

Grant Confirmation

1. This **Grant Confirmation** is made and entered into by the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo** (the "Principal Recipient" or the "Grantee"), as of the date of the last signature below and effective as of the start date of the Implementation Period (as defined below), pursuant to the Framework Agreement, dated as of 16 September 2015, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Grantee, to implement the Program set forth herein.
2. **Single Agreement.** This Grant Confirmation, together with the Integrated Grant Description attached hereto as Schedule I, sets forth the provisions (including, without limitation, policies, representations, covenants, Program Activities, Program budget, performance framework, and related implementation arrangements) applicable to the Program, and forms part of the Grant Agreement. Each capitalized term used but not defined in this Grant Confirmation shall have the meaning ascribed to such term in the Framework Agreement (including the Global Fund Grant Regulations (2014), available at <http://www.theglobalfund.org/GrantRegulations>). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provisions of this Grant Confirmation shall govern unless expressly provided for otherwise in the Framework Agreement.
3. **Grant Information.** The Global Fund and the Grantee hereby confirm the following:

3.1.	Host Country or Region:	Republic of Paraguay
3.2.	Disease Component:	Tuberculosis
3.3.	Program Title:	Integral care with an inter-sectoral commitment toward TB elimination in Paraguay.
3.4.	Grant Name:	PRY-T-AV
3.5.	GA Number:	1746
3.6.	Grant Funds:	Up to the amount USD 2,915,321.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2019 to 31 December 2021 (inclusive)
3.8.	Principal Recipient:	Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo Itapúa 1372 Entre Primer Presidente y Rio Monday Santísima Trinidad Asuncion Republic of Paraguay Attention: Mrs. Miryan Caballero Project Director Telephone: +59521298842 Facsimile: +59121298845 Email: tbc@altervida.org.py

3.9.	Fiscal Year:	1 January to 31 December
3.10.	Local Fund Agent:	<p>PricewaterhouseCoopers Av. Santa Teresa 1827 y Aviadores del Chaco Torres del Paseo 2 – Piso 24 1827 Asuncion Republic of Paraguay</p> <p>Attention: Mr. Gastón Scotover Team Leader</p> <p>Telephone: +595 (21) 418 8903 Email: gaston.scotover@py.pwc.com</p>
3.11.	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention: Annelise Hirschmann Regional Manager Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 44 580 6820 Email: annelise.hirschmann@theglobalfund.org</p>

4. **Policies.** The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2017, as amended from time to time), (2) the Health Products Guide (2017, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

5. **Covenants.** The Global Fund and the Grantee further agree that:

5.1. 1) The Program budget in the Integrated Grant Description attached hereto as Schedule I reflects the total amount of Global Fund funding to be made available for the Program. The Program budget may be funded in part by grant funds disbursed to the Grantee under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6 of the Grant Confirmation. Where the Global Fund has approved the use of Previously Disbursed Grant Funds, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation by the amount of any Previously Disbursed Grant Funds, and the definition of Grant Funds set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previously Disbursed Grant Funds.

2) All non-cash assets remaining under any previous Grant Agreements as of the start date of the Implementation Period shall be fully accounted for and duly documented ("Previous Program Assets"). Unless otherwise agreed with the Global Fund, the definition of Program Assets set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previous Program Assets.

3) For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee under any previous Grant Agreement(s) (including, but not limited to, those concerning financial and other reporting).

5.2. With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), it is understood and agreed that (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain information that could be used to identify a person or people, and (2) the Grantee has undertaken or has caused to be undertaken prior to collection and thereafter whatever is required under the applicable laws of the Republic of Paraguay to ensure that such information may be transferred to the Global Fund for such purpose upon request.

5.3. The Grantee shall cooperate with the regional Green Light Committee (the "rGLC") in the efforts of the rGLC to provide technical support and advisory support, including capacity building, to the Grantee with respect to monitoring and the scaling-up of DR-TB-related services provided in-country. Accordingly, the Grantee shall budget, and hereby authorizes the Global Fund to disburse, up to a maximum of US\$ 50,000, or a lower amount as agreed with GLC and the Global Fund, each year to pay for GLC services.

5.4. No later than 31 March 2019 and based on consultations with relevant national authorities, the Grantee shall submit to the Global Fund, in form and substance satisfactory to the Global Fund, a detailed treatment outcome analysis and operational plan (the "Detailed Treatment Outcome Analysis and Plan"), that includes 1) a detailed analysis of the factors contributing to the poor treatment outcomes; and 2) an operational plan to improve treatment outcomes, including clear strategies and interventions.

5.5. No later than 29 February 2020, 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 that includes 1) a long term financial sustainability plan for the TB care and prevention program of the Republic of Paraguay; and 2) a report or outline of the health financing and macro-economic context, including how this context could reasonably be expected to affect available funding for TB activities at the central, regional and local government level.

5.6. In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Grantee acknowledges and agrees that:

1) the Republic of Paraguay should progressively increase government expenditure on health to meet national universal health coverage goals; and increase co-financing of the Global Fund-supported programs, focused on progressively taking up key costs of national disease plans (the "Core Co-Financing Requirements"). The commitment and disbursement of Grant Funds is subject to the Global Fund's satisfaction with the Paraguay's compliance with the Core Co-Financing Requirements. The Global Fund may reduce Grant Funds during the Implementation Period based on non-compliance with the Core Co-Financing Requirements; and

2) the Republic of Paraguay should comply with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of 15% of the Republic of Paraguay's TB allocation of US\$ 2,915,321.00 for the 2017-2019 allocation period, which is equal to US\$ 437,298.15 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Republic of Paraguay's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce the Co-Financing Incentive during the Implementation Period, or from the subsequent allocation, proportionate to non-compliance with the Co-Financing Incentive Requirements.

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

The Global Fund to Fight AIDS, Tuberculosis and Malaria

Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo

By: MA. Pa. Edin'

By: Hebe Raquel Bobeda

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

Name: Ing. Hebe Raquel Martina Gonzalez de Bobeda
Title: Executive Director

Date: 11.12.2018

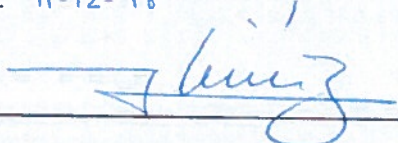
Date: 11-12-18

Acknowledged by

By:  Dr. Guillermo Segura
Encargado
Dirección General de Vigilancia de la Salud

Name: Dr. Julio Daniel Mazzoleni Insfran
Title: Chair of the Country Coordinating Mechanism for the Republic of Paraguay

Date: 11-12-18

By: 

Name: Mrs. Adriana Irun
Title: Civil Society Representative of the Country Coordinating Mechanism for the Republic of Paraguay

Date: 11-12-18

Schedule I

Integrated Grant Description

Country:	Republic of Paraguay
Program Title:	Integral care with an inter-sectoral commitment toward TB elimination in Paraguay.
Grant Name:	PRY-T-AV
GA Number:	1746
Disease Component:	Tuberculosis
Principal Recipient:	Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Paraguay had an estimated population of 6.7 million in 2016, most of whom are concentrated in the southeast region of the country. About a third of the population lives in the capital and largest city, Asunción. In 2016, the National TB Program (NTP) reported 2,611 cases of all forms of TB, a notification rate of 36 cases per 100,000 population and a treatment coverage (notifications/estimated incidence) of 86%. The geographic distribution of incidence reported for all forms of TB is heterogeneous, with rates as high as 84 cases per 100,000 inhabitants in some health regions. In 2015, the TB treatment success rate for new and relapse cases was 70%. Two multidrug-resistant TB (MDR-TB) prevalence studies (2003-2004 and 2007-2008) found low primary MDR-TB (<1%) and only 13 cases of MDR-TB were treated in 2016. Treatment success rate in the 2014 cohort of MDR-TB patients was 69%. There is high HIV testing – in 2016, 97% of TB patients knew their HIV status and 10% (231) were HIV-positive, of whom 76% were started on antiretroviral treatment.

Fiscal space for health financing in Paraguay is one of the highest in South America. The country has successfully improved its relative economic growth performance over the past several years due to improvements in its macroeconomic framework and policies (International Monetary Fund, 2017). The anticipated change of Paraguay's income level to 'upper middle-income' increases the probability that Global Fund financial support would further decrease, which makes sustainability and transition planning important. Financial support provided by the Global Fund to Paraguay began in December 2004 and will end in 2018, when measures oriented towards transition and sustainability will be implemented under the Transition and Sustainability Plan 2019 – 2024. An independent Transition Readiness Assessment (TRA) was conducted to assist the country to plan for this scenario. A transitional work plan for HIV and TB was developed, from which this funding request for the transition of the TB component out of the Global Fund has been derived.

This transition grant focuses on TB-related activities, though some cross-cutting strategies are included. The workplan is structured on 5 pillars, with the aim of strengthening leadership/governance and the national health response for TB, improving the strategic planning whilst increasing national funding, addressing social determinants for health and social protection and improving strategic data/information for TB.

2. Goals, Strategies and Activities

Goals

- To guarantee the political commitment toward a sustainable TB response.
- To strengthen an integrated approach toward TB treatment focusing on patients' needs.

Strategies

- Strengthening leadership/governance
- Strengthening health system capacity to respond to TB
- Strengthening strategic planning and financing
- Addressing social determinants for health and social protection
- Improving strategic data/information for TB

Activities

- Preparation of TB Law and advocacy related activities. This law includes provision for the creation of CONATB.
- Revision of the strategic positioning of TB, HIV and Lab Programmes within wider NHS and implementation of activities aiming at strengthening the role of these programmes at sub-national levels ("health regions").
- Revision of CSO bylaws and internal regulations to facilitate CSO receiving funds from the State.
- Political advocacy at central and peripheral level to facilitate the creation of budgets specific for CSOs working on HIV and TB with key vulnerable populations.
- Strengthening of CSOs technical skills on HIV and TB.
- Improvement of case finding, service delivery, and sample transport; coordination and targeted supervision and training to high burden and rural areas; increasing of GeneXpert capacity.
- Definition and costing of service packages and advocacy at subnational level for TB resources in government budgets.
- Establish agreement between MOH and social protection schemes for TB patients.
- Integration of TB data into national health information system, including Xpert system, and operational studies bottlenecks in case finding and treatment adherence.

3. Target Group/Beneficiaries

- Inmates people
- Indigenous populations

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

Country	Paraguay			
Grant Name	PRV-T-AV			
Implementation Period	01-Jan-2019 - 31-Dec-2021			
Principal Recipient	Alter Vida - Centro de Estudios y Formación para el Ecosistema			
Reporting Periods	Start Date	01-Jan-2019	01-Jan-2020	01-Jan-2021
	End Date	31-Dec-2019	31-Dec-2020	31-Dec-2021
PU includes DR?	Yes	Yes	Yes	No

Program Goals and Impact Indicators

- 1 Strengthening leadership/governance
- 2 Strengthening health system capacity to respond to TB
- 3 Strengthening strategic planning and financing
- 4 Addressing social determinants for health and social protection
- 5 Improving strategic data/information for TB

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2019	2020	2021	Comment
1 TB 1-3(M) TB mortality rate per 100 000 population	Paraguay	4.1	2016 Global Tuberculosis Report		N: 3.8 D: P. % Due Date: 28-Feb-2020	N: 3.5 D: P. % Due Date: 01-Mar-2021	N: 3.2 D: P. % Due Date: 14-Feb-2022	This indicator will be reported to the WHO in June of this year and to the Global Fund in March of this year. Primary data source: Vital Statistics Database (MIV cases are excluded). The information is converted and consolidated with the PNCCT database. For the year 2021, an annual decrease is expected from the baseline. For the annual population estimates, the population growth projection of the Paraguayan General Directorate of Statistics, Surveys and Censuses (DGEEC) is used (period 2000 - 2025). Estimated population per year. The population estimates for the baseline and targets are 6,854,836 (2016) and 7,192,703 (2019), 7,252,872 (2020) and 7,353,036 (2021). Numerator: Number of deaths caused by tuberculosis (all forms) in HIV-negative people per year, in accordance with the ICD10 definition. Denominator: Total country population x 100,000. Source: Global Tuberculosis Report
2 TB 1-4(M) RR-TB and/or MDR-TB prevalence among new TB patients. Proportion of new TB cases with RR-TB and/or MDR-TB	Paraguay	0.3	2016 PNCCT (National Tuberculosis Control Program) database		N: 47 D: P. % Due Date: 28-Feb-2020	N: 53 D: P. % Due Date: 01-Mar-2021	N: 66 D: P. % Due Date: 14-Feb-2022	Numerator: 2. Denominator: 596. To calculate denominator the number of estimated cases in 2016 (42) was used and a percentage of expected PSDs was applied. 2019: 50%, 2020: 55%, Y 2021: 60%. Targets Numerators and denominators 2019: 6 / 1373 2020: 8 / 1489 2021: 10 / 1489 Source: PNCCT database

Program Objectives and Outcome Indicators

- 1 To guarantee the political commitment toward a sustainable TB response.
- 2 To strengthen an integrated approach toward TB treatment focusing on patients' needs.

Outcome Indicator	Country	Baseline Value and Source	Required Disaggregation	2019	2020	2021	Comment
1 TB O-4(M) Treatment success rate of RR-TB and/or MDR-TB Percentage of cases with RR and/or MDR-TB successfully treated	Paraguay	65% 2014 Global tuberculosis report	TB case definition	N: 69% D: 29-Feb-2020 P: Due Date	N: 78% D: 01-Mar-2021 P: Due Date	N: 82% D: 14-Feb-2022 P: Due Date	Despite the regional trend in the Americas, which is in accordance with the Global TB Report 2016 and 2017, the success of treatment in this population continues to decrease. 55% in the 2013 cohort and 46% in the 2014 cohort – an increase in the success of RR-TB and/or MDR-TB treatment of TB. MDR 2021 (9/13), 77.7 (14/18) and 81.62% (18/22) is estimated by 2018, 2020 and 2021, respectively with the comprehensive approach in patients. Baseline: 9/13 Numerator: Number of bacteriologically confirmed cases of RR-TB and/or MDR-TB registered in second line treatment against tuberculosis successfully treated (cured plus complete treatment). Denominator: Total number of confirmed cases of RR-TB and/or MDR-TB confirmed bacteriologically in second line treatment against tuberculosis during the same year Primary data source: Form No. 3 "Monthly case report" and/or discharge reports of the MDR TB Technical Unit. The information is consolidated in the PNCT Database.
2 TB O-5(M) TB treatment coverage - Percentage of new and relapse cases that were notified and treated among the total of TB bacteriologically confirmed plus clinically diagnosed	Paraguay	87% 2016 Global tuberculosis report		N: 88% D: 20-Feb-2020 P: Due Date	N: 95% D: 01-Mar-2021 P: Due Date	N: 95% D: 14-Feb-2022 P: Due Date	There is an expected increase in treatment coverage from 88 (expected increase of 1% for the first year, considering the rapid expansion of the laboratory network and the intensification of respiratory syndrome control activities in prioritized regions) to 95% from 2019 to 2021, increasing between 4 and 3% respectively and, as such, search intensification strategies are proposed for cases in six prioritized regions (Central, Alto Paraná, Capital, Caaguazú, Itapúa y Presidente Hayes). Baseline: 2,438/2802 Numerator: Number of new and recurrent cases that were notified and treated. Denominator: Number of cases of TB occurring in the same year (all forms of TB bacteriologically confirmed and clinically diagnosed). Primary data source: Form No. 2 on Notification of cases and laboratory reports, which are completed at the local level and consolidated in the PNCT Database.

Coverage Indicators	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	2019	2020	2021	Comments
TB care and prevention									
TCP-1(M) Number of notified cases of all forms of TB (i.e. bacteriologically confirmed + clinically diagnosed), includes new and relapse cases	Country: Paraguay; Coverage: National	N: 2,438 D: P	2016 Global tuberculosis report	Gender, TB case definition, Age, HIV test status	Y- Cumulative annually	N: 2,774 D: P	N: 2,720 D: P	N: 2,720 D: P	With the implementation of intensification of respiratory symptom search activities in prioritized health care reports, a 90% increase in first estimated in the National Strategic Plan is expected for each year. Numerator: cases of tuberculosis bacteriologically confirmed or clinically diagnosed, in all its forms. This includes new cases and relapses, which are positive culture and/or smear, negative culture and/or smear, smear unknown or not performed; Positive for rapid molecular diagnosis recommended by the WHO (for example, Xpert MTB/RIF) and confirmed cases on the basis of X-ray anomalies or a suggestive histology. Primary data source: Form No. 2 on Notification of cases and laboratory reports, which are completed at the local level and consolidated in the PNCT Database.
TCP-2(M) Treatment success rate all forms bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period, new and relapse cases	Country: Paraguay; Coverage: National	N: 1,658 D: 2,325 P: 69,935/48387096 77%	2014 Global tuberculosis report	Age, HIV test status, Gender	Y- Cumulative annually	N: 67.0% D: P	N: 90.0% D: P	N: 90.0% D: P	The baseline data are preliminary at the time of the preparation of this concept note, a coverage of 60% (2116/2646), 87% (2459/2826) and 80% (2497/2774) is expected in 2019, 2020 and 2021 respectively. Numerator: Number of all forms of tuberculosis cases (that is, bacteriologically confirmed and clinically diagnosed) in a specific period who were subsequently cured and successfully (sum of categories of "cured" and "completed treatment") Denominator: Total number of all forms of TB cases (bacteriologically confirmed and clinically diagnosed) who were registered in the same period. Primary data source: Form No. 3 "Monthly case report" and laboratory reports (to validate the curing of patients), the information is consolidated in the PNCT Database.

Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Baseline Year and Source	Required Disaggregation	Cumulation for AFD	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	01-Jan-2021 31-Dec-2021	Comments
MDR-TB									
MDR TB-2(M) Number of TB cases with RR-TB and/or MDR-TB notified	Country: Paraguay; Coverage: National	N: 11 D: P:	TB database, Annual Report	Age, Gender	Y: Cumulative annually	N: 47 D: P:	N: 51 D: P:	N: 59 D: P:	Progressively increasing the detection of RR TB and MDR TB cases is considered, taking into account the significant detection gap with respect to that estimated by the WHO. This will be achieved through the expansion of Gene Xpert and culture laboratories, improving the diagnostic offer. Incidence of MDR/RR TB cases estimated by the WHO 1.2, which represents 82 cases for 2018, with a population of 6,854,536 (Global TB Report 2019). 2019, with a population of 6,854,536 (Global TB Report 2019). by 2021. Projection: 50% in the cases estimated by 2019, 40% by 2020 and 50% of the subsidy that is estimated number of cases remains at 82, in line with the logic of the cases was maintained at 54 for the next year. Numerator: Number of cases of patients with microbiologically confirmed Tuberculosis (culture and/or geneXpert) with rifampicin-resistant tuberculosis and/or multidrug-resistant tuberculosis during the notification period. Primary data source: Form No. 2 'Notification of TB Cases' and Laboratory registry for the culture, PDS and Xpert. The information is validated and consolidated in PNCT's Database.
MDR TB-3(M) Number of cases with RR-TB and/or MDR-TB that began second-line treatment	Country: Paraguay; Coverage: National	N: 13 D: P:	TB database, Annual Report	Age, Gender, TB regimen	Y: Cumulative annually	N: 48 D: P:	N: 50 D: P:	N: 58 D: P:	A progressive increase in the number and percentage of patients with RR and MDR TB who begin second line treatment is estimated. These figures will be possible with the strengthening and re-expansion of the laboratory network, establishing patient-centered treatment, which includes psychosocial support. Targets of below 100% of patients are estimated due to the start of treatment in the following period (cases diagnosed in the last quarter of the period to be reported). Primary data source: Form No. 2 'Notification of TB Cases' and reports of the MDR Technical Unit. The information is validated and consolidated in PNCT's Database. There are more persons initiating treatment (than reported because not all persons notified the previous year initiated treatment).
TB/HIV									
TB/HIV-6(M) Percentage of HIV-positive new and diagnosed TB patients on ART during TB treatment	Country: Paraguay; Coverage: National	N: 178 D: 231 P: 76,19047619047 62%	PRONASIDA and TB database, Annual Report.		Y: Cumulative annually	N: D: P: 80.0%	N: D: P: 85.0%	N: D: P: 90.0%	To estimate the total population at risk/with needs, the TB-HIV incidence rate estimated by the WHO for 2018 was considered (4 cases of TB-HIV per 100,000 inhabitants, which translates as 274 cases). For the country population, the DOBEC population projection was used. A coverage of 80%, (228/286), 85%, (238/280) and 90% (264/294) in 2018, 2020 and 2021 respectively is estimated, taking into account the maximum of 50% of cases outside the period of adherence to treatment of new TB cases outside the reporting period. Numerator: Number of new TB cases on HIV+ receptors who began to receive treatment for TB during the reporting period or who began with ART during the reporting period. Denominator: Number of new TB cases and HIV+ receptors recorded during the reporting period. Data source: Pronasida database, Form No. 2 of Notification of cases of TB, the information is consolidated in the PNCT database.

Country: Paraguay
 Grant Name: PRY-T-AV
 Implementation Period: 01-Jan-2019 - 31-Dec-2021
 Principal Recipient: Alter Vida - Centro de Estudios y Formación para el Ecodesarrollo

By Module	01/01/2019 - 01/04/2019 - 01/07/2019 - 01/10/2019 - 01/10/2020 - 01/04/2020 - 01/07/2020 - 01/10/2020 - 01/10/2020 - 01/04/2021 - 01/07/2021 - 01/10/2021 - 01/10/2021		01/01/2020 - 01/04/2020 - 01/07/2020 - 01/10/2020 - 01/04/2021 - 01/07/2021 - 01/10/2021 - 01/10/2021		01/01/2021 - 01/04/2021 - 01/07/2021 - 01/10/2021 - 01/10/2021 - 01/04/2022 - 01/07/2022 - 01/10/2022 - 01/10/2022		Grand Total	% of Grand Total				
	Total Y1	Total Y2	Total Y3	Total Y4	Total Y5	Total Y6						
RSSH National health strategies	\$14,033	\$21,296	\$10,240	\$14,167	\$59,735	\$3,027	\$3,927	\$3,927	2.3 %			
RSSH Integrated service delivery and quality improvement	\$101,531	\$300,591	\$151,273	\$97,481	\$680,865	\$132,239	\$104,725	\$156,815	\$86,221	\$1,494,737	61.3 %	
Program management	\$97,994	\$79,305	\$82,995	\$78,722	\$319,016	\$95,942	\$78,384	\$82,089	\$77,411	\$389,630	15.8 %	
RSSH Health management information systems and M&E	\$38,078	\$14,382	\$46,986	\$32,207	\$131,653	\$20,613	\$7,190	\$9,814	\$28,015	\$45,632	\$113,257	4.6 %
Grand Total	\$251,636	\$415,563	\$291,493	\$222,577	\$1,181,269	\$248,793	\$190,279	\$248,519	\$195,574	\$850,886	\$2,915,321	100.0 %
By Cost Grouping	01/01/2019 - 01/04/2019 - 01/07/2019 - 01/10/2019 - 01/10/2020 - 01/04/2020 - 01/07/2020 - 01/10/2020 - 01/10/2020 - 01/04/2021 - 01/07/2021 - 01/10/2021 - 01/10/2021		01/01/2020 - 01/04/2020 - 01/07/2020 - 01/10/2020 - 01/04/2021 - 01/07/2021 - 01/10/2021 - 01/10/2021		01/01/2021 - 01/04/2021 - 01/07/2021 - 01/10/2021 - 01/10/2021 - 01/04/2022 - 01/07/2022 - 01/10/2022 - 01/10/2022		Grand Total	% of Grand Total				
Total Y1	Total Y2	Total Y3	Total Y4	Total Y5	Total Y6							
Human Resources (HR)	\$85,851	\$65,851	\$65,851	\$65,851	\$263,405	\$65,851	\$65,851	\$65,851	\$65,851	\$2,033,375	28.4 %	
Travel related costs (TRC)	\$90,010	\$58,988	\$85,303	\$62,565	\$276,886	\$91,093	\$74,609	\$59,684	\$94,904	\$220,104	\$779,979	26.7 %
External Professional services (EPS)	\$24,574	\$21,574	\$22,074	\$17,074	\$85,296	\$20,000	\$33,288	\$7,276	\$7,276	\$15,000	\$153,884	5.3 %
Health Products - Non-Pharmaceuticals (HPNP)	\$23,085	\$224,466	\$48,410	\$1,608	\$297,675	\$20,106	\$1,608	\$20,600	\$1,608	\$50,012	\$377,023	12.9 %
Health Products - Equipment (HPE)	\$17,054	\$16,241	\$16,241	\$16,241	\$65,778	\$17,054	\$16,241	\$16,241	\$16,241	\$65,778	\$197,334	6.8 %
Procurement and Supply-Chain Management costs (PSM)	\$13,834	\$11,115	\$13,834	\$38,115	\$74,898	\$12,523	\$9,804	\$12,878	\$34,804	\$70,006	\$35,268	2.8 %
Communication Material and Publications (CMP)	\$17,228	\$17,228	\$17,228	\$17,228	\$68,911	\$22,160	\$22,160	\$22,160	\$22,160	\$88,666	\$215,210	7.5 %
Programme Administration costs (PA)	\$251,636	\$415,563	\$291,493	\$222,577	\$1,181,269	\$248,793	\$190,279	\$248,519	\$195,574	\$850,886	\$2,915,321	100.0 %
Living support to client/target population (LSCTP)	\$156,806	\$350,835	\$221,421	\$184,253	\$882,395	\$154,034	\$112,005	\$190,299	\$137,006	\$595,343	\$2,088,397	71.6 %
PR	\$155,880	\$350,835	\$221,421	\$184,253	\$882,395	\$154,034	\$112,005	\$190,299	\$137,006	\$595,343	\$2,088,397	71.6 %
SR	\$95,750	\$64,728	\$70,072	\$68,324	\$298,874	\$94,759	\$78,275	\$58,220	\$58,569	\$289,822	\$240,228	28.4 %
ALVIDA - Asociación Alentros de Vida	\$15,566	\$15,566	\$15,566	\$15,566	\$62,263	\$11,576	\$11,576	\$11,576	\$11,576	\$46,305	\$150,737	5.6 %
LCSP - Laboratorio Central de Salud Publica	\$14,968	\$8,568	\$8,048	\$7,487	\$39,081	\$12,827	\$3,612	\$3,612	\$3,612	\$23,464	\$2,344	2.8 %
PNCT - Programa Nacional de Control de la Tuberculosis	\$29,041	\$29,339	\$28,961	\$27,794	\$112,136	\$30,455	\$28,565	\$28,800	\$25,149	\$109,969	\$1,644	10.6 %
Regiones Sanitarias	\$36,144	\$14,255	\$17,488	\$17,088	\$85,394	\$40,100	\$33,572	\$18,232	\$18,232	\$110,885	\$14,163	8.4 %
Grand Total	\$251,636	\$415,563	\$291,493	\$222,577	\$1,181,269	\$248,793	\$190,279	\$248,519	\$195,574	\$850,886	\$2,915,321	100.0 %