

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:	Tuberculosis
3.3	Program Title:	Sustaining Universal Access to Quality Diagnosis and Treatment of all forms of TB in Georgia
3.4	Grant Name:	GEO-T-NCDC
3.5	GA Number:	1121
3.6	Grant Funds:	Up to the amount of US\$11,697,487 (Eleven Million Six Hundred Ninety-Seven Thousand Four Hundred and Eighty-Seven US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 January 2017 to 31 December 2019

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

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee 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-T-NCDC, dated 20 June 2016, 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.

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 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 from 2020, of Program activities to ensure the continued funding of essential services beyond the life of this Grant Agreement.

5.5 The procurement of specific 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.

5.6 The Grantee, acting through the Principal Recipient, shall obtain a prior written approval from the Global Fund for engagement of all technical assistance using the Grant Funds.

5.7 No later than 30 days prior to a scheduled cash transfer that includes the Grant Funds for the procurement of MDR-TB medicines, the Grantee, acting through the Principal Recipient, shall deliver to the Global Fund a pro forma invoice issued by the designated procurement agent of the Global Drug Facility, as delegated by the Green Light Committee Initiative (the "GLC").

5.8 The Principal Recipient shall cooperate with the GLC in its efforts to provide technical support and assistance to the Principal Recipient with respect to monitoring and the scaling-up of MDR-TB-related services provided in Georgia. Accordingly, the Principal Recipient shall budget and authorize the Global Fund to disburse up to a maximum of US\$50,000, or such lower amount as may be agreed between the GLC and the Global Fund, each year to pay for the GLC services. The terms of reference for the GLC mission shall be agreed with the Global Fund.

5.9 No later than 30 June 2017, the Grantee, acting through the Principal Recipient, shall submit to the Global Fund a plan, describing the tuberculosis program coordination mechanisms, setting forth segregation of the roles and responsibilities among the implementing entities. In addition, the Principal Recipient shall confirm, following the LFA verification, that each Sub-recipient contract complies with Articles 14, 18 (d) and 20 (a) of the Standard Terms and Conditions of this Agreement.

6 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.

7 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:

7.1 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

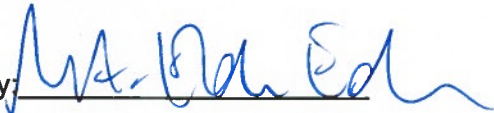
Grant Confirmation do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

The signature page follows

IN WITNESS WHEREOF, the Global Fund and the Grantee 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

National Center For Disease Control and Public Health

By: 

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

Date: 23 NOV 2016

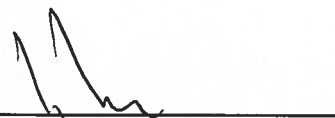
By: 

Name: Dr. Amiran Gamkrelize
Title: Director General, National Center for Disease Control and Public Health

Date: 15 November 2016



Acknowledged by

By: 

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

Date: 15 November 2016

By: 

Name: Mr. Nikoloz Mirzashvili
Title: Civil Society Representative of the Country Coordinating Mechanism for Georgia

Date: 15 November 2016

SCHEDULE 1. INTEGRATED GRANT DESCRIPTION

Country:	Georgia
Program Title:	Sustaining Universal Access to Quality Diagnosis and Treatment of all forms of TB
Grant Number:	GEO-T-NCDC
Disease:	Tuberculosis
Principal Recipient:	National Centre for Disease Control and Public Health

A. PROGRAM DESCRIPTION

1. Background and Summary

At the beginning of 2015, the population of Georgia was 3.73 million, with 57.4% of the total population residing in urban areas. According to the World Bank, the country's economy registered an average 5.5% annual growth during the last five years; the estimated gross national income (GNI) was USD 3,560 per capita in 2013, while about 15% of the population live below national poverty line.

Tuberculosis re-emerged as an important public health threat after the breakdown of the Soviet Union, and its burden remains high in Georgia. According to WHO, the latest estimated TB incidence was 106 per 100,000 population (for 2014). The estimated 2014 mortality rate was 6.6 per 100,000 population (excluding TB/HIV cases). According to the NTP notifications data, the total of 3,850 TB cases, all forms were registered in the country in 2014.

The high MDR TB burden is the key challenge for the national TB program. The WHO estimated that 640 patients with multidrug-resistant TB (MDR-TB) were in need of treatment in 2014. The final 2014 data show MDR prevalence of 11.6% and 39.2% among new and previously treated cases, respectively. About one-third of all laboratory confirmed MDR cases also have resistance to second-line anti-TB drugs (SLDs) – fluoroquinolones or injectable agents, and between 6-7% of MDR patients have extensively drug-resistant TB (XDR-TB).

Proportion of TB patients with known HIV status is rather low and was 67% in 2014. HIV prevalence among TB patients remains low compared to other countries in the region; during the last five years, it varied between 1.7-2.3% among TB cases, all forms, tested for HIV.

Over the last decade, the treatment success rate of all TB cases increased from 62.5% in 2004 cohort to 78.0% in 2013 cohort, and the proportion of patients interrupting treatment during the same period has decreased from 16.3% to 10.7%.

At the same time, the treatment results of M/XDR patients are worrisome and represent the major concern for the national program. Totally, for completed M/XDR-TB treatment cohorts for the last five years (2008-2012), only 51.2% of patients were successfully treated, 8.4% died, 4.9% failed treatment, 28.6% defaulted and 7.3% of cases not evaluated at the end of treatment.

2. Goal, Strategies and Activities

Goal: to decrease the burden of tuberculosis and its impact over the overall social and economic development in Georgia, by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB, which will decrease illness and deaths and prevent further development of drug resistance.

Strategies:

- To provide universal access to early and quality diagnosis of all forms of TB including M/XDR-TB;
- To provide universal access to quality treatment of all forms of TB including M/XDR-TB with appropriate patient support;
- To enable supportive environment and systems for effective TB control;
- To strengthen the health system's cross-cutting functions and performance for TB and HIV/AIDS control.

Planned Activities:

1. Rollout of Xpert MTB/RIF technology;
2. TB diagnostic investigations at regional and national level;
3. Contacts' investigation, screening and active case finding for TB among high-risk groups including people living with HIV;
4. Supply of anti-TB drugs and drug management system;
5. Patient support to improve adherence to TB treatment;
6. Treatment monitoring, management of adverse drug reactions and comorbidities;
7. TB infection control in health care facilities;
8. Management of latent TB infection;
9. Strengthening core health system functions for TB control;
10. Supervision, monitoring and evaluation of the National TB Program;
11. Civil society engagement, advocacy, communication, social mobilization (ACSM) for TB control;
12. Ensuring service availability and enhancing the integration of TB and HIV/AIDS services into the wider health system and across the care continuum;
13. Improving the Health Information System to monitor the access to necessary health services for the general and key affected populations;
14. Improving financing mechanisms to support the integration and increase in coverage, effectiveness and quality of the TB and HIV/AIDS services;

Target Group/Beneficiaries:

- TB patients including M/XDR-TB patients
- Population groups with increased risk of TB (Prisoners, PLHIV, PWID/migrants)
- Health care providers involved in TB and M/XDR-TB diagnosis and treatment/case management including primary health care providers
- National TB Program staff
- General population

Performance Framework			English	
A. Program details				
Country / Applicant:	Georgia	Principal Recipients <i>(Please select from list or add a new one)</i>		
Component:	Tuberculosis			
Start Year:	2017		NCDC The National Center for Disease Control and Public Health	NCDC
Start Month:	January			
Annual Reporting Cycle	Jan - Dec			
Reporting Frequency (Months)	12			

B. Reporting periods							
Period	Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019		Jan 2020 - Dec 2020
PU due	Yes		Yes		Yes		Yes
PU/DR due	Yes		Yes		Yes		No

C. Program goals and impact indicators	
Goals:	
1	To decrease the burden of tuberculosis and its impact over the overall social and economic development in Georgia, by ensuring universal access to timely and quality diagnosis and treatment of all forms of TB, thus decrease illness, death and drug resistance.

Linked to goal(s) #	Impact indicator	Country	Baseline			Required disaggregation	Targets						Comments			
			Value	Year	Source		2017	Report due date	2018	Report due date	2019	Report due date		2020	Report due date	
1	TB I-3: TB mortality rate (per 100,000 population)	Georgia	6.6	2014	Specify- Reports, Surveys, Questionnaires etc.		6.5	15-Feb-2018		6.2	15-Feb-2019		6.0	15-Feb-2020		Baseline: 2015 estimate based on WHO estimate for 2014 (6.6 per 100,000; excluding HIV)
1	TB I-4: MDR-TB prevalence among new TB patients	Georgia	11.6	2014	R&R TB system, yearly management report		12	15-Feb-2018		12.4	15-Feb-2019		12.8	15-Feb-2020		Baseline source: National Tuberculosis Program/National Reference Laboratory. MDR-TB prevalence among new TB patients should be kept under 15%. Specifically, based on the analysis of the previous 5 year trend, 0.4 increase per year should be anticipated

D. Program objectives and outcome indicators	
Objectives:	
1	To provide universal access to early and quality diagnosis of all forms of TB including M/XDR-TB
2	To provide universal access to quality treatment of all forms of TB including M/XDR-TB with appropriate patient support
3	To enable supportive environment and systems for effective TB control
4	To strengthen the health system's cross-cutting functions and performance for TB and HIV/AIDS control

Linked to objective(s) #	Outcome indicator	Country	Baseline			Required disaggregation	Targets						Comments			
			Value	Year	Source		2017	Report due date	2018	Report due date	2019	Report due date		2020	Report due date	
1	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Georgia	82.9	2014	R&R TB system, yearly management report		82.3	15-Feb-2018		81.7	15-Feb-2019		81.2	15-Feb-2020		The indicator refers to all forms of TB cases that are bacteriologically confirmed or clinically diagnosed with active TB by a clinician. Indicator includes- new and relapse cases that are- (1) smear and/or culture positive; or smear positive/culture negative (2) smear and/or culture negative; (3) smear unknown/not done; (4) Positive by WHO-recommended rapid molecular diagnostics (e.g. Xpert MTB/RIF); (5) extra-pulmonary cases confirmed by WRD; (6) cases confirmed on the basis of X-Ray abnormalities or suggestive histology; It does not include- retreatment cases such as- (1) treatment after failure patients; (2) treatment after loss to follow-up (previously known as 'treatment after default') (3) other retreatment cases
2	TB O-5: TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all form of TB - bacteriologically confirmed plus clinically diagnosed)s	Georgia	79%	2015	R&R TB system, yearly management report		85%	15-Feb-2018		90%	15-Feb-2019		95%	15-Feb-2020		Source: Global TB Report Numerator: New and relapse cases notified by the NTP Denominator: WHO estimated incidence cases

2	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated	Georgia	43	2015 (2013 cohort)	R&R TB system, yearly management report	Sex, Age	53 (2014 cohort)	15-Feb-2018	60 (2015 cohort)	15-Feb-2019	65 (2016 cohort)	15-Feb-2020	<p>This indicator is measured 24 months after the end of the period of assessment, baseline rate and targets include only laboratory confirmed RR-TB and/or MDR-TB cases. Outcomes for the XDR-TB cases will be reported separately under the comments section.</p> <p>Treatment success rate of XDR-TB: Percentage of bacteriologically confirmed XDR-TB cases successfully treated - Baseline 15/70 (21.4%)</p>
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E. Modules

Module 1		MDR-TB										Targets										Comments
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019		Jan 2020 - Dec 2020						
					N#	%	Year	Source		N #	%	N #	%	N #	%							
					D#					D #		D #		D #								
MDR TB-3: Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second-line treatment	NCDC	Please select...	National	Cumulative annually	404		2015	R&R TB system, yearly management report	Sex, Age, Case definition	444		449		451				MDR Patients that began second line treatment include: 1. Bacteriologically confirmed RR-TB and/or MDR-TB cases 2. Clinically diagnosed MDR TB Cases				
MDR TB-8: Number of cases of XDR TB enrolled on treatment	NCDC	Please select...	National	Cumulative annually	62		2015	R&R TB system, yearly management report		66		67		67				Definition of the XDR case according to WHO - Extensive drug resistance (XDR): resistance to any fluoroquinolone, and at least one of three second-line injectable drugs (capreomycin, kanamycin and amikacin), in addition to multidrug resistance. The number includes bacteriologically confirmed XDR TB cases.				
MDR TB other -1: Percentage of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis	NCDC	Please select...	National	Cumulative annually	1926	71.8%	2015	R&R TB system, yearly management report		1,860	75.0%	1,968	80.0%	2,062	85.0%			Indicator aligned with the End TB Strategy (2016). The WHO recommended rapid tests, commonly abbreviated as WRD, is coined to be inclusive of all rapid tests endorsed by WHO for diagnosis of TB. This includes tests that are currently existing such as Xpert and new tests that will join the list Numerator: New and relapse TB cases enrolled in the TB program who underwent GeneXpert testing at the time of diagnosis Denominator: New and relapse TB cases enrolled in the TB program Please note: based on the diagnostic algorithm, only pulmonary TB cases, cases with the TB meningitis and lymph node TB are eligible for the GeneXpert testing at the time of diagnosis				
					2681					2,481		2,460		2,425								

WorkplanTracking Measures

Module 2 HSS - Policy and governance

#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets						Comments (no more than 500 characters)	
					Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019			Jan 2020 - Dec 2020
1	Development and implementation of health legislation, strategies and policies	Advocating the ambulatory service delivery in the TB program	Increasing percentage of TB cases, all forms, receiving the entire treatment in outpatient (ambulatory) setting	35% of all forms of TB are receiving the entire treatment in outpatient (ambulatory) setting			x					
2	Development and implementation of health legislation, strategies and policies	Advocating the increase of government expenditure for TB control services	Increasing government expenditure for TB control services as percentage of general government expenditure for health care programs	2.5% of general government expenditure for health care programs is dedicated to the TB control services					x			

Module 3 Community systems strengthening

WorkplanTracking Measures

#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets						Comments (no more than 500 characters)	
					Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019			Jan 2020 - Dec 2020
1	Social mobilization, building community linkages, collaboration and coordination	Development and implementation of nation-wide public awareness campaign on TB control and prevention	The nation-wide TB public awareness campaign conducted	# of training sessions conducted; # of printed materials distributed; # of targeted groups reached; # of Comertials aired; KAP Survey report available					x			
2	Social mobilization, building community linkages, collaboration and coordination	Strengthening the role of religious leaders and faith communities in TB control and prevention	Detailed time-bound plan and design of TB interventions to further involve Georgian Orthodox Church is available	2 high level consensus-building meetings involving high level hierarchy of orthodox church, stakeholders and decision-makers from the line-ministries are carried out; # of education sessions carried out; # if peer educators recruited and trained			x					
3	Social mobilization, building community linkages, collaboration and coordination	Setting up peer support groups in TB medical institutions	4 peer support groups by 3 educators each established	12 peer educators trained	x							
4	Social mobilization, building community linkages, collaboration and coordination	Support MDR-TB treatment adherence at ambulatory level in Georgia, including prison TB treatment and care follow-up	ToRs for Adherence Support Projects in two regions of Georgia based on the situation analysis document reflect specific target groups (including TB/HIV high risk groups) on place	One project in Tbilisi, one in Batumi and 9 projects, one per region are initiated and implemented					x			

Module 4 HSS - Service delivery

WorkplanTracking Measures												
#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets						Comments (no more than 500 characters)	
					Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019			Jan 2020 - Dec 2020
1	Service organization and facility management	Master plan for infrastructure optimization and human resources planning for TB service integration	Assessment report on future needs for HIV/AIDS and TB services based on epidemiological projections and several possible scenarios involving varying degree and levels of service integration is available	Assessment report is finalised and distributed			x					

Module 5 Results-based Financing

WorkplanTracking Measures												
#	Intervention	Key Activities	Milestones/Targets (no more than 200 characters)	Criterion for completion milestone/target	Milestones/Targets						Comments (no more than 500 characters)	
					Jan 2017 - Dec 2017		Jan 2018 - Dec 2018		Jan 2019 - Dec 2019			Jan 2020 - Dec 2020
1	Results-based financing	External and National TA	Pilot of the performance based service delivery contracts with private health providers and their networks and support the pilot implementation of the Pay For Performance (P4P) schemes for outpatient service providers (both PHC and TB specialists) is carried out	Report reflecting lessons learned is available					x			

Component: Tuberculosis
Country / Applicant: Georgia
Principal Recipient: National Center for Disease Control and Public Health
Grant Number: GEO-T-NCDC
Implementation Period Start Date: 01-01-17
Implementation Period End Date: 31-12-19
Grant Currency: USD

This total budget of US\$12,125,491 is funded from US\$ 428,004 in cash balance available at the PR [USD equivalent of EUR 389,094 using 14 October 2016 exchange rate] and incremental funding of US\$ 11,697,487 (noted as 'Grant Funds' on the grant agreement)

Budget Summary (in grant currency)

By Module	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
MDR-TB	287,478	1,875,074	1,047,449	1,136,075	4,346,076	309,261	1,044,842	769,580	164,656	2,288,339	276,226	745,324	516,541	132,063	1,670,154	8,304,569	68%
HSS - Health information systems and M&E	68,877	268,877	68,877	68,877	475,507	68,892	116,066	68,892	68,892	322,742	68,697	68,697	68,697	68,697	274,789	1,073,038	9%
HSS - Service delivery		3,637	46,747	56,643	107,026	25,192	35,088	1,818		62,098			9,897		9,897	179,020	1%
HSS - Policy and governance	37,046	59,164	69,101	76,193	241,504	92,652	112,952	114,083	91,434	411,121	60,177	60,177	76,192	53,542	250,088	902,713	7%
Community systems strengthening	10,035	2,727	136,717	130,227	279,707	96,058	88,750	107,739	101,250	393,797	64,808	57,500	51,489	45,000	218,797	892,301	7%
Program management	41,123	54,760	41,123	41,123	178,129	41,355	54,343	41,355	41,355	178,408	43,816	68,709	42,084	42,084	196,692	553,229	5%
Results-based Financing		5,455	27,805	27,805	61,064	72,505	72,505	5,455	5,455	155,919	1,818	1,818			3,637	220,620	2%
Total	444,559	2,269,694	1,437,817	1,536,943	5,689,013	705,915	1,524,546	1,108,922	473,042	3,812,424	515,541	1,002,225	764,901	341,387	2,624,054	12,125,491	100%

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%	
1.0 Human Resources (HR)	125,295	139,841	148,023	148,023	561,182	129,035	129,035	125,398	123,580	507,048	112,633	112,633	108,997	108,997	443,259	1,511,489	12%	
2.0 Travel related costs (TRC)	70,081	112,518	81,537	118,627	382,764	135,695	173,323	114,997	105,455	529,469	105,278	133,819	104,249	87,764	431,110	1,343,343	11%	
3.0 External Professional services (EPS)	52,903	56,190	235,953	215,953	560,998	243,825	291,813	158,555	138,555	832,747	111,558	107,533	69,058	49,058	337,207	1,730,953	14%	
4.0 Health Products - Pharmaceutical Products (HPPP)			766,075		766,075			536,992		536,992			343,827		343,827	1,646,894	14%	
5.0 Health Products - Non-Pharmaceuticals (HPNP)		542,314			542,314		596,382			596,382		516,105			516,105	1,654,801	14%	
6.0 Health Products - Equipment (HPE)	76,920	836,750	6,000	951,000	1,870,670	82,240	172,100	6,000	6,000	266,340	82,240	6,000	6,000	6,000	100,240	2,237,250	18%	
7.0 Procurement and Supply-Chain Management costs (PSM)		70,261	96,889		167,150		62,441	67,529		129,969		35,917	43,202		79,119	376,238	3%	
8.0 Infrastructure (INF)		200,649			200,649						1,732	649			2,381	203,031	2%	
9.0 Non-health equipment (NHP)	15,202	213,616	5,786	5,786	240,390	15,449	6,033	6,033	6,033	33,549	15,376	5,960	5,960	5,960	33,257	307,195	3%	
10.0 Communication Material and Publications (CMP)	866	866	866	866	3,463	866	866	866	866	3,463	866	866	866	866	866	3,463	10,390	0%
11.0 Programme Administration costs (PA)	8,712	2,107	2,107	2,107	15,034	8,359	2,107	2,107	2,107	14,681	5,744	2,627	2,627	2,627	13,624	43,338	0%	
12.0 Living support to client/ target population (LSCTP)	94,581	94,581	94,581	94,581	378,323	90,446	90,446	90,446	90,446	361,784	80,115	80,115	80,115	80,115	320,462	1,060,568	9%	
13.0 Results-based financing (RBF)																		
Total	444,559	2,269,694	1,437,817	1,536,943	5,689,013	705,915	1,524,546	1,108,922	473,042	3,812,424	515,541	1,002,225	764,901	341,387	2,624,054	12,125,491	100%	

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
National Center for Disease Control and Public Health	308,177	2,079,344	433,671	1,392,809	4,214,000	581,866	1,358,432	379,683	348,725	2,668,707	393,118	837,554	262,535	223,500	1,716,706	8,599,413	71%
TB Center	136,382	190,350	141,182	144,134	612,048	124,048	166,113	124,719	124,316	539,197	122,424	164,671	115,337	117,887	520,319	1,671,564	14%
IDA			862,964		862,964			604,521		604,521			387,028		387,028	1,854,513	15%
Total	444,559	2,269,694	1,437,817	1,536,943	5,689,013	705,915	1,524,546	1,108,922	473,042	3,812,424	515,541	1,002,225	764,901	341,387	2,624,054	12,125,491	100%