

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Department of Economic Affairs, Ministry of Finance of India** (the "Principal Recipient") on behalf of India (the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 1 October 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014) (available at <http://www.theglobalfund.org/GrantRegulations/>)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1.	Host Country or Region:	Republic of India
3.2.	Disease Component:	HIV/AIDS
3.3.	Program Title:	SAHAS (Strategic Augmentation of HIV AIDS Services)
3.4.	Grant Name:	IND-H-NACO
3.5.	GA Number:	1566
3.6.	Grant Funds:	Up to the amount of USD 102,371,361.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 March 2021 (inclusive)
3.8.	Principal Recipient:	<p>Department of Economic Affairs, Ministry of Finance of India 238 B North Block 110011 New Delhi India</p> <p>Implementing through: National AIDS Diseases Control Organisation New Delhi India</p>

		<p>Attention Mr. Sanjeeva Kumar Additional Secretary and Director General NACO</p> <p>Telephone: 011-23325331 Email: dgnaco@gmail.com</p>
3.9.	Fiscal Year:	1 April to 31 March
3.10.	Local Fund Agent:	<p>Price Waterhouse Chartered Accountants LLP Building 8, 7th & 8th Floor, Tower-B DLF Cyber City 122002 Gurgaon India</p> <p>Attention Mr. Heman Sabharwal Partner</p> <p>Telephone: 911244620510 Facsimile: +97714004578 Email: heman.sabharwal@in.pwc.com</p>
3.11.	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland</p> <p>Attention Urban Weber Department Head, High impact Asia Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: urban.weber@theglobalfund.org</p>

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2017, as amended from time to time), (2) the Health Products Guide (2017, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee and the Principal Recipient, from time to time.
5. **Representations.** In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Principal Recipient hereby represents that the Principal Recipient has all the necessary power, has been duly authorized by or obtained all necessary consents, approvals and authorizations to execute and deliver this Grant Confirmation and to perform all the obligations on behalf of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of the Grantee's and Principal Recipient's constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

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

- 6.1. The following activities relating to the Program will be included in the program budgets of certain civil society Principal Recipients (the "Outsourced CSO Activities"), and not in the Program budget of the National AIDS Control Organization:
 - i. Capacity building of non-clinical staff;
 - ii. Capacity building of clinical staff;
 - iii. Logistics management for supply of anti-retroviral drugs and HIV rapid diagnostic tests; and
 - iv. Integration of data management systems.
- 6.2. By no later than 28 February 2018, the Principal Recipient shall (a) complete an open and transparent selection process for the civil society Principal Recipients to implement the Outsourced CSO Activities set forth in (ii) and (iii) above, and (b) for all Outsourced CSO Activities, enter into Memoranda of Understanding (the "MoUs"), in form and substance satisfactory to the Global Fund, with the relevant civil society organizations that will implement the Outsourced CSO Activities. Such MoUs shall detail the relevant parties' implementation responsibilities with respect to the Outsourced CSO Activities, including the responsibilities of any subcontracted implementing agencies, and the terms and conditions of their collaboration.
- 6.3. By no later than 30 June 2018, the Principal Recipient shall provide to the Global Fund each of the following for Global Fund written approval:
 - i. An implementation plan, in form and substance satisfactory to the Global Fund, for the rapid increase of both treatment enrollment of people who are living with HIV and the retention in care of people who have initiated treatment. Such plan shall include, without limitation, (a) methods to reach people who have tested positive for HIV, but are not yet on treatment, (b) a detailed description of the approaches to increase treatment retention and (c) details on the scaling-up of the adherence initiatives currently being implemented by India HIV/AIDS Alliance.
 - ii. A plan, in form and substance satisfactory to the Global Fund, for the implementation of viral load testing (the "Viral Load Testing Plan") which shall include, without limitation, details with respect to (a) demand creation, (b) a prioritized geographic roll-out, (c) standard operating procedures, (d) material requirements and (e) reporting and sustainability considerations. The use of Grant Funds to finance viral load testing will be subject to the Global Fund's written approval of the Viral Load Testing Plan.
 - iii. A matrix, in form and substance satisfactory to the Global Fund, which lists the key intervention areas under the Program and specifies for each of them what measures will be taken to ensure that they are gender-responsive and rights based. In particular, such a matrix shall clarify specific measures that will be taken to ensure that the scaling-up of community-based HIV testing adequately considers gender and human rights issues, for example, through attention to community preparation and informed consent and protection against gender-based violence.
 - iv. A state-level analysis, in form and substance satisfactory to the Global Fund, of current levels of HIV - Hepatitis C co-infected patients on treatment and size estimates of the HIV - Hepatitis C co-infected population in need of treatment.

- 6.4. The Grantee acting through the Principal Recipient acknowledges and agrees that reimbursement by the Global Fund of expenditures incurred under the Program budget line "Viral load testing – Procurement of Viral Load Reagent Bundles (testing through in-house viral load machines) – PAAR" will be subject to the Principal Recipient demonstrating that an amount equivalent to such expenditures has been spent from the domestic budget for the procurement of additional Viral Load Reagents and consumables (reagent bundles).
- 6.5. The use of Grant Funds to finance operational research studies and surveys that are proposed to be conducted under the Program (each an "Operational Research Study or Survey") is subject to the satisfaction of each of the following conditions with respect to the relevant Operational Research Study or Survey:
 - i. The delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a study protocol, including the detailed costed work plan, for such Operational Research Study or Survey (the "Study Protocol"); and
 - ii. The written approval by the Global Fund of the Study Protocol.
- 6.6. Transition between grants:
 - i. The Program budget in the Integrated Grant Description attached hereto as Schedule I reflects the total amount of Global Fund funding to be made available for the Program. The Program budget will be funded with (i) grant funds disbursed to the Principal Recipient under the Grant Agreement effective 11 December 2015 for IDA-H-NACO, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), and (ii) additional Grant Funds up to the amount set forth in Section 3.6 of the Grant Confirmation. The Global Fund will determine the amount of Previously Disbursed Grant Funds that are approved for use under the current Grant Agreement as at 30 September 2018 and may reduce the amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation by such amount. For the avoidance of doubt, the definition of Grant Funds set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previously Disbursed Grant Funds.
 - ii. All non-cash assets remaining under any previous Grant Agreements as of the start date of the Implementation Period shall be fully accounted for and duly documented ("Previous Program Assets"). Unless otherwise agreed with the Global Fund, the definition of Program Assets set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previous Program Assets.
 - iii. For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee and/or Principal Recipient under any previous Grant Agreement(s) (including, but not limited to, those concerning financial and other reporting).
- 6.7. With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), it is understood and agreed that (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain information that could be used to identify a person or people, and (2) the Principal Recipient on behalf of the Grantee has undertaken or has caused to be undertaken prior to collection

that such information may be transferred to the Global Fund for such purpose upon request.

- 6.8. The Grantee acting through the Principal Recipient acknowledges and agrees that (i) the commitment and disbursement of Grant Funds under the Grant Agreement is subject to the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), and (ii) 20% of India's allocation will be made available upon increases in co-financing as required under the STC Policy.

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

**The Global Fund
to Fight AIDS, Tuberculosis and Malaria**

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

By: Mark Edington
Name: Mark Edington
Title: Head, Grant Management Division
Date: Mar 8, 2018

By: Bandana Preyashi
Name: Bandana Preyashi
Title: Dir(MI), DEA, Ministry of Finance
Date: 08.03.2018

Acknowledged by

By: P. Sudan
Name: Ms. Praeti Sudan
Title: Chair of the Country Coordinating
Mechanism for India
Date: 09.03.18

By: N. Mistry
Name: Dr. Nerges Mistry
Title: Civil Society Representative of the
Country Coordinating Mechanism
for India
Date: 11 3 MAR 2018

Schedule I
Integrated Grant Description

Country:	India
Program Title:	SAHAS (Strategic Augmentation of HIV AIDS Services)
Grant Name:	IND-H-NACO
GA Number:	1566
Disease Component:	HIV/AIDS
Principal Recipient:	Department of Economic Affairs, Ministry of Finance of India

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program:

The overall national prevalence of HIV in India remains low and has steadily declined among adults (15-49 years) from an estimated level of 0.38% in 2001 through 0.34% in 2007 to 0.26% in 2015. The total number of people living with HIV/AIDS (PLHIV) in India is estimated at around 2.1 million in 2015.

India is estimated to have around 76 thousand annual new HIV infections among adults and around 10 thousands new HIV infections among children in 2015. It is estimated that around 67,000 AIDS related deaths occurred in India during 2015.

Analysis of epidemiological data from India's HIV Surveillance system, one of the world's largest and most robust surveillance systems, has indicated that HIV in the country is concentrated among specific population groups engaged with high risk behaviors (HRG). The HIV prevalence in these risk groups in 2015 has ranged from 2.2% among Female Sex Workers to 9.9% among People who Inject Drugs. The other HRG with high prevalence in country are men who have sex with men (4.3%) and Hijra/Transgender people (7.5%). The HIV prevalence observed among ANC clinic attendees (proxy for HIV prevalence in general population) during 2015 was 0.29%.

India's response to the AIDS epidemic has been a global success story. The comprehensive package of prevention, detection and treatment services facilitated through strong critical enablers of action oriented strategic information, laboratory services and IEC has resulted in the achievement of the Millennium Development Goals of halting and reversing the HIV/AIDS epidemic. Between 2000 and 2015, annual new infections have declined by 66% compared to the Global average of 35% while annual AIDS related deaths have declined by 54% during 2007-2015 compared to a Global average of 41%.

While the National AIDS Control Programme has yielded rich results, the current global context and epidemic transmission pattern in country urge for the consolidation and intensification of the national AIDS response. The Government of India has committed to the Sustainable Development Goals

(SDG) of "End of AIDS" as a public health threat by 2030 and a National Strategic Plan (NSP) has been prepared providing the road map to attain this SDG. The NSP has stated intermediate targets for year 2020 on prevention, treatment, dual elimination of HIV and syphilis and an enabling environment. These targets are consistent with UNAIDS fast track targets and have also been adopted in the 2017 National Health Policy.

While prevention efforts have been hugely successful in the past, a recent stabilization has been noticed in the decline in new infections. Analysis of results of the 2015 HIV estimations has indicated that new infections have declined only by 16% between 2010 and 2015 in comparison to 33% decline noted between 2005 and 2010. In terms of putting PLHIV on Antiretroviral Therapy (ART), 76% of estimated PLHIV know their HIV status while only 65% of them were taking ART. Clearly, there is an urgent need of augmenting the AIDS response and accordingly the current proposal has been made to complement the consolidation and intensification of the evidence based comprehensive national AIDS response.

2. Goal:

1. Reduction of new infections by 75% from the baseline of 2010;
2. Achieving the treatment goal of 90:90:90;
3. Elimination of Parent to Child Transmission of HIV and Syphilis; and
4. Elimination of HIV related stigma and discrimination.

3. Strategies

1. To accelerate HIV prevention in key and at risk populations to reduce HIV infection;
2. Expanding quality assured HIV testing with universal access to ART; and
3. Elimination of mother to child transmission of HIV and Syphilis.

4. Planned Activities:

- To provide universal access to ART for all PLHIV;
- To improve HIV testing coverage and provide easy access to HIV testing;
- To provide Hepatitis C treatment to co-infected HIV patients;

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

me	India						
ntation Period	IND-H-NACO						
Recipient	01-Jan-2018 - 31-Mar-2021						
g Periods	Department of Economic Affairs, Ministry of Finance of India						
	Start Date	01-Jan-2018	01-Oct-2018	01-Apr-2019	01-Oct-2019	01-Apr-2020	01-Oct-2020
	End Date	30-Sep-2018	31-Mar-2019	30-Sep-2019	31-Mar-2020	30-Sep-2020	31-Mar-2021
	PU includes DR?	No	Yes	No	Yes	No	No

Goals and Impact Indicators

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

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2020	Comment
/ I-13: Number and % of people living with HIV	India	2116581 0.26%	2015 India HIV Estimations 2015	Gender, Age, Age Gender	N: 2,110,000 D: 814,069,615 P: 0.25% Due Date: 01-Dec-2019	N: 2,130,000 D: 823,838,450 P: 0.25% Due Date: 01-Dec-2021	Percentage of people living with HIV: 0.26%. These are based on estimations based on surveillance conducted once in two years. Last available estimates are as on 2015. Currently data is being collected for the year 2017 and the estimates are expected to be available in Dec 2017 Comments on the targets: The figures are estimated burden of PLHIV as provided in National Strategic Plan. The estimations may change as new estimations are implemented using latest epidemiological and programmatic inputs. The next round is scheduled in 2017 and hence estimates will be updated using latest round of estimations data.
/ I-14: Number of new HIV infections per 1000 uninfected population	India	0.07	2015 Spectrum Estimations 2015	Age Gender, Age, Gender	N: .06 D: % P: % Due Date: 01-Dec-2019	N: .06 D: % P: % Due Date: 01-Dec-2021	Number of new HIV infections: 86000. These are based on estimations based on surveillance conducted once in two years. Last available estimates are as on 2015. Currently data is being collected for the year 2017 and the estimates are expected to be available in Dec 2017 Comments on the targets: It is expected that there will be a 18% decline from 2015 to 2020. Number of new HIV infections per 1000 uninfected population in 2020 will be 0.06. The estimations will be provided as new estimations are implemented using latest epidemiological and programmatic inputs. The next round is scheduled in 2017 and hence estimates will be provided using latest round of estimations
/ I-4: Number of AIDS-related deaths per 100,000 population	India	5.3	2015 Spectrum Estimations 2015	Age, Gender, Age Gender	N: 4.21 D: % P: % Due Date: 01-Dec-2019	N: 3.48 D: % P: % Due Date: 01-Dec-2021	Number of AIDS related deaths : 67612. These are based on estimations based on surveillance conducted once in two years. Last available estimates are as on 2015. Currently data is being collected for the year 2017 and the estimates are expected to be available in Dec 2017 Comments on the targets: It is estimated that there will be a 30% decline for this indicator from 2015 to 2020. The number of AIDS related deaths per 100000 population is 3.7 in 2020. The estimations will be provided as new estimations are implemented using latest epidemiological and programmatic inputs. The next round is scheduled in 2017 and hence estimates will be provided using latest round of estimations data
/ I-6: Estimated percentage of child HIV infections from /-positive women delivering in the past 12 months	India	12.13%	2015 Spectrum Estimations 2015		N: % D: % P: 11.00% Due Date: 01-Dec-2019	N: % D: % P: 10.00% Due Date: 01-Dec-2021	The transmission rate from HIV positive women given is at six weeks. The baseline rate may change as new estimations are implemented every 2 years using latest epidemiological and programmatic inputs. The next round is scheduled in 2017 and hence baseline will be updated using latest round of estimations data. Numerator: Estimated number of children newly infected with HIV from mother-to-child transmission Denominator: Estimated number of positive pregnant women needing PPTCT services Comments on the targets: The final transmission rate estimated at six weeks in 2020 is 10%. Transmission Rate estimated through spectrum projections is expected to be available in 2017 and will be updated based on latest available data. The next round is scheduled in 2017 and hence estimates will be updated using latest round of estimations data.

Objectives and Outcome Indicators

Reduce new infections by 80% by 2024

- 2 Ensure 95% of estimated PLHIV know their status by 2024
- 3 Ensure ART initiation and retention of 95% PLHIV for sustained viral suppression by 2024
- 4 Eliminate mother-to-child transmission of HIV and syphilis by 2020
- 5 Eliminate HIV/AIDS related stigma and discrimination by 2020
- 6 Facilitate sustainable NACP service delivery by 2024

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
1 HIV O-11: Percentage of (estimated) people living with HIV who have been tested HIV-positive	India	76%	2016 MPR December 2016	Gender	N: 1,640,000 D: 2,110,000 P: 77.72% Due Date: 15-May-2019	N: 1,700,000 D: 2,120,000 P: 80.18% Due Date: 15-May-2020	N: 1,750,000 D: 2,130,000 P: 82.15% Due Date: 15-May-2021	Numerator: Number of people living with HIV who have been diagnosed with HIV and received their results Denominator: Estimated number of people living with HIV This is a national level Indicator, Plan India will contribute to national database and the programme performance for the states it is responsible for.
2 HIV O-1(M): Percentage of adults and children with HIV, known to be on treatment 12 months after initiation of antiretroviral therapy	India	70.3%	2016 Inventory Management System	Duration of treatment, Age, Gender	N: 92,571 D: 128,571 P: 71.99% Due Date: 15-May-2019	N: 137,429 D: 185,714 P: 74.00% Due Date: 15-May-2020	N: 155,429 D: 194,285 P: 80.00% Due Date: 15-May-2021	Source: IMS data from April 2015 to Mar 2016. This indicator will be reported in future in Annual Report Numerator: Number of patients known to be on treatment after 12 months Denominator: Total number of adults and children who initiated ART who were expected to achieve 12-month outcomes within the reporting period This is a national level Indicator, Plan India will contribute to national database and the programme performance for the states it is responsible for.
3 HIV O-12: Percentage of people living with HIV and on ART who are virologically suppressed (among all those currently on treatment who received a VL measurement regardless of when they started ART)	India				N: 250,000 D: 500,000 P: 50.00% Due Date: 15-May-2019	N: 560,000 D: 800,000 P: 70.00% Due Date: 15-May-2020	N: 1,058,009 D: 1,175,565 P: 90.00% Due Date: 15-May-2021	The viral load testing is being initiated. Hence baseline is not available. Numerator: Number of people living with HIV and on ART who have suppressed viral load (<1000 copies per mL) Denominator: Number of people living with HIV who are currently receiving ART and who received a VL measurement regardless of when they were initiated on ART This is a national level Indicator, Plan India will contribute to national database and the programme performance for the states it is responsible for.

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 30-Sep-2018	01-Oct-2018 31-Mar-2019	01-Apr-2019 30-Sep-2019	01-Oct-2019 31-Mar-2020	01-Apr-2020 30-Sep-2020	01-Oct-2020 31-Mar-2021	Comments
HTS-1: Number of people who were tested for HIV and received their results during the reporting period	Country: India; Coverage: National	N: D: P:		HIV test status, Gender	N-Non-cumulative	N: D: P:	N: 240,000 D: P:	N: 240,000 D: P:	N: D: P:	N: D: P:	N: D: P:	As this is a new initiative, there is no baseline data is available for this indicator. This indicator refers only to people tested through the Community Based Testing initiative. Numerator: No of people who were tested for HIV and recieved their results during reporting period though community based testing . Source: SIMS The data for reporting achievement under this indicator would be captured using an online tool which would be linked to SMIS software of NACO and would be reported accordingly.
	Country: India; Coverage: National	N: 34,601,750 D: P:	2017	HIV test status, Gender	N-Non-cumulative	N: 29,035,000 D: P:	N: 20,000,000 D: P:	N: 22,500,000 D: P:	N: 22,500,000 D: P:	N: 25,000,000 D: P:	N: 25,000,000 D: P:	Baseline is taken for the period 2016-17. The indicator includes pregnant women tested for HIV. It is to be noted tha baseline has been taken from program datat for the period of 12 months, however, targets have been estimated for a period of 9 or 6 months. Hence, for comparison purposes, the baseline has to be adjusted accordingly. Numerator: No of people who were tested for HIV and recieved their results during reporting period. Source: SIMS

The Global Fund

Indicators												
Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2018 30-Sep-2018	01-Oct-2018 31-Mar-2019	01-Apr-2019 30-Sep-2019	01-Oct-2019 31-Mar-2020	01-Apr-2020 30-Sep-2020	01-Oct-2020 31-Mar-2021	Comments
care and support												
percentage of people V currently receiving therapy	Country: India; Coverage: National	N: 1,050,326 D: 2,116,581 P: 49.6%	2016	Age Gender, Age, Target / Risk population group, Gender	N-Non-cumulative (other)	N: 1,195,000 D: 2,110,000 P: 56.6%	N: 1,260,000 D: 2,110,000 P: 59.7%	N: 1,325,000 D: 2,115,000 P: 62.6%	N: 1,390,000 D: 2,120,000 P: 65.5%	N: 1,460,000 D: 2,125,000 P: 68.7%	N: 1,530,000 D: 2,130,000 P: 71.8%	<p>The baseline is taken from the ART Monthly Progress Report of March 2017</p> <p>Numerator: Number of PLHIV alive and on ART</p> <p>Denominator: Estimated number of People Living with HIV (denominator may be revised when revised estimations are received). Source: MPR</p>
percentage of people V and on ART, who suppressed viral load at 12 months (<100 copies/ml)	Country: India; Coverage: National	N: D: P:		Age Gender	N-Non-cumulative	N: 7,000 D: 10,000 P: 70.0%	N: 10,500 D: 15,000 P: 70.0%	N: 16,000 D: 20,000 P: 80.0%	N: 24,000 D: 30,000 P: 80.0%	N: 45,000 D: 50,000 P: 90.0%	N: 45,000 D: 50,000 P: 90.0%	<p>The viral load testing is being initiated. Hence baseline is not available.</p> <p>Numerator: Number of PLHIV who initiated ART 12 months (±3 months) before the start of the reporting period and who have a suppressed viral load (<1000 copies/ml) at 12 months after initiating ART</p> <p>Denominator: Number of people living with HIV who initiated ART 12 months (±3 months) before the start of the reporting period.</p> <p>Assumptions for Targets: 5 lakh, 7 lakh and 11 lakh PLHIV will undergo viral load testing in 2018, 2019 and 2020 respectively. Though the old patients would be tested first Priority will also be given to all those PLHIV who have been initiated on ART before 12 months of the reporting period and are:</p> <ul style="list-style-type: none"> - Pregnant women - Breast feeding women. - Children below the age of 5 years - HRG
Health management information systems and M&E												
percentage of HMIS or reporting units comply reports national guidelines	Country: India; Coverage: National	N: 20 D: 33 P: 60.6%	2016		N-Non-cumulative	N: 30 D: 33 P: 90.9%	N: 33 D: 33 P: 100.0%	N: 33 D: 33 P: 100.0%	N: 33 D: 33 P: 100.0%	N: 33 D: 33 P: 100.0%	N: 33 D: 33 P: 100.0%	<p>Baseline has been taken on the basis of no of units reported on time for the month of March 2017.</p> <p>The reporting units here refer to the State AIDS Control Societies who would be submitting the monthly progress reports of the ART facilities to National AIDS Control Organisation. The timelines for submission by SACS to NACO will be 20th of the subsequent month.</p> <p>Numerator: No of units submitted on timely basis during the reporting period Denominator: No of units would be reporting during the reporting period Source: MPR</p>

Component Name	HIV/AIDS
Country / Applicant:	India
Principal Recipient	Department of Economic Affairs, Ministry of Finance of India
Application/Grant Name	IND-H-NACO
IP Start Date	01-Jan-18
IP End Date	31-Mar-21
Grant Currency:	USD

Budget Summary (in grant currency)

	01-Jan-18	Y1	01-Apr-18	01-Jul-18	01-Oct-18	01-Jan-19	Y2	01-Apr-19	01-Jul-19	01-Oct-19	01-Jan-20	Y3	01-Apr-20	01-Jul-20	01-Oct-20	01-Jan-21	Y4		
	31-Mar-18		30-Jun-18	30-Sep-18	31-Dec-18	31-Mar-19		30-Jun-19	30-Sep-19	31-Dec-19	31-Mar-20		30-Jun-20	30-Sep-20	31-Dec-20	31-Mar-21			
By Module	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
HIV Testing Services				1,195,577	1,539,377	714,096	3,449,050	1,103,635	1,103,635	606,942	2,341,923	5,156,135						8,605,185	8%
RSSH: Procurement and supply chain management systems			157,099	24,736	40,917	3,670,453	3,893,206	194,300	369,152	61,617	66,430	691,499	157,363	61,757	44,430	93,332	356,902	4,941,607	5%
RSSH: Health management Information systems and M&E	490,264	490,264	923,648	615,694	77,349	777,677	2,394,368	613,439	95,892	363,156	257,072	1,329,561	97,215	97,215	97,215	187,487	479,134	4,693,325	5%
Treatment, care and support RSSH: Human resources for health (HRH), including community health workers					3,268,233	6,209,227	9,477,490	3,427,735	38,544,972	6,328,978	3,802,855	52,104,539	211,535	6,707,650	4,876,677	10,044,425	21,840,287	83,422,285	81%
Program management	27,692	27,692	27,692	27,692	27,692	28,881	111,958	28,881	28,881	28,881	30,129	116,771	30,129	30,129	30,129	30,129	120,515	376,936	0%
Total	517,956	517,956	1,200,001	2,104,161	4,953,567	11,400,334	19,658,064	5,367,989	40,142,531	7,389,575	6,498,408	59,398,504	496,262	6,896,751	5,048,451	10,355,374	22,796,837	102,371,361	100%

By Cost Grouping	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
1.0 Human Resources (HR)	23,769	23,769	23,769	23,769	89,923	91,112	228,573	111,881	111,881	24,958	26,206	274,925	26,206	26,206	26,206	26,206	104,822	632,089	1%
2.0 Travel related costs (TRC)	3,923	3,923	95,485	244,385	63,723	40,846	444,438	40,846	40,846	25,385	3,923	111,000	3,923	3,923	3,923	3,923	15,692	575,054	1%
3.0 External Professional services (EPS)	490,264	490,264	923,648	231,217	18,349	10,000	1,183,214	518,316		266,496	169,856	954,668				90,272	90,272	2,718,418	3%
4.0 Health Products - Pharmaceutical Products (HPPP)						871,763	871,763	791,617	33,738,855	539,228	68,897	35,138,598						36,010,361	35%
5.0 Health Products - Non-Pharmaceuticals (HPNP)					558,617	558,617	1,117,235	936,617	1,037,386	76,865	70,303	2,121,172	29,996	3,281			33,277	3,271,684	3%
6.0 Health Products - Equipment (HPE)			157,099		207,692	5,590,759	5,955,550	157,099	2,030,769	3,655,385	1,827,692	7,670,945	157,099	6,522,831	4,695,138	9,862,887	21,237,955	34,864,450	34%
7.0 Procurement and Supply-Chain Management costs (PSM)				14,736	40,917	100,464	156,117	37,201	369,152	61,617	56,430	524,400	284	61,757	44,430	93,332	199,803	880,320	1%
8.0 Infrastructure (INF)				1,170,962	1,517,115	931,635	3,619,712	931,635	931,635	834,712	2,341,923	5,039,904						8,659,615	8%
9.0 Non-health equipment (NHP)				410,923	60,062	683,323	1,154,308											1,154,308	1%
10.0 Communication Material and Publications (CMP)					24,615	24,615	49,231	15,385	15,385			30,769						80,000	0%
11.0 Programme Administration costs (PA)				8,169	9,092	133,738	151,000	172,969	212,200	250,508	278,754	914,431	278,754	278,754	278,754	278,754	1,115,015	2,180,446	2%
12.0 Living support to client/ target population (LSCTP)					2,363,462	2,363,462	4,726,923	1,654,423	1,654,423	1,654,423	1,654,423	6,617,692						11,344,615	11%
13.0 Payment for Results																			
Total	517,956	517,956	1,200,001	2,104,161	4,953,567	11,400,334	19,658,064	5,367,989	40,142,531	7,389,575	6,498,408	59,398,504	496,262	6,896,751	5,048,451	10,355,374	22,796,837	102,371,361	100%

By Recipients	Q1	Y1	Q2	Q3	Q4	Q5	Y2	Q6	Q7	Q8	Q9	Y3	Q10	Q11	Q12	Q13	Y4	Total	%
Department of Economic Affairs, Ministry of Finance of India	517,956	517,956	951,340	1,845,531	4,410,829	10,745,826	17,953,526	4,515,613	39,408,023	6,868,375	6,209,654	57,001,666	60,409	6,617,997	4,769,697	10,076,620	21,524,722	96,997,871	95%
SACS			248,661	258,631	542,738	654,508	1,704,538	852,376	734,508	521,200	288,754	2,396,838	435,853	278,754	278,754	278,754	1,272,114	5,373,490	5%
Total	517,956	517,956	1,200,001	2,104,161	4,953,567	11,400,334	19,658,064	5,367,989	40,142,531	7,389,575	6,498,408	59,398,504	496,262	6,896,751	5,048,451	10,355,374	22,796,837	102,371,361	100%