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Report No: RES43930

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

RESTRUCTURING PAPER

ON A

PROPOSED PROGRAM RESTRUCTURING
OF
PROGRAM TOWARDS ELIMINATION OF TUBERCULOSIS
APPROVED ON MARCH 29, 2019

TO THE

REPUBLIC OF INDIA

{Health, Nutrition & Population Global Practice}
{South Asia Region}

Regional Vice President: Hartwig Schafer

Country Director: Junaid Kamal Ahmad

Regional Director: Lynne D. Sherburne-Benz



The World Bank

Program Towards Elimination of Tuberculosis (P167523)

Practice Manager: Trina S. Haque

Task Team Leader(s): Ronald U. Mutasa



ABBREVIATIONS AND ACRONYMS

CTD	Central Tuberculosis Division
DBT	Direct Benefit Transfer
DEA	Department of Economic Affairs
DLI	Disbursement Linked Indicator
DR-TB	Drug-Resistant Tuberculosis
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOI	Government of India
IVA	Independent Verification Agency
IBRD	International Bank for Reconstruction and Development
JMM	Joint Monitoring Mission
MOF	Ministry of Finance
MOHFW	Ministry of Health and Family Welfare
NSP	National Strategic Plan
NTEP	National Tuberculosis Elimination Program
PforR	Program-for-Results
PTETB	Program Towards the Elimination of Tuberculosis
RNTCP	Revised National Tuberculosis Control Program
TB	Tuberculosis
TSU	Technical Support Unit



DATA SHEET (Program Towards Elimination of Tuberculosis - P167523)

Project ID P167523	Financing Instrument Program-for-Results Financing	IPF Component No
Approval Date 29-Mar-2019	Current Closing Date 30-Jun-2024	

Organizations

Borrower Republic of India	Responsible Agency Ministry of Health and Family Welfare
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Program Development Objective(s)

To improve the coverage and quality of TB control interventions in the private and public sector in targeted states of India

Summary Status of Financing (US\$, Millions)

Ln/Cr/TF	Approval Date	Signing Date	Effectiveness Date	Closing Date	Net Commitment	Disbursed	Undisbursed
IBRD-89260	29-Mar-2019	27-Jun-2019	20-Aug-2019	30-Jun-2024	400.00	41.00	359.00

Policy Waiver(s)

Does the Program require any waivers of Bank policies applicable to Program-for-Results operations?

No



I. PROGRAM STATUS AND RATIONALE FOR RESTRUCTURING

- 1. The World Bank Board approved India's Program Towards Elimination of Tuberculosis (PTETB) on March 29, 2019.** Subsequently, the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) approved a US\$41.6 million grant to buy down the principal of the International Bank for Reconstruction and Development (IBRD) loan and to pay for the loan prepayment premium. On May 13, 2019, the World Bank and the GFATM entered into an Administration Agreement, setting up a Trust Fund and establishing the terms and conditions for use of the grant towards the loan principal buy-down. The PTETB became effective on August 22, 2019 and in January 2020 achieved a disbursement of 10% following the verification of prior results. The execution of the loan buy-down is proceeding smoothly, and the GFATM is working closely with the Bank team and other partners involved in India's TB program.
- 2. The project has performed well in its first year.** The Ministry of Health and Family Welfare (MOHFW) has made substantial progress during the first year of the PTETB and has established a solid leadership and technical team to oversee program implementation. The PTETB is supporting India to roll out the newest innovations in the National Strategic Plan (NSP) 2017-25 for TB. Through the PTETB, the Government of India (GOI) has prioritized a total of approximately US\$1.3 billion (US\$900 million from GOI budget and US\$400 million from the Bank loan) towards high impact interventions in the four prioritized result areas. The loan serves to protect these critical investments for India and to guarantee their implementation at scale. The MOHFW has achieved eight of nine Disbursement Linked Indicator (DLI) targets set for the first year of the PTETB; the IVA conducted verification of these DLIs between July to September 2020. To verify the achievement of the eight DLIs, the IVA carried out: desk reviews of Nikshay data; phone-calls to 30,000 randomly selected TB patients in the nine states; and field visits to ten private sector and 54 public sector TB culture and DST labs. The MOHFW submitted the IVA report and disbursement claim to the Bank on October 29, 2020 for processing and the DLI approval package is under management review.
- 3. Progress on key outcomes:** India's PTETB is being implemented within a context of overall TB program improvements resulting from: high-level political will; a quadrupling of domestic budget allocations to the National TB Elimination Program (NTEP); massive deployment of diagnostics; roll-out of innovations, including scaled up private provider engagement; and increased procurement of anti-TB drugs. Based on the most recent IVA report, remarkable achievements were made in key TB outcome indicators in program states in 2019. For DLI 1.1, 465,920 TB cases were notified from the private sector in 2019, representing an increase of 119,001 cases from 2018. For DLI 1.2, the rate of TB treatment success in the private sector increased by 10.2 percentage points, and reached 65.2%. For DLI 3.2, 55.8% of TB patients were tested for Rifampicin susceptibility in 2019, showing a 25.4 percentage point increase from 2018. Among the non-patient, management-related DLIs, targets were achieved for: DLI 1.3, the mechanism for establishment of the Technical Support Unit; DLI 2.1, districts implementing digital signature certificate (DSC) based approval for direct benefit transfer (DBT) payments; and DLI 4.2, development of a performance-based management mechanism between the center and the targeted states. However, MOHFW's progress on TB outcomes and momentum on institutional reform has been significantly impacted by the COVID-19 pandemic. Analysis of second quarter 2019 data and second quarter 2020 data shows a decline in TB notification of over 60%.
- 4. Proposed restructuring and rationale:** This restructuring will extend the Year 1 timeline to achieve DLI 4.1.1: Development and approval of a multi-year National Tuberculosis Elimination Plan (NTEP) human resource plan from October 2020 to January 29, 2021. The MOHFW has made substantial progress on all other DLI targets set for Year 1, but progress on the human resource plan DLIs has been impacted by the COVID-19 pandemic. The MOHFW had made substantial progress in developing a plan for NTEP human resources, but with the onset of the COVID-19 pandemic, MOHFW repurposed national and state NTEP staff to the emergency response. Key senior MOHFW staff leading the NTEP human resources review are now leading the national COVID-19 emergency response. In addition, the planned



human resource assessment study, which aimed to collect qualitative and quantitative data to inform NETP human resource planning, was delayed because of COVID-19-related travel restrictions. Moreover, COVID-19 has affected TB notification patterns, as well as NTEP staff work scope and workload. Because the COVID-19 response is likely to be protracted, how the impacts of the pandemic can be addressed in the NTEP human resource plan must be explored further. All these factors have slowed progress on the development of NTEP human resource plan, and subsequent DLIs designed to bridge human resource gaps as a key NTEP institutional reform.

II. DESCRIPTION OF PROPOSED CHANGES

- 5. Based on the above, the proposed restructuring will amend the Loan Agreement to reflect a modified timeline for the achievement of a time-bound DLI 4.1.1: Development and approval of a multi-year RNTCP human resource plan.
- 6. **The Department of Economic Affairs (DEA) provided No Objection to proceed with the restructuring** on October 20, 2020. Additionally, at a Tripartite Portfolio Review Meeting (TPRM) on September 22-24, 2020, the DEA provided clearance to the MOHFW to work with the Bank to complete the restructuring process in line with the MOHFW’s proposals. The proposed change to DLI to be made through this restructuring is as follows:

DLI	DLI Indicator	Summary of Proposed Change (s)
4.1	Staffing capacity of the RNTCP strengthened: DLI 4.1.1: Development and approval of a multi-year RNTCP human resource plan at CTD and state level to match the scale and ambition of the NSP	Extension of Year 1 timelines to achieve the DLI to January 29, 2021

III. SUMMARY OF CHANGES

	Changed	Not Changed
Change in Results Framework	✓	



Reallocation between and/or Change in DLI	✓	
Change in Disbursement Estimates	✓	
Change in Implementing Agency		✓
Change in Program's Development Objectives		✓
Change in Program Scope		✓
Change in Loan Closing Date(s)		✓
Change in Cancellations Proposed		✓
Change in Disbursements Arrangements		✓
Change in Systematic Operations Risk-Rating Tool (SORT)		✓
Change in Safeguard Policies Triggered		✓
Change in Legal Covenants		✓
Change in Institutional Arrangements		✓
Change in Implementation Schedule		✓
Other Change(s)		✓

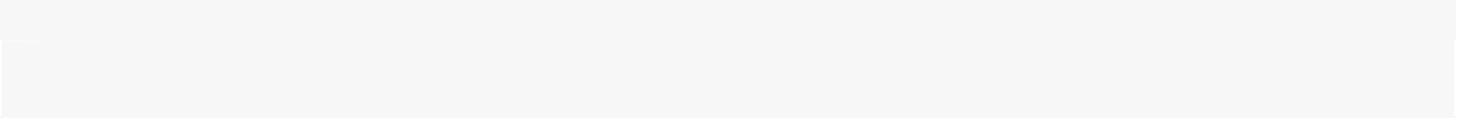
IV. DETAILED CHANGE(S)**DISBURSEMENT ESTIMATES**

Year	Current	Proposed
2019	0.00	0.00
2020	41,000,000.00	125,958,429.00
2021	78,000,000.00	90,358,973.00
2022	93,000,000.00	67,407,479.00
2023	70,000,000.00	57,628,158.00
2024	62,000,000.00	58,646,960.00
2025	56,000,000.00	0.00



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Program Towards Elimination of Tuberculosis (P167523)





ANNEX 1: RESULTS FRAMEWORK

Results framework

Program Development Objectives(s)

To improve the coverage and quality of TB control interventions in the private and public sector in targeted states of India

Program Development Objective Indicators by Objectives/ Outcomes

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
To imp the coverage & quality of TB control intrv in the pvt & public sec in targt states of India							
PDO Indicator 1- DLI 1.1: Number of private notifications, net of any decrease in public notifications in targeted states (Annual) (Number)		346,919.00	400,000.00	480,000.00	600,000.00	691,200.00	800,000.00
PDO Indicator 2- DLI 2.2: Proportion of TB patients receiving financial support via Nikshay Poshan Yojana in targeted states (Annual, by category of DBT scheme) (Percentage)		0.00					0.00



Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
PDO Indicator 2.1- DLI 2.2.1: Proportion of TB patients notified by public providers receiving 1st Nikshay Poshan Yojana payment in targeted states (Annual) (Percentage)		66.00	68.00	70.00	73.00	75.00	77.00
PDO Indicator 2.2- DLI 2.2.2: Proportion of TB patients notified by private providers receiving 1st Nikshay Poshan Yojana payment in targeted states (Annual) (Percentage)		16.00	20.00	30.00	40.00	50.00	60.00
PDO Indicator 3- DLI 3.1: Proportion of notified TB patients tested for Rifampicin susceptibility in targeted states (Annual) (Percentage)		30.40	45.00	57.00	59.00	60.00	64.00
PDO Indicator 4-DLI 1.2: Treatment success rate of TB patients notified by private providers in targeted states (Annual, patients notified in prior calendar year) (Percentage)		55.00	60.00	65.00	72.00	75.00	80.00



Intermediate Results Indicators by Result Areas

Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Intermediate Results Area 1: Scaling up Private Provider Engagement							
Intermediate Results Indicator 1: Proportion of privately notified Pulmonary TB patients that have microbiological confirmation in targeted states (Percentage)		0.00	10.00	20.00	30.00	40.00	45.00
Intermediate Results Indicator 2-DLI 1.3: Establishment of TSUs in CTD and targeted states to support activities related to private sector, DBT, PFMS, and multi sectoral engagement as per agreed TOR (Text)		No TSUs	Mechanism to contract TSUs developed and approved by the MOH&FW	10 TSUs established at CTD and state levels by MOH&FW	N/A	N/A	N/A
Intermediate Results Indicator 3: Proportion of Blocks with molecular diagnostic services operational in targeted states (Percentage)		15.00	18.00	21.00	24.00	27.00	30.00
Intermediate Results Indicator 4: GOI annual expenditure on strategic purchasing under NGO/Private Provider budget head in targeted states (million INR per year) (Number)		197.00	208.00	286.00	420.00	548.00	760.00



Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Intermediate Results Area 2: Rolling-out TB Patient Management and Support Interventions							
Intermediate Results Indicator 5: Percentage of beneficiaries out of total notified TB Patients seeded in Nikshay within 3 months of notification. (a) Aadhaar (Percentage)		68.00	70.00	72.00	75.00	80.00	85.00
Intermediate Results Indicator 5: Percentage of beneficiaries out of total notified TB Patients seeded in Nikshay within 3 months of notification. (b) Verified bank account (Percentage)		33.00	40.00	45.00	50.00	60.00	70.00
Intermediate Results Indicator 6: Gender responsive framework for RNTCP developed by CTD & approved by MOH&FW (Text)		N/A					Framework developed & approved
IRI 7: Proportion of TB patients notified by private providers for whom at least one DBT incentive payment was made to their private providers. (Reported data for TB patients disaggregated by gender) (Percentage)		0.00	15.00	25.00	35.00	50.00	60.00



Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Intermediate Results Indicator 8: Proportion of beneficiaries receiving financial support (2nd payments of Nikshay Poshan Yojana) through DBT in targeted states (Percentage)		0.00	24.00	32.00	40.00	48.00	56.00
Intermediate Result Indicator 9: Treatment success rate of female TB patients notified in targeted states in the private sector (Percentage)		0.00	15.00	30.00	40.00	50.00	60.00
Intermediate Results Area 3: Strengthening Detection, Treatment and Monitoring of Drug-Resistant TB							
Intermediate Results Indicator 10: Proportion of DRTB centers in the targeted states with the action plan for AIC (Percentage)		34.00	40.00	45.00	50.00	60.00	70.00
Intermediate Results Indicator 11: Proportion of notified rifampicin-resistant TB cases with second-line drug-susceptibility testing results documented within 3 months of DR-TB treatment initiation (Percentage)		32.00	40.00	50.00	55.00	60.00	65.00
Intermediate Results Indicator 12: Treatment success rate		46.00	48.00	52.00	55.00	60.00	65.00



Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
among MDR/RR-TB patients (treatment cohort) (Percentage)							
Intermediate Results Area 4: Strengthening RNTCP Institutional Capacity and Information Systems							
13: Annual surveillance system analysis published; including data quality by district, annual state/CTD surveillance system evaluation, and estimates for potential under-notification and duplication (Text)		N/A	Annual analysis published	Annual analysis published	Annual analysis published	Annual analysis published	Annual analysis published
Intermediate Results Indicator 14: Number of targeted states replacing paper TB registers with e-TB Nikshay adopted real-time monitoring of notification and quality of care in at least 50% of districts (Number)		0.00	3.00	5.00	8.00	8.00	8.00
Intermediate Results Indicator 15-DLI 4.2: Development and implementation of a performance-based management mechanism between the center and the targeted states (Text)		N/A	Mechanism developed	Implementation in 5 States	Implementation in 8 States	Implementation in 8 States	Implementation in 8 States



Indicator Name	DLI	Baseline	Intermediate Targets				End Target
			1	2	3	4	
Intermediate Results Indicator 16: Number of targeted states adopted and transitioned from paper-based to electronic SOE generated from PFMS (Number)		0.00	2.00	6.00	8.00	9.00	9.00
17: No. of Annual TB Forum at state & national level conducted to: (i) promote citizen engagement; (ii) foster learning within & between states; (iii) to provide a multisectoral platform for TB control (Number)		0.00	3.00	5.00	8.00	8.00	8.00

Disbursement Linked Indicators Matrix

DLI 1	1.0 Revision and approval of National Guidelines for partnerships under RNTCP (Prior Result)			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	No	Text	16,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	National Guideline for Partnership 2014 in existence.			



Prior Results	CTD has revised and adopted National Guidelines for partnerships under RNTCP		16,000,000.00	
Year 1			0.00	
Year 2			0.00	
Year 3			0.00	
Year 4			0.00	
Year 5			0.00	
DLI 2	1.1 Number of private notifications, net of any decrease in public notifications in Program States (Annual)			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Number	70,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	346,919.00			
Prior Results			0.00	
Year 1	400,000.00		17,805,111.00	USD 154 per additional patient notified by private sector ne
Year 2	480,000.00		10,438,978.00	USD 154 per additional patient notified by private sector ne
Year 3	600,000.00		12,526,773.00	USD 154 per additional patient notified by private sector ne
Year 4	691,200.00		15,032,128.00	USD 154 per additional patient notified by private sector ne



Year 5	800,000.00		14,197,010.00	USD 154 per additional patient notified by private sector ne
DLI 3	1.2: Treatment success rate of TB patients notified by private providers in targeted states (annual, patients notified in prior calendar year)			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Percentage	70,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	55.00			
Prior Results			0.00	
Year 1	60.00		12,622,950.00	USD 280,000 per every 0.1 percentage point increase from the
Year 2	65.00		17,213,115.00	USD 280,000 per every 0.1 percentage point increase from the
Year 3	72.00		17,213,115.00	USD 280,000 per every 0.1 percentage point increase from the
Year 4	75.00		11,475,410.00	USD 280,000 per every 0.1 percentage point increase from the
Year 5	80.00		11,475,410.00	USD 280,000 per every 0.1 percentage point increase from the



DLI 4	1.3 Establishment of a TSU in CTD & STSUs in Program States to support activities related to pvt. sector, DBT, public financial management system, and multi-sectorial engagement as per agreed TOR			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Intermediate Outcome	No	Text	20,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	No TSU/STSU in place			
Prior Results			0.00	
Year 1	MOHFW has developed and approved the mechanism to contract TSU and STSUs		5,000,000.00	
Year 2	1 TSU established at CTD and 9 STSUs at state level by MOHFW		15,000,000.00	USD 1,500,000 for each TSU/STSU established
Year 3			0.00	
Year 4			0.00	
Year 5			0.00	
DLI 5	2.0 Development of Nikshay modules for all four direct benefit transfer schemes (Nikshay Poshan Yojana, Tribal TB Patients Scheme, Pvt. Providers Scheme and Treatment Supporters Scheme)(Prior Results)			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Text	10,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula



Baseline	Only Nikshay Poshan Yojana existing in Nikshay (Sept 2018)			
Prior Results	Modules for all four schemes (Nikshay Poshan Yojana, Tribal TB Patients Scheme, Private Providers Scheme and Treatment Supporters Scheme) functional in Nikshay. Modules include payment processing and confirmation of payment.		10,000,000.00	USD 2,500,000 for each module
Year 1				0.00
Year 2				0.00
Year 3				0.00
Year 4				0.00
Year 5				0.00
DLI 6	2.1 Proportion of districts implementing digital signature certificate-based approval process for direct benefit transfer payment in Program States			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	Yes	Percentage	5,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Prior Results			0.00	
Year 1	20.00		1,250,000.00	USD 62,500 per every 1 percentage point increase from the pr



Year 2	40.00		1,250,000.00	USD 62,500 per every 1 percentage point increase from the pr
Year 3	60.00		1,250,000.00	USD 62,500 per every 1 percentage point increase from the pr
Year 4	80.00		1,250,000.00	USD 62,500 per every 1 percentage point increase from the pr
Year 5			0.00	
DLI 7	2.2.1 Proportion of TB patients notified by public providers receiving the 1st Nikshay Poshan Yojana payment in Program States (Annual)			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Percentage	23,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	66.00			
Prior Results			0.00	
Year 1	68.00		7,406,780.00	USD 2090909 per every 1 percentage point increase from the p
Year 2	70.00		3,898,305.00	USD 2090909 per every 1 percentage point increase from the p
Year 3	73.00		3,898,305.00	USD 2090909 per every 1 percentage point increase from the p
Year 4	75.00		3,898,305.00	USD 2090909 per every 1 percentage point increase from the p
Year 5	77.00		3,898,305.00	USD 2090909 per every 1 percentage point increase from the p



DLI 8				
2.2.2 Proportion of TB patients notified by private providers receiving the 1st Nikshay Poshan Yojana payment in Program States (Annual)				
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Percentage	22,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	16.00			
Prior Results			0.00	
Year 1	20.00		3,666,666.00	USD 500,000 per every 1 percentage point increase from the p
Year 2	30.00		3,666,666.00	USD 500,000 per every 1 percentage point increase from the p
Year 3	40.00		3,666,666.00	USD 500,000 per every 1 percentage point increase from the p
Year 4	50.00		7,333,336.00	USD 500,000 per every 1 percentage point increase from the p
Year 5	60.00		3,666,666.00	USD 500,000 per every 1 percentage point increase from the p
DLI 9				
3.1 Proportion of notified TB patients tested for rifampicin susceptibility in Program States (Annual)				
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Output	Yes	Percentage	70,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula



Baseline	30.40			
Prior Results			0.00	
Year 1	45.00		11,666,667.00	USD 208,333 per every 0.1 percentage point increase from the
Year 2	57.00		23,333,332.00	USD 208,333 per every 0.1 percentage point increase from the
Year 3	59.00		11,666,667.00	USD 208,333 per every 0.1 percentage point increase from the
Year 4	60.00		11,666,667.00	USD 208,333 per every 0.1 percentage point increase from the
Year 5	64.00		11,666,667.00	USD 208,333 per every 0.1 percentage point increase from the
DLI 10	4.0Nikshay mechanisms devp for (i)deduplication (of patients&providers) & recol of diff provider types;(ii)reconcl of DBT payments through NIKSHAY vs pub financial mgt portal for NPY (Prior Result)			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Text	14,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	Only manual mechanism for deduplication of patients and providers in existence			
Prior Results			14,000,000.00	
Year 1			0.00	
Year 2			0.00	



Year 3		0.00	
Year 4		0.00	
Year 5		0.00	

DLI 11	4.1.1 Development and approval of a multi-year RNTCP Human Resource Plan at CTD and state levels covering the Program States		
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Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Text	10,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	No human resource plan in existence			
Prior Results			0.00	
Year 1	MOHFW has developed & adopted RNTCP Human Resources Plan		10,000,000.00	
Year 2			0.00	
Year 3			0.00	
Year 4			0.00	
Year 5			0.00	

Action: This DLI has been Revised. See below.



DLI 11	<i>4.1.1 Development and approval of a multi-year RNTCP Human Resource Plan at CTD and state levels covering the Program States</i>			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	No	Text	10,000,000.00	0.00
Period	Value	Allocated Amount (USD)	Formula	
Baseline	No human resource plan in existence			
Prior Results		0.00		
Year 1	MOHFW has developed & adopted RNTCP Human Resources Plan	10,000,000.00		
Year 2		0.00		
Year 3		0.00		
Year 4		0.00		
Year 5		0.00		

Rationale:

This restructuring will extend the Year 1 timeline to achieve DLI 4.1.1: Development and approval of a multi-year National Tuberculosis Elimination Plan (NTEP) human resource plan from October 2020 to January 29, 2021. The MOHFW has made substantial progress on all other DLI targets set for Year 1, but progress on the human resource plan DLIs has been impacted by the COVID-19 pandemic. The MOHFW had made substantial progress in developing a plan for NTEP human resources, but with the onset of the COVID-19 pandemic, MOHFW repurposed national and state NTEP staff to the emergency response. Key senior MOHFW staff leading the NTEP human resources review are now leading the national COVID-19 emergency response. In addition, the planned human resource assessment study, which aimed to collect qualitative and quantitative data to inform NTEP human resource planning, was delayed because of COVID-19-related travel restrictions. Moreover, COVID-19 has affected TB notification patterns, as well as NTEP staff work scope and workload. Because the COVID-19 response is likely to be protracted, how the impacts of the pandemic can be addressed in the NTEP human resource plan



must be explored further. All these factors have slowed progress on the development of NTEP human resource plan, and subsequent DLIs designed to bridge human resource gaps as a key NTEP institutional reform.

DLI 12		4.1.2 Reduction of the staffing gap identified by the RNTCP Human Resource Plan for CTD and the Program States		
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	Yes	Percentage	40,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	0.00			
Prior Results			0.00	
Year 1			0.00	
Year 2	25.00		14,285,714.00	USD 571,429 per every 1 percentage point reduction from the
Year 3	50.00		14,285,714.00	USD 571,429 per every 1 percentage point reduction from the
Year 4	60.00		5,714,286.00	USD 571,429 per every 1 percentage point increase from the p
Year 5	70.00		5,714,286.00	USD 571,429 per every 1 percentage point increase from the p



DLI 13	4.2 Development and implementation of a performance-based management mechanism between the CTD and the Program States			
Type of DLI	Scalability	Unit of Measure	Total Allocated Amount (USD)	As % of Total Financing Amount
Process	Yes	Text	29,000,000.00	0.00
Period	Value		Allocated Amount (USD)	Formula
Baseline	No performance-based mechanism in existence			
Prior Results			0.00	
Year 1			9,000,000.00	
Year 2			3,448,277.00	USD 689,655 for each Program State in which the mechanism is
Year 3			5,517,241.00	USD 689,655 for each Program State in which the mechanism is
Year 4			5,517,241.00	USD 689,655 for each Program State in which the mechanism is
Year 5			5,517,241.00	USD 689,655 for each Program State in which the mechanism is



ANNEX 2: PROGRAM ACTION PLAN

Action Description	Source	DLI#	Responsibility	Timing		Completion Measurement
Annual surveillance system analysis published; including data quality by district, annual state/CTD surveillance system evaluation, and estimates for potential under-notification and duplication	Technical	DLI Yes	CTD	Recurrent	Yearly	Annual Surveillance System Analysis Report Approved by the Bank. Achieved for Year 1
GOI and World Bank agree to a multi-year capacity building plan Capacity Building Plan executed annually	Technical		CTD	Recurrent	Yearly	Capacity Building Plan Approved by MOH&FW AS. Due Date: October 30, 2020 (Revised); Yearly Execution
Central, State and District TB Forum strengthened to improve learning and accountability. Central, State and District TB forum strengthened per the TOR agreed to with the World Bank.	Technical		States and CTD	Recurrent	Yearly	Government approval of the revised TORs for State and National TB For a. Due Date: Oct. 30, 2020 (CTD shares final TORs with the Bank for review and clearance); Annual Fora in Program States and at CTD by the following: June 30, 2020; 21; 22; 23; 24
CTD Strengthens Data Collection and Monitoring of Tribal Population Transport Reimbursement. - Annual CTD report which capture coverage	Technical		CTD	Recurrent	Continuous	Data Collection and Monitoring Plan for Tribal Populations Annual TB Report with data on DBT for Tribal Populations



and trends in DBT for tribal populations						
Development and adoption of framework for TB and gender in a manner and substance satisfactory to the Bank.	Other		CTD	Due Date	30-Sep-2020	Framework for TB Among Women Adopted by CTD for Program Management Purposes. Gender specific data for TB monitoring reported by CTD in annual reports.
The CTD formulates and adopts health and safety guidelines for staff/workers involved in the transport of sputum	Technical		CTD	Due Date	30-Sep-2020	Health and Safety Guidelines for Sputum Transportation Published on RNTCP website and disseminated to State TB Offices for implementation
Servicing Standard Operating Procedures of key lab equipment (BSC, AHU, centrifuge, autoclaves) [only where there is health and safety implications for workers]	Technical		CTD	Due Date	30-Sep-2020	Standard operating procedures for lab equipment published on RNCTP websites and disseminated to states
Process evaluation of the implementation and effect of DBT on adherence to TB treatment and success rate.	Technical		CTD	Due Date	30-Jun-2021	Process Evaluation Report. Due Dates: June 30, 2021; June 30, 2023
Operating Procedures for Grievance Redressal developed and adopted by CTD in a manner and substance satisfactory to the Bank	Technical		CTD	Due Date	30-Oct-2020	Approved Grievance Redressal Policy



Strengthen the capacity of Central Medical Services Society (CMSS) to manage the procurement and supply chain management for drugs and equipment in line with increased workload emanating from the Program.	Fiduciary Systems		CMSS	Due Date	30-Oct-2020	a) Filling the 5 vacant staff positions & maintain full staff strength thereafter; (b) Expanding number of laboratories to conduct post destination quality assurance (presently 5 labs); & (c) enhancing CMSS/Supplier interface & overall proc. effic
Decentralize data entry on TB drug stock in the Nikshay Aushadhi software at TU level.	Fiduciary Systems		CTD	Due Date	30-Oct-2020	Nikshay Aushadhi data entry decentralized to TU levels in targeted states.
Ensure proper testing by empaneled independent Quality Assurance Lab and monitor the time taken by the labs	Technical		CMSS and CTD	Recurrent	Yearly	Drug quality testing report
Implementation of PFMS to monitor and track real time fund utilization, including preparation of expenditure reports from PFMS, in a manner and substance satisfactory to the Bank.	Fiduciary Systems		CTD and states	Recurrent	Yearly	Expenditure reports produced from PFMS. Initial report due date: September 30, 2020; Yearly execution
Regular FM review by CTD of the state and district TB cells, pursuant to scope, protocols and standards agreed with the Bank.	Fiduciary Systems		CTD and States	Recurrent	Semi-Annually	FM review completed. Initial Review: September 30, 2020. Execution every 6 months
Scale-up RNTCP call center from 50	Technical		CTD	Due Date	30-Jun-2019	Contract effective and staff in place for 100 seat call centers.



to 100 seats						
Updated supervision and monitoring guidelines to include integration of routine assessment and improvement of data completeness and quality in a manner and substance satisfactory to the Bank.	Technical		CTD	Due Date	31-Dec-2020	Updated supervision and monitoring guidelines to include integration of routine assessment and improvement of data completeness and quality
Beneficiary Satisfaction Survey as the TOR agreed with the World Bank.	Other		CTD	Recurrent	Semi-Annually	Beneficiary Satisfaction Survey Report. First survey due dt. September 30, 2020
Strengthen RNTCP Guidelines to include protocols/standard operating procedures for standardization in servicing and replacing/decommissioning key lab safety equipment	Technical		CTD	Due Date	31-Dec-2019	Standard operating procedures for lab equipment published on RNTCP website and disseminated to states.
Update the Tribal Action Plan in a manner and substance satisfactory to the Bank	Other		CTD	Due Date	31-Dec-2020	Updated Tribal Action Plan approved at CTD and disseminated to states.