed up through outreach and mobilized to the ART centre for VL testing in the allocated states during the reporting period. Disaggregation of Data for additional reporting 1. Percentage of Positive Pregnant Women (PPW) due for VL test at 32-36 weeks; tested for VL Numerator: PPW tested for VL at 32-36 weeks Source of data: ART MLL/SOCH Denominator: PPW due for VL at 32-36 weeks Source of data: NACO ART MLL/SOCH Performance Targets: Baseline for this disaggregation of the indicator is 32% (2022-2023) and the performance targets for PPW VL testing at 32-36 weeks is 60% for year 1, 80% for year 2 and 95% for year 3 in the 6 intervention states/UTs allocated to IHAA. The denominator will be the line list of PPW due for VL testing at 32-36 weeks shared by the ART centres. 2. Percentage of people living with HIV on 3rd line ART tested for VL among those due for VL Numerator: Out of denominator, Number of PLHIV tested for VL Source of data: SOCH Denominator: Number of PLHIV on 3rd line ART due/eligible for VL test during the reporting period. Denominator calculated based on the line list shared by the ART centre. Source of data: SOCH Performance Targets: The baseline for this indicator is 82% (2022-2023), and the performance targets for VL testing of PLHIV on 3rd line ART is 85% for year 1, 90% for year 2 and 95% for year 3 in the intervention states/UTs allocated to IHAA Transition Plan: The interventions would be transitioned to NACP in a phased manner in consultation with the NACO.													
Elimination of vertical transmission of HIV, syphilis and hepatitis B														
3	VT-Other 1: Percentage of HIV exposed infants tested for HIV at 6 months	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 2494 D: 3230 P: 77.21%	2023 BSD MPR/SOCH		No	Non cumulative	No	N: D: P: 92.00%	N: D: P: 92.00%	N: D: P: 95.00%	N: D: P: 95.00%	N: D: P: 100.00%	N: D: P: 100.00%
	Comments HIV-exposed infants (HEI) receiving a test for HIV at 6 months of birth will be a coverage indicator for EVTHS to achieve Early Infant Diagnosis in the 11 States/UTs allocated to IHAA. Numerator: No. of HEI tested at 6 months of birth under EID cascade during the reporting Period. Source: BSD MPR/SOCH/PMTCT Program Data Denominator: No. of HEI eligible for 6-months testing under EID cascade during the reporting Period Source: BSD MPR/SOCH/PMTCT Program Data Source of information: BSD MPR/SOCH/PMTCT Program Data Means of verification: CSC MPR/tracker sheet Assumption: For this indicator, the denominator will only include live births and exclude infant deaths within 6 months. The denominator will include the due list shared by the ART centres in the intervention States/UTs allocated to IHAA. As per the baseline data, the number of EID testing at 6 months was 3,230 for the 11 States/UTs Data would be reported for HCTS from the 11 States/UTs covered by IHAA, which includes Chandigarh, Dadra & Nagar Haveli, Goa, Gujarat, Jammu & Kashmir, Ladakh, Madhya Pradesh, Maharashtra, Manipur, Mizoram and Uttarakhand. For the additional disaggregated data for those receiving testing within 2 months the caluation shall be as follows: Numerator: No. of Babies DBS Tested within 42 to 60 days during the reporting Period. Denominator: No. of babies eligible for EID testing at 42 to 60 Days during the reporting Period Source: BSD MPR/SOCH/PMTCT Program Data Assumption. The denominator will include the due list shared by the ART centres in the intervention States/UTs allocated to IHAA. Transition Plan: The interventions would be transitioned to NACP in a phased manner in consultation with the NACO.													
TB/HIV														
6	KVP Others 1-Number of people with TB (all forms) notified among prisoners: *includes only those with new and relapse TB.	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: 294 D: P: %	2023 India TB report 2023 (Pg 205 & 206)		Yes	Non cumulative	No	N: 150 D: P: %	N: 150 D: P: %	N: 175 D: P: %	N: 175 D: P: %	N: 200 D: P: %	N: 200 D: P: %
	Comments Number of people with TB (all forms) notified among prisoners: The baseline is from India TB report 2023 Numerator - Number of people with TB (all forms) notified among prisoners. Denominator - Not applicable Target setting: Total prison inmates in 232 prisons - 2,98,320; No. screened - 2,35,257 (79%), referred for testing - 24,319 (10%), tested for TB- 20,973 (86%) and TB diagnosed - 294 (1%) in a year (2023) Intervention: Total central and district level prisons in the 11 intervention states is 141, number of TB case detection at 1% as per the 2023 data would be 147 inmates during the reporting period (6 months). During PU, the total number of prison inmates, No. of prison inmates screened for 4S, No. referred for testing, No. tested for TB and TB diagnosed will be reported. Data source: Prison MIS													

Workplan Tracking Measures							
Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025
Prevention package for other vulnerable populations (OVP)							
HIV prevention communication, information and demand creation for OVP	Demand generation through social media campaigns and awareness on virtual platforms. Mobilising for self-assessment and referring for HIV-related services.	Proportion of individuals completed the Enhanced Risk Assessment (10,000-per month)	0 = Not started 1 = At least 2% of the clients who opted for risk assessment complete the assessment. 2 = At least 3% of the clients who opted for risk assessment completed the assessment 3 = At least 4% and more of the clients who opted for risk assessment completed the assessment	India	X		
		Proportion of individuals completed the Enhanced Risk Assessment (15,000 per month)	0 = Not started 1 = At least 2% of the clients who opted for risk assessment complete the assessment. 2 = At least 3% of the clients who opted for risk assessment completed the assessment 3 = 5% and more of the clients who opted for risk assessment completed the assessment	India			X
		Proportion of individuals completed the Enhanced Risk Assessment. (15,000 per month)	0 = Not started 1 = At least 2% of the clients who opted for risk assessment complete the assessment. 2 = At least 3% of the clients who opted for risk assessment completed the assessment 3 = 5% and more of the clients who opted for risk assessment completed the assessment	India		X	
Comments							
Numerator: Number of Individuals who completed the risk assessment. Source of information: Website data Denominator: Number of individuals who opted and initiated risk assessment. Source of information: Website data Assumption: Clients opt for risk assessment through virtual platforms, or those who click on the NETREACH website through a social media campaign are assumed to have demand for HIV-related services. The baseline is calculated based on the average client outreach during the project period from April 2022 to December 2023; the average monthly client reach out was 10,000. It is proposed to reach out to 15,000 clients per month who would click on the NETREACH website through social media campaigns to increase the demand for risk assessments. This would be revised every six months based on the social media campaigns and outreach responses.							

Country	India
Grant Name	IND-H-IHAA
Implementation Period	01-Apr-2024 - 31-Mar-2027
Principal Recipient	India HIV/AIDS Alliance

By Module	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Differentiated HIV Testing Services	\$249,193	\$89,231		\$338,424	2.0 %
Prevention package for other vulnerable populations (OVP)	\$211,900	\$211,900	\$211,900	\$635,701	3.7 %
Prevention package for people in prisons and other closed settings	\$498,947	\$498,947	\$489,745	\$1,487,639	8.6 %
Prevention package for sex workers, their clients and other sexual partners	\$46,007	\$46,007	\$46,007	\$138,020	0.8 %
Program management	\$1,464,722	\$1,103,197	\$916,183	\$3,484,102	20.1 %
RSSH: Community systems strengthening	\$212,562	\$63,497	\$31,749	\$307,808	1.8 %
Treatment, care and support	\$4,676,742	\$3,250,262	\$3,015,857	\$10,942,861	63.1 %
Grand Total	\$7,360,074	\$5,263,042	\$4,711,440	\$17,334,555	100.0 %

By Cost Grouping	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
1.Human Resources (HR)	\$4,125,957	\$3,060,399	\$2,815,691	\$10,002,047	57.7 %
2.Travel related costs (TRC)	\$2,054,403	\$1,566,543	\$1,425,065	\$5,046,011	29.1 %
3.External Professional services (EPS)	\$771,783	\$198,875	\$163,331	\$1,133,988	6.5 %
8.Infrastructure (INF)	\$40,770			\$40,770	0.2 %
9.Non-health equipment (NHP)	\$16,752	\$161,890		\$178,642	1.0 %
11.Indirect and Overhead Costs	\$350,408	\$275,334	\$307,354	\$933,096	5.4 %
GrandTotal	\$7,360,074	\$5,263,042	\$4,711,440	\$17,334,555	100.0 %

By Recipients	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
PR	\$3,238,016	\$2,721,378	\$2,505,568	\$8,464,961	48.8 %
India HIV/AIDS Alliance	\$3,238,016	\$2,721,378	\$2,505,568	\$8,464,961	48.8 %
SR	\$4,122,058	\$2,541,663	\$2,205,872	\$8,869,594	51.2 %
Gujarat State Network of People Living with HIV/AIDS (GSNP+)	\$308,252			\$308,252	1.8 %
IHSR1	\$558,930	\$687,689	\$631,974	\$1,878,593	10.8 %
IHSR2	\$1,091,224	\$1,385,325	\$1,280,952	\$3,757,501	21.7 %
IHSR3	\$395,387	\$176,507		\$571,894	3.3 %
IHSR4	\$291,412	\$292,143	\$292,946	\$876,501	5.1 %
National Coalition Of People Living With HIV in India (NCPI+)	\$370,047			\$370,047	2.1 %
Network of Maharashtra by People Living with HIV/AIDS (NMP+)	\$538,249			\$538,249	3.1 %
North East Regional Office (NERO)	\$158,642			\$158,642	0.9 %
Tamilnad Network of Positive People (TNP+)	\$109,273			\$109,273	0.6 %
Uttar Pradesh Welfare for People Living with HIV/AIDS Society (UPNP+)	\$300,642			\$300,642	1.7 %
Grand Total	\$7,360,074	\$5,263,042	\$4,711,440	\$17,334,555	100.0 %

Source Of Funding	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Approved Funding	\$7,360,074	\$5,263,042	\$4,711,440	\$17,334,555	100.0 %
GrandTotal	\$7,360,074	\$5,263,042	\$4,711,440	\$17,334,555	100.0 %