

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

3.1.	Host Country or Region:	Republic of India
3.2.	Disease Component:	Malaria
3.3.	Program Title:	Intensified Malaria Elimination Project
3.4.	Grant Name:	IND-M-NVBDCP
3.5.	GA Number:	1563
3.6.	Grant Funds:	Up to the amount USD 65,006,452.00 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><u>Implementing through:</u> National Vector Borne Diseases Control Programme New Dehli India</p> <p>Attention Dr Prabir Kumar Sen Director</p>

		Telephone: +91-11-22185936/37 Ext.201 Facsimile: + 91-11-22185935 Email: nvbdcp.drpkisen@gmail.com
3.9.	Fiscal Year:	1 April to 31 March
3.10.	Local Fund Agent:	Price Waterhouse Chartered Accountants LLP Building 8, 7th & 8th Floor, Tower-B DLF Cyber City 122002 Gurgaon India Attention Mr. Heman Sabharwal Partner Telephone: 911244620510 Facsimile: +97714004578 Email: heman.sabharwal@in.pwc.com
3.11.	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland Attention Urban Weber Department Head, High impact Asia Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: urban.weber@theglobalfund.org

4. **Policies.** The Grantee shall, and shall cause the Principal Recipient to, take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (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. By no later than 30 June 2018, the Principal Recipient shall provide to the Global Fund, for Global Fund written approval, a detailed implementation plan, in form and substance satisfactory to the Global Fund, for the Information Education Communication/Behavior Change Communication ("IEC/BCC") interventions under the Program (such plan, the "IEC/BCC Implementation Plan"). The IEC/BCC Implementation Plan shall build on lessons learned from previous programmatic implementation activities and investments and shall include, without limitation, details with respect to (i) how the Principal Recipient will address the specificities of each targeted group that has been pre-identified for tailored IEC/BCC approaches, (ii) the specific IEC/BCC Intervention locations, (iii) increasing the reach of services (early diagnosis & complete treatment), (iv) preventing mosquito bites through regular use of Long Lasting Insecticidal Nets/repellents/coils, full sleeves clothing and better acceptance of Indoor Residual Spraying, (v) the prevention of vector breeding sites in and around houses/localities, and (vi) removing human rights and gender-related barriers to the access and uptake of services. The Principal Recipient on behalf of the Grantee hereby acknowledges that the use of Grant Funds to finance the IEC/BCC interventions is subject to the Global Fund's written approval of the IEC/BCC Implementation Plan.
- 6.2. By no later than 31 December 2018, the Principal Recipient shall provide to the Global Fund a detailed plan, in form and substance satisfactory to the Global Fund, for the roll-out of its Health Management Information System ("DHIS2", and such plan, the "DHIS2 Roll-out Plan"). The DHIS2 Roll-out Plan shall incorporate lessons learned from the DHIS2 pilot and shall include, without limitation, (i) a detailed work plan, complete with milestones, deliverables and timelines, (ii) a detailed budget, including complete costing and sources of funding, and (iii) details of roles and responsibilities. The Principal Recipient on behalf of the Grantee hereby acknowledges that the use of Grant Funds to support the implementation of the DHIS2 is subject to the Global Fund's written approval of the DHIS2 Roll-out Plan.
- 6.3. The use of Grant Funds to finance operational research studies and surveys and the Large Scale Population Survey (each, a "Study or Survey") is subject to the satisfaction of each of the following conditions with respect to the relevant Study or Survey:
- 6.3.1. 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 Study or Survey (the "Study Protocol"); and
 - 6.3.2. the written approval by the Global Fund of the Study Protocol.
- 6.4. 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.
- 6.5. With respect to Section 7.6 (Right of Access) of the 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 and thereafter

whatever is required under the applicable laws of India to ensure that such information may be transferred to the Global Fund for such purpose upon request.

6.6. Transition between grants:

6.6.1. 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-M-NVBDCP, 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.

6.6.2. 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.

6.6.3. 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).

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.

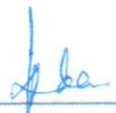
**The Global Fund
to Fight AIDS, Tuberculosis and Malaria**

**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: Apr 27, 2018

By: Bandana Preyashi
Name: Bandana Preyashi
Title: Director (MI)
Date: 24.4.18

Acknowledged by

By: 
Name: Ms. Preeti Sudan
Title: Chair of the Country Coordinating
Mechanism for India
Date: 16.04.18

 By: 
Name: Dr. Nerges Mistry
Title: Civil Society Representative of the
Country Coordinating Mechanism
for India
Date: 04.05.2018

Schedule 1
Integrated Grant Description

Country:	Republic of India
Program Title:	Intensified Malaria Elimination Project
Grant Name:	IND-M-NVBDCP
GA Number:	1563
(Disease) Component:	Malaria
Principle Recipient	Department of Economic Affairs, Ministry of Finance, Government India

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program:

Malaria remains a major public health issue in India, especially in the seven northeastern states, and the states of Odisha, Jharkhand, Chhattisgarh, and parts of Madhya Pradesh. India accounts for 6% of the estimated global malaria cases, and 89% of WHO South-East Asia Region, while in 2015 the number of reported Pv and Pf cases dropped by 60% (from 984k to 390k) and 26% (from 1.05 million to 779k) respectively compared to 2000 (World Malaria Report 2016).

The Global Fund supported "Intensified Malaria Elimination Project" for the grant period January 2018 – March 2021 includes all the 147 districts of 8 states (7 NE states and Madhya Pradesh) and partially Odisha under the PAAR. To strengthen the surveillance and proper implementation of anti-malaria interventions including LLIN distribution in difficult areas in high endemic districts in Mizoram and Meghalaya, 2 civil society Sub recipients (SRs) will be included.

2. Goal: To reduce malaria related morbidity and mortality by at least 70% in project areas (9 states) by 2020.

3. Objectives:

- a. Achieve near universal coverage of population at risk of malaria with an appropriate vector control intervention (LLIN).
- b. Achieve universal coverage of case detection and treatment services (in project areas) to ensure 100% parasitological diagnosis of all suspected malaria cases and complete treatment of all confirmed cases.
- c. Strengthen the surveillance to detect, notify, investigate, classify and respond to all cases and foci in all districts (in project areas) to move towards malaria elimination.

- d. Achieve near universal coverage in project areas by appropriate BCC activities to improve knowledge, awareness and responsive behaviour regarding effective preventive and curative interventions.

4. Strategies:

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

5. Planned Activities:

- Vector control -Long-lasting insecticidal nets (LLINs) for mass campaign in Madhya Pradesh and 7 North Eastern states and partially in Orissa and IEC/BCC.
- Programme management, including grant management, policy, planning, coordination and management of national disease control programs.
- Human resources for health (HRH), including community workforce intervention(s), capacity building for health worker, including those at community level.
- Health management information systems and M&E, including programme and data quality, surveys analysis, review and transparency, other health information systems and M&E intervention(s) and other program management intervention(s).

6. Target Group/Beneficiaries:

The target group/beneficiaries include marginalized groups, tribal population, and women & children and other hard-to-reach key population like Jhoom cultivators, migrant and mobile populations, school children etc.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	India						
Grant Name	IND-M-NVBDCP						
Implementation Period	01-Jan-2018 - 31-Mar-2021						
Principal Recipient	Department of Economic Affairs, Ministry of Finance of India						
Reporting Periods	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

Program Goals and Impact Indicators	
1	To reduce malaria related morbidity and mortality by at least 70% in project areas (9 states) by 2020 compared to baseline (2015).

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissaaregation	2018	2019	2020	Comment
1	Malaria I-2.1: Confirmed malaria cases (microscopy or RDT): rate per 1000 persons per year	India	1.83	2015 HMIS		N: .72 D: P: % Due Date: 31-Mar-2019	N: .60 D: P: % Due Date: 31-Mar-2020	N: .52 D: P: % Due Date: 31-Mar-2021	>Data Source: NVBDCP MIS : [NVBDCP has been mentioned in this modular template as PR1]. >Baseline value : The baseline & targets relate to 07 NE states and Madhya Pradesh. > It is assumed that there will be 70% reduction of malaria cases in North eastern states & Madhya Pradesh by 2020 compared to 2015 (calculated on the basis of previous trend). >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR1-NVBDCP from the States in the months of January to March every year. Therefore, the final figures are available only in March in the next year. [Impact related reports would be seen after three months of completion of reporting period]. >It is expected that with intensifying efforts by PR1 together with SRs and others for LLIN coverage and use, adoption of other vector control methods, EDCT, BCC, supervision & monitoring, surveillance and M&E including timely & quality recording/reporting, trainings and continued motivation of ASHA/Community Health Volunteers (CHVs) and further strengthening of health & community systems, etc. with special emphasis on alleviation of procurement and supply management, and issues relating to key populations, etc. the targets would be achieved. However, it may change with any unusual epidemiological situation or any interruption in programme implementation due to unforeseen factors. Targets: 2018: 94,515 cases 131,324,649 pop target = 0.72 2019: 80,476 cases 133,629,045 pop target = 0.60 2020: 70,802 cases 135,975,520 pop target = 0.52
2	Malaria I-3.1(M): Inpatient malaria deaths per year: rate per 100,000 persons per year	India	0.1276	2015 HMIS	Age	N: .04112 D: P: % Due Date: 31-Mar-2019	N: .03817 D: P: % Due Date: 31-Mar-2020	N: .03500 D: P: % Due Date: 31-Mar-2021	>Data Source: NVBDCP MIS : [NVBDCP has been mentioned in this modular template as PR1]. >Baseline value : The baseline & targets relate to 07 NE states and Madhya Pradesh. > It is assumed that there will be 70% reduction of deaths in North eastern states & 100% reduction in deaths in Madhya Pradesh by 2020 compared to 2015 (calculated on the basis of previous trend). In Madhya Pradesh, decline in deaths is expected as 100%, especially in view of one death recorded in 2016. >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR 1-NVBDCP from the States in the months of January to March every year. Therefore, the final figures are available only in March in the next year. [Impact related reports would be seen after three months of completion of reporting period]. >It is expected that with intensifying efforts by PR 1 together with SRs and others for LLIN coverage and use, adoption of other vector control methods, EDCT, BCC, supervision & monitoring, surveillance and M&E including timely & quality recording/reporting, trainings and continued motivation of ASHA/Community Health Volunteers (CHVs) and further strengthening of health & community systems, etc. with special emphasis on alleviation of procurement and supply management, betterment of management of severe cases and issues relating to key populations, etc. the targets would be achieved. However, it may change with any unusual epidemiological situation or any interruption in programme implementation due to unforeseen factors. The original proposed indicator by the PR is "Number of malaria deaths" with a baseline of 159. The baseline and the targets have been converted to calculate the mortality rate using the total population size of the specific states (7 NE states and MP) in this GF grant.
3	Malaria I-4: Malaria test positivity rate	India	1.53%	2015 HMIS	Species,Type of testing	N: 94,515 D: 15,367,923 P: 0.62% Due Date: 31-Mar-2019	N: 80,476 D: 15,627,423 P: 0.51% Due Date: 31-Mar-2020	N: 70,802 D: 15,891,510 P: 0.45% Due Date: 31-Mar-2021	>Data Source: NVBDCP MIS : [NVBDCP has been mentioned in this modular template as PR1]. >Baseline value : The baseline & targets relate to 07 NE states and Madhya Pradesh. > It is assumed that with the reduction of cases, the total positivity rate would also decrease. >Targets refer to calendar year. It may be noted that report would be provisional for calendar year as data would be received/consolidated in succeeding/reporting year. The annual data for the preceding years is collected by PR 1-NVBDCP from the States in the months of January to March every year. Therefore, the final figures are available only in March in the next year. [Impact related reports would be seen after three months of completion of reporting period]. >It is expected that with intensifying efforts by PR 1 together with SRs and others for LLIN coverage and use, adoption of other vector control methods, EDCT, BCC, supervision & monitoring, surveillance and M&E including timely & quality recording/reporting, trainings and continued motivation of ASHA/Community Health Volunteers (CHVs) and further strengthening of health & community systems, etc. with special emphasis on alleviation of procurement and supply management, and issues relating to key populations, etc. the targets would be achieved. However, it may change with any unusual epidemiological situation or any interruption in programme implementation due to unforeseen factors.

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

5	Ensure effective programme management and coordination to deliver a combination of interventions for malaria elimination.						
	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissaaregation	2020	Comment
1	Malaria O-1a: Proportion of population that slept under an insecticide-treated net the previous night	India	33.36%	2014 Household Survey	Gender	N: D: P: 90.00% Due Date: 31-Mar-2021	> Baseline Data Source: Household survey for Malaria in endemic districts of seven North - Eastern states of India by National Institute of Health and Family Welfare. MoHFW, Gol . >Due to limited funding only one household survey will be conducted in 2020 to assess the Outcome indicators. >With extra inputs in health/community systems strengthening measures, IEC/BCC, procurement & supply of LLINs, other PHP through PPM/alternate Gol/other mechanisms; the knowledge, awareness about malaria, use of preventive measures are expected to improve resulting in achievement of desired outcomes. > This indicator also indicates the knowledge & awareness of people who know the cause of/mode of and effective preventive measures for malaria and responsive behaviour.
2	Malaria O-1b: Proportion of children under five years old who slept under an insecticide-treated net the previous night	India	77.41%	2014 Household Survey		N: D: P: 100.00% Due Date: 31-Mar-2021	> Baseline Data Source: Household survey for Malaria in endemic districts of seven North - Eastern states of India by National Institute of Health and Family Welfare. MoHFW, Gol . >Due to limited funding only one household survey will be conducted in 2020 to assess the Outcome indicators. >With extra inputs in health/community systems strengthening measures, IEC/BCC, focus on key populations, procurement & supply of LLINs, other PHP through PPM/alternate Gol/other mechanisms; the knowledge, awareness about malaria, use of preventive measures are expected to improve resulting in achievement of desired outcomes. > This indicator also indicates the knowledge & awareness of people who know the cause of/mode of and effective preventive measures for malaria and responsive behaviour.
3	Malaria O-1c: Proportion of pregnant women who slept under an insecticide-treated net the previous night	India	78.21%	2014 Household Survey		N: D: P: 100.00% Due Date: 31-Mar-2021	> Baseline Data Source: Household survey for Malaria in endemic districts of seven North - Eastern states of India by National Institute of Health and Family Welfare. MoHFW, Gol . >Due to limited funding only one household survey will be conducted in 2020 to assess the Outcome indicators. >With extra inputs in health/community systems strengthening measures, IEC/BCC, focus on key populations, procurement & supply of LLINs, other PHP through PPM/alternate Gol/other mechanisms; the knowledge, awareness about malaria, use of preventive measures are expected to improve resulting in achievement of desired outcomes. > This indicator also indicates the knowledge & awareness of people who know the cause of/mode of and effective preventive measures for malaria and responsive behaviour.

Coverage Indicators										
Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Dissagregation	Cumulation for AFD	01-Jan-2018 30-Sep-2018	01-Oct-2018 31-Mar-2019	01-Apr-2019 30-Sep-2019	01-Apr-2020 30-Sep-2020	Comments
Vector control										
VC-1(M): Number of long-lasting insecticidal nets distributed to at-risk populations through mass campaigns	Country: India; Coverage: Subnational	N: 7,241,418 D: P:	HMIS		N-Non-cumulative	N: 1,337,920 D: P:	N: 9,648,400 D: P:	N: 5,712,861 D: P:	N: 2,327,385 D: P:	>LLIN distribution aims at near universal coverage of all households in a pre-identified area (village/Sub centre) with API > 1 at an average @ 1.8 people/ LLIN by 2020 (replacement of LLINs in NE states in 2019 and coverage in MP in 2018) in addition to coverage of key populations (shifting cultivators, children in residential schools) and ensuring use. > 7,241,418 LLINs for 07 NE states have already been distributed in 2015- 2016 (including LLINs distributed by PR2 - 254508) & distribution of 11,343,586 LLINs for Odisha is under process in 2017. > Data source: NVBDCP MIS. Data collection/reporting: annually. Baseline refers to LLINs distributed in 2016 in NE states only. > In view of the limited allocation available, LLINs for Madhya Pradesh & NE states are requested whereas LLINs for Odhisha are requested under 'PAAR' category (although priority). > The targets may be re-visited and re-set in mid-term, in the event there is any procurement & supply side constraints and/or any change in strategy regarding LLIN coverage. [Population to be covered in view of growth in 8 states in 2018, 2019 & 2020 and/or any change in strategy to cover additional key populations and/or contingency situation like any focal outbreak would be reviewed in 2018 per epidemiological situation as well as various local context in consultation with the GF; and additional funding may be explored at that point of time from the GF and/or other partner/donor]. The last year's target is due to PAAR approval and refers to LLINs distribution in Odisha. > Post-distribution monitoring for correct, consistent use would be done. > Please refer to: Target assumptions in Programmatic Gap. Replacement for LLINs distributed in IMCP 3 has been considered in estimating the need.