

Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Framework Agreement (effective as of 30 September 2015), as amended and supplemented from time to time (the "Framework Agreement") between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Georgia** (the "Grantee") for the Program described herein.

2. This Grant Confirmation supplements, forms part of, and is subject to the Framework Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern.

3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Georgia
3.2	(Disease) Component:	HIV/AIDS
3.3	Program Title:	Sustaining and Scaling up the Effective HIV/AIDS Prevention, Treatment and Care in Georgia
3.4	Grant Name:	GEO-H-NCDC
3.5	GA Number:	913
3.6	Grant Funds:	Up to the amount of US\$18,268,885 (Eighteen Million Two Hundred Sixty-Eight Thousand Eight Hundred and Eighty-Five US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 July 2016 to 30 June 2019

3.8	The Principal Recipient Nominated:	National Center For Disease Control and Public Health 9 Asatiani Street, 0186 Tbilisi Georgia Attention: Mrs. Irma Khonelidze Deputy Director General, EMPA Telephone: +995 32 239 75 52 Facsimile: +995 32 231 17 55 Email: i.khonelidze@ncdc.ge
3.9	Fiscal Year of the Principal Recipient:	01 January to 31 December
3.10	LFA:	The United Nations Office for Project Services 9, Eristavi Street, Tbilisi, 0179, Georgia Attention: Dr. Irakli Katsitadze Telephone: +995 322 251126 Facsimile: +995 322 250571 Email: iraklik@unops.org
3.11	Global Fund (Notices information for this Grant Confirmation):	The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva Switzerland Attention: Mr. Nicolas Cantau Regional Manager, Eastern Europe and Central Asia Team Grant Management Division Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: nicolas.cantau@theglobalfund.org

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee acting through the Principal Recipient shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the "Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting" (2014, as amended from time to time), available at the Global Fund's Internet site, throughout the Implementation Period.
5. The Global Fund and the Grantee further agree that the following requirements are applicable to this Grant Confirmation:
- 5.1 No later than the start date of the Implementation Period, any unspent Grant Funds and any revenue and interest generated or accrued therefrom (including those held by the

Sub-recipient(s) and advances made to but not yet committed and liquidated by supplier(s) or service provider(s)) under the existing grant agreement for GEO-H-NCDC dated 8 May 2014 between the National Center For Disease Control and Public Health and the Global Fund (the "Previous Grant Agreement") after taking into consideration the amount of Grant Funds needed to settle relevant outstanding commitments and liabilities under the Previous Grant Agreement(s), shall be transferred to the bank account designated for this Program (the "New Bank Account"), if different from the bank account designated under the Previous Grant Agreement. In the event that any refund or other income is received or, after relevant outstanding commitments and liabilities under the Previous Grant Agreement being settled and paid, any cash left in the bank account under the Previous Grant Agreement after the start date of the Implementation Period, the Grantee shall immediately (1) arrange for these funds to be transferred to the New Bank Account and (2) notify the Global Fund thereof;

- 5.2. No later than the start date of the Implementation Period, all non-cash assets remaining under the Previous Grant Agreements are fully accounted for and duly documented in order for them to be included into the Program Assets, managed under the Program and governed by the terms of this Grant Agreement; and
- 5.3. All other requirements (including, but not limited to, those concerning financial and other reporting) are duly complied with in order for the Global Fund to financially and administratively close the Grant Funds provided under the Previous Grant Agreement according to the relevant Global Fund policy.
- 5.4. No later than 30 June 2017, the Grantee shall, or the Grantee shall cause the CCM to, submit to the Global Fund, in form and substance satisfactory to the Global Fund, a detailed "Transition and Sustainability Plan and Budget" for the gradual governmental take-over, starting in 2019, of Program Activities to ensure the continued funding of essential services beyond the life of the current Grant Agreement.
- 5.5. The procurement of health products, including pharmaceuticals, with the Grant Funds shall, if so requested by the Global Fund in its sole discretion for reasons of quality, efficiency, and/or value for money, be done through (1) the services of a suitably qualified procurement agent, (2) the pooled procurement mechanism (PPM), or (3) the online procurement platform operated by the Global Fund. When invoking this right, the Global Fund shall stipulate the list of health products.
- 5.6. The engagement of all technical assistance with the Grant Funds shall be reviewed and approved by the Global Fund in its sole discretion.

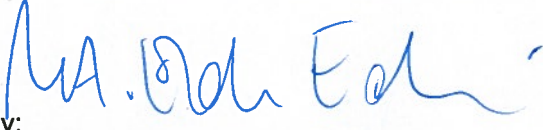
- 5.7 In accordance with the Global Fund Board Decision Point GF/B28/DP4, the commitment and disbursement of 15% of the Grantee's aggregate allocation of USD 56,454,091 for the 2014-2017 allocation period, which is equal to USD 8,468,113 is subject to the Global Fund's satisfaction with the Grantee's compliance with the Global Fund's policies relating to counterpart financing.
6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations as follows:
- 6.1 The Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Grantee or the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

(The signature page follows.)

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Georgia
acting through
National Center For Disease Control and Public Health

By: 

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


Date: 23 JUN 2016

By: 

Name: Mr. Amiran Gamkrelize
Title: Director General

Date: 17.06.2016

Acknowledged by

By: 

Name: Dr. David Sergeenko
Title: Chair of the Country Coordinating Mechanism for Georgia

Date: 17.06.2016

By: 

Name: Ms. Izoleta Bodokia
Title: Civil Society Representative of the Country Coordinating Mechanism for Georgia

Date: 17.06.2016

Performance Framework			English	
A. Program details				
Country / Applicant:	Georgia		The National Center for Disease Control and Public Health	
Component:	HIV/AIDS		The Net	
Start Year:	2016			
Start Month:	July			
Annual Reporting Cycle:	Jan - Dec			
Reporting Frequency (Months):	6			
Principal Recipients (Please select from list or add a new one)				

Period	Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017	
	2016	2017	2016	2017	2016	2017	2016	2017
PI due	Yes	No	Yes	No	Yes	No	Yes	No
RACIS due	No	Yes	No	Yes	No	Yes	No	Yes

C. Program goals and impact indicators

1. To earn the HIV epidemic in the country phase through strengthened interventions targeting key affected populations (KAP), and significant improvement in health outcomes for PLHIV.

Linked # (note)	Impact Indicator	Country	Baseline		Required change/ target	Targets					Comments	
			Value	Year		2016	2017	2018	2019	2020		
1	HIV-1-4: AIDS related mortality per 100,000 population	Georgia	1.9	2014	HHS	2.5 (15-Feb-2017)	2.4 (15-Feb-2018)	2.3 (15-Feb-2019)				Indicator is calculated using data from the national AIDS Health Information System (AHIS). The indicator is calculated using age-specific mortality rates and comprehensive case-based information on all reported cases of HIV/AIDS, including number of deaths. According to recent census the population of Georgia reduced to 3.7 million in 2015, while in the period 2010-2015 the population of Georgia increased by 0.2 million people. The indicator is calculated using data from the national AIDS Health Information System (AHIS). The indicator is calculated using age-specific mortality rates and comprehensive case-based information on all reported cases of HIV/AIDS, including number of deaths. According to recent census the population of Georgia reduced to 3.7 million in 2015, while in the period 2010-2015 the population of Georgia increased by 0.2 million people. The baseline value is based on the old estimated population of 4.5 million while future targets are based on the new value of 3.7 million people. That is why the target is higher than baseline.
1	HV-1a1: Percentage of men who have sex with men who are living with HIV	Georgia	2%	2015	BSS (Behavioral Surveillance Survey) / BSS (Behavioral Surveillance Survey)	20%	15-Feb-2016					
1	HV-1-1c: Percentage of sex workers who are living with HIV	Georgia	0.70%	2014	BSS (Behavioral Surveillance Survey)	0.70%	15-Aug-2017					
1	HV-1-11: Percentage of people who injected drugs who are living with HIV	Georgia	2.20%	2015	BSS (Behavioral Surveillance Survey)	2.00%	15-Feb-2010					

D. Program objectives and outcome indicators

Objectives:

1. Improve the effectiveness of outreach and prevention and ensure timely detection of HIV and progression to care.
2. Improve HIV health outcomes through ensuring universal access to quality treatment, care and support.
3. Ensure sustainable strong response to the epidemic through enhanced government commitment, enabling legislative and operational environment, and greater involvement of civil society.

Linked to objective #	Outcome Indicator	Country	Baseline		Required change/ target	Targets					Comments	
			Value	Year		2016	2017	2018	2019	2020		
2	HV-O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Georgia	64%	2014	HHS	69% (15-Feb-2017)	69% (15-Feb-2018)	90% (15-Feb-2019)				The indicator will be calculated using electronic monitoring supported by the national AIDS Health Information System (AHIS) (http://www.nchads.org/georgia/ahis/index.html) and the national AIDS Health Information System (AHIS) (http://www.nchads.org/georgia/ahis/index.html) (2014OARPP_2014_guidelines_en.pdf)
1	HV-O-2: Percentage of men reporting the use of a condom the last time they had sex with a male partner	Georgia	64%	2015	BSS (Behavioral Surveillance Survey)	80%	15-Feb-2016					
1	HV-O-3: Percentage of sex workers reporting the use of a condom with their most recent client	Georgia	90%	2014	BSS (Behavioral Surveillance Survey)	90%	15-Aug-2017					
1	HV-O-4: Percentage of people who injected drugs reporting the use of sterile injecting equipment the last time they injected	Georgia	74%	2015	BSS (Behavioral Surveillance Survey)	87%	15-Feb-2016					

Module 1	Prevention programs for people who inject drugs (PWID) and their partners											Required disaggregation	Baseline			Comments							
	Coverage/Output indicator	Responsible Principal Recipient	Is subject of another indicator (where applicable)	Geographic Area (if Sub-national, "Community")	Cumulative for FYD	Year		N	D	%	N		D	%									
						2015 (6months)	2015 (6months)								2015 (6months)		2015 (6months)						
PW-1.6 Percentage of PWID reached with HIV prevention programs - defined package of services	The Net	Phase select.	National	Non-cumulative	18878	36.2%	2015 (6months)	21,970	49700	43%	30,814	49700	62%	23,310	49700	47%	33,298	49700	67%	25,048	49700	50%	Numerator: Number and IDUs reached by PMADS prevention programs during the last 6 months. Denominator: Number of IDUs in the country. The last available total and last reported for the number based on first 6 months of 2015. The brevity is notional reached if reported at least once within the last 6 months (calendar year) and one from last 6 months (calendar year) period. Client participation in individualized services is not included in numerator. PWID may also receive other services (e.g. HIV, HCV testing, a referral to another specialist, and others) depending on the program. Targets for Jan-June are 6 month targets and July-Dec are 12 month targets (annual targets).
PW-3.6 Percentage of PWID that have received an HIV test during the reporting period and know their results	The Net	Phase select.	National	Non-cumulative	9540	19.2%	2015 (6months)	18,462	49,700	38.2%	27,832	49,700	56.0%	20,874	49,700	42%	28,620	49,700	60.0%	22,813	49,700	46%	Numerator: provided by counting the total number of individuals who have been on treatment for at least 6 months since initiation of ART or medication-assisted therapy (MAT) (e.g. long-acting injectable antiretroviral drugs) at the end of the reporting period. Denominator: is the number of individuals starting ART (regardless of previous ART exposure) during the reporting period. Targets for Jan-June are 6 month targets and July-Dec are 12 month targets (annual targets). From counting will be excluding those individuals starting ART during the reporting period from those included in the denominator. The denominator will include in the numerator and denominator as well. Individuals received the ART treatment at least once in the reporting period and have stayed on treatment at least 6 months since initiation of ART. This indicator is from other ART programs (e.g. state program) during the reporting period. This is a quality indicator.
PW-6. Percentage of individuals reaching Opioid Substitution Therapy who received treatment for at least 6 months	The Net	Phase select.	Subnational	Non-cumulative	4448	45.2%	2015 (6months)	12,858	28,620	60.0%	18,204	28,620	68.0%	15,028	28,620	72.0%	22,365	28,620	78.0%	17,628	28,620	78%	The numerator is individuals assessed PMADS. The denominator is VCT target for PMADS for the same period. If availability is identified to be under TB risk levels is referred to the local TB cohort along with reference about the TB cohort. Once part is kept at TB cohort while another is kept off and submitted by VCT analysis TB cohesiveness at the end of each month. The part of the reference about taken back by the TB cohort. TB specialist, duration, status, date of receiving at TB cohort and individual's unique code. In HIV data TB cohort and TB cohort is not included in the TB data. Dependent TB cohort is referred to the TB data. There is a separate TB cohort in HIV and TB data can be used as a separate TB cohort. All PR level are referred to TB positive cases in HIV and TB data. This indicator is from other ART programs (e.g. state program) during the reporting period. This is a quality indicator.
Percentage of PWID assessed for TB	The Net	Phase select.	National	Non-cumulative	9844	27,832	71.8%	19,462	28,620	68.0%	25,347	28,620	88.6%										

Module 2	Prevention programs for MSM and TB																								
	Coverage/Output Indicator	Responsible Principal Recipient	Is subject of another indicator (where applicable)	Geographic Area (Country/territory/Province/State)	Comments	Baseline		Required disbursements	Targets																
						M/F	D/F		%	Year	Source	July 2016 - Dec 2016		Jan 2017 - June 2017		July 2017 - Dec 2017		Jan 2018 - June 2018		July 2018 - Dec 2018		Jan 2019 - June 2019		July 2019 - Dec 2019	
												N	D	%	N	D	%	N	D	%	N	D	%	N	D
MSM: % Percentage of MSM reached with HIV prevention programs - defined package of services	The Net	Please select...	National	2015 (months)	0.5%	1,428	None cumulative	Reports (program reports)	4,220	25%	4,185	30%	5,920	50%	5,920	50%	7,140	42%	8,000	50%	8,000	50%	7,140	42%	
% of Percentage of MSM that have reached an HIV test during the reporting period and know their results	The Net	Please select...	National	2015 (months)	5.1%	875	None cumulative	Reports (program reports)	3,000	18.0%	2,250	15.0%	4,220	24%	4,080	24%	6,000	40.0%	6,000	40.0%	5,910	33%	17,000	33%	
Percentage of MSM screened for TB	The Net	Please select...	National	2015 (months)	51.8%	870	None cumulative	Reports (program reports)	1,028	63.0%	1,063	66.0%	2,833	68.0%	2,836	71%	5,190	76%	5,190	76%	4,376	76%	5,810	76%	

#	Intervention	Key Activities	Measurement/Targets (no more than 200 characters)	Milestones/Targets	Comments (no more than 200 characters)
1	Other interventions for MSM and TBs - Please specify	1. To ensure PEP policy plan and protocol with participation of key representatives of key organizations and agencies. 2. To ensure the PEP plan and protocol is developed and implemented. 3. To ensure MSM in PEP plan program. 4. To ensure the PEP plan and protocol is implemented. 5. To ensure the PEP plan and protocol is implemented.	Development of PEP policy plan and protocol with participation of key representatives of key organizations and agencies. 2. To ensure the PEP plan and protocol is developed and implemented. 3. To ensure MSM in PEP plan program. 4. To ensure the PEP plan and protocol is implemented. 5. To ensure the PEP plan and protocol is implemented.	PEP policy plan is developed by Local organizations with international TA support and approved by PM and CCM. The relevant protocol is developed and implemented. 200 people (physicians, counsellors) are trained on PEP administration and monitoring by International Visitor	200 people (physicians, counsellors) are trained on PEP administration and monitoring by International Visitor
			Screened MSM (no MSM) per each reporting period (during 2017) 100, 100, 200 and 200 by the periods	number of MSM reaching each reporting period compared to target: 20, 20, 20, 20	The pilot program evaluation report is submitted to the Global Fund and shared with Global Fund

Module 3	Prevention programs for sex workers and their clients										
	Responsible Principal Recipient	Geographic Area (If Sub-national, specify under "Comments")	In subject of another indicator (where applicable)	Candidation for APD	Baseline		Required disaggregation				
					NP	DP					
NP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	The Net	National	Please select.	Non-cumulative	18.0% (months)	2015					
						NP	DP	NP	DP	NP	DP
						6,900	6,900	3,295	47%	2,741	3,915
NP-2c: Percentage of sex workers that have received an HIV test during the reporting period and have their results.	The Net	National	Please select.	Non-cumulative	11.6% (months)	2015					
						NP	DP	NP	DP	NP	DP
						6,900	6,900	1,827	26.5%	2,295	3,285
Percentage of FSW screened for TB	The Net	National	Please select.	Non-cumulative	71.2% (months)	2015					
						NP	DP	NP	DP	NP	DP
						815	815	1,208	86.0%	2,295	2,447

Comments:

NP-1c: Numerator: Number and FSW reached by HIV/AIDS. Denominator: Estimated number of FSW in the country. The last available result and final target represents the information based on first 6 months of 2015. The numerator represents the number of sex workers reached at least two services from the list of basic package (condom, lubricant, information materials and counseling) and one of them has to be condom at least once within a 6 months period. In addition, information materials and counseling, and IEC materials and safe behavior can be reported as well. In addition, beneficiaries can also receive other services (FV, STI, HIV, HCV testing, a referral to another service, etc.). The numerator represents the total number of sex workers. Targets for Jan-June are 6 month targets and Jul-Dec are 12 month targets (annual targets).

NP-2c: Reports represent number of people reached with VCT during each semi-annual period. The baseline represents the last available result for the first six months of 2015. The denominator represents the total number of sex workers. Targets for Jan-June are 6 month targets and Jul-Dec are 12 month targets (annual targets).

TB: The numerator is cumulative screened FSW. The denominator is the number of sex workers. If beneficiary is identified to be under TB risk he/she is referred to the best TB cabinet along with reference sheet for further screening. The numerator shows number of sex workers screened for TB and the denominator is the total number of sex workers screened for VCT under TB umbrella at the end of each month. This part of the reference sheet taken back by the sex worker. The information about the outcome of the screening is reported in the form of TB screening card. TB umbrella screening items, date of screening, TB cabinet and individual's unique code. In HIV data base, TB will report on positive. Also, when patient is not positive, TB screening card is taken back to the sex worker (there is a couple of months delay). All HIV test are card despite check the TB positive cases in HIV and TB data bases (the positive history number is the identifier for TB screening and not the TB positive cases). TB screening card is reported during reporting period. (By questionnaire) MAPS) during reporting period. Denominator: Number of people screened with VCT. The numerator is the same number as target for the given reporting period.

Workplan/Tracking Measures

Module 4	Prevention programs for other vulnerable populations (please specify)										
	Responsible Principal Recipient	Geographic Area (If Sub-national, specify under "Comments")	In subject of another indicator (where applicable)	Candidation for APD	Baseline		Required disaggregation				
					NP	DP					
NP-3c: Percentage of other vulnerable populations (prisoners) that have received an HIV test during the reporting period and have their results	The Net	National	Please select.	Non-cumulative	24.7% (months)	2015					
						NP	DP	NP	DP	NP	DP
						10,000	10,000	4,825	48%	4,375	4,800

Comments:

The baseline represents the last available result for the first six months of 2015. Targets for Jan-June are 6 month targets and Jul-Dec are 12 month targets (annual targets). Numerators and Denominators will be reported during PU and PUDR.

Workplan/Tracking Measures

Module 5	Treatment, care and support																										
	Coverage/Output Indicator	Responsible Principal/Recipient	Is subject of another indicator (Specify under appropriate)	Geographic Area/Indicator (Specify under "Comments")	Cumulative for APD	Baseline			Required diagnosis	Targets												Comments					
						NP	DP	%		Year		NP	DP	%	July 2016 - Dec 2016		Jan 2017 - June 2017		July 2017 - Dec 2017		Jan 2018 - June 2018		July 2018 - Dec 2018		Jan 2019 - June 2019		
										NP	DP				NP	DP	NP	DP	NP	DP	NP		DP	NP	DP		
TCB-1: Percentage of adults and children currently receiving suboptimal therapy among all adults and children living with HIV	The Net	Please select..	National	42.2%	2015	1466	3044	53%	58%	61%	57%	53%	4.00	4.875	5.110	5.275	63%										Country adopted first of policy, which involves shifting ART to all people who are already diagnosed with HIV. Because of this, coverage of our patients has been already eligible for ART all previous CD4-200 recommendations, which to treat all patients in second half of 2015 did not dramatically increase coverage with HIV testing of target populations and takes into account existing dynamics in HIV diagnosis. Currently approximately 50% of people living with HIV are on ART. The remaining 50% of people living with HIV are in prevention scale-up in HIV testing. Without further scale-up of testing increasing more patients on ART is not realistic. The remaining 50% of people living with HIV is represented by representing all patients for treatment PLIV, care 2. Represents estimated number of all PLIV.
TCB-3: Percentage of adults and children that initiated ART with an undetectable viral load at 12 months (VLDI reports)	The Net	Please select..	National	0.0%	2014			93.0%			94.0%	85.0%	7.480	8.340	8.340	8.340	85.0%									Number: Number of PLIV with an undetectable viral load at 12 months. Denominator: Number of adults and children who initiated ART in the 12 months prior to the beginning of the reporting period with a viral load report at 12 months. The numerator and denominator will be reported during PU and PLIV.	
Proportion of new individuals who test positive for HIV, enrolled in care (Pre-ART or ART)	The Net	Please select..	National	88.9%	2014	1466		91.0%			92.0%	95.5%														Number: number of newly diagnosed HIV patients who have accessed HIV care-Pre-ART, or ART services for the reporting period. The numerator is the number of new individuals who test positive for HIV during the reporting period. The denominator is the total number of new HIV cases registered in the country. This includes individuals who are currently on treatment and those who are not on treatment. The reporting period is from 2015-2017 and 2018.	

Workplan/Tracking Monitors

Module 6	Removing legal barriers to access																						
	Intervention	Key Activities	Measure/Targets (no more than 200 characters)	Criteria for completion (no more than 200 characters)	Measure/Targets												Comments (no more than 200 characters)						
					NP	DP	%	NP	DP	%	NP	DP	%	NP	DP	%							
1	Other	<ul style="list-style-type: none"> 1. To establish Policy and Advisory Council 2. Through PAMAC enable 3. To develop standard OET program transition plan; 4. To develop alternative, programmatic mechanisms for transitioning services to OET. 5. To enable the Transition Plan and get it approved by the MLJSA; 	<ul style="list-style-type: none"> 1. The PAMAC is fully established and constituted (4) in 2016 and 2 in 2017 2. OET is developed, implemented and approved by the end of June 2018 for 3. The OET plan is developed with support of local and international consultants and approved by the MLJSA 4. The alternative mechanisms for transitioning OET services from the part of the transition plan (submitted in the Transition Plan MLJSA) by the July of 2017 	<ul style="list-style-type: none"> 1. Criteria for completion (no more than 200 characters) 																			

This total budget of US\$18,462,163 is funded from US\$193,278 in estimated cash balance at 30 June 2016, and additional funding of US\$18,268,885 (noted as 'Grant Funds' on the face of grant agreement)

Component:	HIV/AIDS
Country / Applicant:	Georgia
Principal Recipient:	National Center for Disease Control and Public Health
Grant Number:	GE0-H-MCDC
Implementation Period Start Date:	01-07-16
Implementation Period End Date:	30-06-19
Grant Currency:	USD

Budget Summary (in grant currency)

By Month	2016		2017		2018		2019		Total	%				
	01-07-16	01-10-16	01-07-17	01-10-17	01-07-18	01-10-18	01-07-19	01-10-19						
Prevention programs for MSM and TCs	271,598	142,568	334,378	302,573	118,814	343,166	118,292	123,434	703,709	117,775	232,367	2,023,138	11%	
Prevention programs for sex workers and their clients	141,008	87,024	117,137	302,573	118,814	343,166	118,292	123,434	703,709	117,775	232,367	2,023,138	11%	
Prevention programs for people who inject drugs (PWID) and their partners	796,471	632,204	1,386,074	1,054,412	3,865,172	75,056	78,402	74,963	78,402	74,963	78,402	428,468	7%	
Prevention programs for other vulnerable populations (please specify)	32,160	23,555	18,333	38,929	16,482	17,812	17,812	16,482	17,812	16,482	17,812	84,524	35%	
Treatment, care and support	1,164,428	821,959	2,080,384	1,733,304	851,189	1,260,708	285,235	2,170,436	1,803,900	153,987	148,744	34,747	273,521	1%
HHS - Health information systems and M&E	77,580	125,048	202,627	102,718	110,300	3,886	7,773	17,812	20,643	4,234	4,234	313,235	34%	
Removing legal barriers to access	42,243	68,918	108,161	74,302	70,654	47,313	53,455	245,737	37,507	38,520	31,374	38,785	142,168	4%
Program management	79,735	81,518	161,493	79,757	78,054	78,054	78,054	78,054	78,054	78,054	78,054	78,054	24,137	6%
Total	2,565,081	2,060,783	4,646,843	3,982,881	2,083,083	1,112,388	7,082,463	887,628	4,887,111	1,026,776	818,970	1,848,748	18,462,163	100%

By Cost Grouping	2016		2017		2018		2019		Total	%										
	01-07-16	01-10-16	01-07-17	01-10-17	01-07-18	01-10-18	01-07-19	01-10-19												
1.0 Human Resources (HR)	763,172	783,172	1,560,343	762,766	630,345	639,345	832,165	617,509	617,509	614,364	814,364	1,228,728	8,138,095	44%						
2.0 Travel related costs (TRC)	90,384	97,281	187,645	83,852	83,709	60,951	83,145	319,456	68,032	72,821	81,395	70,919	274,207	54,278	54,489	108,748	890,115	5%		
3.0 External Professional services (EPS)	90,046	120,244	216,290	114,012	101,531	114,426	138,180	470,059	8,827	12,813	27,334	31,077	80,151	27,608	27,287	54,873	821,373	4%		
4.0 Health Products - Pharmaceutical Products (HPPP)	628,433	628,433	628,433	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	1,071,328	2,822,022	12%	
5.0 Health Products - Non-Pharmaceutical Products (HNP)	444,254	83,895	527,849	780,761	780,761	780,761	780,761	780,761	780,761	780,761	780,761	780,761	780,761	780,761	780,761	780,761	780,761	2,247,377	12%	
6.0 Health Products - Equipment (HPE)	10,322	725,220	735,042	9,314	583,899	15,834	9,314	311,059	9,314	311,059	15,834	398,207	12,574	12,574	1,093,870	8%				
7.0 Procurement and Supply-Chain Management costs (PBM)	141,171	1,723	3,454	5,177	22,802	2,900	108,988	182,838	79,296	23,818	1,397	104,511	550	550	430,164	2%				
8.0 Infrastructure (INF)	1,723	3,454	5,177	22,802	2,900	108,988	182,838	79,296	23,818	1,397	104,511	550	550	430,164	2%					
9.0 Non-Health equipment (NHE)	27,821	90,388	118,208	10,883	49,548	15,684	10,883	10,883	10,883	10,883	10,883	10,883	10,883	10,883	10,883	10,883	10,883	35,315	0%	
10.0 Communication Material and Publications (CMP)	32,327	32,327	32,327	26,571	27,417	787	787	12,872	15,235	9,969	787	10,777	124,289	1%						
11.0 Programme Administration costs (PA)	128,070	116,818	245,068	115,012	80,333	89,333	408,800	90,338	85,588	85,398	85,398	344,721	88,147	88,147	178,295	1,218,984	7%			
12.0 Living support to client/target population (LSTP)	21,539	21,539	43,077	28,842	22,418	27,245	21,021	89,326	27,848	21,722	21,722	21,292	21,292	42,564	284,325	2%				
13.0 Results-based financing (RBF)																				
Total	2,565,081	2,060,783	4,646,843	3,982,881	2,083,083	1,112,388	7,082,463	887,628	4,887,111	1,026,776	818,970	1,848,748	18,462,163	100%						

By Recipients	2016		2017		2018		2019		Total	%									
	01-07-16	01-10-16	01-07-17	01-10-17	01-07-18	01-10-18	01-07-19	01-10-19											
National Center for Disease Control and Public Health	433,918	1,033,097	1,467,012	182,324	125,094	139,590	1,652,474	106,434	1,044,925	1,074,825	127,968	288,148	4,482,559	24%					
ADSC (Infectious Diseases, AIDS and Clinical Immunology Research Center)	144,330	135,084	279,423	141,582	166,312	142,693	584,802	126,736	116,601	144,326	120,677	508,340	110,050	1,608,083	9%				
MHAPC (Mental Health and Addiction Prevention Center)	178,229	178,474	356,698	178,933	174,555	353,146	353,146	353,146	353,146	353,146	353,146	353,146	353,146	706,292	4%				
GHRR (Georgian Harm Reduction Center)	364,082	353,910	717,872	352,864	344,907	350,024	344,902	339,148	357,217	338,081	1,370,449	340,217	330,025	670,242	4,161,478	23%			
TG (Center for Information and Medical Counseling Tnadgoma)	184,580	177,213	361,772	182,840	168,286	171,671	171,006	173,118	171,006	173,118	171,006	687,518	172,184	169,517	341,765	2,092,419	11%		
HAPS (Patients Support Foundation)	37,356	32,511	69,867	35,878	33,006	31,657	132,762	34,174	32,321	33,204	31,885	133,653	32,688	32,343	65,031	401,213	2%		
Other	64,125	62,064	126,189	68,142	64,401	75,855	84,603	230,801	60,387	59,410	58,805	65,108	238,720	48,134	87,148	753,858	4%		
PPM	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	882,255	2,276,428	12%
IDA	186,273	37,486	233,768	54,705	95,891	95,891	301,191	3,846	7,773	7,773	7,773	148,004	148,004	148,004	1,513,777	8%			
CIF (Curelisto International Foundation)	72,939	72,939	145,878	54,705	95,891	95,891	301,191	3,846	7,773	7,773	7,773	148,004	148,004	148,004	1,513,777	8%			
Total	2,565,081	2,060,783	4,646,843	3,982,881	2,083,083	1,112,388	7,082,463	887,628	4,887,111	1,026,776	818,970	1,848,748	18,462,163	100%					