

No.	Activity	Description	Budget details	Implementation	Budget category	Unit	Year 1			Year 2			Year 3 [P5, 6 months]			TOTAL Period 2
							No. of units	Unit cost	262,660	No. of units	Unit cost	262,660	No. of units	Unit cost	134,120	
<b>1</b>	<b>Objective 1: To strengthen the National TB Control Program management, coordination, monitoring and evaluation</b> [ SDA: Program management, M&E ]															
1.1	Technical assistance in priority issues of TB control	Technical assistance (by local or external consultants) will be provided to the NTP in priority areas of TB control such as sustaining quality drug resistance surveillance, application of contemporary approaches to diagnosis and treatment of drug-resistant TB, management of TB/HIV co-infection, ensuring access to services for population segments at risk, in particular, prison population (one external technical assistance mission per year is planned for Period 2)	Average cost of 1 mission: EUR 15,180 (see detailed budget for this activity).	SR	TA	Mission	1	15,180	15,180	1	15,180	15,180	1	15,180	15,180	45,540
1.2	Training in NTP management and attendance of international conferences abroad	Attendance of training courses in various aspects of TB control and international conferences abroad by the NTP staff, including training in M/XDR-TB management, IUATLD conferences, etc.). Funding for 5 visits per year during Years 1-2 and 2 attendances in Year 3 is included.	EUR 3,600 per person/event on average (airfare, accommodation, per diem, participation fees)	SR	T	Person / event	5	3,600	18,000	5	3,600	18,000	2	3,600	7,200	43,200
1.3 (a)	Support to central NTP supervision	Semi-annual supervision visits will be conducted by the NTP Central Unit team to 10 regional centres and selected districts within the regions to oversee programme implementation including management of M/XDR-TB cases in out-patient settings.	Cost of 1 central supervision round (without transportation costs): EUR 9,410 (see detailed budget for this activity).	SR	ME	Round	2	9,410	18,820	2	9,410	18,820	1	9,410	9,410	47,050
1.3 (b)	Support to central NTP supervision - local transportation (fuel)	Local transportation costs (fuel) for central NTP supervision visits.	Local transportation costs (fuel) for 1 central supervision round: EUR 910 (see detailed budget for this activity).	PR	ME	Round	2	910	1,820	2	910	1,820	1	910	910	4,550
1.4 (a)	Support to regional NTP supervision to TB facilities	Quarterly regional supervision visits will be conducted by 10 NTP Regional Units to TB facilities in the districts.	Cost of 1 regional supervision round: EUR 1,450 (see detailed budget for this activity).	SR	ME	Round	4	1,450	5,800	4	1,450	5,800	2	1,450	2,900	14,500
1.4 (b)	Support to regional NTP supervision to TB facilities - local transportation (fuel)	Local transportation costs (fuel) for regional NTP supervision visits to TB facilities.	Local transportation costs (fuel) for 1 regional supervision round to TB facilities: EUR 960 (see detailed budget for this activity).	PR	ME	Round	4	960	3,840	4	960	3,840	2	960	1,920	9,600
1.5 (a)	Support to regional NTP supervision to PHC facilities	Monthly regional supervision visits will be conducted by 10 NTP Regional Units to PHC facilities in the districts.	Cost of 1 monthly regional supervision round to PHC facilities: EUR 2,300 (see detailed budget for this activity).	SR	ME	Round	12	2,300	27,600	12	2,300	27,600	6	2,300	13,800	69,000
1.5 (b)	Support to regional NTP supervision to PHC facilities - local transportation (fuel)	Local transportation costs (fuel) for regional NTP supervision visits to PHC facilities.	Local transportation costs (fuel) for 1 regional supervision round to TB facilities (monthly): EUR 760 (see detailed budget for this activity).	PR	ME	Round	12	760	9,120	12	760	9,120	6	760	4,560	22,800
1.6 (a)	Support to supervision and monitoring visits in the penitentiary system	Regular supervision and monitoring visits will be carried out jointly by the NTP and Medical Department of the Ministry of Corrections and Legal Advice; 12 institutions will be visited on a quarterly basis, while the other 2 sites with high turnover of detainees and poorer conditions will be visited monthly; and weekly visits will be carried out to the specialized TB Prison Hospital in Ksani and to the Central Prison Hospital where TB treatment of prisoners takes place.	Quarterly cost of supervision rounds to penitentiary institutions: EUR 2,450 (see detailed budget for this activity).	SR	ME	Round	4	2,450	9,800	4	2,450	9,800	2	2,450	4,900	24,500
1.6 (b)	Support to supervision and monitoring visits in the penitentiary system - local transportation (fuel)	Local transportation costs (fuel) for supervision visits to penitentiary facilities.	Quarterly local transportation costs (fuel) for supervision to penitentiary facilities: EUR 730 (see detailed budget for this activity).	PR	ME	Round	4	570	2,280	4	570	2,280	2	570	1,140	5,700
1.7	Post-supervision meetings	To ensure proper evaluation and coordination of NTP activities, post-supervision meetings will be organised at the NTP Central Unit (NCTBLD) on a quarterly bases, where regional and central supervision findings will be discussed and plans for actions for the following period will be set.	Cost of 1 quarterly meeting: EUR 630 (see detailed budget for this activity)	SR	ME	Meeting	4	630	2,520	4	630	2,520	2	630	1,260	6,300
1.8	NTP vehicles	Operational expenses for NTP vehicles to strengthen supervision and coordination of NTP interventions	Insurance and maintenance - EUR 500 per car per year (for 14 vehicles).	SR	IE	Car / year	14	500	7,000	14	500	7,000	14	250	3,500	17,500
1.9	Programme management and administration expenses of the NTP Central Unit and Regional Units	Programme management and administration expenses of the NTP Central Unit and Regional Units	Monthly cost: EUR 9,920 (see detailed budget for this activity)	SR	HR	Month	12	9,920	119,040	12	9,920	119,040	6	9,920	59,520	297,600
1.10	Technical assistance (local), TB M&E system and management of the national TB database	Four IT specialists will be contracted to assist the NTP in management of the TB M&E system and maintenance of the national electronic TB database	Cost per person per month: EUR 330 (4 persons).	SR	TA	Month	48	330	15,840	48	330	15,840	24	330	7,920	39,600
1.11	Printing of recording and reporting forms	TB recording and reporting forms and registers will be printed and distributed to all TB service delivery sites (Years 1-2 only).	Cost per year: EUR 6,000.	PR	PA	Year	1	6,000	6,000	1	6,000	6,000	0	6,000	0	12,000
<b>2</b>	<b>Objective 2. To improve diagnosis of TB including M/XDR-TB</b> [ SDA: Diagnosis of TB including M/XDR-TB ]															
2.1	Sputum smear microscopy investigations (ZN)	Procurement of glassware, reagents and other supplies for direct sputum smear microscopy (DSM) investigations for TB diagnosis and treatment monitoring. DSM will be performed in accordance to the internationally accepted standard: in all TB suspects for diagnosis (2 smears as per the latest WHO guidance), at the end of intensive phase of treatment, at 5-6 months on treatment and after completion of treatment (2 smears at each stage). Estimated number of ZN tests country-wide for diagnosis and treatment monitoring including penitentiary sector: 328,419 for 2.5 years.	Cost per 1 smear microscopy test: EUR 0.58 (unit cost calculation based on the previous procurement experience open competitive bidding)	PR	HPE	Test	126,974	0.58	73,645	134,401	0.58	77,953	67,044	0.58	38,886	190,483
2.2	Culture investigations (automated method on liquid media)	Culture investigations (automated technique on liquid media, by MGIT Bactec 960 technique) will be performed by the NRL and Kutaisi regional laboratory for diagnosis of TB in all pulmonary patients and for treatment monitoring of PDR patients. For Year 1 of Period 2, funding is ensured through FIND / EXPAND-TB; estimated number of tests to be supported by TGF in Period 2 (Years 2-3): 28,643 (see details in 'Calculations' sheet in this file).	Cost per 1 culture investigations using automated method on liquid media (MGIT Bactec 960): EUR 7.25 (unit cost calculation based on the previous procurements through the open competitive bidding)	PR	HPE	Test	0	7.25	0	19,111	7.25	138,555	9,532	7.25	69,107	207,662
2.3	Culture investigations (manual method on solid media)	Culturing using manual technique on solid LJ media will be done by these two laboratories for diagnosis of extra-pulmonary TB cases, quality assurance of automated MGIT method and monitoring of treatment of M/XDR; the estimated number of tests to be supported by TGF in Period 2: 90,034 (see details in 'Calculations' sheet in this file).	Cost per 1 culture investigation using manual method on solid media (LJ): EUR 4.1 (unit cost calculation based on the previous procurement experience through open competitive bidding)	PR	HPE	Test	35,661	4.1	146,210	36,294	4.1	148,805	18,079	4.1	74,124	369,139
2.4	LED microscopy investigations	Procurement of reagents, glassware and other supplies for fluorescent microscopy investigations to be performed by the NRL and will be mostly dedicated to penitentiary system screening. Estimated number of tests country-wide for diagnosis and treatment monitoring including penitentiary sector: Year 1 - 18,000, Year 2 - 25,000, Year 3 - 12,500 (totally 55,500 tests during Period 2).	Cost per 1 LED microscopy test: EUR 1.9 (unit cost calculation based on the previous procurement experience through open competitive bidding)	PR	HPE	Test	18,000	1.9	34,200	25,000	1.9	47,500	12,500	1.9	23,750	105,450
2.5	DST to 1st line drugs for DR-TB diagnosis (automated MGIT technique)	For diagnosis of DR-TB, DST to 1st line drugs will be performed in culture positive patients (new and re-treatment) using automated MGIT method. In addition, it will be used for treatment monitoring (amplification of resistance) in PDR-TB patients. For Year 1 of Period 2, funding is ensured through FIND / EXPAND-TB; estimated number of tests to be supported by TGF in Period 2 (Years 2-3): 10,657 (see details in 'Calculations' sheet in this file).	Estimated cost per 1 DST test to 1st line drugs (automated MGIT): EUR 13.6.	PR	HPE	Test	0	13.6	0	7,101	13.6	96,574	3,556	13.6	48,362	144,935

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							January - December 2014			January - December 2015			January - June 2016			
							Unit	No. of units	Unit cost	No. of units	Unit cost	No. of units	Unit cost	No. of units	Unit cost	
2.6	DST to 1st line drugs (manual technique)	DST to 1st line drugs will be performed in culture-positive cases by the NRL using manual technique on solid media, for quality assurance of automated MGIT technique. Estimated number of investigations of DST to 1st line drugs by manual technique on LJ media: 6,575 for 2.5 years (see details in Calculations sheet in this file).	Cost per 1 DST test (manual proportion method): EUR 7.4 (unit cost calculation based on the previous procurement experience through open competitive bidding)	PR	HPE	Test	2,528	7.4	18,707	2,695	7.4	19,943	1,352	7.4	10,005	48,655
2.7	Tests for rapid identification of R/H resistance (LPA Hain)	Identification of strains and express testing for R/H resistance (LPA Hain technology) to be performed by the NRL and regional laboratory in Kutaisi. For Year 1 of Period 2, funding is ensured through FIND / EXPAND-TB; estimated number of tests to be supported by TGF in Period 2 (Years 2-3): 5,803 (see details in 'Calculations' sheet in this file).	Estimated cost per 1 DST to 1st line drugs ("HAIN" Genostrip): EUR 11.9.	PR	HPE	Test	0	11.9	0	3,867	11.9	46,017	1,936	11.9	23,038	69,056
2.8 (a)	Laboratory equipment for DR-TB diagnosis (automated detection and MDR screening, Xpert MTB/RIF technology)	Procurement of laboratory equipment for automated sample processing, DNA amplification and detection of M. tuberculosis and screening for R resistance (GeneXpert device) for 8 LSs (Batumi, Zugdidi, Ozurgeti, Poti, Akhaltsikhe, Gori, Telavi, Ambrolauri) and and NCTBLD in Tbilisi (totally 9 instruments will be procured in Year 1)	Cost of 1 Xpert MTB/RIF machine (4-module) through Cepheid / FIND including desktop PC and UPS station: USD 18,700 (about EUR 14,440)	PR	HPE	Pcs	9	14,400	129,600	0	14,400	0	0	14,400	0	129,600
2.8 (b)	Laboratory equipment for DR-TB diagnosis (automated detection and MDR screening, Xpert MTB/RIF technology) - maintenance, calibration ad service	Maintenance, calibration and other services for Xpert MTB/RIF instruments	Calibration, maintenance and other services - USD 1,800 (about EUR 1,380) per instrument per year.	PR	HPE	Pcs / year	9	1,380	12,420	9	1,380	12,420	9	1,380	12,420	37,260
2.9	Tests for rapid detection and MDR screening (GeneXpert technology)	Procurement of supplies for tests by automated sample processing, DNA amplification and detection of M. tuberculosis and screening for R resistance (Xpert MTB/RIF technology), to be performed in TB suspects by the LSs, at the region level (Batumi, Zugdidi, Ozurgeti, Poti, Akhaltsikhe, Gori, Telavi, Ambrolauri) and NCTBLD (starting mid Year 1), with the aim of reaching about 80% coverage of needs by the end of Period 2. Estimated number of tests to be procured with TGF support: 52,844 for 2.5 years (see details in Calculations sheet in this file).	Estimated cost per 1 test: about EUR 8.4 (USD 9.98 proper cost plus related PSM costs).	PR	HPE	Test	8,834	8.4	74,206	26,429	8.4	222,004	17,581	8.4	147,680	443,890
2.10	Entry screening for TB in penitentiary institutions	This proposal will cover the entry screening of prisoners for TB: It is estimated that 1,200 inmates on average need entry screening per month (14,400 per year) (includes inmates who enter the penitentiary system and those who are transferred from one facility to another).	Costs per person (administration of questionnaire): EUR 1.0.	SR	HR	Person	14,400	1.0	14,400	14,400	1.0	14,400	7,200	1.0	7,200	36,000
2.11	Screening of IDUs for TB	Based on the previous experience, it is estimated that about 3,500 injectable drugs' users (IDUs) will require screening for TB per year. As continuation of activities initiated with Round 4 project support, screening by questionnaires will be provided by VCT centers. Suspected cases will be referred to relevant TB investigation for further investigation.	Cost per person: EUR 1.0 (administration of questionnaires).	SR	HR	Person	3,500	1.0	3,500	3,500	1.0	3,500	1,750	1.0	1,750	8,750
2.12	Operational research on effectiveness of entry screening and regular mass screening for TB in the penitentiary system	An operational research study will be conducted during Years 1-2 which will address the issue of effectiveness of entry screening and regular mass screening for TB in the penitentiary institutions	Estimated cost of the study: EUR 30,000 (during Years 1-2)	SR	ME	Study	0.5	30,000	15,000	0.5	30,000	15,000	0	30,000	0	30,000
2.13	Diagnostic counselling and testing for HIV among TB patients - consumables for tests	As continuation of activities initiated by the Round 4 project, diagnostic counselling and testing (DCT) will be offered to all TB patients at time of start of TB treatment. It is foreseen to maintain coverage of at least 90%, in accordance with the National TB/HIV Plan. Investigation will be done at 14 TB facilities (9 regional and 5 Tbilisi). This line supports	Cost of consumables per 1 test - EUR 1.5	PR	HPE	Test	4,970	1.5	7,455	4,960	1.5	7,440	2,470	1.5	3,705	18,600
2.14	Diagnostic counselling and testing for HIV among TB patients - HR	This line supports remuneration of health workers (laboratory staff).	Cost of remuneration per test - EUR 1.5	SR	HR	Test	4,970	1.5	7,455	4,960	1.5	7,440	2,470	1.5	3,705	18,600
<b>3</b>	<b>Objective 3. To ensure quality treatment of all forms of TB [ SDA: Quality treatment of TB cases including M/XDR-TB cases ]</b>					Unit	No. of units	Unit cost	<b>2,356,931</b>	No. of units	Unit cost	<b>2,466,654</b>	No. of units	Unit cost	<b>1,249,169</b>	<b>6,072,754</b>
3.1 (a)	First-line anti-TB drugs for drug sensitive patients	First-line anti-TB drugs will be procured through GDF using Direct Procurement (DP) mechanism. Estimated number of patients to be treated with first line regimen including penitentiary sector: 11,672 for 2.5 years (see 'Calculations' sheet in this file for details). Buffer stock is not included in drugs' calculations as it is expected to continue from the ongoing purchases. Georgia has adjusted all treatment categories for first-line regimen to 6-month treatment with 4-FDCs for 2 months and 2 FDCs for 4 months. All new cases are treated with this regimen, while retreatment cases are included in such scheme is susceptibility to all first-line drugs is confirmed.	To continue the current practice, the drugs will be procured in the form of 4-FDC blisters; latest GDF prices are used. Proper cost of drugs per patient course based on current GDF prices: EUR 21.51 in Year 1 (see 'MPP calculation' worksheet in this file). For Year 2 of Period 2 (2015), a 5% annual increase in the cost of drugs is added as per GDF projections.	PR	MPP	Full treatment cost equivalent	4,680	21.51	100,667	4,665	22.59	105,382	2,327	22.59	52,567	258,616
3.1 (b)	First-line anti-TB drugs for drug sensitive patients - PSM costs	PSM costs for procurement of first-line anti-TB drugs for sensitive TB patients (freight, insurance, inspection and other charges based on the current costs of the GDF Procurement Agent, shipment by sea / land).	On top of the proper cost of drugs, based on the current procurement practice, 15% is added for freight, insurance, inspection and other charges based on the current costs of the GDF Procurement Agent (shipment by sea / land).	PR	PSM	Full treatment cost equivalent	4,680	3.23	15,116	4,665	3.39	15,814	2,327	3.39	7,889	38,819
3.2 (a)	First-line and second-line anti-TB drugs for PDR-TB patients	It is planned to continue treatment of PDR-TB patients in both civilian and penitentiary sectors of Georgia. Based on the current resistance pattern, it is expected that 10 % of the total number of TB cases will be treated with PDR regimen (among both new and retreatment cases). First-line and second-line (fluoroquinolones and injectable agents) anti-TB drugs will be procured for a total of 797 PDR-TB patients to be enrolled in second line treatment over 2.5 years (see 'Calculations' sheet in this file for details).	First-line and second-line TB drugs will be procured through GDF; proper cost of drugs is EUR 512 per treatment course in Year 1 taking into account the ratios of different types of PDR and current treatment guidelines (see 'MPP calculation' worksheet in this file). For Year 2 of Period 2, a 5% increase in the cost of drugs is added as per GDF projections.	PR	MPP	Full treatment cost equivalent	318	514	163,452	319	540	172,260	160	540	86,400	422,112
3.2 (b)	First-line and second-line anti-TB drugs for PDR-TB patients - PSM costs	PSM costs for procurement of first-line and second-line anti-TB drugs for PDR-TB patients (freight, insurance, inspection and other charges based on the current costs of the GDF Procurement Agent, shipment by sea / land).	On top of the proper cost of drugs, based on the current procurement practice, 12% is added for freight, insurance, inspection and other charges based on the current costs of the GDF Procurement Agent (shipment by sea / land).	PR	PSM	Full treatment cost equivalent	318	62	19,716	319	65	20,735	160	65	10,400	50,851
3.3 (a)	Second-line anti-TB drugs for MDR-TB patients	It is planned to continue treatment of MDR-TB patients in both civilian and penitentiary sectors of Georgia. Second line anti-TB drugs will be procured for 1,175 MDR-TB patients to be enrolled in second line treatment within this project over 2.5 years (see Calculations sheet in this file for details).	First-line and second-line TB drugs will be procured through GDF; proper cost of drugs is EUR 2,884 per treatment course in Year 1 taking into account the resistance pattern and current treatment guidelines (see 'MPP calculation' worksheet in this file). For Year 2 of Period 2, a 5% increase in the cost of drugs is added as per GDF projections.	PR	MPP	Full treatment cost equivalent	471	2,953	1,390,863	470	3,101	1,457,470	234	3,101	725,634	3,573,967
3.3 (b)	Second-line anti-TB drugs for PDR-TB patients - PSM costs	PSM costs for procurement of first-line and second-line anti-TB drugs for PDR-TB patients (freight, insurance, inspection and other charges based on the current costs of the GDF Procurement Agent, shipment by sea / land).	On top of the proper cost of drugs, based on the current procurement practice, 10% is added for freight, insurance, inspection and other charges based on the current costs of the GDF Procurement Agent (shipment by sea / land).	PR	PSM	Full treatment cost equivalent	471	295	138,945	470	310	145,700	234	310	72,540	357,185
3.4 (a)	Second-line and third-line anti-TB drugs for XDR-TB patients	It is planned to enroll 130 XDR-patients in treatment over 2.5 years of Period 2 using the latest national guidelines (updated in 2013 according to the international guidance); see 'Calculations' sheet in this file for details.	Second-line and third-line TB drugs will be procured through GDF; proper cost of drugs is EUR 5,598 per treatment course in Year 1 taking into account the resistance pattern and current treatment guidelines (see 'MPP calculation' worksheet in this file). For Year 2 of Period 2, a 5% increase in the cost of drugs is added as per GDF projections.	PR	MPP	Full treatment cost equivalent	52	5,598	291,096	52	5,878	305,656	26	5,878	152,828	749,580
3.4 (b)	Second-line and third-line anti-TB drugs for XDR-TB patients - PSM costs	PSM costs for procurement of first-line and second-line anti-TB drugs for PDR-TB patients (freight, insurance, inspection and other charges based on the current costs of the GDF Procurement Agent, shipment by sea / land).	On top of the proper cost of drugs, based on the current procurement practice, 10% is added for freight, insurance, inspection and other charges based on the current costs of the GDF Procurement Agent (shipment by sea / land).	PR	PSM	Full treatment cost equivalent	52	560	29,120	52	588	30,576	26	588	15,288	74,984
3.5	Drugs for management of side effects of 2nd line drugs	Drugs for management of side effects of 2nd line drugs will be used according to the latest international recommendations, incorporated in the national guidelines. Total number of MDR- and XDR-TB patients to be enrolled in second-line treatment within the project during 2.5 years: 1,305 (see Calculations sheet in this file for details).	Considering previous procurement experience, average cost per patient per full treatment course: EUR 80	PR	MPP	Full treatment cost equivalent	523	80	41,840	522	80	41,760	260	80	20,800	104,400

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3.6	DST to second-line anti-TB drugs for DR-TB patients on treatment	DST to 2nd line drugs will be performed in all DR-TB patients on treatment (in all patients - at the beginning of treatment and in patients during treatment with no improvement / culture conversion; see 'Calculations' sheet in this file for details); total number of DST tests to second-line drugs: 5,185 for 2.5 years of Period 2	Consumables for DST to 2nd line drugs; considering the current procurement experience, cost of 1 investigation is estimated at EUR 16.7	PR	HPE	Test	1,883	16.7	31,446	2,200	16.7	36,740	1,102	16.7	18,403	86,590
3.7	Clinical investigations for DR-TB patients on treatment	Consumables for a set of clinical and laboratory investigations that will be carried out in MDR-TB and XDR-TB patients on treatment for treatment monitoring and proper evaluation and management of side effects of 2nd line drugs. Different tests will be performed at different frequencies (1, 3 or 6 months) as suggested by WHO guidelines, linked to treatment regimen and phase. Total number of M/XDR-TB patients to be enrolled in treatment within this project during 2.5 years: 1,205	Considering the ongoing procurement experience, average cost per patient per treatment course: EUR 110.	PR	HPE	Full treatment cost equivalent	523	110	57,530	522	110	57,420	260	110	28,600	143,550
3.8	Individual measures for infection control: respirators	Procurement of N95 / FFP-2 respirators for 280 staff at high risk of infection at the in-patient M/XDR-TB treatment sites and reference laboratories: 280 staff x 1 mask per week x 46 full working weeks per year = 12,880 pcs per year (32,220 pcs in total for 2.5 years)	Cost of one N95 / FFP2 respirator: EUR 3.0	PR	HPE	Pcs	12,880	3.0	38,640	12,880	3.0	38,640	6,440	3.0	19,320	96,600
3.9	Support to the Green Light Committee operations	GLC monitoring missions and operational support to the GLC in accordance to agreement between the GLC and the Global Fund.	USD 50,000 (about EUR 38,500) per year.	PR	PA	Year	1	38,500	38,500	1	38,500	38,500	1	38,500	38,500	115,500
4	<b>Objective 4. To ensure adherence to TB treatment by intensive patient support and follow up [ SDA: Patient support ]</b>					Unit	No. of units	Unit cost	675,363	No. of units	Unit cost	674,071	No. of units	Unit cost	336,114	1,685,548
4.1 (a)	Support to treatment adherence: incentives for TB patients (first line and PDR-TB regimens)	TB patients on first-line treatment will receive monthly incentives (food vouchers or monetary support) for better adherence to treatment. It is estimated that 12,469 patients will receive first-line and PDR-TB treatment over 2.5 years. Based on the current practice, it is expected that about 70% of these patients will need to be provided with incentives during 6 months of treatment on average to improve adherence.	Cost of per month per patient: EUR 9.0.	PR	LS	Pcs	20,992	9.0	188,928	20,933	9.0	188,397	10,445	9.0	94,005	471,330
4.1 (b)	Support to treatment adherence: incentives for TB patients (first line and PDR-TB regimens) - PSM costs	Service / administration costs.	10% of the proper cost of package for service / administration costs.	PR	PSM	Pcs	20,992	0.9	18,893	20,933	0.9	18,840	10,445	0.9	9,401	47,133
4.2 (a)	Support to treatment adherence: incentives for M/XDR-TB patients	Patients on MDR and XDR-TB treatment will receive weekly incentives (food vouchers or monetary support) for better adherence to treatment during out-patient phase (for an average of 15 months). It is expected that 1,305 M/XDR-TB patients will be enrolled in second-line treatment during 2.5 years, and it is expected that about 75% of these patients will need to be provided with incentives to improve adherence.	Cost of per month per patient: EUR 11.4.	PR	LS	Pcs	23,535	11.4	268,299	23,490	11.4	267,786	11,700	11.4	133,380	669,465
4.2 (b)	Support to treatment adherence: incentives for M/XDR-TB patients - PSM costs	Service / administration costs.	10% of the proper cost of package for service / administration costs.	PR	PSM	Pcs	23,535	1.1	26,830	23,490	1.1	26,779	11,700	1.1	13,338	66,947
4.3	Support to treatment adherence / DOT: transportation of visiting DOT supporters	Based on current experience, it is expected that about 20% of M/XDR TB patients will need to receive drugs at home during out-patient phase of treatment. Within the intensive patient support programme, transportation expenses of NTP DOT nurses will be covered.	Fuel expenditure is calculated based on current practices: it is calculated that 330,162 km per year will be covered by DOT supporters by cars; cost of fuel is calculated at EUR 0.12 per km in Year 1, with a 5% annual increases in Years 2-3 (see calculation details in the detailed budget file)	PR	LS	km	330,162	0.12	39,619	330,162	0.12	39,619	165,081	0.12	19,810	99,049
4.4	Support to treatment adherence / DOT: transportation of patients to DOT centres	Based on current experience, it is expected that about 50% of M/XDR-TB patients will need to cover significant distances to come to a DOT centre (at TB or PHC service facilities) to receive drugs during out-patient treatment. Transportation expenses of such patients ('enablers') will be covered	The number of visits was calculated based on the average duration of M/XDR treatment and adherence pattern - 12 months x 4 weeks x 6 days per week (50% of patients to benefit). Cost per visit: EUR 1.0 on average.	SR	LS	Visit	75,312	1.0	75,312	75,168	1.0	75,168	37,440	1.0	37,440	187,920
4.5	Vehicles for intensive patient support programme	Maintenance of vehicles for intensive patient support programme (11 cars)	Insurance and maintenance - EUR 500 per car per year.	SR	IE	Car / year	11	500	5,500	11	500	5,500	5.5	500	2,750	13,750
4.6	Operational expenses - patient support component: Monitoring Officers	Patient support Monitoring Officers (MOs) are hired at the central NTP level to supervise and monitor patients support activities.	Cost per month per person: EUR 270 (3 Monitoring Officers).	SR	HR	Month	36	270	9,720	36	270	9,720	18	270	4,860	24,300
4.7 (a)	Operational expenses - patient support component: Monitoring visits to TB and PHC facilities in the to regions	Monitoring visits to be conducted by the Monitoring Officers from the central to the regional level. Administrative and management expenses related to implementation of the patient support activities are to be covered by the project.	Estimated cost for monitoring visits is EUR 790 per year (without fuel)	SR	HR	Year	1	790	790	1	790	790	0.5	790	395	1,975
4.7 (b)	Operational expenses - patient support component: Monitoring visits to TB and PHC facilities in the to regions - fuel	Local transportation costs (fuel) for monitoring visits to be conducted by the Monitoring Officers from the central to the regional level.	Distance to be covered per year: 15,600 km; cost of car fuel / maintenance EUR 0.12 per km (EUR 1,872 per year). See detailed budget file for details.	PR	ME	km	15,600	0.12	1,872	15,600	0.12	1,872	7,800	0.12	936	4,680
4.8	Support to treatment adherence / DOT: incentives for DOT supporters (PHC nurses)	Based on current experience, incentives are included for 150 PHC nurses countrywide to strengthen adherence and ensure 6-day-per-week drug intake by M/XDR-TB patients under full direct observation (including Saturdays).	Cot per month: EUR 22 per PHC nurse (150 persons)	SR	LS	Month	1,800	22.0	39,600	1,800	22.0	39,600	900	22.0	19,800	99,000
5	<b>Project management [ SDA: Project management ]</b>					No. of units	Unit cost	165,990	No. of units	Unit cost	158,990	No. of units	Unit cost	86,995	411,975	
5.1	Principal Recipient's staff	Salaries of PR staff	See details in a separate 'Project Management' sheet in this file)	PR	HR			107,280			107,280			53,640	268,200	
5.2	PR vehicle, IT equipment and office operating costs	Maintenance of PR vehicle, IT equipment and office operating expenses	See details in a separate 'Project Management' sheet in this file)	PR	IE, PA			18,000			18,000			9,000	45,000	
5.3	PR capacity building, grant monitoring and evaluation and audit	Technical assistance to the PR, training for PR staff in grant management, procurement, monitoring and evaluation; external grant monitoring and assessment; grant audit	See details in a separate 'Project Management' sheet in this file)	PR	TA, T, ME, PA			40,710			33,710			24,355	98,775	
<b>TOTAL</b>									<b>3,997,742</b>			<b>4,419,925</b>			<b>2,270,130</b>	<b>10,687,797</b>

No.	Activity	Description	Budget details	Implementation	Budget category	Year 1		Year 2		Year 3 [P5, 6 months]		TOTAL Period 2			
						January - December 2014		January - December 2015		January - June 2016					
<b>II. Breakdown by budget categories</b>						<b>Budget category</b>	<b>Budget category</b>	<b>Year 1</b>		<b>Year 2</b>		<b>Year 3 [P5, 6 months]</b>		<b>TOTAL Period 2</b>	<b>%</b>
								January - December 2014		January - December 2015		January - June 2016			
Human resources						HR	HR	262,185	262,170	131,070	655,425	6%			
Technical assistance						TA	TA	38,020	31,020	23,100	92,140	1%			
Training						T	T	35,230	35,230	15,815	86,275	1%			
Health products and health equipment						HPE	HPE	624,059	950,010	517,400	2,091,469	20%			
Medicines and pharmaceutical products						MPP	MPP	1,987,918	2,082,528	1,038,229	5,108,675	48%			
Procurement and supply management costs						PSM	PSM	248,620	258,444	128,855	635,919	6%			
Infrastructure and other equipment						IE	IE	15,500	15,500	7,750	38,750	0%			
Communication materials						CM	CM	0	0	0	0	0%			
Monitoring and evaluation						ME	ME	99,952	99,952	42,476	242,380	2%			
Living support to clients / target populations						LS	LS	611,758	610,570	304,435	1,526,764	14%			
Planning and administration						PA	PA	74,500	74,500	61,000	210,000	2%			
Overheads						OH	OH	0	0	0	0	0%			
<b>TOTAL</b>								<b>3,997,742</b>	<b>4,419,925</b>	<b>2,270,130</b>	<b>10,687,797</b>	<b>100%</b>			
						Check		0	0	0	0				
<b>III. Breakdown by Service Delivery Areas</b>								<b>Year 1</b>		<b>Year 2</b>		<b>Year 3 [P5, 6 months]</b>		<b>TOTAL Period 2</b>	<b>%</b>
								January - December 2014		January - December 2015		January - June 2016			
[ SDA: Program management, M&E ]								262,660	262,660	134,120	659,440	6%			
[ SDA: Diagnosis of TB including M/XDR-TB ]								536,798	857,550	463,732	1,858,080	17%			
[ SDA: Quality treatment of TB cases including M/XDR-TB cases ]								2,356,931	2,466,654	1,249,169	6,072,754	57%			
[ SDA: Patient support ]								675,363	674,071	336,114	1,685,548	16%			
[ SDA: Project management ]								165,990	158,990	86,995	411,975	4%			
<b>TOTAL</b>								<b>0</b>	<b>3,997,742</b>	<b>0</b>	<b>4,419,925</b>	<b>0</b>	<b>2,270,130</b>	<b>10,687,797</b>	<b>100%</b>
						Check		0	0	0	0				
<b>II. Breakdown by implementing entity</b>						<b>Implementing entity</b>		<b>Year 1</b>		<b>Year 2</b>		<b>Year 3 [P5, 6 months]</b>		<b>TOTAL Period 2</b>	<b>%</b>
								January - December 2014		January - December 2015		January - June 2016			
GPIC						PR		3,586,865	4,009,207	2,066,640	9,662,712	90%			
SR						SR		410,877	410,718	203,490	1,025,085	10%			
<b>TOTAL</b>								<b>3,997,742</b>	<b>4,419,925</b>	<b>2,270,130</b>	<b>10,687,797</b>	<b>100%</b>			