

1. This **Grant Confirmation** is made and entered into by **the Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **BRAC** (the "Principal Recipient" or the "Grantee"), pursuant to the Framework Agreement, dated as of 27 May 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein. 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:	People's Republic of Bangladesh
3.2	Disease Component:	Tuberculosis
3.3	Program Title:	Integrated Tuberculosis Care and Prevention for enhancing case findings, health system strengthening and sustainability
3.4	Grant Name:	BGD-T-BRAC
3.5	GA Number:	3422
3.6	Grant Funds:	Up to the amount of USD 59,799,584 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2024 to 31 December 2026 (inclusive)
3.8	Principal Recipient:	BRAC BRAC Centre, 75 Mohakhali 1212 Dhaka People's Republic of Bangladesh

		<p>Attention: Mr. Asif Saleh Executive Director, BRAC Bangladesh</p> <p>Telephone: +8802 9881265 Facsimile: +8802 9843542 Email: <a href="mailto:asif.s@brac.net">asif.s@brac.net</a></p>
3.9	Fiscal Year:	1 January to 31 December
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: Abhinesh Kumar-Dhandhanian</p> <p>Telephone: +41587929100 Email: <a href="mailto:abhinesh.kumar.dhandhanian@pwc.com">abhinesh.kumar.dhandhanian@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 Personal Data

(1) Principles. The Principal Recipient, acknowledges that Program Activities are expected to respect the following principles and rights ("Data Protection Principles"):

(a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up



to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and (vi) processed in a manner that ensures appropriate security of the Personal Data; and

(b) Natural persons are afforded, where relevant, the right to information about Personal Data that is processed; the right to access and rectify or erase Personal Data; the right to data portability; the right to confidentiality of electronic communications; and the right to object to processing.

(2) Limitations. Where collection and processing of Personal Data is required in order to implement Program Activities, whether by the Principal Recipient, a Sub-recipient, or Supplier, the Principal Recipient should respect the Data Protection Principles:

(a) to the extent that doing so does not violate or conflict with applicable law and/or policy; and

(b) subject to the Principal Recipient balancing the Data Protection Principles with other fundamental rights in accordance with the principle of proportionality, taking into account the risks to the rights and freedoms of natural persons.

## 5.2 Data Privacy

With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (as amended from time to time), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

## 5.3 Previously Disbursed Grant Funds

The Program budget may be funded in part by Grant Funds disbursed under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6 hereof. Accordingly, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 hereof by the amount of any Previously Disbursed Grant Funds. Previously Disbursed Grant Funds shall be governed by the terms of this Grant Agreement.

## 5.4 Co-Financing

(1) In accordance with the Global Fund's Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the commitment and disbursement of USD 24,162,216 (the "Co-financing Incentive"), is subject to the Global Fund's satisfaction with the Host Country's compliance with the requirements listed at 5.4(1)(a) and 5.4(1)(b) below ("Co-Financing Requirements"). The Grantee acknowledges and agrees that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Host Country fails to:

(a) progressively increase government expenditure on health to meet national universal health coverage goals; and/or

- (b) increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the key costs of national disease plans, as identified in consultation with the Global Fund.

(2) In order to satisfy the Co-Financing Requirements, the Host Country shall, as set out in co-financing commitment letter signed by the Ministry of Health and Family Welfare, Government of the Republic of Bangladesh dated 2 September 2023 (the "Commitment Letter"), unless otherwise agreed in writing by the Global Fund:

- (a) fulfil a total TB- minimum co-financing commitment for tuberculosis and RSSH of USD 74,709,001 from 2024 to 2026 (inclusive);
- (b) fulfil the programmatic commitments as stipulated in Section 1.3 of the Commitment Letter; and
- (c) provide to the Global Fund, by no later than the relevant dates stipulated in Section 2 of the Commitment Letter, evidence supporting achievement of the Co-Financing Requirements, including:
  - (i) the approved TB Operational Plan ("OP") and non-OP budget for RSSH and TB-specific activities for the upcoming year, which shall include human resources ("HR") budget lines demonstrating the transition of HR positions to the government budget in 2026; and
  - (ii) the total expenditure for TB OP and non-OP expenditure for RSSH and TB-specific activities inclusive of related purchase orders for programmatic and health product investments for the previous fiscal year; and
  - (iii) the co-financing and programmatic progress report for the Implementation Period.

*[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**

**BRAC**

By: Mark Eldon-Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management  
Division

Date: Dec 14, 2023

By: Asif Saleh

Name: Asif Saleh

Title: Executive Director, BRAC  
Bangladesh

Date: 27/11/2023

**Acknowledged by**

By: Zahid Maleque

Name: Zahid Maleque

Title: Chair, Country Coordinating Mechanism of the People's Republic of  
Bangladesh

Date: 14.12.2023

By: Milon Kanti Datta

Name: Milon Kanti Datta

Title: Civil Society Representative, Country Coordinating Mechanism of the People's  
Republic of Bangladesh

Date: 14.12.2023

## **Schedule I**

### **Integrated Grant Description**

#### **A. PROGRAM DESCRIPTION**

The BCCM has nominated two entities as principal recipients for the Global Fund-financed TB Program: (i) Economic Relations Division, Ministry of Finance of the People's Republic of Bangladesh (ERD); and (ii) BRAC. The principal recipient ERD agrees that procurement of pharmaceuticals and health products will be done by the National Tuberculosis Control Programme (NTP) of the Ministry of Health and Family Welfare, Health Services Division (lead implementer) under the BGD-T-NTP grant. In addition, NTP will ensure the central and peripheral storage facility of health products. BRAC will be responsible for distributing these to the service delivery areas including hard-to-reach sites in consultation with NTP and defined operational protocols. NTP will develop or update all operational guidelines and SOPs for implementing the TB Control Program uniformly by all the implementing entities of both Government of Bangladesh and NGOs and facilitate capacity building for effective TB Program Management. NTP will perform program oversight across the intervention and undertake TB program reporting and recording as lead implementer.

BRAC will work with a consortium of Sub-recipients who are implementing the activities of the TB Program across the country. There are different categories of central, divisional, district and field level staff engaged by NTP and BRAC for implementing and monitoring the operational activities on behalf of the implementing partners.

The TB Program is being implemented in collaboration with various technical partners (WHO, USAID, STOP TB Parentships etc.) and the private sector.

NTP and BRAC periodically review, discuss issues related to human resource development, procurement and supply management, supervision and monitoring and takes action accordingly. Coordination meetings are in place at different levels. All the activities undertaken by the implementers are also reviewed by the BCCM and CCM Oversight Committee.

#### **1. Background and Rationale for the Program**

Bangladesh is one of the High TB burden countries estimated to have reached, by 2021, the first milestone of the End TB Strategy, which was a 35% reduction in the total number of TB deaths between 2015 and 2020 and progressing towards END TB over the 2020-2022 allocation period despite the COVID-19 pandemic, with a rapid and robust rebound in 2021 to its highest ever notification levels and treatment coverage of 82%. The epidemiological analysis shows a steady increase in TB notification. Treatment success rates among TB patients have been consistently over 90%. Bangladesh has made pioneering innovations in approaches to community involvement, engagement of the private sector. The country has a significant prevalence of smoking, diabetes and under nutrition – all of which contribute to driving the TB epidemic.

The NTP implements the TB elimination efforts in Bangladesh in collaboration with other relevant government ministries and WHO, USAID, STOP TB, NGOs, and the

private sector at the central, divisional, district and sub-district levels. A major part of the funding is by the Global Fund and since 2017, the government has enhanced domestic resources primarily by procuring first-line anti-TB drugs.

To achieve the 2030 Sustainable Development Goals (SDG) and END TB targets, the country proposes to invest in scaling up and accelerating the implementation of interventions in key programmatic areas aligned with the 'programme essentials' defined for the 2023-2025 allocation period. The country has recently revised its National Strategic Plan to Eliminate TB. It has developed its Lab Strategic Plan, TB PPM Strategic Plan, and the Multisectoral Engagement and Accountability Framework, putting in place strategies and actions to address the TB epidemic aggressively and holistically. Hence the foundations to meet the national commitments – the End TB Strategy and TB-related SDG targets and actions agreed upon in the United Nations High-Level Meeting (UNHLM) on TB – are all in place.

## **2. Goals, Strategies and Activities**

### **Goal:**

Reduce the incidence of TB (all forms) by 50% by 2025 and 90% by 2035 (from the 2015 baseline figure).

### **Strategies:**

Bangladesh is moving towards ending the epidemic of TB which will need a paradigm shift in approach and strategy. For achieving the UNLHM, SDG and END TB targets for the country is driven by the FIND- TREAT- PREVENT- STRENGTHEN HEALTH SYSTEM and SUSTAIN SUPPORTIVE ENVIRONMENT approach. The focus is on early identification of presumptive TB cases, diagnosis of all TB patients at the first interface be it a upazila health facility, community clinic, or the private sector including graduate providers, non-graduate providers, pharmacies or laboratories; reducing transmission, and treating them best with the right drugs and regimens along with suitable patient support systems including financial and nutritional support. This is supplemented by prevention strategies including contact investigation and TB infection treatment for risk groups and airborne infection control. All these (FIND-TREAT- PREVENT) functions are supported by creating an enabling environment that provides for adequate resources, responsive, resilient systems and accountable governance. Community systems in the country continue to be a major strength and support for the END TB response especially during the times of emergencies and any kind of pandemics.

### **Activities:**

During the Implementation Period:

- i. Perform active case finding activities (e.g., Presumptive identification, sample collection and transportation, conduct outreach centers/ campaign, contact investigation etc.) throughout the country;
- ii. Provide screening for TB, either through symptom screening or chest x-ray, to at least 18.87 million people;
- iii. Test at least 11.39 million people using rapid molecular diagnostic tools or microscopy;
- iv. Diagnose and initiate treatment among 11,387 TB patients from key and vulnerable groups and among high-risk populations;
- v. Diagnose and treat 0.97 million and around 8,000 clients for DS and DR-TB respectively;

- vi. Expand tuberculosis/HIV comorbidities services by ensuring access to screening for HIV for 0.39 million TB patients;
- vii. Provide TB preventive therapy to 0.55 million eligible patients;
- viii. Successfully treat 95% of DS-TB patients and at least 80% of DR-TB patients;
- ix. Test at least 5.23 million presumptive TB with WHO-recommended rapid diagnostic tools;
- x. Achieve expansion the electronic recording and reporting system and LMIS to all public health centers providing TB services in the country;
- xi. Train over 12,000 people in various programmatic areas i.e.: Basic TB information, Laboratory, EQA, DR-TB, Child TB, EP-TB, TPT, Data analysis, Reporting & recording, financial management etc;
- xii. Conduct orientation/ networking meeting/ sensitization activities for healthcare providers/ community/ workplace/ multi-stakeholders; and
- xiii. Provide patient support (investigation, transport, nutritional etc.) and incentives.

**Target Group/Beneficiaries:**

TB patients and other at-risk populations in Bangladesh, who need TB services including the priority risk group for TB preventative treatment services.

**B. PERFORMANCE FRAMEWORK**

Please see attached.

**C. SUMMARY BUDGET**

Please see attached.



Country	Bangladesh
Grant Name	BGD-T-BRAC
Implementation Period	01-Jan-2024 - 31-Dec-2026
Principal Recipient	BRAC

Reporting Periods	Start Date	01-Jan-2024	01-Jul-2024	01-Jan-2025	01-Jul-2025	01-Jan-2026	01-Jul-2026
	End Date	30-Jun-2024	31-Dec-2024	30-Jun-2025	31-Dec-2025	30-Jun-2026	31-Dec-2026
	PU includes DR?	No	Yes	No	Yes	No	No

## Program Goals, Impact Indicators and targets

1	Reduce the incidence of TB (all forms) by 50% by 2025 and 90% by 2035 (from 2015 baseline figure)
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	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2024	2025	2026
1	TB I-2 TB incidence rate per 100,000 population	Bangladesh	N: 221.0000 D: P: %	2021  WHO Global TB Report 2021		BRAC	N: 221.0000 D: P: %	N: 219.0000 D: P: %	N: 217.0000 D: P: %
							Due Date: 31-Dec-2024	Due Date: 31-Dec-2025	Due Date: 31-Dec-2026
	<b>Comments</b> The incidence data was calculated based on the WHO published data. During 2021, the incidence was 221 per 100,000 population and total population of Bangladesh was 165,158,616 in 2021 edition of Global TB report. The same incidence is considered for the year 2024, as the incidence rate persisted at 221 during 2021 and 2022. In the following years, decline of incidence rate is estimated to be by 1% reduction since, planning, resource mobilization and advancement of implementation of activities will start from 2024 onwards. This will be reported by NTP.								
2	TB I-3 TB mortality rate per 100,000 population	Bangladesh	N: 25.0000 D: P: %	2021  WHO Global TB Report 2021		BRAC	N: 23.0000 D: P: %	N: 21.0000 D: P: %	N: 19.0000 D: P: %
							Due Date: 31-Dec-2024	Due Date: 31-Dec-2025	Due Date: 31-Dec-2026
	<b>Comments</b> The baseline data is from The Global TB report 2021. The mortality rate for 2024,2025 and 2026 were calculated based on the current declining trend in mortality. This will be reported by NTP.								
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	Bangladesh	N: 935.0000 D: 190461 P: 0.49%	2021  NTP MIS		BRAC	N: 2404.2548 D: 240425 P: 1.00%	N: 2410.9423 D: 241094 P: 1.00%	N: 2417.6484 D: 241765 P: 1.00%
							Due Date: 31-Dec-2024	Due Date: 31-Dec-2025	Due Date: 31-Dec-2026
	<b>Comments</b> The Numerator is defined as RR/MDR TB patients among new Bac confirmed TB patients tested with molecular diagnostic tools. This will be reported by NTP.								

## Program Objectives, Outcome Indicators and targets

1	By 2026, provide screening for TB, either through symptom screening or chest x-ray, to at least 18.87 million people.
2	By 2026, test at least 11.39 million people using rapid molecular diagnostic tools or microscopy.
3	By 2026, diagnose and initiate treatment among 11,387 TB patients from key and vulnerable groups and among high risk population.
4	By 2026, diagnose and treat 0.97 million and around 8000 clients for DS and DR TB respectively.
5	By 2026, expand tuberculosis /HIV comorbidities services by ensuring access to screening for HIV for 0.39 million TB patients.
6	By the end of 2026, provide TB preventive therapy to 0.55 million eligibles.

7	By the end of 2026, successfully treat 95% of DSTB patients and at least 80% of DRTB patients.
8	By the end of 2026, test at least 5.23 million presumptive TB with WHO recommended rapid diagnostic tools
9	By the end of 2026, achieve expansion the electronic recording and reporting system and LMIS to all public health centres providing TB services in the country.

	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2024	2025	2026
1	TB O-2a Treatment success rate of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse	Bangladesh	N: 219262.0000 D: 230081 P: 95.30%	2021  NTP MIS		BRAC	N: 288097.0000 D: 303260 P: 95.00%  Due Date: 31-Dec-2024	N: 303162.3346 D: 319118 P: 95.00%  Due Date: 31-Dec-2025	N: 308268.1042 D: 324493 P: 95.00%  Due Date: 31-Dec-2026
	Comments								
	Treatment success rate for next implementation period is kept at 92% as it is more than world end TB target (90%) . County has achieved over 90% treatment outcome since 2008 and will sustain this achievement. This will be reported by NTP.								
2	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	Bangladesh	N: 306586.0000 D: 376120 P: 81.51%	2021  World TB report	Gender, Age	BRAC	N: 319118.2469 D: 389353 P: 81.96%  Due Date: 31-Dec-2024	N: 324492.7413 D: 390436 P: 83.11%  Due Date: 31-Dec-2025	N: 332748.5462 D: 391522 P: 84.99%  Due Date: 31-Dec-2026
	Comments								
	<@Equity; @Gender The Baseline data for this indicator was taken from year 2021. During 2021, the TB treatment coverage was 81.5%. With strengthened implementation of molecular diagnostic tool over next three consecutive years, it is estimated that larger fraction of cases will be detected and brought under treatment coverage, hence the TB treatment coverage is estimated with gradual increase over the years, on basis of NSP estimation. This will be reported by NTP.								
3	TB O-4 Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated	Bangladesh	N: 922.0000 D: 1235 P: 74.66%	2021  NTP MIS		BRAC	N: D: P: 80.00%  Due Date: 31-Dec-2024	N: D: P: 81.00%  Due Date: 31-Dec-2025	N: D: P: 82.00%  Due Date: 31-Dec-2026
	Comments								
	This indicator refers to Treatment success rate of both long term and short term regimen. The baseline data is taken from 2021. Over the past year.s gradual increasing trend in treatment success rate was documented, the estimation for the next three consecutive years are done based on current programmatic performance. This will be reported by NTP.								
4	TB O-6 Treatment coverage of RR-TB and/or MDR-TB: Percentage of notified people with bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated people with RR-TB and/or MDR-TB	Bangladesh	N: 1495.0000 D: 3254 P: 45.94%	2021  NTP MIS		BRAC	N: 2394.9499 D: 3700 P: 64.73%  Due Date: 31-Dec-2024	N: 2855.7270 D: 3700 P: 77.18%  Due Date: 31-Dec-2025	N: 3114.1782 D: 3700 P: 84.17%  Due Date: 31-Dec-2026
	Comments								
	The baseline data for this indicator was taken from year 2021. During 2021, percentage of notified people with bacteriologically confirmed, drug resistant RR-TB and/or MDR-TB as a proportion of all estimated people with RR-TB and/or MDR-TB was 45.95% ( 1.495/3,254). The denominator for this indicator is considered to be 3,700 as per the latest prevalance survey (2018). As the national program is expanding molecular diagnostic tools and ambulatory treatment therefore it is estimated that larger proportion of DR TB cases will be able to be brought under treatment coverage during 2024, 2025 and 2026. This will be reported by NTP.								
5	TB O-9 Percentage of people diagnosed with TB who report stigma in community settings that inhibited them from seeking and accessing TB services	Bangladesh	N: D: P: %			BRAC	N: D: P: %  Due Date:	N: D: P: %  TBD  Due Date: 31-Dec-2025	N: D: P: %  Due Date:
	Comments								
	A survey will be conducted in 2025 by NTP afterwhich targets will be set.								

6	TB O-other 1: Percentage of women with TB (all forms) notified among key affected populations/high risk groups (other than prisoners); *includes only those with new and relapse	Bangladesh	N: D: P: %				BRAC			N: 1504.0000 D: 5014 P: 30.00%	N: 1828.0000 D: 5223 P: 35.00%	N: 2154.0000 D: 5385 P: 40.00%
										Due Date:	Due Date:	Due Date:
	<b>Comments</b> <@Gender This indicator captures the number of women notified ( new and relapse TB cases) among key affected populations/high risk groups other than prisoners. key populations considered for this indicator are: slum dwellers, refugees, brick field, mine, tea, factory, transport and garment workers; and the elderly. This indicator focuses on women as they constitute a considerable proportion of key high risk population. For instance, it is estimated that women make up 66% in the RMG sector. The indicator will be measured once a year. Numerator= Number of women who were notified among ) among key affected populations/high risk groups other than prisoners Denominator: Total number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners); *includes only those with new and relapse (KVP-2 under coverage tab) No baseline data available. Data source: BRAC MIS											

Coverage indicators and targets															
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
TB diagnosis, treatment and care															
1	TBDT-1 Number of patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed); *includes only those with new and relapse TB	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 306586 D: P: %	2021 NTP MIS	HIV status,Gender,TB case definition,Age	No	BRAC	Non cumulative	No	N: 151841 D: P: %	N: 151841 D: P: %	N: 154002 D: P: %	N: 154002 D: P: %	N: 157591 D: P: %	N: 157591 D: P: %
	<b>Comments</b> <@Equity The baseline data for this indicator is national, taken from the year 2021. The estimated number of all forms of notified TB patients (i.e. bacteriologically confirmed + clinically diagnosed + extra pulmonary) only those with new and relapse for PR2 are calculated considering the country allocated resources, performances of the program, and current trend of usage of the molecular diagnostic tools. This indicator also includes the contribution from different case finding approaches (eg. PPM, Community, Public sectors etc.), which is also further mentioned in the TBDT-3a,3b, & 3c indicators.														
2	TBDT-2 Treatment success rate-all forms: Percentage of patients with all forms of TB, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB patiens notified during a specified period; *includes only those with new and relapse TB	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 219262 D: 230081 P: 95.30%	2021 NTP MIS	HIV status,Gender,Age	No	BRAC	Non cumulative	No	N: 135405 D: 142532 P: 95.00%	N: 135405 D: 142532 P: 95.00%	N: 144249 D: 151841 P: 95.00%	N: 144249 D: 151841 P: 95.00%	N: 146302 D: 154002 P: 95.00%	N: 146302 D: 154002 P: 95.00%
	<b>Comments</b> This baseline data is national, taken from the year 2021. The target has been set based on the current trend of country achievement of treatment success rate of 95%.														
3	TBDT-3a Percentage of notified patients with all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- private/non-governmental facilities; *includes only those with new and relapse TB	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 70977 D: 306586 P: 23.15%	2021 NTP MIS	Private facility type,TB case definition	No	BRAC	Non cumulative	No	N: 36442 D: 151841 P: 24.00%	N: 36442 D: 151841 P: 24.00%	N: 36960 D: 154002 P: 24.00%	N: 36960 D: 154002 P: 24.00%	N: 37822 D: 157591 P: 24.00%	N: 37822 D: 157591 P: 24.00%
	<b>Comments</b> The baseline data for this indicator is considered from the NTP database 2021. The indicator captures the number of patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed+extra pulmonary); includes only those with new and relapse TB, who are referred from Graduate PPs, Non graduate PPs, Village Doctors and Private hospitals . The baseline data of 2021 shows the referral from these sectors were 70,977. Due to expected scale-up in engagement of private providers, it is assumed that estimated referrals from private sector will during 2024 to 2026.														
4	TBDT-3b Percentage of notified patients with of all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- public sector; *includes only those with new and relapse TB	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 69625 D: 306586 P: 22.71%	2021 NTP MIS		No	BRAC	Non cumulative	No	N: 34924 D: 151841 P: 23.00%	N: 34924 D: 151841 P: 23.00%	N: 35420 D: 154002 P: 23.00%	N: 35420 D: 154002 P: 23.00%	N: 36246 D: 157591 P: 23.00%	N: 36246 D: 157591 P: 23.00%
	<b>Comments</b> The baseline data for this indicator is considered from the NTP database 2021. This indicator captures the number of patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed+extra pulmonary); includes only those with new and relapse TB, who are referred from Government field staff, CHCP and Government hospitals will counted for calculating this indicator. The baseline data of 2021 shows the referral was 69,625. Due to expected scale-up of programmatic interventions, it is expected that more cases will be referred and detected from the public sector.														

Coverage indicators and targets															
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
5	TBDT-3c Percentage of notified patients with all forms of TB (i.e., bacteriologically confirmed + clinically diagnosed) contributed by non-national TB program providers- community referrals; *includes only those with new and relapse TB	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 166744 D: 306586 P: 54.39%	2021 NTP MIS		No	BRAC	Non cumulative	No	N: 80476 D: 151841 P: 53.00%	N: 80476 D: 151841 P: 53.00%	N: 81621 D: 154002 P: 53.00%	N: 81621 D: 154002 P: 53.00%	N: 83523 D: 157591 P: 53.00%	N: 83523 D: 157591 P: 53.00%
	<b>Comments</b>														
	The baseline data for this indicator is considered from NTP database 2021. This indicator captures the number of patients with of all forms of TB notified (i.e., bacteriologically confirmed + clinically diagnosed+ extra pulmonary); includes only those with new and relapse TB, referred from Shasthya shebikas/ NGO field staffs, Community volunteers, self, others and TB patients will counted for calculating this indicator. The baseline data of 2021 shows the referral was 166,744. The estimated referral from community is expected to increase during 2024 to 2026 due to more community engagement and involvement of respective entities.														
<b>Drug-resistant (DR)-TB diagnosis, treatment and care</b>															
14	DRTB-2 Number of people with confirmed RR-TB and/or MDR-TB notified	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 1495 D: P: %	2021 NTP MIS	HIV status,Gender,Age	No	BRAC	Non cumulative	No	N: 651 D: P: %	N: 651 D: P: %	N: 716 D: P: %	N: 716 D: P: %	N: 788 D: P: %	N: 788 D: P: %
	<b>Comments</b>														
	The target for three consecutive years has been set based on current experience and data of PR2. 10% of cases from previous year have been added on in every year of 2024, 2025 and 2026.														
15	DRTB-3 Percentage of people with confirmed RR-TB and/or MDR-TB that began second-line treatment	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 1380 D: 1495 P: 92.31%	2021 NTP MIS	Treatment regimen,Gender,Ag e	No	BRAC	Non cumulative	No	N: 619 D: 651 P: 95.00%	N: 619 D: 651 P: 95.00%	N: 681 D: 716 P: 95.00%	N: 681 D: 716 P: 95.00%	N: 749 D: 788 P: 95.00%	N: 749 D: 788 P: 95.00%
	<b>Comments</b>														
	The NTP Bangladesh plans to initiate all oral shorter regimen and ambulatory treatment for DR-TB cases .This will reduce the enrollmt gaps. Considering this, 95% of DR-TB patients will be targeted for enrollment in three consecutive years.														
16	DRTB-9 Treatment success rate of RR-TB and/or MDR-TB: Percentage of patients with RR and/or MDR-TB successfully treated	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 922 D: 1235 P: 74.66%	2021 NTP MIS	HIV status,Treatment regimen,Gender,Pro vider type,Age	No	BRAC	Non cumulative	No	N: 408 D: 510 P: 80.00%	N: 408 D: 510 P: 80.00%	N: 501 D: 619 P: 81.00%	N: 501 D: 619 P: 81.00%	N: 558 D: 681 P: 82.00%	N: 558 D: 681 P: 82.00%
	<b>Comments</b>														
	2024 Outcome is based on 2023 Target. Considering the updated treatment regimen, It is expected that treatment outcome for RR patients will be 80%,81% & 82% respectively in three consecutive years.														
<b>TB/DR-TB Prevention</b>															
10	TBP-1 Number of people in contact with TB patients who began preventive therapy	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 153949 D: P: %	2022 NTP MIS	HIV status,Provider type,Age,TPT regimen	No	BRAC	Non cumulative	No	N: 57123 D: P: %	N: 57123 D: P: %	N: 62836 D: P: %	N: 62836 D: P: %	N: 69120 D: P: %	N: 69120 D: P: %
	<b>Comments</b>														
	Note: The baseline is drawn from both the NTP and BRAC while the targets reflected herein although national only pertain to BRAC. This explains why the targets are lower than the baseline. The TB Preventive Treatment is aimed to be provided to the contacts of the bacteriologically positive TB patients. Country is progressively scalling up the TB preventive therapy considering available resources.The target has been considered as of 68% funded by TGF. The considered target can be achieved depending on the availability of resources, finalization of national algorithm, community as well as health care providers' sensitization, and case notification trend.														
11	TBP-2 Percentage of people who completed TPT out of those who initiated TB preventive treatment	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: D: P: %			No	BRAC	Non cumulative	No	N: 39674 D: 56678 P: 70.00%	N: 39674 D: 56678 P: 70.00%	N: 42843 D: 57123 P: 75.00%	N: 42843 D: 57123 P: 75.00%	N: 50269 D: 62836 P: 80.00%	N: 50269 D: 62836 P: 80.00%
	<b>Comments</b>														
	This is a new indicator and baseline data for all age group is not available. However <5 IPT data shows over 90% completion rate. Targets have been set as 70%, 75%, 80% to align with the NTP PF.														



Coverage indicators and targets															
CI Number	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	Reverse Indicator	01-Jan-2024 30-Jun-2024	01-Jul-2024 31-Dec-2024	01-Jan-2025 30-Jun-2025	01-Jul-2025 31-Dec-2025	01-Jan-2026 30-Jun-2026	01-Jul-2026 31-Dec-2026
12	TBP-3 Contact investigation coverage: Proportion of contacts of people with bacteriologically confirmed TB evaluated for TB among those eligible	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: D: P: %			No	BRAC	Non cumulative	No	N: 180722 D: 301204 P: 60.00%	N: 180722 D: 301204 P: 60.00%	N: 220204 D: 314578 P: 70.00%	N: 220204 D: 314578 P: 70.00%	N: 267958 D: 334947 P: 80.00%	N: 267958 D: 334947 P: 80.00%
	<b>Comments</b>														
	This is a new indicator and baseline data for the indicator is not available. The program assumes to screen three (3) contacts against each index case (bateriologically confirmed) and thus the estimation was calculated. Country is progressively scaling up the the evaluation considering the available resources.														
<b>Collaboration with other providers and sectors</b>															
13	TBDT-Other 1: Number of TB cases (all froms) detected in PPM sites	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 40998 D: P: %	2021 BRAC and ICDDRB MIS		Yes	BRAC	Non cumulative	No	N: 9801 D: P: %	N: 9801 D: P: %	N: 10411 D: P: %	N: 10411 D: P: %	N: 11022 D: P: %	N: 11022 D: P: %
	<b>Comments</b>														
	This indicator aims to capture the number of notified TB cases (bacteriologically confirmed, clinically diagnosed, extra pulmonary cases and child TB) only new and relapse cases from PPM sites. The baseline data is higher, as there were missing cases of 2020 which were notified by PPM sites in 2021. These backlog cases may have been wiped out in 2021/2, so the case notification in these PPM sites has come back to normal trend. Moreover, expansion of molecular diagnostic networks across the country in 2024 will be leading to distribution of the presumptive to those new sites. Therefore, it is expected to diagnose 19,601; 20,822 and 22,043 cases from BRAC PPM sites in 3 consecutive years, and the rest of the cases will be diagnosed from icddrb PPM sites.														
<b>Key and vulnerable populations (KVP) – TB/DR-TB</b>															
8	KVP-1 Number of people with TB (all forms) notified among prisoners; *includes only those with new and relapse TB	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 254 D: P: %	2021 NTP MIS		No	BRAC	Non cumulative	No	N: 146 D: P: %	N: 146 D: P: %	N: 146 D: P: %	N: 146 D: P: %	N: 152 D: P: %	N: 152 D: P: %
	<b>Comments</b>														
	The baseline data for this indicator is taken from 2021. Total identified TB cases in prison was 254. This indicator can only be achieved if NTP can ensure the access to prison for PR2 by establishing necessary coordination with prison authority and NASP.														
9	KVP-2 Number of people with TB (all forms) notified among key affected populations/high risk groups (other than prisoners); *includes only those with new and relapse	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 7328 D: P: %	2021 BRAC MIS		No	BRAC	Non cumulative	No	N: 2507 D: P: %	N: 2507 D: P: %	N: 2611 D: P: %	N: 2611 D: P: %	N: 2692 D: P: %	N: 2692 D: P: %
	<b>Comments</b>														
	<@Equity This indicator captures the number of notified new and relapse TB cases among key affected populations/high risk groups other than prisoners. The baseline data is higher, as there were missing cases of 2020. Moreover, the limited funding envelope has impacted on the scope of case finding activities for this indicator. The target will be reviewed as more resources are identified during grant implementation through savings. key populations considered for this indicator are: slum dwellers, refugees, brick field, mine, tea, factory, transport and garment workers; and the elderly.														
<b>TB/HIV</b>															
7	TB/HIV-5 Percentage of registered new and relapse TB patients with documented HIV status	Country: Bangladesh;  Coverage: Geographic National, 100% of national program target	N: 19656 D: 306586 P: 6.41%	2021 NTP MIS	Gender,HIV status,Age	No	BRAC	Non cumulative	No	N: 53144 D: 151841 P: 35.00%	N: 53144 D: 151841 P: 35.00%	N: 61601 D: 154002 P: 40.00%	N: 61601 D: 154002 P: 40.00%	N: 70916 D: 157591 P: 45.00%	N: 70916 D: 157591 P: 45.00%
	<b>Comments</b>														
	This indicator captures the percentage of registered new and relapse TB patients with documented HIV status out of the total notified new and relapse TB (both pulmonary and extra pulmonary bacteriologically confirmed and clinically diagnosed) cases. The baseline data for this indicator is national, taken from 2021. Considering the programmatic experience, it is aimed to continue to increase HIV screening of the TB patients throughout the country. This testing will be conducted through DOTs centres and also though HIV screening centres.														

Workplan Tracking Measures						
Intervention	Key Activity	Milestones	Criteria for Completion	Country		

Workplan Tracking Measures					
Intervention	Key Activity	Milestones	Criteria for Completion	Country	
Comments					

Country	Bangladesh
Grant Name	BGD-T-BRAC
Implementation Period	01-Jan-2024 - 31-Dec-2026
Principal Recipient	BRAC

By Module	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Collaboration with other providers and sectors	\$3,492,289	\$3,533,631	\$3,006,228	\$10,032,149	16.8 %
Drug-resistant (DR)-TB diagnosis, treatment and care	\$496,652	\$590,619	\$603,275	\$1,690,547	2.8 %
Key and vulnerable populations (KVP) – TB/DR-TB	\$75,149	\$75,149	\$74,700	\$224,997	0.4 %
Program management	\$3,314,077	\$3,376,985	\$3,366,985	\$10,058,047	16.8 %
Removing human rights and gender related barriers to TB services	\$175,943	\$165,342	\$31,711	\$372,997	0.6 %
RSSH/PP: Human resources for health (HRH) and quality of care	\$266,384	\$274,538	\$283,323	\$824,245	1.4 %
RSSH: Community systems strengthening	\$91,916	\$94,854	\$23,969	\$210,739	0.4 %
RSSH: Health products management systems	\$64,808	\$66,025	\$67,304	\$198,137	0.3 %
RSSH: Monitoring and evaluation systems	\$31,085	\$32,640	\$30,226	\$93,951	0.2 %
TB diagnosis, treatment and care	\$11,824,589	\$12,206,168	\$12,041,847	\$36,072,604	60.3 %
TB/HIV	\$7,057	\$7,057	\$7,057	\$21,170	0.0 %
Grand Total	\$19,839,949	\$20,423,009	\$19,536,626	\$59,799,584	100.0 %

By Cost Grouping	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
1.Human Resources (HR)	\$12,987,415	\$13,387,844	\$13,330,526	\$39,705,784	66.4 %
2.Travel related costs (TRC)	\$1,843,408	\$1,842,086	\$971,178	\$4,656,673	7.8 %
3.External Professional services (EPS)	\$55,074	\$56,630	\$58,263	\$169,966	0.3 %
7.Procurement and Supply-Chain Management costs (PSM)	\$152,191	\$208,191	\$208,191	\$568,573	1.0 %
8.Infrastructure (INF)	\$371,734	\$373,209	\$374,758	\$1,119,701	1.9 %
9.Non-health equipment (NHP)	\$25,845	\$27,137	\$28,494	\$81,476	0.1 %
10.Communication Material and Publications (CMP)	\$51,649	\$61,782	\$64,871	\$178,302	0.3 %
11.Indirect and Overhead Costs	\$2,064,391	\$2,128,220	\$2,133,466	\$6,326,077	10.6 %
12.Living support to client/ target population (LSCTP)	\$2,288,241	\$2,337,910	\$2,366,880	\$6,993,031	11.7 %
GrandTotal	\$19,839,949	\$20,423,009	\$19,536,626	\$59,799,584	100.0 %

By Recipients	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
PR	\$17,271,071	\$17,756,456	\$16,843,785	\$51,871,312	86.7 %
BRAC	\$17,271,071	\$17,756,456	\$16,843,785	\$51,871,312	86.7 %
SR	\$2,568,877	\$2,666,553	\$2,692,841	\$7,928,271	13.3 %
BAMANEH	\$16,108	\$16,671	\$17,234	\$50,012	0.1 %
BAPSA	\$47,020	\$48,815	\$50,360	\$146,194	0.2 %
BGMEA	\$121,132	\$126,801	\$123,628	\$371,562	0.6 %
BKMEA	\$56,649	\$58,692	\$58,678	\$174,019	0.3 %

By Recipients	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
CWFD	\$82,700	\$85,586	\$86,591	\$254,877	0.4 %
DAM	\$46,197	\$47,840	\$49,233	\$143,270	0.2 %
DF	\$473,170	\$493,632	\$497,355	\$1,464,156	2.4 %
HEED	\$570,087	\$595,302	\$608,913	\$1,774,302	3.0 %
IMAGE	\$48,196	\$49,897	\$51,603	\$149,696	0.3 %
KMSS	\$98,554	\$101,906	\$103,849	\$304,309	0.5 %
LAMB	\$68,644	\$69,995	\$69,876	\$208,515	0.3 %
MAMATA-Chittagong	\$55,463	\$57,392	\$59,317	\$172,171	0.3 %
Nari Maitree	\$61,095	\$63,407	\$65,122	\$189,624	0.3 %
NATAB	\$69,505	\$72,158	\$49,443	\$191,106	0.3 %
NISHKRITI	\$46,832	\$48,569	\$50,313	\$145,714	0.2 %
PIME Sisters	\$27,272	\$28,228	\$29,133	\$84,633	0.1 %
PKS-Khulna	\$42,746	\$44,127	\$45,533	\$132,406	0.2 %
RDRS	\$312,404	\$321,877	\$329,081	\$963,363	1.6 %
RIC	\$35,760	\$36,958	\$36,312	\$109,030	0.2 %
Tilottama	\$32,157	\$33,081	\$34,022	\$99,261	0.2 %
TLMI	\$208,127	\$214,813	\$224,942	\$647,881	1.1 %
UTPS	\$49,058	\$50,808	\$52,303	\$152,169	0.3 %
Grand Total	\$19,839,949	\$20,423,009	\$19,536,626	\$59,799,584	100.0 %

Source Of Funding	Total Y1 - 2024	Total Y2 - 2025	Total Y3 - 2026	Grand Total	% of Grand Total
Approved Funding	\$19,839,949	\$20,423,009	\$19,536,626	\$59,799,584	100.0 %
Special Purpose 1					0.0 %
GrandTotal	\$19,839,949	\$20,423,009	\$19,536,626	\$59,799,584	100.0 %