

## 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 **Karnataka Health Promotion Trust** (the "Principal Recipient" or the "Grantee"), pursuant to the Framework Agreement, dated as of 21 December 2023, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein. The Grant Confirmation is effective as of the earlier of the start date of the Implementation Period (as defined below) or the date of the Global Fund's signature below, and Program Activities shall not commence prior to the start date of the Implementation Period, unless otherwise agreed in writing by the Global Fund.
  
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time), available at [https://www.theglobalfund.org/media/5682/core\\_grant\\_regulations\\_en.pdf](https://www.theglobalfund.org/media/5682/core_grant_regulations_en.pdf)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (as amended from time to time)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
  
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of India
3.2	Disease Component:	Tuberculosis
3.3	Program Title:	IMPACT India: Integrated measures for Prevention and Care in TB
3.4	Grant Name:	IND-T-KHPT
3.5	GA Number:	3883
3.6	Grant Funds:	Up to the amount of USD 20,000,000 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2024 to 31 March 2027 (inclusive)
3.8	Principal Recipient:	Karnataka Health Promotion Trust IT Park, 5th floor, No. 1-4

		<p>Rajajinagar Industrial Area, Behind KSSIDC Admin Office Rajajinagar, Bengaluru 560 044 Karnataka State, India 560044 Bengaluru Republic of India</p> <p>Attention: Mr. Mohan H L Chief Executive Officer</p> <p>Email: <a href="mailto:mohan@khpt.org">mohan@khpt.org</a></p>
3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	<p>Price Waterhouse LLP Building 8, 8th Floor, Tower-B DLF Cyber City 122002 Gurgaon Republic of India</p> <p>Attention: Heman Sabharwal Team Leader</p> <p>Telephone: +911244620148 Facsimile: +91-124-462-0620 Email: <a href="mailto:heman.sabharwal@pwc.com">heman.sabharwal@pwc.com</a></p>
3.11	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention: Urban Weber Department Head Grant Management Division</p> <p>Telephone: +41-587911700 Facsimile: +41-445806820 Email: <a href="mailto:urban.weber@theglobalfund.org">urban.weber@theglobalfund.org</a></p>

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

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

5.1 The procurement of Health Products shall be carried out through the Pooled Procurement Mechanism (“PPM”) of the Global Fund, unless the Global Fund directs the Principal Recipient otherwise in writing. The Principal Recipient has all the necessary power and authority to execute, deliver and carry out its obligations under the wambo.org – PPM registration letter in the form approved by the Global Fund.

## 5.2 External Auditor

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

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

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

5.3 The use of Grant Funds for budget line 289 of the Program budget is conditioned on the following:

(1) The receipt of request(s) from the Principal Recipient prepared in coordination with the Central TB Division to support any activity required to support the National TB Elimination Program in the following areas: Program Management of TB Preventive Treatment, procurement and supply chain strengthening and laboratory strengthening;

(2) The inclusion of the following support for each request: a detailed workplan and budget for the activity(ies) proposed; and

(3) The Global Fund’s written approval of each request and accompanying support submitted as set forth in Sections 5.3(1) and 5.3(2).

If the conditions set forth in Sections 5.3(1)-5.3(3) are not fulfilled by 30 June of each year of the Implementation Period, one third of the ringfenced amount in budget line 289 may be reprogrammed in accordance with this Grant Agreement, for each year the conditions are not met.

5.4 Unless otherwise notified by the Global Fund in writing, prior to the use of Grant Funds to finance the procurement of second-line anti-tuberculosis drugs and for each disbursement request that includes funds for the procurement of multi-drug resistant tuberculosis medicines, the Principal Recipient shall submit to the Global Fund and obtain the Global Fund’s written approval of a written confirmation of the price estimate and quantities of the second-line anti-tuberculosis drugs that will be procured by the Principal Recipient from the Global Drug Facility’s procurement agent.

5.5 If any Grant Funds are requested to be used for the procurement of Health Products, including under Section 5.3, above, the Principal Recipient shall submit in form and substance acceptable to the Global Fund, and for the Global Fund’s written approval, the following documents:

1. Evidence that procurement capacity has been put in place by the Principal Recipient to ensure compliance with the applicable policies governing the Sourcing & Management of Health Products (as amended from time to time) available on the Global Fund's website; and

2. A list of Health Products, quantification, and supporting evidence for the gap that the procurement would address.

*[Signature Page Follows.]*

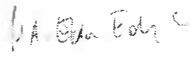
IN WITNESS WHEREOF, the Global Fund and the Grantee have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives on their respective date of signature below.

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

**Karnataka Health Promotion Trust**

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Date: 2024.03.20  
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By: 

By: \_\_\_\_\_

Name: Mark Eldon-Edington

Name: Mohan H L


Title: Head, Grant Management  
Division

Title: Chief Executive Officer

Date: Mar 29, 2024

Date: 22 March 2024

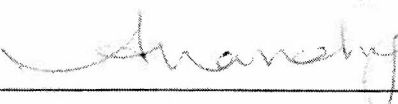
**Acknowledged by**

By: 

Name: Apurva Chandra

Title: Chair, Country Coordinating Mechanism of Republic of India

Date: 8 April 2024

By: 

Name: Anandi Yuvaraj

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

Date: 27/03/24

**Schedule I**  
**Integrated Grant Description**

**A. PROGRAM DESCRIPTION**

**1. Background and Rationale**

The Government of India has set an ambitious target to eliminate tuberculosis (TB) by 2025, surpassing the UN Sustainable Development Goal 3 by five years. The National TB Elimination Programme (NTEP) recognizes the crucial role of meaningful community engagement and has strengthened mechanisms to involve various stakeholders in a holistic response to eliminate TB. This program adopts adaptable, replicable, and scalable models that engage vulnerable populations affected by TB. To intensify these efforts, the novel "TB Mukh Panchayat" initiative was launched by the Hon'ble Prime Minister, aligning with Gram Panchayats' health and welfare mandate. The National TB program aims to empower TB survivors as champions at Ayushman Arogya Mandir, leveraging their influence to educate, motivate, and mobilize communities for preventive measures and timely treatment. Additionally, the Ministry of Health and Family Welfare (MoHFW) is linking persons with TB to philanthropic individuals or organizations, known as Ni-kshay Mitra, under the Pradhan Mantri TB Mukh Bharat Abhiyan, further strengthening community involvement in addressing social determinants of TB.

Karnataka Health Promotion Trust (KHPT) has been selected as a Principal Recipient (PR) to receive a TB grant, bolstering the Central TB Division's (CTD) end TB initiatives through specialized programs in critical areas. Key focus points include technical assistance, community engagement, and capacity building. The major interventions encompass TB Champion Engagement across 14 states and one UT, supporting 13 states in TB Mukh Grama Panchayath activities, providing specific Technical Assistance to CTD nationwide for Direct Beneficiary Transfer (DBT) and Pradhan Mantri TB Mukh Bharat Abhiyan (PMTBMBA) activities. Additionally, there's a focus on Capacity Building for NTEP frontline staff to offer counselling support to DRTB patients. The collaborative implementation will involve partnering with various organizations as Sub-Recipients (SRs).

**2. Goals, Strategies and Activities**

**Goal:**

Achieve a decline in the burden of TB, morbidity, and mortality through local self-government ownership and community engagement nationwide.

**Strategies:**

Project Strategies collectively aim to enhance community engagement, empower local institutions, provide technical support for DBT and PMTBMBA, and build the capacity of frontline TB staff in counseling soft skills. The project outlines a comprehensive set of activities aimed at achieving a tuberculosis (TB)-free status at the Gram Panchayat (GP) level, emphasizing community engagement, technical assistance, and capacity building.

**1. PRI Engagement:**

Engaging with Panchayati Raj Institutions (PRIs), the initiative empowers and supports them in addressing challenges related to tuberculosis. It fosters a healthy competition among Panchayats to eliminate TB, empowering them at various levels to prioritize tuberculosis and acknowledging their contributions through the certification of achieving a "TB free" status.

## 2. Community Engagement TB Champion:

Through collaboration with the Central TB division and State NTEPs, the initiative plans to identify and train 31,000 TB champions utilizing the family caregiver model. These champions, associated with Ayushman Arogya Mandir, will deliver personalized care, and actively contribute to district and state TB forums.

## 3. Technical Assistance – DBT:

In supporting the Ni-kshay Poshan Yojana (NPY) scheme, KHPT will extend technical assistance to facilitate the seamless and timely direct benefit transfer (DBT) in 17 states and 6 Union Territories through the Public Financial Management system.

## 4. Technical Assistance – PMTBMBA:

The initiative aims to provide assistance for the realization of Pradhan Mantri TB Mukh Bharat Abhiyaan (PMTBMBA). Human resource and technical support would be employed to strengthen the connections between Ni-Kshay Mitra and patients, emphasizing the delivery of nutrition packets through the involvement of NGOs and community engagement.

## 5. "Saksham" Capacity Building:

Saksham is tasked with formulating a nationwide strategy to enhance the capabilities of frontline NTEP staff in counseling and soft skills. The initiative, implemented across four states, involves a three-day capacity-building training program, with a focus on fostering a patient-centric and empathetic approach. The establishment of Patient Support Centers is planned to effectively address the social determinants of TB.

### **Planned Activities:**

<b>TB Mukh Gram Panchayat (GP)</b>	<b>TB Champion (TBC) Engagement</b>	<b>Strengthening Counselling and Developing Patient Support and Care Model for TB</b>	<b>Technical Assistance for DBT</b>	<b>Technical Assistance for the Implementation of PMTBMBA</b>
<ul style="list-style-type: none"> <li>· Training of PRI representatives,</li> <li>· Facilitate mapping, planning, and inclusion of TB Mukh activities in Development plans of GP,</li> <li>· Facilitate process of claim to district for TB free verification, identification of Ni-Kshay Mitra,</li> <li>· State level activities like advocacy for departmental coordination at all levels,</li> <li>· ToTs for scale up</li> </ul>	<ul style="list-style-type: none"> <li>· Develop field user guide for community stigma and gender implementation</li> <li>· Identification, Training, and engagement TBCs on family care givers and further for TB affected communities</li> <li>· Strengthening TB forums by including TBCs</li> <li>· Concurrent monitoring and implementation research activities</li> <li>· Observation of important national days, "to mitigate the stigma associated with TB"</li> <li>· National/State Level Dissemination and advocacy for Skill development.</li> </ul>	<ul style="list-style-type: none"> <li>· Capacity Building of NTEP Staff (Induction &amp; refresher) in counselling skills and patient centered care.</li> <li>· Capacity Building of Master Trainer (Refresher)</li> <li>· Mentoring on ECHO platform by Saksham expert</li> <li>· Development of e-Repository</li> <li>· Developing Patient Support Centers (PSC) in the 4 states.</li> </ul>	<ul style="list-style-type: none"> <li>· Placement of National, Regional / State Consultants in Consultation with CTD and capacity building of them on DBT</li> <li>· National level review on DBT with state/regional representation</li> </ul>	<ul style="list-style-type: none"> <li>· Placement of National, Regional / State Consultants in Consultation with CTD</li> <li>· And Capacity Building of on PMTBMBA</li> <li>· Organise national level orientation on PMTBMBA for stakeholders</li> </ul>

### **3. Target Group/Beneficiaries**

The project encompasses a range of key interventions with specific focus on distinct target groups and beneficiaries in the concerted effort to combat tuberculosis (TB) across India. The "TB Mukht Gram Panchayat" initiative is strategically designed to target 13 districts in 13 states, with an overarching aim to cover a population of 33.627 million at the district level and a substantial 712.89 million at the state and union territory level. Similarly, the "TBC Engagement" initiative extends its coverage to 14 states comprising 98 districts and 1 Union Territory, intending to address TB challenges among a population of 297.5 million at the district level and 735.88 million at the state and union territory level. The project's reach is comprehensive, with Technical Assistance for Direct Benefit Transfer (DBT) being a pan-India effort, impacting a vast population of 1428.6 million. Furthermore, the initiative for Technical Assistance in the implementation of Pradhan Mantri TB Mukht Bharat Abhiyan (PMTBMBA) is also nationwide in scope. The "Saksham" Capacity Building initiative, focusing on counseling soft skills for frontline TB staff, is intended to benefit and enhance the capabilities of professionals across the entire country, contributing significantly to the broader strategy of effectively combating TB at a national scale.

#### **B. PERFORMANCE FRAMEWORK**

Please see attached.

#### **C. SUMMARY BUDGET**

Please see attached.



<b>Country</b>	India
<b>Grant Name</b>	IND-T-KHPT
<b>Implementation Period</b>	01-Apr-2024 - 31-Mar-2027
<b>Principal Recipient</b>	Karnataka Health Promotion Trust

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

### Program Goals, Impact Indicators and targets

1	To achieve a rapid decline in burden of TB, morbidity and mortality to achieve the Sustainable Development Goals of 80% reduction in incidence and 90% reduction in deaths by 2025; five years earlier of the global targets.
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	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1	TB I-2 TB incidence rate per 100,000 population	India	N: 196.0000 D: P: %	2022 Annual TB report 2023 - India; in-country model		N: 180.6100 D: P: %  Due Date: 30-May-2025	N: 162.5500 D: P: %  Due Date: 30-May-2026	N: 138.0000 D: P: %  Due Date: 30-May-2027
	<b>Comments</b> Baseline incidence rate of 196 per 100,000 population in 2022 by in-country model was used with a projection of 3%, 5%, 10% and 15% decrease in incidence rate as a result of intensified case finding activities, scale-up of TPT, improved coverage and access of rapid molecular diagnostics through >6000 sites and plan of introduction of the vaccine in programmatic research mode in 2023-2024 and scale-up in 2025-2026 based on the results of research mode. This will result in incidence rate of 180, 162 and 138 over 3 years 2024, 2025 and 2026. The projected population is based on the program data using census and population projection figures. This indicator is to be reported by CTD.							
2	TB I-3 TB mortality rate per 100,000 population	India	N: 23.0000 D: P: %	2022 Annual TB report 2023 - India; in-country model		N: 22.0000 D: P: %  Due Date: 30-May-2025	N: 21.0000 D: P: %  Due Date: 30-May-2026	N: 20.0000 D: P: %  Due Date: 30-May-2027
	<b>Comments</b> Baseline from in-country model (TB India 2023 page 13) for 2021 and 2022 and figures have been calculated based on the assumption of annual decrease in mortality rate. It is assumed that the mortality rate will decrease by 2%, 3%, 4% and 5% during 2023 to 2026 based on early diagnosis and early treatment with intensified case finding activities, scale of TPT, improved coverage with rapid molecular diagnostics for presumptive TB, introduction of the vaccine in programmatic research mode in 2023-2024, scale up in 2025-2026 if successful, scale up of TPT. This indicator is to be reported by CTD.							
3	TB I-4 RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB patients with RR-TB and/or MDR-TB	India	N: D: P: 2.50%	2021 Global TB Report 2022		N: D: P: 2.29%  Due Date: 30-May-2025	N: D: P: 2.19%  Due Date: 30-May-2026	N: D: P: 2.08%  Due Date: 30-May-2027
	<b>Comments</b> Baseline of 2.5 is for 2021 from Global TB report and assumed to remain the same up to 2023. It is assumed that there will be annual decrease of 4.5% in 2024 and 2025 and 5% in 2026 in the proportion of MDR / RR TB patients among incident cases with improved bacteriologically confirmation of people with TB, improved case detection activity of DRTB with decentralized availability of rapid molecular diagnostics, improved treatment coverage with shorter regimen, improved treatment outcomes and extended support to DRTB patients through community engagement. This indicator is to be reported by CTD.							

### Program Objectives, Outcome Indicators and targets

1	Build, strengthen and sustain enabling policies, empowered institutions, multi-sectoral collaborations, engaged communities, and human resources with enhanced capacities to create a supportive ecosystem which accelerates PREVENT – DETECT – TREAT pillars to END TB.
2	Initiate and sustain, equitable access to free high quality TB treatment, care and support services responsive to the community needs thereby protecting the population especially the poor and vulnerable from TB related morbidity and mortality.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	2024	2025	2026
1	TB O-5 TB treatment coverage: Percentage of patients with new and relapse TB that were notified and treated among the estimated number of incident TB in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed)	India	N: D: P: 79.00%	2022  Program data and in-country projections	Gender, Age	N: D: P: 90.00%	N: D: P: 92.00%	N: D: P: 94.00%
<b>Comments</b>						Due Date: 30-May-2025	Due Date: 30-May-2026	Due Date: 30-May-2027
Program plans to further improve treatment coverage of 90%, 92% and 94% during the three years with intensive case finding activities, scale up of TPT screening household contacts for TB more intensely and further decentralized availability of rapid molecular diagnostics and engagement of Health and Family wellness centres. This indicator is to be reported by CTD.								
2	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse	India	N: D: P: 85.00%	2022  Annual TB Report 2023 - India		N: D: P: 87.00%	N: D: P: 88.00%	N: D: P: 90.00%
<b>Comments</b>						Due Date: 30-May-2025	Due Date: 30-May-2026	Due Date: 30-May-2027
Country monitors all patients initiated on treatment - new and re-current; and assumes to improve the treatment success rate to >90% by the end of 2026 with community engagement, patient support scale-up and improved counselling skills to person supporting the patients who are on treatment. This indicator is to be reported by CTD.								

Coverage indicators and targets										01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025	01-Oct-2025 31-Mar-2026	01-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator							
<b>RSSH/PP: Human resources for health (HRH) and quality of care</b>															
4	RSSH/PP HRH Other-1: Number of NTEP staff from eight selected cadres who completed refresher or induction training	Country: India;  Coverage: Geographic Subnational, less than 100% national program target	N: 6247 D: P: %	2023 Program training report		No	Non cumulative	No	N: 1980 D: P: %	N: 3660 D: P: %	N: 6030 D: P: %	N: 6090 D: P: %	N: 240 D: P: %	N: D: P: %	
<b>Comments</b>															
Background: PR-KHPT through SR-TISS plans to impart induction training on counselling & soft skills to approximately 12,147 key NTEP officials/ staff (unique individuals) from selected eight NTEP cadres namely DTO, MO-DTC, DPC, Sr DRTBIV Supervisor, STS, STLS, TBHV, and DR-TB Counsellor across the country. Baseline: As per the information shared by TISS, NTEP staff have already been trained on counselling & soft skills is 6247 as of 2023. This has been considered as baseline for the said indicator. Target assumptions: TISS plans to complete the training on "counselling and soft skills" of the identified trainees in a phased manner as follows: - induction training for 5900 staff - refresher training for around 12,100 staff (staff trained prior to start of the project (baseline) + provided induction training in this project). Please refer "Assumptions Other - TISS LFA" for further cadre wise, type of training wise (induction/ refresher) and Progress Update reporting period wise details. Indicator Definition: Numerator: Number of personnel ( induction or refresher) among identified eight NTEP cadres, who are trained during the reporting period on "counselling and soft skills". . Base document for Numerator: Training report of formal training batches conducted by project along with signed attendance sheet mentioning names & designations (cadres described in definition/ description)															
<b>Drug-resistant (DR)-TB diagnosis, treatment and care</b>															
3	DRTB-9 Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated	Country: India;  Coverage: Geographic Subnational, less than 100% national program target	N: D: P: 76.00%	2024 Nikshay	HIV status, Treatment regimen, Gender, Provider type, Age	Yes	Non cumulative	No	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: 82.00%	N: D: P: 82.00%	
<b>Comments</b>															
Background: PR-KHPT through SR-TISS plans to establish Patient Support Centers (PSC with Sensory Corners) at four districts namely Ahmedabad (GJ), (Kingsway Camp Center (Delhi), Vishakhapatnam (AP) and Patna (Bihar) at district level health facilities (STDC Campus/ Nodal DR TB Center/ District Hospital campus) which will have dedicated one Patient Support Coordinator each. First PSC (Ahmedabad/ Gujrat) is planned to be operationalized by the end of March'25 and the rest by end of March'26. Patient Support Coordinator shall be assisting TBHVs, STS and DRTB Coordinators to extend range of TB support services at support centers/ sensory corners as described below. Baseline: Treatment Success status of "RR-TB/ MDR TB patients initiated on shorter DRTB regimen" at the proposed four centers during April 2022 to March 2023 has been considered as baseline. Data source is notification register from Ni-Kshay for the four centers for above mentioned period reflecting treatment success rate of 76% accessed as of Jan 2024. Target assumptions: The average number of annual number of RR-TB/ MDR-TB patients seeking DR TB care (shorter regimen) at four identified centers have been considered for coverage estimations after individual center is operationalized (As described above). Please refer Target Assumption sheet for further details. Aligning with relative improvement in the Treatment Success rates planned by CTD at National level, KHPT & TISS proposed to improve the Success Rates from baseline of 76% to 82% (289/353) which is reportable by the last year of project. Further, the first PSC is planned to be operationalized by the end of March 2025 (with patient enrolment starting from April 2025), treatment outcome of first cohort is due for reporting after 12 months (i.e., treatment outcomes of first project cohort of patients whose treatment is initiated during Apr to Sep'2025, shall be declared by early October 2026) Indicator Definition: Unit of measurement: Proportion of RR-TB/ MDR TB patients Numerator: Total number of RR/ MDR TB patients who were currently seeking TB care at four PSCs during last year (12 months before the reporting period) and on short-term regimen, whose treatment outcome is declared as successful (Cured + treatment completed) Denominator: Total number of RR/ MDR TB patients at the PSCs notified at the PSCs during last year (12 months before the reporting period) and on short-term regimen Source document for Numerator & Denominator: (01) Project registers maintained at each of the four patient support centers (PSC) (02) Notification Register (sourced from Ni-Kshay through local NTEP officials) of the said four Patient Support Centers with relevant filters applied for computing treatment outcome as per NTEP guidelines (Date of notification/ diagnosis, current PHI, regimen/ DRTB type, etc.)															

Coverage indicators and targets									01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025	01-Oct-2025 31-Mar-2026	01-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Cumulation Type	Reverse Indicator						
<b>RSSH: Community systems strengthening</b>														
1	CSS Other-1: Percentage of Gram Panchayat in the project districts successfully awarded with "TB MukT" status by NTEP	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %			No	Non cumulative – other	No	N: D: P: %	N: D: P: 30.00%	N: D: P: %	N: D: P: 40.00%	N: D: P: %	N: D: P: 60.00%
<b>Comments</b> Background: KHPT plans to support CTD's initiative of "TB MukT Gram Panchayat" in 13 selected high priority districts: Chirang, Muzaffarpur, Mysuru, Karimnagar, Dahod, Mewat, Vidisha, Moga, Karauli, Fatehpur, Shimla, Birbhum, Udamsingh Nagar. These districts have approximately 4,846 functional Gram Panchayats. KHPT shall provide technical support, training of elected PRI representatives and facilitating review meetings on the said topic under NTEP's leadership to drive the agenda of TB MukT Gram Panchayat (TBMGP) initiative. Baseline: This is a new intervention introduced in year 2023. The "number & proportion of gram panchayats certified as TB Free" is expected to be available by Jun 2024. Hence, no published baseline is available for this indicator. Target assumptions: As there's no baseline is available, an estimated target of 30% (1454/4846) for Y1, 40% (1938/4846) for Y2 and 60% (2908/4868) for Y3 has been proposed based on the best available estimates. Accordingly, the targets for this indicator are planned to be revised for Y2 & Y3, based on the achievements & learnings of the first year. This indicator will be reported annually. Indicator definition: Unit of measurement: percentage of functional Gram Panchayat. Numerator: Number of Gram Panchayat in project districts which have been successfully awarded "TB MukT status" by NTEP for latest assessment year. Denominator: Total number of Gram Panchayats in the project districts during reporting year. The elected PRI member of these Gram Panchayat should be engaged/ supported under project assistance under TB MukT Gram Panchayat Initiative. Means of engagement under project's assistance includes project supported activities like "formal training", "project supported review meetings", "need based assistance for claim filing". Base document for Numerator: (01) Report of TB MukT status claim verification shared by appropriate district/ state/ national level government officials mentioning the name & TB free status of gram panchayats for respective assessment year, AND (02) Various project reports/ documents like "training reports of PRI members with signed attendance", and "project activity reports relating to PRI activities with verifiable supporting documents" (e.g. meeting minutes) which substantiate the contribution of the project towards submission of application for TB MukT Gram Panchayat. Denominator: Total Number of functional Gram Panchayats in the PRI intervention District. The denominator would be dynamic. This number would be based on the line list of functional gram panchayats obtained from appropriate PRI authorities at the beginning of each year. Base document for Denominator: District & Block wise line list of functional gram panchayats obtained from appropriate PRI authorities at the beginning of each year. This line list should also be mapped against NTEP reporting units like TB units, Peripheral Health Institutes, etc.														
2	CSS Other-2: Percentage of Ayushman Arogya Mandir/Peripheral Health Institution in the project districts with at least one TB Champion engaged through the project	Country: India; Coverage: Geographic Subnational, less than 100% national program target	N: D: P: %			No	Non cumulative – other	No	N: D: P: 8.00%	N: D: P: 23.00%	N: D: P: 75.00%	N: D: P: 75.00%	N: D: P: 75.00%	N: D: P: 75.00%
<b>Comments</b> Background NTEP plans to identify and engage at least two TB Champions (preferably one male & one female) to assist every Health & wellness Center as per the detailed in "Guidance Document on Community Engagement under NTEP". KHPT plans to identify, train, and engage TB champions in various NTEP activities in all project districts to support NTEP in achieving the plan. Baseline: As this is a new intervention, there's no baseline figures available. Target assumptions: Based on the available information, there are approximately 15,500 Ayushman Arogya Mandirs in proposed 100 project districts. KHPT plans to identify, train/ engage at least one TB Champion at every Ayushman Arogya Mandir in the project district in phased manner. As there's no baseline available for this activity, it is assumed that KHPT will be able to engage with approximately 31,000 TB Champions (TBCs) covering 15,500 Ayushman Arogya Mandirs across project geography and approximately 75% of these Ayushman Arogya Mandirs will have at least one TB Champion engaged for ~six months in a year. As this target has been set on multiple assumptions and project may have different learnings during actual implementation, the targets for second and third year are planned to be revisited, based on the achievement and learnings of Y1. Targets for the six reporting periods are estimated at 8% (1240/15500), 23% (3565/15500), 75% (11625/15500), 75% (11625/15500), 75% (11625/15500), and 75% (11625/15500). Indicator Definition: Unit of measurement: Proportion of Ayushman Arogya Mandirs in the project districts Numerator: Number of Ayushman Arogya Mandirs/Peripheral Health Institutions in the project districts with at least one TBC engaged for more than any three months among six months of reporting period, where TBC has provided at least four out of seven types of listed services below. Denominator: Number of Ayushman Arogya Mandirs / Peripheral Health Institutions in the project districts - Following are the seven services which will be considered for assessing the numerator: (1). Attending advocacy/ community meetings in GP, (2). Awareness meetings in schools, villages, etc., (3). Attending JAS/ VHSNC/ MAS meetings, (4). Attending TB Forum meetings, (5). Attending Patient Support Meeting, (6). Retrieval of LFU, (7). Identification of potential TB Champions Base document for numerator: (01) Physical register/ Individual level report with the TBCs of each Ayushman Arogya mandirs/PHIs in the project district. The same is also planned to be captured in project MIS software called Pragma. Base document for denominator: List of Ayushman Arogya Mandirs/ PHIs in the project districts which is annually updated in consensus with NTEP - *Public sector PHIs other than Ayushman Arogya Mandirs (erstwhile Health & Wellness centers) - up to level of Primary Healthcare Centers (PHCs), are considered only for Delhi and Chandigarh as these states have not adopted Pradhan Mantri Ayushman Bharat Yojana (PM ABY)														

Workplan Tracking Measures										
Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025	01-Oct-2025 31-Mar-2026	01-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
<b>Removing human rights and gender related barriers to TB services</b>										
Eliminating TB-related stigma and discrimination	Assessment of human rights and gender related barriers for TB care services to cover all target populations and areas completed	Development of study protocol to assess human rights and gender related barriers for TB care services to cover all target populations and areas completed	0 - Not started 1 - Started: Protocol of study drafted, submitted to Global Fund for approval and to stakeholders to comment 2 - Advanced: Protocol of study finalized and approved by CTD 3 - Completed: Work order/contract awarded and signed off by selected agency for execution of study	India	X					
		Implementation of studies to assess human rights and gender related barriers for TB care services to cover all target populations and areas and to develop implementation plan for TB care interventions with clear outcome indicators on reducing human rights barriers	0 - Not started 1 - Started: Selected agency completed training of field investigators with training report submitted to CTD & Global Fund 2 - Advanced: Data collection completed and data analyzed; draft version of reports shared with CTD and key stakeholders for inputs 3 - Completed: Final reports submitted to Global Fund after endorsement from CTD	India		X				

Workplan Tracking Measures						01-Apr-2024	01-Oct-2024	01-Apr-2025	01-Oct-2025	01-Apr-2026	01-Oct-2026
Intervention	Key Activity	Milestones	Criteria for Completion	Country	30-Sep-2024	31-Mar-2025	30-Sep-2025	31-Mar-2026	30-Sep-2026	31-Mar-2027	
<b>Comments</b>											
This activity is recommended by Technical Review Panel (TRP) for all disease control programs. As most of the community engagement related activities are planned to be driven by KHPT under the guidance of Central TB Division, the responsibility of conducting "an assessment of human rights and gender related barriers for TB care services to cover all target populations and areas" has been given to KHPT. As guided by TRP, KHPT plans to execute the study by hiring an independent research agency to be able to produce the results and implementation plan by end of first year.											
<b>RSSH: Health financing systems</b>											
Public financial management (PFM) systems	Strengthening the coverage of key DBT schemes (Ni-kshay Poshan Yojana/ NPY) and incentives to private health care providers across India	Ensuring eligible beneficiaries whose "due NPY benefits" are paid to all consenting TB patients who were diagnosed during reporting period and incentives are paid to private health care providers	0 - Not started 1 - Started: At least 25% of eligible beneficiaries and at least 20% of eligible private health care providers are paid due benefits during reporting period 2 - Advanced: At least 40% of eligible beneficiaries and at least 30% of eligible private health care providers are paid due benefits during reporting period 3 - Completed: At least 55% of eligible beneficiaries and at least 45% of eligible private health care providers are paid due benefits during reporting period	India	X						
			0 - Not started 1 - Started: At least 30% of eligible beneficiaries and at least 25% of eligible private health care providers are paid due benefits during reporting period 2 - Advanced: At least 45% of eligible beneficiaries and at least 40% of eligible private health care providers are paid due benefits during reporting period 3 - Completed: At least 60% of eligible beneficiaries and at least 55% of eligible private health care providers are paid due benefits during reporting period	India		X					
			0 - Not started 1 - Started: At least 35% of eligible beneficiaries and at least 35% of eligible private health care providers are paid due benefits during reporting period 2 - Advanced: At least 50% of eligible beneficiaries and at least 50% of eligible private health care providers are paid due benefits during reporting period 3 - Completed: At least 65% of eligible beneficiaries and at least 65% of eligible private health care providers are paid due benefits during reporting period	India			X				
			0 - Not started 1 - Started: At least 40% of eligible beneficiaries and at least 40% of eligible private health care providers are paid due benefits during reporting period 2 - Advanced: At least 55% of eligible beneficiaries and at least 60% of eligible private health care providers are paid due benefits during reporting period 3 - Completed: At least 70% of eligible beneficiaries and at least 75% of eligible private health care providers are paid due benefits during reporting period	India				X			
			0 - Not started 1 - Started: At least 45% of eligible beneficiaries and at least 40% of eligible private health care providers are paid due benefits during reporting period 2 - Advanced: At least 60% of eligible beneficiaries and at least 60% of eligible private health care providers are paid due benefits during reporting period 3 - Completed: At least 75% of eligible beneficiaries and at least 75% of eligible private health care providers are paid due benefits during reporting period	India						X	

Workplan Tracking Measures										
Intervention	Key Activity	Milestones	Criteria for Completion	Country	01-Apr-2024 30-Sep-2024	01-Oct-2024 31-Mar-2025	01-Apr-2025 30-Sep-2025	01-Oct-2025 31-Mar-2026	01-Apr-2026 30-Sep-2026	01-Oct-2026 31-Mar-2027
Public financial management (PFM) systems	Strengthening the coverage of key DBT schemes (Ni-kshay Poshan Yojana/ NPY) and incentives to private health care providers across India	Ensuring eligible beneficiaries whose "due NPY benefits" are paid to all consenting TB patients who were diagnosed during reporting period and incentives are paid to private health care providers	0 - Not started 1 - Started: At least 50% of eligible beneficiaries and at least 40% of eligible private health care providers are paid due benefits during reporting period 2 - Advanced: At least 65% of eligible beneficiaries and at least 60% of eligible private health care providers are paid due benefits during reporting period 3 - Completed: At least 80% of eligible beneficiaries and at least 75% of eligible private health care providers are paid due benefits during reporting period	India						X
<b>Comments</b>										
KHPT under the guidance of CTD, plans to strengthen Public Finance Management System (PFMS) across India, especially coverage of Direct Benefit Transfers (DBT) of key schemes like Ni-Kshay Poshan Yojana (NPY) and Incentives to Private Healthcare Providers/ health facilities for notification & treatment outcome. This coverage is planned to be improved by targeted technical support to all states in the country through DBT & finance experts. For NPY scheme related indicator, India observed 41% coverage among the eligible beneficiaries as of Jan 2024 (Data source Ni-Kshay dashboard accessed using national/ CTD user on 31st Jan 2024). KHPT in consultation with CTD, plans to assist CTD in improving this coverage from 41% (baseline for 2023) to 80% by March 2027. Indicator Definition: Numerator: Number of eligible beneficiaries paid all the NPY benefits which were due for payment as of report generation date Denominator: Total number of eligible beneficiaries, status as on report generation date Here, eligible means: Total beneficiaries (diagnosed) minus number of beneficiaries who have forgone the benefits Due NPY benefits means: Eligible number of NPY benefits based on date of diagnosis and date of review/ report generation as per national guideline. Data Source: Access provided to project staff to an aggregate level data on Ni-Kshay portal (path to be followed on the Ni-Kshay portal as of Jan 2024: Ni-Kshay dashboard --> DBT Dashboard --> Apply relevant filters (accessed by national user on 31st Jan 2024 For private healthcare providers incentive related indicator, India observed 40% coverage among the eligible beneficiaries as of Jan 2024 (Data source Ni-Kshay dashboard accessed using national/ CTD user on 31st Jan 2024). KHPT in consultation with CTD, plans to assist CTD in improving this coverage from 40% (baseline for 2023) to 75% by March 2027. Indicator Definition: Numerator: Number of eligible private healthcare facilities who have been paid all the NPY benefits which were due for payment as of report generation date Denominator: Total number of eligible private healthcare facilities - status as on report generation date Eligible means: Total private healthcare facilities (diagnosing/ current PHI) minus number of private healthcare facilities who have forgone the benefit Due incentive/ benefits means: Eligible number of incentive benefits (notification and treatment outcome) based on date of diagnosis and date of review/ report generation as per national guideline. Data Source: Access provided to project staff to an aggregate level data on Ni-Kshay portal (path to be followed on the Ni-Kshay portal as of Jan 2024: Ni-Kshay dashboard --> DBT Dashboard --> Apply relevant filters (accessed by national user on 31st Jan 2024)										
<b>TB diagnosis, treatment and care</b>										
TB treatment, care and support	Establishment of four Patient Support Centers with sensory corners	First Patient support center operationalized	0 - Not started 1 - Started: Site assessment for the identified facility is finalized after obtaining NoC, in consultation with CTD & respective states 2 - In progress: Civil/ electronics refurbishment work completed for first center (work completion report submitted to NTEP). 3 - Completed: Hand Over/ Take over report for first center acknowledged by NTEP & KHPT/SR with first Patient Support Center functional	India		X				
		Second, third and fourth patient support centers (PSC) operationalized	0 - Not started 1 - Started: Site assessment for the identified facilities has been finalized after obtaining NoC, in consultation with CTD & respective states for all three centers 2 - Advanced: Civil/ electronics refurbishment work completed for all three centers (work completion report submitted to NTEP). 3 - Completed: Hand Over/ Take over report for all three centers acknowledged by NTEP & KHPT/SR with all three centers functional	India				X		
<b>Comments</b>										
PR-KHPT through SR-TISS plans to establish Patient Support Centers (PSC with Sensory Corners) at four districts namely Ahmedabad (GJ), (Kingsway Camp Center (Delhi), Visakhapatnam (AP) and Patna (Bihar) at district level health facilities (STDC Campus/ Nodal DR TB Center/ District Hospital campus) which will have dedicated one Patient Support Coordinator each. First PSC is planned to be operationalized by Mar'25 and rest all by Mar'26. Patient Support Coordinator shall be assisting TBHVs, STS and DRTB Coordinators to extend range of TB support services at support centers/ sensory corners. TISS plans to drive this activity in consultation and guidance of CTD & respective states. The actual work of civil work refurbishment, electronic equipment fixation/ installation, development of Audio-visual & IEC content, etc. is planned to be executed through external expert agency (ies). This being a novel initiative, TISS & KHPT estimate that establishment/ operationalization of these Patient Support Centers may be challenging and time consuming. Accordingly, first PSC is estimated to be operational by March 2025 and rest three by March 2026.										

<b>Country</b>	India
<b>Grant Name</b>	IND-T-KHPT
<b>Implementation Period</b>	01-Apr-2024 - 31-Mar-2027
<b>Principal Recipient</b>	Karnataka Health Promotion Trust

By Module	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Program management	\$1,391,092	\$1,065,912	\$1,134,587	\$3,591,590	18.0 %
Removing human rights and gender related barriers to TB services	\$189,053			\$189,053	0.9 %
RSSH: Community systems strengthening	\$2,806,896	\$3,501,609	\$2,643,736	\$8,952,242	44.8 %
RSSH: Health financing systems	\$236,269	\$228,486	\$228,486	\$693,241	3.5 %
TB diagnosis, treatment and care	\$844,642	\$5,428,858	\$300,374	\$6,573,874	32.9 %
<b>Grand Total</b>	<b>\$5,467,952</b>	<b>\$10,224,865</b>	<b>\$4,307,182</b>	<b>\$20,000,000</b>	<b>100.0 %</b>

By Cost Grouping	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
1.Human Resources (HR)	\$2,488,353	\$2,820,015	\$2,319,285	\$7,627,653	38.1 %
2.Travel related costs (TRC)	\$1,851,784	\$2,324,155	\$969,856	\$5,145,796	25.7 %
3.External Professional services (EPS)	\$203,144	\$3,921,911	\$23,325	\$4,148,379	20.7 %
8.Infrastructure (INF)	\$144,246	\$310,402		\$454,647	2.3 %
9.Non-health equipment (NHP)	\$271,821	\$4,704	\$4,704	\$281,228	1.4 %
10.Communication Material and Publications (CMP)	\$185,998	\$114,423	\$114,423	\$414,843	2.1 %
11.Indirect and Overhead Costs	\$50,914	\$50,025	\$196,358	\$297,297	1.5 %
13.Payment for Results	\$271,693	\$679,232	\$679,232	\$1,630,157	8.2 %
<b>GrandTotal</b>	<b>\$5,467,952</b>	<b>\$10,224,865</b>	<b>\$4,307,182</b>	<b>\$20,000,000</b>	<b>100.0 %</b>

By Recipients	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
<b>PR</b>	<b>\$2,137,788</b>	<b>\$5,837,358</b>	<b>\$1,895,219</b>	<b>\$9,870,365</b>	<b>49.4 %</b>
Karnataka Health Promotion Trust (KHPT)	\$2,137,788	\$5,837,358	\$1,895,219	\$9,870,365	49.4 %
<b>SR</b>	<b>\$3,330,164</b>	<b>\$4,387,508</b>	<b>\$2,411,963</b>	<b>\$10,129,635</b>	<b>50.6 %</b>
SR-01	\$587,221	\$682,217	\$520,883	\$1,790,320	9.0 %
SR-02	\$835,131	\$999,388	\$728,660	\$2,563,180	12.8 %
SR-03	\$966,631	\$1,104,871	\$792,574	\$2,864,076	14.3 %
Tata Institute of Social Sciences	\$941,181	\$1,601,031	\$369,847	\$2,912,060	14.6 %
<b>Grand Total</b>	<b>\$5,467,952</b>	<b>\$10,224,865</b>	<b>\$4,307,182</b>	<b>\$20,000,000</b>	<b>100.0 %</b>

Source Of Funding	Total Y1 - 2025	Total Y2 - 2026	Total Y3 - 2027	Grand Total	% of Grand Total
Approved Funding	\$5,467,952	\$10,224,865	\$4,307,182	\$20,000,000	100.0 %
<b>GrandTotal</b>	<b>\$5,467,952</b>	<b>\$10,224,865</b>	<b>\$4,307,182</b>	<b>\$20,000,000</b>	<b>100.0 %</b>