

Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Framework Agreement (effective as of 16 February 2015), as amended and supplemented from time to time (the "Framework Agreement") between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **World Vision** entities named therein for the Program described herein.
2. This Grant Confirmation supplements, forms part of, and is subject to the Framework 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)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern. For purposes of this Grant Confirmation, the Grantee is World Vision India.
3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of India
3.2	(Disease) Component:	Tuberculosis
3.3	Program Title:	Axshya- "Enhancing access to quality TB care for vulnerable and marginalised populations through innovative and sustainable interventions, community participation and engagement of all healthcare providers"
3.4	Grant Name:	IDA-T-WVI
3.5	GA Number:	832
3.6	Grant Funds:	Up to the amount of US\$6,904,741.00 (Six Million Nine Hundred Four Thousand Seven Hundred and Forty-One US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 October 2015 to 31 December 2017

World Vision India

AXSHYA India
(Global Fund R-9 TB Program)
CNI Bhawan
4th Floor, 16 Pandit Pant Marg
New Delhi - 110 001
Ph: +91 11 49641111
Web: www.worldvisionindia.org

3.8	The Principal Recipient Nominated:	World Vision India CNI Bhawan, 16 Pandit Pant Marg, New Delhi, 110001 Republic of India Attention: Mrs. Sushma Cornelius Program Director World Vision India Telephone: +91 11 233 68286 Facsimile: +91 11 233 49064 Email: sushma_cornelius@wvi.org
3.9	Fiscal Year of the Principal Recipient:	01 April to 31 March
3.10	LFA:	Price Waterhouse India Building 8, 7th & 8th Floor, Tower-B, DLF Cyber City, Gurgaon 122002 Haryana, India Attention: Mr. Heman Sabharwal Telephone: +91 124 4620148 Facsimile: +91 124 4620620 Email: heman.sabharwal@in.pwc.com
3.11	Global Fund (Notices information for this Grant Confirmation):	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva Switzerland Attention: Dr. Urban Johannes Weber Head, High Impact Asia Department Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: urban.weber@theglobalfund.org

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule 1. (Integrated Grant Description). The Grantee shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the "Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting" (2014, as amended from time to time), available at the Global Fund's Internet site, throughout the Implementation Period.

5. The Global Fund and the Grantee further agree that the following requirement is applicable to this Grant Confirmation:

5.1 The use of Grant Funds by the Grantee to finance operational research studies and surveys that

"Our Vision for every child, life in all its fullness, Our Prayer for every heart, the will to make it so"



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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:

- (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 Operational Research Study or Survey (the "Study Protocol"); and
- (2) the written approval by the Global Fund of the Study Protocol.

(The signature page follows.)



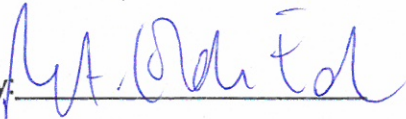
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IN WITNESS WHEREOF, the Global Fund and the Grantee have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives as of the date of last signature below.

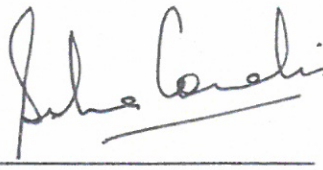
The Global Fund to Fight AIDS, Tuberculosis
and Malaria

World Vision India

By: 

Name: Mr. Mark Eldon-Edington
Title: Head, Grant Management Division


Date: 15 OCT. 2015

By: 

Name: Mrs. Sushma Cornelius
Title: Project Director, Axshya India

Date: 30/9/2015.

Acknowledged by

By: 

Name: Mr. Bhanu Pratap Sharma
Title: Chair of the Country Coordinating
Mechanism for Republic of India

Date: 13 OCTOBER 2015

By: _____

Name: Mr. Rajesh Kumar
Title: Civil Society Representative of the
Country Coordinating Mechanism
for Republic of India

Date: _____

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Schedule 1 Integrated Grant Description

AXSHYA India
(Global Fund R-9 TB Program)
CNI Bhawan
4th Floor, 16 Pandit Pant Marg
New Delhi - 110 001
Ph: +91 11 49641111
Web : www.worldvisionindia.org

Country	Republic of India
Program Title	Axshya- "Enhancing access to quality TB care for vulnerable and marginalised populations through innovative and sustainable interventions, community participation and engagement of all healthcare providers".
Grant Name	IDA-T-WVI
Grant Number	832
Disease	Tuberculosis
Principal Recipient	World Vision India

A. PROGRAM DESCRIPTION

Background and Rationale of the Program

The country misses an estimated 1 million TB cases and 80,000 TB/HIV co-infected cases per year. The project primarily aims to help the country to reach out the missing TB and TB/HIV co-infected cases through a comprehensive, community-centric and all-care-provider engagement approach.

Through this proposed project, World Vision India and partners would like to notify 86,549 TB cases to RNTCP (25590 from urban TB control + 25919 from rural TB control + 35000 from notification from the private sector) during the project life-span from 100 tier 2 and tier 3 cities and 21,000 villages of 70 targeted districts in 8 states of India.

Goal:

To achieve universal access to quality TB Care and Control (with a specific focus on vulnerable and marginalised populations).

Objectives:

- To strengthen systems for prevention, early diagnosis of TB and HIV in co-infected individuals for improved outcomes.
- To strengthen systems to enhance access to both TB and HIV services, quality of care, monitoring & evaluation.
- To enhance and upscale high impact TB diagnostics, treatment and prevention high among vulnerable and marginalized population in both urban and rural districts.
- To improve access to early diagnosis and treatment of Drug Resistant TB services.
- To engage with private sector and other providers outside RNTCP for public health impact for TB Control.
- To strengthen evidence for guiding future policy for HIV and TB care and prevention.
- To strengthen community system for both HIV and TB care and reduction in stigma and discrimination.

Strategies:

- TB care and prevention
- TB-HIV
- MDR TB

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Planned Activities:

Enhance TB case notification through:

- Active case search
- Community referrals
- Cross referrals
- Contact tracing
- Support to complementary diagnosis tests (CXR, CBNAAT)
- Notification of TB cases from private sector
- Creating awareness about TB through meetings with community groups
- Sensitisation and engagement of RHCPs/UHCP's.

Enhance positive TB treatment outcome through:

- Counselling services to MDR TB, TB/HIV co-infected and paediatric TB cases
- Provision of flexi-Dot in slums
- Assisting Children contacts to access INH prophylaxis
- Strengthening TB/HIV collaborative activities
- Provision of support at State level

Target Group/Beneficiaries:

Urban: Slums, people living with HIV & AIDS and their networks, HIV high risk groups currently being covered under Targeted Intervention projects of NACP (National AIDS Control Program), homeless, migrants, prisons, other co-morbidities (Diabetes, occupational lung diseases), refugees/IDP (Internally Displaced Population), unorganized job sectors, schools.

Private sector:

- Qualified private physicians: Allopath
- Other qualified private providers: AYUSH
- Unqualified: UHCP (Urban unqualified Health Care Provider), RHCP (Rural unqualified Health Care Provider), traditional healers
- Institutions: Corporate hospitals, labs, pharmacists

Rural: Tribal villages, villages located to difficult-to-reach areas leading to poor access to TB services, villages not reported TB cases in the last 3-5 years.

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.