

## General Grant Information

Country	India				
Grant Number	IDA-910-G22-M	Component	Malaria	Round	9
Grant Title	Priority Response to Accelerate the National Programme with Difficult to Reach Key Populations in Underserved Areas				
Principal Recipient	Caritas India				
Total Lifetime Budget	\$ 101,872,695	Phase 1 Grant Amount	\$ 5,156,680	Phase 2 Grant Amount	
Grant Start Date	01 Oct 2010	Phase 1 End Date	30 Sep 2012	Phase 2 End Date	
Disbursed Amount	\$ 3,260,689	% of Grant Amount	63%	Latest Rating	B2
Time Elapse (at the end of the latest reporting period)	6 months	% of Grant Duration	25%	Proposal Lifetime	121 months

### New GPR Report - Table of Contents

*(For ExternalVersion)*

#### **1. Program Description and Contextual Information**

- 1.1. Grant Summary - Web
- 1.2. Country Latest Statistics
- 1.3. Comments on Key Discrepancies between Approved Proposal and Grant Agreement
- 1.4. Conditions Precedent

#### **2. Key Grant Performance Information**

- 2.1. Program Goals, Impact and Outcome Indicators
- 2.2. Programmatic Performance
  - 2.2.1. Reporting Periods
  - 2.2.2. Program Objectives, Service Delivery Areas and Indicators
  - 2.2.3. Cumulative Progress To Date
- 2.3. Financial Performance
  - 2.3.1. Grant Financial Key Performance Indicators (KPIs)
  - 2.3.2. Program Budget
  - 2.3.3. Program Expenditures
  - 2.3.4. Graph - Cumulative Program Budget, Expenditures and Disbursement to Date
- 2.4. Progress Update and Disbursement Information
- 2.5. Contextual Information

## 1. Program Description and Contextual Information

### 1.1. Grant Summary - Web

### 1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	1,214,464	2010	United Nations. World Population Prospects: .The 2008 Revision
Pop age 0-4 (in 1000s)	125,648	2010	United Nations. World Population Prospects: .The 2006 Revision
Pop age 15-49 (in 1000s)	647,003	2010	United Nations. World Population Prospects: .The 2006 Revision
Physicians (number)	643,520	2000-2009	WHO. World Health Statistics 2010
Nursing and midwifery personnel (number)	1,372,059	2000-2009	WHO. World Health Statistics 2010
Income level	Lower middle income	2010	World Bank. World Development Indicators database
Total health expenditure per capita (USD)	40	2007	WHO. World Health Statistics 2010
ODA commitments in health sector (Current US\$ millions)	263	2009	.OECD
ODA commitments in all sectors (Current US\$ millions)	4,159	2009	.OECD
Malaria	Estimate	Year	Source
Reported malaria cases (suspected)	103,395,721	2009	.WHO. World malaria report 2010
Reported malaria cases (probable and confirmed)	1,563,344	2009	.WHO. World malaria report 2010
Reported malaria deaths	1,133	2009	.WHO. World malaria report 2010
Estimated malaria deaths	15,008	2006	.WHO. World malaria report 2008
DALYs ('000), Malaria	603	2004	WHO. ( <a href="http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls">http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls</a> ) accessed on 01 April 2011
Nets distributed (ITNs and LLINs)		mid 2011	Global Fund-supported programs, mid 2011 results

## 1.3. Comments on Key Discrepancies between Approved Proposal and Grant

## 1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	The first disbursement of Grant funds by the Global Fund to the Principal Recipient is subject to the satisfaction of each of the following condition(s): a) delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of evidence that suitably qualified individuals have been recruited for the positions of Grant and Finance Manager and Accounting Officer	M&E	Disbursement	30.Sep.10	In Progress	PR had appointed qualified individuals for the position of Manager, Grant and Finance on 1 February 2011 and Finance & Accounts Officer on 1 April 2011. However, during the review of the PUDR, the position of Manager, Grant and Finance was vacant and the recruitment process is currently underway. The position is expected to be filled up by end of Q4.
2	2a) the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has developed a training plan to build the capacity of community health volunteers to deliver technical services including, but not limited to, malaria diagnosis and treatment, as well as to generate reliable and valid reports for the project M&E; and	M&E	Disbursement		Yes	The PR prepared a training plan which was submitted and approved on 25 May 2011 by Global Fund. This training plan included trainings to be conducted to build the capacity of the CHVs
3	2b) the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has adopted the data collection tools and reporting formats used by the national program, while ensuring that all of the differing reporting formats are compatible and can be integrated with the national reporting M&E system. Such data collection tools and reporting formats shall also be adapted to reflect the data collection required for the indicators contained in the Performance Framework of this Agreement.	M&E	Disbursement		In Progress	Following discussion with various stakeholders and considering the compatibility/ integration with the national M&E system, the PR has (i) adopted the reporting forms as used by the national program for programmatic data collection to be used by PR/SRs; (ii) revisited and revised the existing forms for data collection such as the Indent forms for stock and supervisory checklists used by National Programme; (iii) created certain new forms, such as the BCC form and training forms for registration, observer checklist and feedback. These forms have been shared with NVBDCP for their comments and approval. Though, no formal approval has been communicated by NVBDCP for these forms.
4	3a) delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a Sub-recipient Management Plan. Such a plan shall in particular include details on the following aspects of the Principal Recipient's management of Sub-recipients: (i) procedures for the coordination of the work of Sub-recipients;		Disbursement		In Progress	The SRM plan was submitted by the PR to Global Fund on 23 February 2011. The plan was reviewed by LFA in line with requirements as provided and LFA provided comments to Global Fund. Global Fund is yet to convey its acceptance / approval of the same.

IDA-910-G22-M

Last Updated on: 07 November 2011

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
5	3a.ii procedures for the Principal Recipient's programmatic and financial oversight of Sub-recipients, including, without limitation, procedures governing the frequency of reporting by Sub-recipients and quality controls to ensure the integrity of financial and programmatic data;		Disbursement		In Progress	The SRM plan was submitted by the PR to Global Fund on 23 February 2011. The plan was reviewed by LFA in line with requirements as provided and LFA provided comments to Global Fund. Global Fund is yet to convey its acceptance / approval of the same.
6	3a.iii procedures to apply an efficient and transparent disbursement system for Sub-recipients based on the budget and programmatic and financial reporting approved by the Global Fund; and		Disbursement		In Progress	The SRM plan was submitted by the PR to Global Fund on 23 February 2011. The plan was reviewed by LFA in line with requirements as provided and LFA provided comments to Global Fund. Global Fund is yet to convey its acceptance / approval of the same.
7	3a.iv reporting timelines and frameworks for Sub-recipients.		Disbursement		In Progress	The SRM plan was submitted by the PR to Global Fund on 23 February 2011. The plan was reviewed by LFA in line with requirements as provided and LFA provided comments to Global Fund. Global Fund is yet to convey its acceptance / approval of the same.
8	3b. The Sub-Recipient Management Plan must also include a plan for the organization of periodic Sub-recipient workshop meetings involving, among other things, discussion of the implementation of adequate financial controls and reporting mechanisms.  b. delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, demonstrating that the Principal Recipient has conducted a comprehensive assessment of each Sub-recipient; and		Other		In Progress	The SRM plan was submitted by the PR to Global Fund on 23 February 2011. The plan was reviewed by LFA in line with requirements as provided and LFA provided comments to Global Fund. Global Fund is yet to convey its acceptance / approval of the same.
9	3c.delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that each Sub-recipient has received time-bound recommendations for addressing any programmatic, managerial and financial capacity gaps identified during the course of the assessment described in condition B.3(b) above		Other		In Progress	The SRM plan was submitted by the PR to Global Fund on 23 February 2011. The plan was reviewed by LFA in line with requirements as provided and LFA provided comments to Global Fund. Global Fund is yet to convey its acceptance / approval.
10	1. No later than 31 December 2010, the Principal Recipient shall provide to the Global Fund, in form and substance satisfactory to the Global Fund, a final version of a Project Implementation Plan for the effective and accountable management of the Program. The Principal Recipient shall share and discuss the Project Implementation Plan with the National Vector Borne Disease Control Programme ("NVBDCP") and each Sub-recipient under the Program. The Project Implementation Plan shall include, but will not be limited to, a coordination mechanism composed of the Principal Recipient, the NVBDCP and each Sub-recipient under the Program (the "Project Steering Committee").		Other	31.Dec.10	In Progress	The final version of the Project Implementation Plan (PIP) was submitted by the PR to Global Fund on 28 February 2011. The same was reviewed by LFA in line with requirements as provided and LFA provided comments. Global Fund is yet to convey its acceptance / approval.

IDA-910-G22-M

Last Updated on: 07 November 2011

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
11	2. The Principal Recipient acknowledges and agrees that the Project Steering Committee, chaired by the National Vector Borne Disease Control Programme ("NVBDCP") and described in condition C (1), above, shall conduct meetings on a quarterly basis to review the programmatic, financial and managerial status of the Program. All documentation provided to the Global Fund by the Principal Recipient through condition B (3), above, shall be provided to the Project Steering Committee.		Other		In Progress	The PR has constituted a Project Steering Committee (PSC) chaired by NVBDCP. The first PSC meeting was conducted on 10 March 2011 and the second on 9 June 2011. The PR had discussed the details with regard to condition B(3) above in the PSC. However, no document evidencing the same (i.e. e-mail or reference in the minutes of PSC) has been provided for review.
12	3. The Principal Recipient acknowledges and agrees to maintain a fixed asset register with identification and tracking of assets and to perform periodic physical verifications of assets procured under the Program.		Other		Yes	The PR has acknowledged the maintenance of fixed asset records and performance of periodic physical verification of assets procured under the program as per its fixed asset management guidelines.
13	4. No later than 31 March 2011, the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that it has submitted to the Country Coordinating Mechanism a report concerning the payment of taxes and duties on the purchase of goods and services for Program purposes (the "Report on Taxes and Duties"). The Report on Taxes and Duties should include, among other things, (i) a general approximation of the aggregate amount of taxes and duties paid on a yearly basis by the Principal Recipient on purchases of goods and services with Global Fund Grant funds (the "taxes on Grant funds"); (ii) obstacles faced by the Principal Recipient in obtaining exemption from taxes and duties and (iii) a request to the Country Coordinating Mechanism for support in addressing the issue of the imposition of taxes on Grant funds.		Other	31.Mar.11	Yes	The PR prepared a report on taxes and duties which was submitted to Global Fund and LFA in March 2011 and later to the CCM on 14 May 2011. The report included: (i) current situation of taxes in India; (ii) general approximation of the taxes and duties paid under Round 9 grant; (iii) obstacles faced for seeking exemption from taxes and duties from grant funds; and (iv) request for support in addressing the issue of the imposition of taxes on grant funds.
14	5. No later than 31 January 2011, the Principal Recipient shall provide a plan, in form and substance satisfactory to the Global Fund, for the annual training activities under the Program (the "Annual Training Plan"). The Annual Training Plan shall include, but will not be limited to, a detailed budget and assumptions for all training programs under the Program, procedures for the Principal Recipient's financial oversight over expenditures to finance training activities and controls to protect Grant funds for training from the risk of misuse or diversion.		Other	31.Jan.11	In Progress	The PR prepared a 6-month training plan (1 April 2011 to 30 September 2011) as per Global Fund requirements. Partially Met: The training plan was submitted on 28 February 2011. The same was reviewed and approved on 25 May 2011. However, this CP required an annual training plan thus this CP is partially met.
15	6. No later than 31 March 2011, the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has completed the time-bound recommendations for addressing any programmatic, managerial and financial capacity gaps described in condition B.3(c), above.		Other	31.Mar.11	In Progress	The PR informed that subsequent to the communication to each of the SRs of the time-bound recommendations for addressing any capacity gaps identified during the course of the SR assessment, the progress of completion of such recommendations is being monitored regularly during the monitoring visits and interactions with the respective SRs.

IDA-910-G22-M

Last Updated on: 07 November 2011

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
16	7. No later than 31 March 2011, the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has instituted a system for the conduct of an annual internal audit of the use of Grant funds under the Program. The annual internal audit shall include, but will not be limited to, an assessment of the Principal Recipient and recommendations for addressing any programmatic, managerial and financial capacity gaps.		Other	31.Mar.11	In Progress	The PR had submitted the Terms of Reference for internal audit which also mentioned the selection of the internal auditor by the PR. The review of the TORs is in progress and comments will be shared once the review is complete.
17	8. The Principal Recipient acknowledges and agrees that the Principal Recipient will complete all necessary registrations, filings and applications to ensure that Grant funds will not be characterized as taxable income under the local, state and federal laws of India. In the event that an amount of Grant funds is found to be subject to income tax, any income tax paid on such excess amount shall not be paid from Grant funds.		Other		No	

## 2. Key Grant Performance Information

### 2.1. Program Goals, Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020

<b>Goal 1</b>	<b>To reduce malaria related mortality and morbidity in project areas by at least 30% by 2015 as compared to 2008</b>
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Impact indicator	API (Annual Parasite Incidence)--malaria positive cases per thousand population						Baselines			
							Value	Year		
							4.39	2008		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	4	4	3	3	3					
Result										
Data source of Results										

Impact indicator	No of deaths due to malaria (confirmed malaria diagnosis)						Baselines			
							Value	Year		
							348	2008		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	312	297	277	252	225					
Result										
Data source of Results										

Outcome indicator	Percentage of households in high risk areas (with API $\geq$ 2) with at least two LLIN						Baselines			
							Value	Year		
							42	2009		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target		77		100	100					
Result										
Data source of Results										

Outcome indicator	Percentage of household residents who slept under LLIN the previous night						Baselines			
							Value	Year		
							Not available			

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target		50		80	80					
Result										
Data source of Results										

Outcome indicator	Percentage of persons reporting fever within last two weeks, who have obtained a test result (RDT/ microscopy) within 24 hours following onset of fever						Baselines			
							Value	Year		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target		60		80	80					
Result										
Data source of Results										

Outcome indicator	Percentage of malaria (confirmed) hospital admissions among all hospital admissions in sentinel sites					Baselines				
						Value	Year			
						TBD				
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	TBD	TBD	TBD	TBD	TBD					
Result										
Data source of Results										

## 2.2. Programmatic Performance

## 2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
N/A	01.Oct.10 31.Dec.10	01.Jan.11 31.Mar.11	01.Apr.11 30.Jun.11	01.Jul.11 30.Sep.11	01.Oct.11 31.Dec.11	01.Jan.12 31.Mar.12	01.Apr.12 30.Jun.12	01.Jul.12 30.Sep.12

## 2.2.2. Program Objectives, Service Delivery Areas and Indicators

**Objective 1 - To achieve near universal coverage by 2015 by effective preventive intervention (LLIN) for population living in high risk project areas from 42% (2009-10). (Caritas Inida (PR 1) and NVBDCP (PR2))**

**Prevention: Insecticide-treated nets (ITNs)**

Indicator 1.1 - Number of LLIN distributed in LLIN eligible areas (API  $\geq$  2) by functionaries of PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
	Value	Year										
No Level	2,210,000 2210000	2009	N	N								
Target						30,000		45,000		75,000		150,000
Result						0						

**Objective 2 - To achieve at least 80% coverage by parasitological diagnosis; and prompt, effective treatment of malaria through public and private health care delivery systems in project areas by 2015. (PR 1 and PR2)**

**Treatment: Diagnosis**

Indicator 2.1 - Number of fever cases tested with RDT by non-government community health volunteers (CHVs) of PR2

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	2009	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	50,538	62,743	143,898	223,408	51,459	63,886	146,521	227,481
Result	Pending result	0	Pending result					

Indicator 2.2 - Number of fever cases tested with RDT at non-government health facilities (dispensaries, clinics, etc. of PR2)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	0	2009	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	12,634	15,685	35,974	55,852	12,865	15,972	36,631	56,871
Result	Pending result	0	Pending result					

# Grant Performance Report

## External Print Version

**IDA-910-G22-M**

*Last Updated on: 07 November 2011*

**Treatment: Prompt, effective antimalarial treatment**

**Indicator 2.3 - Number of Pf cases treated with ACT by non-government community health volunteers (CHVs) of PR2**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)												
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Level 3-People reached	0	2009	Top 10 Equ.	N												
Target	2,026	2,482	7,417	11,136	1,841	2,256	6,740	10,119								
Result	Pending result	0	Pending result													

**Indicator 2.4 - Number of Pf cases treated with ACT at non-government health facilities (dispensaries, clinics etc. of PR2)**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)												
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Level 3-People reached	0	2009	Top 10 Equ.	N												
Target	506	620	1,854	2,784	460	564	1,685	2,530								
Result	Pending result	0	Pending result													

**Indicator 2.5 - Percentage of CHVs with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)												
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Level 0-Process/Activity Indicator	TBD	2012	N	N												
Target																
Result																

**Indicator 2.6 - Percentage of non-government health facilities (dispensaries, clinics, etc. of PR2) with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)												
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Level 0-Process/Activity Indicator	TBD	2012	N	N												
Target																
Result																

**Objective 3 - To achieve at least 80% coverage of villages in project areas by appropriate BCC activities by 2015 to improve knowledge, awareness and responsive behavior with regard to effective preventive and curative malaria control interventions (PR 1 and PR2)**

**Prevention: Behavioral Change Communication - Community Outreach**

**Indicator 3.1 - Number of people reached through infotainment activity**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Level 3-People reached	0	2009	N	N										
Target	0	0	84,900	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930	84,930
Result		0	Pending result											

**Indicator 3.2 - Percentage of people (please specify target groups) who know the cause of, symptoms of, treatment for or preventive measures for malaria**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)										
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Level 0-Process/Activity Indicator	TBD	2011	N	N										
Target														
Result														

# Grant Performance Report

## External Print Version

**IDA-910-G22-M**

*Last Updated on: 07 November 2011*

**Objective 4 - To strengthen program planning and management, monitoring and evaluation, and coordination and partnership development to improve service delivery in project areas. (PR 1 and PR2)**

**HSS: Information System**

**Indicator 4.1 - Number of supervisory visits to community level (village) in a quarter by District Project Officer and report submitted to the Regional Project Manager**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 0-Process/Activity Indicator	0	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target				66	66	66	66	66
Result								

IDA-910-G22-M

Last Updated on: 07 November 2011

**Objective 5 - To strengthen health systems through training, capacity building to improve service delivery in project areas (PR 1 and PR2)**

**HSS: Service delivery**

**Indicator 5.1 - Number of ASHAs/community health volunteers trained**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	24,269	2008	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	3,000	9,000	15,000	18,000	18,000	18,000	18,000
Result		0	Pending result					

**HSS: Health Workforce**

**Indicator 5.2 - Number of private health care providers (village level) trained in diagnosis and treatment of malaria**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	0	2009	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target					1,000	2,000	3,000	4,000
Result								

## 2.2.3. Cumulative Progress To Date

Latest reporting due period : 3 (01.Apr.11 - 30.Jun.11)

<b>Objective 1</b>	To achieve near universal coverage by 2015 by effective preventive intervention (LLIN) for population living in high risk project areas from 42% (2009-10). (Caritas Inida (PR 1) and NVBDCP (PR2))									
<b>SDA</b>	Prevention: Insecticide-treated nets (ITNs)									
<b>Indicator 1.1 - Number of LLIN distributed in LLIN eligible areas (API ≥ 2) by functionaries of PR2</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	0%	30%	60%	90%	100%	
No Level	2	30,000	2	0						0%

<b>Objective 2</b>	To achieve at least 80% coverage by parasitological diagnosis; and prompt, effective treatment of malaria through public and private health care delivery systems in project areas by 2015. (PR 1 and PR2)									
<b>SDA</b>	Treatment: Diagnosis									
<b>Indicator 2.1 - Number of fever cases tested with RDT by non-government community health volunteers (CHVs) of PR2</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	0%	30%	60%	90%	100%	
Level 3-People reached	3	143,898	2	0						0%

<b>Indicator 2.2 - Number of fever cases tested with RDT at non-government health facilities (dispensaries, clinics, etc. of PR2)</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	0%	30%	60%	90%	100%	
Level 3-People reached	3	35,974	2	0						0%

<b>SDA</b>	Treatment: Prompt, effective antimalarial treatment									
<b>Indicator 2.3 - Number of Pf cases treated with ACT by non-government community health volunteers (CHVs) of PR2</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	0%	30%	60%	90%	100%	
Level 3-People reached	3	7,417	2	0						0%

<b>Indicator 2.4 - Number of Pf cases treated with ACT at non-government health facilities (dispensaries, clinics etc. of PR2)</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	0%	30%	60%	90%	100%	
Level 3-People reached	3	1,854	2	0						0%

<b>Indicator 2.5 - Percentage of CHVs with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	0%	30%	60%	90%	100%	
Level 0-Process/Activity Indicator	N/A		N/A	Not Found						Cannot Calculate

<b>Indicator 2.6 - Percentage of non-government health facilities (dispensaries, clinics, etc. of PR2) with no reported stock outs of nationally recommended antimalarial drugs lasting more than one week at any time during the past 1 month</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	0%	30%	60%	90%	100%	
Level 0-Process/Activity Indicator	N/A		N/A	Not Found						Cannot Calculate

**Objective 3** To achieve at least 80% coverage of villages in project areas by appropriate BCC activities by 2015 to improve knowledge, awareness and responsive behavior with regard to effective preventive and curative malaria control interventions (PR 1 and PR2)

**SDA** Prevention: Behavioral Change Communication - Community Outreach

**Indicator 3.1 - Number of people reached through infotainment activity**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	3	84,900	2	0						0%

**Indicator 3.2 - Percentage of people (please specify target groups) who know the cause of, symptoms of, treatment for or preventive measures for malaria**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	N/A		N/A	Not Found						Cannot Calculate

**Objective 4** To strengthen program planning and management, monitoring and evaluation, and coordination and partnership development to improve service delivery in project areas. (PR 1 and PR2)

**SDA** HSS: Information System

**Indicator 4.1 - Number of supervisory visits to community level (village) in a quarter by District Project Officer and report submitted to the Regional Project Manager**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 0-Process/Activity Indicator	N/A		N/A	Not Found						Cannot Calculate

**Objective 5** To strengthen health systems through training, capacity building to improve service delivery in project areas (PR 1 and PR2)

**SDA** HSS: Service delivery

**Indicator 5.1 - Number of ASHAs/community health volunteers trained**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	3	9,000	2	0						0%

**SDA** HSS: Health Workforce

**Indicator 5.2 - Number of private health care providers (village level) trained in diagnosis and treatment of malaria**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	N/A		N/A	Not Found						Cannot Calculate

# Grant Performance Report

## External Print Version

IDA-910-G22-M

Last Updated on: 07 November 2011

### 2.3. Financial Performance

#### 2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	24 months	Grant Amount	5,156,680 \$
% Time Elapsed (as of end date of the latest PU)	25%	% disbursed by TGF (to date)	63%
Time Remaining (as of end date of the latest PU)	18 months	Disbursed by TGF (to date)	3,260,689 \$
Expenditures Rate (as of end date of the latest PU)	17%	Funds Remaining (to date)	1,895,991 \$

#### 2.3.2. Program Budget

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	01.Oct.10	01.Jan.11	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12	01.Apr.12	01.Jul.12
Period Covered To:	31.Dec.10	31.Mar.11	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12	30.Jun.12	30.Sep.12
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	45,833	497,667	1,512,974	3,249,670	3,851,387	4,384,786	4,889,634	5,729,644
Summary Period Budget:	45,833	451,834	1,015,307	1,736,696	601,717	533,399	504,848	840,000

#### Expenditure Categories

#### Program Activities

#### Implementing Entities

#### - Comments and additional information

#### 2.3.3. Program Expenditures

Period PU1: 01.Oct.10 - 31.Mar.11	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
<b>1. Total cash outflow vs. budget</b>	\$ 83,137	\$ 497,667	\$ 83,137	\$ 414,530	
1a. PR's Total expenditure	\$ 76,951		\$ 76,951		
1b. Disbursements to sub-recipients	\$ 6,186		\$ 6,186		
1c. Expenditure Adjustments					Reason for adjustments
<b>2. Pharmaceuticals &amp; Health Product expenditures vs budget</b>					
2a. Medicines & pharmaceutical products					
2b. Health products and health equipment					

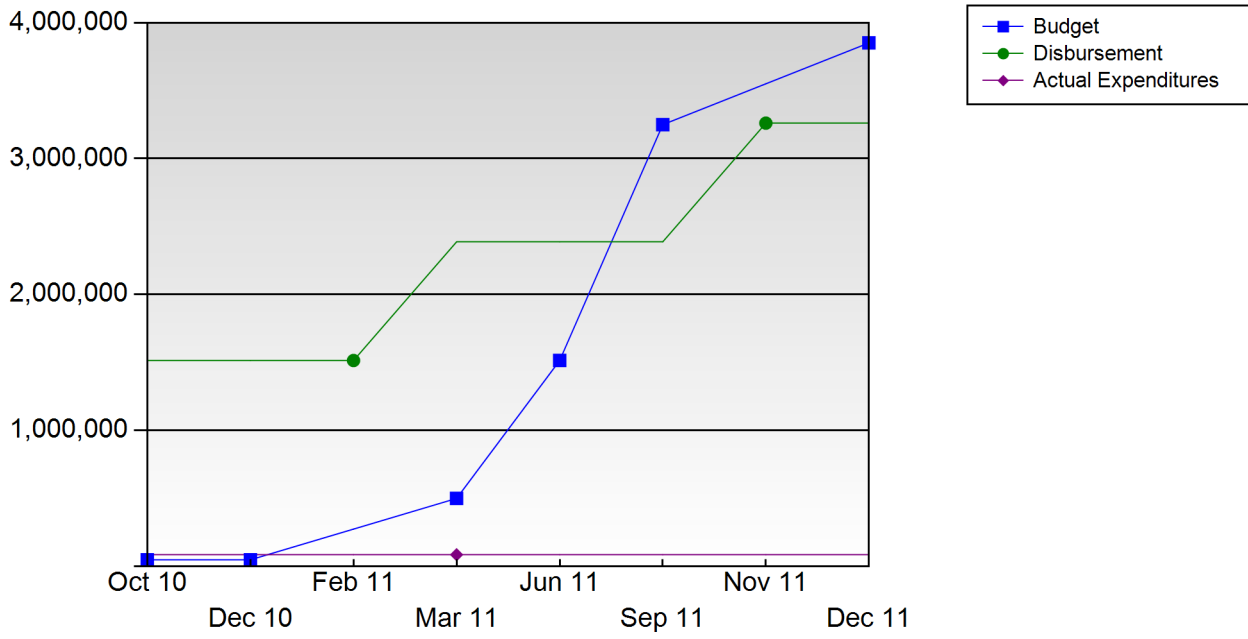
#### 2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date

# Grant Performance Report

## External Print Version

IDA-910-G22-M

Last Updated on: 07 November 2011



## 2.4. Progress Update and Disbursement Information

Rating	Description
A1	Exceeding expectations
A2	Meeting expectations
B1	Adequate
B2	Inadequate but potential demonstrated
C	Unacceptable

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Oct.10 -		N/A	1	01.Jul.11 - 31.Mar.11	1,512,974	\$ 1,512,975	10 Feb 2011	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
This is the 1st Disbursement under this grant agreement					N/A				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Oct.10 - 31.Mar.11		B2	2	01.Apr.11 - 30.Sep.11	1,408,562	\$ 1,747,714	03 Nov 2011	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>This is the second disbursement under the Round 9 malaria grant for Caritas India. The Round 9 malaria program is implemented by two Principal Recipients: National Vector Borne Disease Control Program (NVBDCP), the government Principal Recipient, and Caritas India, the civil society Principal Recipient.</p> <p>Caritas is dependent on NVBDCP for inputs and coordination of activities for key program activities including distribution of LLINs, RDT testing and ACT treatment. Training activities conducted by ASHAs (Accredited Social Health Activists) and CHVs (community health volunteers) were also dependent on an agreement on the distribution of villages in the project districts between NVBDCP and Caritas. This agreement was reached late, which caused equal delays in identifying CHVs for the assigned villages.</p> <p>As of 31 March 2011, the grant had not achieved any results relative to its coverage indicators. Program activities had just begun due to the time lag between the start date, grant signature date and the date of receipt of the first disbursement. A series of cascading delays plagued the start-up of the program. For example, following the official October 2010 start, Caritas signed its agreement with the National Program in February 2011. This delay led to delays in procurement, distribution, testing and treatment activities. Caritas signed agreements with its sub-recipients only in April 2011, likewise affecting implementation of grant activities. However, Caritas is in the process of accelerating program activities, including BCC interventions at the state and district levels, in quarters 3 and 4. Caritas released funds to its SRs in April-May 2011, permitting the latter to also start activities in the current quarter.</p>					<p>The PR requested the US\$ 1,408,561 for the ensuing semi-annual period of implementation plus 3 month buffer. The recommended and disbursed amount of US \$1,741,714 includes monies for training activities through December 2011. However, there is a stipulation that the PR should not spend monies for training during the buffer period, in the amount of US \$145,880, prior to final Global Fund approval of a training plan covering that period.</p>				

## 2.5. Contextual Information

Title	Explanatory Notes

**2.6. Phase 2/ Periodic Review Grant Renewal**

<b>Performance Rating</b>		<b>Recommendation Category</b>	
<b>Rationale for Phase 2/ Periodic Review Recommendation Category</b>			
<b>Rationale for Phase 2/ Periodic Review Recommendation Amount</b>			

<b>Time-bound Actions</b>	
<b>Issues</b>	<b>Description</b>

