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Execution Version

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 **Population Services International** (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 22 January 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 Madagascar
3.2	Disease Component:	HIV/AIDS
3.3	Program Title:	Response for HIV and STIs in Madagascar: an approach involving the populations most exposed in zones of vulnerability
3.4	Grant Name:	MDG-H-PSI
3.5	GA Number:	1982
3.6	Grant Funds:	Up to the amount of USD 5,800,000 or its equivalent in other currencies
3.7	Implementation Period:	From 1 January 2021 to 31 December 2023 (inclusive)
3.8	Principal Recipient:	Population Services International 1120 19th Street NW, Suite 600 DC 20036 Washington United States of America

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		Attention: Ms. Kim Schwartz Senior Vice President and Chief Financial Officer Telephone: 12027850072 Facsimile: +12027850120 Email: kschwartz@psi.org
3.9	Fiscal Year:	1 January to 31 December
3.10	Local Fund Agent:	PricewaterhouseCoopers Sarl Rue Augustin Rajakoba, Ankadivato. 101 Antananarivo Republic of Madagascar Attention: Rondrotiana Rabenirina Partner Telephone: +261 20 22 217 63 Email: rondro.rabenirina@mg.pwc.com
3.11	Global Fund contact:	The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland Attention: Gail Steckley Regional Manager Grant Management Division Telephone: +41587911700 Facsimile: +41445806820 Email: gail.steckley@theglobalfund.org

4. **Policies**. The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2019 as amended from time to time), (2) the Health Products Guide (2018, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.

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

5.1 Personal Data

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

(a) Information that could be used to identify a natural person ("Personal Data") will be: (i) processed lawfully, fairly and transparently; (ii) collected for specified, explicit and legitimate purposes and not further processed in a manner not compatible with those purposes; (iii) adequate, relevant and limited to what is necessary for the purposes for which they are processed; (iv) accurate and, where necessary, kept up to date; (v) kept in a form which permits identification of the individuals for no longer than is necessary for the purposes for which the Personal Data is processed; and

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(vi) processed in a manner that ensures appropriate security of the Personal Data; and

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

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

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

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

5.2 With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain Personal Data, and (2), prior to collection and at all times thereafter, the Principal Recipient shall take all necessary actions to ensure that the transfer of such information to the Global Fund does not violate any applicable law or regulation.

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

5.4 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 Host Country should progressively increase government expenditure on health to meet national universal health coverage goals; and increase domestic funding of Global Fund-supported programs, with a focus on progressively absorbing the costs of key Program components as identified in consultation with the Global Fund. The Principal Recipient acknowledges that the Global Fund may reduce Grant Funds during the current or any subsequent Implementation Period in the event the Host Country fails to meet these requirements; and

(2) the commitment and disbursement of USD 2,569,739 (the "Co-Financing Incentive") is subject to the Global Fund's satisfaction with the Host Country's compliance with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The Global Fund may reduce all or part of the Co-Financing Incentive during the current or

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any subsequent Implementation Period, in the event that the Host Country fails to comply with the Co-Financing Incentive Requirements; and

(3) The Host Country shall provide to the Global Fund by 31 March of each calendar year of the Implementation Period, a report on its executed budget contribution to the fight against HIV as set out in the expenditure reports of health commodities procured by the Host Country as set out in the letter of commitment provided by the Ministry of Public Health and Ministry of Economy and Finance, dated 23 March 2020.

[*Signature Page Follows.*]

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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	**Population Services International**
By: _____	By: _____ DocuSigned by: Karl Hofmann 4C6917E880B7442...
Name: Mark Eldon-Edington	Name: Karl Hofmann
Title: Head, Grant Management Division	Title: President/CEO
Date: Dec 18, 2020	Date: 09 December 2020

Acknowledged by

By: _____

Name: Edelin Calixte Randriamiandrisoa

Title: Chair Country Coordinating Mechanism of Republic of Madagascar

Date: 09 DEC 2020

By: _____

Name: Jonhson Victorius Firinga

Title: Civil Society Signatory Country Coordinating Mechanism of Republic of Madagascar

Date: 15 DEC 2020

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Schedule I

Integrated Grant Description

A. PROGRAM DESCRIPTION

1. Background and Rationale for the Program

Madagascar is a fragile low-income island country with a population of 27.2 million (2018 Census), 70.71% of which live in extreme poverty (WB, 2018). Challenges due to weak economic growth and rapid population growth have been aggravated by recurrent political crises and natural disasters, and more recently by the COVID-19 pandemic. Share of health in the domestically funded budget has been increasing steadily since 2014, from its historically low allocations, with an increase up to 33% from 2018 to 2019. 2020 health allocations have increased by 16% from 2019 (LFR, 2020). Notably, external financing of health investments has increased from 18% (LFI 2018) to 37% (LFI 2019) of the health sector budget. Despite the overall positive signs, challenges to the health sector include weak administration of the public health system, low utilization of health services, insufficient qualified human resources, fragmented health financing pools, stock-outs of drugs and medical supplies and financing mechanisms that cannot guarantee an essential package of services for most citizens.

Madagascar has a relatively low national HIV prevalence of 0.3% in adults aged 15-49 years (UNAIDS, 2018), but one of the highest increases in incidence (+191 %) and mortality (+230%) estimates since 2010 in the Eastern and Southern region (UNAIDS estimates 2019). These epidemiological trends highlight the sub-optimal epidemic response with PLHIV not identified and not accessing to HIV care and treatment services and the continuous spread of new infections and the high mortality among the most at risk.

Madagascar has a highly concentrated epidemic among Key Populations (KPs), including men who have sex with men (MSM) (14.8% in 2014), people who inject drugs (PWID) (8.2% in 2016) and sex workers (SW) (5.6% in 2016). Priority groups targeted for prevention and testing under NFM3 will include 'bridge' populations as an additional high risk sub group, which consists of sexual partners of KPs - clients of FSWs, female and male partners of MSM and sexual partners of PWIDs. Based on 2019 spectrum estimates, vertical transmission in Madagascar was 31%. NMF3 will also focus on strengthening PMTCT of HIV in 46 communes with the highest HIV in pregnancy burden. This new focus could contribute to significantly reduce new infections and mortality across the various sub-populations.

The program is implemented by two Principal Recipients, the Secrétariat Exécutif du Comité National de Lutte contre le Sida (SE/CNLS) and Population Services International (PSI), a government entity and a civil society/international non-governmental organization.

2. Goals, Strategies and Activities

Goals

- Reduce new HIV infections by at least 75% among key populations, young people aged 10-24 and the general population between 2018-2025
- Reduce the proportion of newborns infected by HIV born to HIV-positive mothers and the proportion of newborns with congenital syphilis to less than 5% by 2025.
- Reduce AIDS mortality from 4.4 deaths to 1.5 deaths in 2025 per 100,000 population.
- Improve the quality of services for PLHIV through a patient-centered approach and differentiated care at the health center and community levels.
- Achieve the 90-90-90 targets by 2025

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· Improve programme management, monitoring and evaluation and strengthen resilient and sustainable health systems to respond effectively to the HIV epidemic.

Strategies

· Differentiated HIV prevention services that take into account targeting most at risk different population types, age groups and geographic locations and concentration of beneficiaries and targeting including KPs and their sexual partners (i.e. "gateway/bridge populations").
· Differentiated HIV testing scenarios to reach the first "90" target (e.g. community testing in non-clinical settings; self-testing; index case testing) combined with linkage to s with post-test prevention services, care and treatment services, sexual reproductive health services.

Planned Activities for PSI

PSI is responsible for prevention and testing interventions at the community level, including behavioral change interventions, and the procurement and distribution of condoms and lubricants. The community response is programmed by PSI and the service provision is coordinated by five SRs, who provide prevention, testing and counselling, care and support activities as well as condom promotion and distribution either through grassroot organizations or directly with their own community-health workers. All PSI affiliated SRs are multi-purpose civil society organizations involved in health and development activities. PSI also implements a condom social marketing program funded by USAID.

3. Target Group/Beneficiaries

· Key populations (KPs): Sex workers (SWs), men who have sex with men (MSM), people who inject drugs (PWID)
· 'Bridge' populations: sexual partners of KPs (clients of FSWs, female and male partners of MSM and sexual partners of PWID)
· Anyone requesting a HIV test in the community and care settings
· Other vulnerable populations (orphans and vulnerable children, prisoners, military personnel, long-distance truck drivers, mobile populations, people living with disabilities).

B. PERFORMANCE FRAMEWORK

Please see attached.

C. SUMMARY BUDGET

Please see attached.

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Performance Framework

Country	Madagascar
Grant Name	MDG-H-PSI
Implementation Period	01-Jan-2021 - 31-Dec-2023
Principal Recipient	Population Services International

Reporting Periods							
	Start Date	01-Jan-2021	01-Jul-2021	01-Jan-2022	01-Jul-2022	01-Jan-2023	01-Jul-2023
	End Date	30-Jun-2021	31-Dec-2021	30-Jun-2022	31-Dec-2022	30-Jun-2023	31-Dec-2023
	PU includes DR?	No	Yes	No	Yes	No	No

Program Goals, Impact Indicators and targets

1 **Accélérer la riposte au VIH d'ici 2020 afin de parvenir à l'élimination de l'épidémie de sida d'ici à 2030 / Accelerate the HIV response to achieve elimination of the AIDS epidemic by 2030**

	Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	Responsible PR	2021	2022	2023
1	HIV I-9a□M□ Percentage of men who have sex with men who are living with HIV	Madagascar	N: D: P: 14.8%	2014 IBBS	Age	Population Services International	N: D: P: 10.60% Due Date: 01-Mar-2022	N: D: P: % Due Date:	N: D: P: 8.10% Due Date: 14-Feb-2024
	Comments								
	Numerator: Number of men who have sex with other men who test positive for HIV. Denominator: Number of MSM who attended the IBBS and participated in HIV testing. Baseline data source: Results of the 2014 Integrated Biological and Behavioural Survey (IBBS). Notes: This indicator is calculated from data from the IBBS among key populations carried out every two (2) years to monitor the trend of the epidemic in key populations. One IBBS is planned for 2020 and a second one for 2022. The results of the IBBS 2020 will be available in 2021 and reported in 2022 and those of the IBBS 2022 will be available in 2023 and reported in 2024. These targets are in line with those of the HIV NSP 2018-2022, 10.6% for 2020 and 8.1% for 2022. The planned method is the one recommended by the WHO and UNAIDS, the "Respondent Driven Sampling" with an estimate of the size of MSM.								
2	HIV I-10□M□ Percentage of sex workers who are living with HIV	Madagascar	N: D: P: 5.6%	2016 IBBS	Gender,Age	Population Services International	N: D: P: 4.20% Due Date: 01-Mar-2022	N: D: P: % Due Date:	N: D: P: 3.50% Due Date: 14-Feb-2024
	Comments								
	Numerator: Number of sex workers (SW) tested HIV-positive. Denominator: Number of SW who participated in the IBBS and took part in HIV testing. Baseline data source: Results of the 2016 IBBS. Notes: This indicator is calculated from the IBBS data in key populations carried out every two (2) years to monitor the trend of the epidemic in key populations. One IBBS is planned for 2020 and a second one for 2022. The results of the IBBS 2020 will be available in 2021 and reported in 2022 and those of the IBBS 2022 will be available in 2023 and reported in 2024. These targets are in line with those of the NSP HIV 2018-2022, 4.2% for 2020 and 3.5% for 2022. The planned method is the one recommended by the WHO and UNAIDS, the "Respondent Driven Sampling" with an estimate of the size of the SW.								
3	HIV I-11□M□ Percentage of people who inject drugs who are living with HIV	Madagascar	N: D: P: 8.5%	2016 IBBS	Gender,Age	Population Services International	N: D: P: 5.70% Due Date: 01-Mar-2022	N: D: P: % Due Date:	N: D: P: 3.80% Due Date: 14-Feb-2024
	Comments								
	Numerator: Number of injecting drug users (IDUs) testing HIV-positive. Denominator: Number of IDUs who participated in the IBBS and who participated in HIV testing. Baseline data source: Results of the 2016 IBBS. Geographical coverage: The cities that will be defined in the study protocol when it is drawn up and according to the selection criteria of the collection sites. Note: This indicator is calculated from the IBBS among key populations carried out every two (2) years to monitor the trend of the epidemic in the key populations. One IBBS. The results of the IBBS 2020 will be available in 2021 and reported in 2022 and those of the IBBS 2022 will be available in 2023 and reported in 2024. These targets are in line with those of the HIV NSP 2018-2022, 5.7% for 2020 and 3.8% for 2022. The planned method is the one recommended by the WHO and UNAIDS, the "Respondent Driven Sampling" with an estimate of the size of IDUs.								

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4	HIV I-13 Percentage of people living with HIV	Madagascar	N: D: P: 0.2%	2019 Spectrum 2019	Gender | Age,Gender,Age	Population Services International	N: D: P: 0.17% Due Date: 01-Mar-2022	N: D: P: 0.18% Due Date: 01-Mar-2023	N: D: P: 0.20% Due Date: 14-Feb-2024
	Comments								
	Numerator: Estimated number of people living with HIV. Source: Spectrum 2019 Denominator: Number of population. Source: RGPH 3. Source of basic data: Spectrum 2019. Method of calculation of the indicator: The numerator is generated by Spectrum 2019: 40,025 PLHIV in 2019, 48,388 in 2021, 53,049 in 2022 and 58,139 in 2023 for a general population of 25,453,320 in 2019, 28,069,777 in 2021, 28,914,677 in 2022 and 29,785,009 in 2023. The ratio between the estimated number of PLHIV and the population projections corresponds per year to the values of the indicator: For 2021: 48,388/28,069,777 = 0.17%'. For 2022: 53 049/28 914 677= 0,18%. For 2023: 58 139/29 785 009 = 0,20%. Geographical coverage: National								
5	HIV I-4 Number of AIDS-related deaths per 100,000 population	Madagascar	N: 6.05 D: P:	2019 Spectrum 2019	Age,Gender,Gender | Age	Population Services International	N: 5.48 D: P: % Due Date: 01-Mar-2022	N: 4.99 D: P: % Due Date: 01-Mar-2023	N: 4.63 D: P: % Due Date: 14-Feb-2024
	Comments								
	Numerator: Estimated number of people who died due to AIDS in the last 12 months. Denominator: Total population regardless of HIV status x 100,000. Indicator source: Spectrum 2019 estimate, presented as follows for the numerator: 1,539 for baseline (2019); 1,537 for 2021; 1,443 for 2022; and 1,380 for 2023. Source of denominator: The projection for the general population is as follows, based on the RGPH3 : For the 2019 baseline: 25,453,320 For 2021: 28,069,777 For 2022: 28,914,677 For 2023: 29,785,009 How the indicator is calculated: Baseline2019: 1,539 / 25,453,320 *100 000= 6.05 Target 2021: 1,537 / 28,069,777 * 100 000= 5,48 Target 2022: 1,443 / 28,914,677 * 100 000 = 4,99 Target 2023: 1,380 / 29,785,009 *100 000 = 4,63 Notes: 1 - The value of the indicator is generated by Spectrum following iterations and modelling. 2 - The value of the indicator will be generated every year by Spectrum and is therefore subject to variations. 3-The targets are not aligned with the NSP 2018-2022 which is 1.5% in 2020. The mid-term review will be scheduled this year to review the targets of the NSP								
8	HIV I-6 Estimated percentage of children newly infected with HIV from mother-to-child transmission among women living with HIV delivering in the past 12 months	Madagascar	N: 438 D: 1,404 P: 31.2%	2019 Spectrum 2019		Population Services International	N: 484 D: 1,648 P: 29.3689320388349 % Due Date: 01-Mar-2022	N: 494 D: 1,774 P: 27.8466741826381 % Due Date: 01-Mar-2023	N: 504 D: 1,908 P: 26.4150943396226 % Due Date: 14-Feb-2024
	Comments								
	Numerator: Estimated number of children newly infected with HIV in the last 12 months through mother-to-child transmission. Denominator: Estimated number of HIV-positive pregnant women in the last 12 months. Source for numerator: Spectrum 2019 estimate, presented as 438 for baseline (2019), 484 for 2021, 494 for 2022, and 504 for 2023. Source for the denominator: Spectrum estimate presented as follows: 1,404 for baseline (2019), 1,648 for 2021, 1,774 for 2022 and 1,908 for 2023. How the indicator is calculated : Baseline 438*100 / 1,404 = 31,20%. Target 2021: 484 * 100 / 1,648 = 29.37%. Target 2022: 494 *100 / 1,774 =27,85%. Target 2023: 504*100 / 1,908 = 26.42%. Note : 1 - This indicator will be generated every year by Spectrum and will therefore be subject to variations. 2-The targets are not aligned with the NSP which is <5% from 2021. The mid-term review of the NSP 2018-2022 is planned this year to revise the targets.								

Program Objectives, Outcome Indicators and targets

1	**Réduire d'au moins 75% les nouvelles infections à VIH chez les populations clés, les jeunes de 10 à 24 ans et dans la population générale entre 2018 et 2025 / Reduce new HIV infections by at least 75% among key populations, young people aged 10-24 and the general population between 2018-2025**
2	**Réduire la proportion de nouveaux nés infectés par le VIH nés de mères séropositives et celle des nouveaux nés atteints de syphilis congénitale à moins de 5% d'ici 2025, / Reduce the proportion of newborns ingected by HIV born to HIV-positive mothers and the proportion of newborns with congenital syphilis to less than 5% by 2025.**
3	**Réduire la mortalité due au sida de 4,4 décès à 1,5 décès en 2025 pour 100 000 habitants, / Reduce AIDS mortality from 4,4 deaths to 1,5 deaths in 2025 per 100,000 population.**
4	**Améliorer la qualité des services offerts pour les PVVIH grâce à une approche centrée sur le patient et à des soins différenciés aux niveaux des centres de santé et de la communauté. / Improve the quality of services for PLHIV through a patient-centered approach and differentiated care at the health center and community levels.**
5	**Atteindre les objectifs 90-90-90 d'ici 2025 / Achieve the 90-90-90 targets by 2025**
6	**Améliorer la gestion, le suivi et l'évaluation des programmes et renforcer les systèmes de santé, résilients et pérennes pour répondre efficacement à l'épidémie du VIH, / Improve programme management, monitoring and evaluation and strengthen resilient and sustainable health systems to respond effectively to the HIV epidemic.**

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	Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Dissagregation	Responsible PR	2021	2023
1	HIV O-4a□ᴹ□ Percentage of men reporting the use of a condom the last time they had anal sex with a non regular partner	Madagascar	N: D: P: 57.2%	2014 IBBS	Age	Population Services International	N: D: P: 80.00% Due Date: 01-Mar-2022	N: D: P: 90.00% Due Date: 14-Feb-2024
	Comments Numerator: Number of MSM who report using a condom the last time they had anal sex with a non-regular partner in the last six months; Denominator: Number of MSM who report having had anal sex with a male partner in the last six months. Baseline data: 2014 IBBS (page i executive summary, reference P18: 57.2%) Geographical coverage: The cities that will be defined in the study protocol when it is drawn up and according to the criteria for selecting collection sites. Note : The second generation survey to be carried out in 2020 and 2022 under the coordination of the SE/CNLS will inform this indicator. This survey will include all key populations (MSM, SWs and IDUs). The community interventions carried out by PSI and the other key populations networks, as well as the availability of condoms, will make it possible to achieve the targets defined in the NSP 2016-2022 (page 44): 80% in 2020 and 90% in 2022.							
2	HIV O-5□ᴹ□ Percentage of sex workers reporting the use of a condom with their most recent client	Madagascar	N: D: P: 62.7%	2016 IBBS	Gender,Age	Population Services International	N: D: P: 80.00% Due Date: 01-Mar-2022	N: D: P: 90.00% Due Date: 14-Feb-2024
	Comments Numerator: Number of sex workers (SWs) who reported using a condom with their last paying client Denominator: Number of SWs who reported having sex in the last 12 months. Baseline data: Last IBBS conducted in 2016: page xvii in the executive summary, reference P9: 62.7%. Geographical coverage: The cities that will be defined in the study protocol when it is drawn up and according to the selection criteria of the collection sites. Note: According to the NSP, the targets are set at 80% in 2020 and 90% in 2022. The IBBS will be carried out in 2020 and 2022. Community sub-recipients will carry out the interventions with the SWs to achieve these targets.							
3	HIV O-6□ᴹ□ Percentage of people who inject drugs reporting the use of sterile injecting equipment the last time they injected	Madagascar	N: D: P: 58.9%	2016 IBBS	Gender,Age	Population Services International	N: D: P: 80.00% Due Date: 01-Mar-2022	N: D: P: 90.00% Due Date: 14-Feb-2024
	Comments Numerator: Number of injecting drug users (IDUs) who reported using sterile injection equipment the last time they injected Denominator: Number of injecting drug users who reported injecting drugs in the last month Source of baseline data: The baseline is from the last IBBS conducted in 2016: page xviii of the executive summary, reference C8: 58.9%. Geographical coverage: The cities that will be defined in the study protocol when it is drawn up and according to the selection criteria of the collection sites. Note : 1 - Baseline is the 2016 IBBS. 2020 and 2022 IBBS results will be reported for 2021 and 2023 respectively. It is expected to be 80% for 2021 and 90% for 2023. 2- Ongoing interventions on the NFM2 with PSI and AINGA/AIDES (financed by City of Paris), has made it possible to penetrate the IDUs' community and to raise their awareness while setting up a programme of distribution of injection kits, a programme that will be supported and reinforced during NFM3. This will enable better coverage of this indicator, which will be measured during the IBBS 2020 and 2022.							
4	HIV O-9 Percentage of people who inject drugs reporting condom use at last sex	Madagascar	N: D: P: 38.1%	2016 IBBS	Gender,Age	Population Services International	N: D: P: 65.00% Due Date: 01-Mar-2022	N: D: P: 75.00% Due Date: 14-Feb-2024
	Comments Numerator: Number of people who inject drugs and who reported using a condom the last time they had sexual intercourse Denominator: Number of people who inject drugs and who report having injected drugs and had sex in the past month Geographical coverage: The cities that will be defined in the study protocol when it is drawn up and according to the criteria for selecting collection sites. Note: 1 - This indicator will be reported by the IBBS to be carried out in 2020 and 2022. The baseline data is taken from the IBBS 2016. The NSP foresees 75% coverage in 2022 if 65% in 2020. The IBBS, which will provide information on this indicator, will be carried out simultaneously for all the key populations in 2020 under the leadership of the Monitoring and Evaluation Technical Group (GTSE). 2 - The improvement of this indicator will be the result of the interventions currently being intensified during the last years of NFM2 and the first year of NFM3 with the availability of condoms.							

Coverage Indicators and targets

CI Number	Population	Coverage Indicator	Country and Scope of Targets	Baseline Value	Baseline Year and Source	Required Dissagregation	Include in GF Results	Responsible PR	Cumulation Type	01-Jan-2021 30-Jun-2021	01-Jul-2021 31-Dec-2021	01-Jan-2022 30-Jun-2022	01-Jul-2022 31-Dec-2022	01-Jan-2023 30-Jun-2023	01-Jul-2023 31-Dec-2023
Prevention															

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	Men who have sex with men	KP-1a□*□ Percentage of men who have sex with men reached with HIV prevention programs - defined package of services	Country: Madagascar; Coverage: Geographic Subnational, 100% of national program target	N: 13,670 D: 14,615 P: 93.5%	2019 PSI 2019 Consolidated Report	Age	Yes	Population Services International	Non cumulative - special	N: 8,842 D: 18,615 P: 47.5%	N: 8,842 D: 18,615 P: 47.5%	N: 9,092 D: 19,141 P: 47.5%	N: 9,092 D: 19,141 P: 47.5%	N: 9,343 D: 19,670 P: 47.5%	N: 9,343 D: 19,670 P: 47.5%
1	**Comments** This indicator measures the coverage of prevention activities among MSM Numerator: Number of MSM who benefited from the prevention services package during the reporting period Denominator: Estimated number of MSM for the reporting period. Baseline data source: PSI consolidated report: 13,670 MSM reached by the prevention services package (home visits, Interpersonal Communication, Group Discussions, etc.) out of 14,615 expected in 42 municipalities, or 93% of MSM reached. Target calculation assumptions: The estimate number of MSM from 2021 to 2023 is taken from the 2018 Spectrum. Targets are aligned with NSP targets and UNAIDS 90-90-90 recommendations. The country has planned for 95% of MSM to be reached by the prevention package from 2021. Data systems: Data are collected by peer educators and centralized by the SR and then the PR. Geographic coverage: based on the key populations Mapping and in continuity with NMF2 activities, interventions on MSM will be carried out in 23 municipalities among the 46 municipalities identified as highly and moderately vulnerable, likely to change depending on the results of the analysis of historical data from 2018 to 2020, and according to the results of the 2020 and 2022 IBBS. Contribution of the GF grant: The purchase of prevention supplies (condom, lubricant gel), as well as all SBCC and supervision activities are covered by the grant. The HIV prevention service package includes: (i) having participated in 2 SBCC sessions during the reporting period; (ii) receiving condoms during SBCC session; (iii) being referred for testing. The strategies are (i) raising awareness among people at risk through social networks, (ii) setting up a green telephone line, (iii) strengthening outreach communication activities, condom distribution and (iv) introducing PrEP in a small group as a means of prevention.															
	Sex workers and their clients	KP-1c□*□ Percentage of sex workers reached with HIV prevention programs - defined package of services	Country: Madagascar; Coverage: Geographic Subnational, 100% of national program target	N: 155,492 D: 167,479 P: 93.4%	2019 PSI 2019 Consolidated Report	Gender,Age	Yes	Population Services International	Non cumulative - special	N: 97,060 D: 208,732 P: 46.5%	N: 97,060 D: 208,732 P: 46.5%	N: 100,872 D: 214,621 P: 47.0%	N: 100,872 D: 214,621 P: 47.0%	N: 104,763 D: 220,553 P: 47.5%	N: 104,763 D: 220,553 P: 47.5%
3	**Comments** This indicator measures the coverage of prevention activities among FSW Numerator: Number of FSW who received an HIV prevention package during the reporting period Denominator: Estimated number of FSW for the reporting period. Baseline data source: Consolidated report PSI: 155,492 FSW affected by the package of prevention services (home visit, Interpersonal Communication, Group Discussions etc.) out of 167,479 expected in 42 municipalities, or 92% of FSW affected by the prevention package. Target calculation assumptions: The estimate number of FSW from 2021 to 2023 is taken from the 2018 Spectrum. Targets are aligned with NSP targets and UNAIDS 90-90-90 recommendations. The country planned 93% in 2021 and 94% in 2022 and 2023. Data systems: data will be collected by peer educators and centralized by the SR and then the PR Geographic coverage: 46 municipalities identified as highly and moderately vulnerable. Contribution of the GF grant: The purchase of prevention supplies (condom), as well as all SBCC and supervision activities are covered by the grant. The HIV prevention service package includes: (i) having participated in 2 SBCC sessions during the reporting period; (ii) receiving condoms during SBCC session; (iii) being referred for testing. The strategies are (i) raising awareness among people at risk through social networks, (ii) setting up a green telephone line, (iii) strengthening outreach communication activities, condom distribution and (iv) introducing PrEP in a small group as a means of prevention.															
	People who inject drugs and their partners	KP-1d□*□ Percentage of people who inject drugs reached with HIV prevention programs - defined package of services	Country: Madagascar; Coverage: Geographic Subnational, 100% of national program target	N: 1,055 D: 2,033 P: 96.2%	2019 PSI 2019 Consolidated Report	Age,Gender	Yes	Population Services International	Non cumulative - special	N: 1,193 D: 2,538 P: 47.0%	N: 1,269 D: 2,538 P: 50.0%	N: 1,253 D: 2,610 P: 48.0%	N: 1,305 D: 2,610 P: 50.0%	N: 1,341 D: 2,682 P: 50.0%	N: 1,341 D: 2,682 P: 50.0%
5	**Comments** This indicator measures the coverage of prevention activities among IDU Numerator: Number of IDUs who benefited from the prevention services package during the reporting period in the 5 municipalities where the Global Fund is active Denominator: Estimated number of IDUs for the reporting period at national level (spectrum 2018) Baseline data source: Consolidated report PSI: 1,955 IDUs reached by the package of prevention services out of 2,033 expected in the 4 municipalitea i.e. 96% coverage. Target calculation assumptions: The estimate number of IDU from 2021 to 2023 is taken from the 2018 Spectrum. Targets are aligned with NSP targets and UNAIDS 90-90-90 recommendations. The country has planned for 97% of IDUs in 2021, 98% in 2022 and 100% in 2023. Data systems: data will be collected by peer educators. Geographic coverage: based on the PCPER Mapping and in continuity with NMF2 activities, interventions on IDU will be carried out in 5 municipalities among the 46 municipalities identified as highly and moderately vulnerable, likely to change depending on the results of the analysis of historical data from 2018 to 2020, and according to the results of the 2020 and 2022 IBBS. Contribution of the GF grant: The purchase of prevention supplies (condom,sterile injection kit), as well as all SBCC and supervision activities are covered by the grant. The HIV prevention service package includes: (i) having participated in 2 SBCC sessions during the reporting period; (ii) receiving condoms during SBCC session, (iii) receiving sterile injection kit, (iv) being referred for testing. The strategies are (i) raising awareness among people at risk through social networks, (ii) setting up a green telephone line, (iii) strengthening outreach communication activities, condom distribution and (iv) introducing PrEP in a small group as a means of prevention.															
	People who inject drugs and their partners	KP-4 Number of needles and syringes distributed per person who injects drugs per year by needle and syringe programs	Country: Madagascar; Coverage: Geographic Subnational, 100% of national program target	N: D: P:			Yes	Population Services International	Non cumulative – other	N: D: P:	N: 50 D: P:	N: D: P:	N: 80 D: P:	N: D: P:	N: 90 D: P:
7	**Comments** This indicator measures the number of sterile injection kits (needle and syringe) distributed to sensitized IDUs in order to reduce the risk of HIV transmission through the blood. This program will be implemented for the first time with Global Fund's support. Baseline data source: not available for the municipalities of intervention Target calculation assumptions: These are based on the needs of IDUs per year, which according to the IBBS are between 13 and 200 per year, and based on the assumptions of quantification of supplies. Under NFM3, interventions will be extended to IDUs reached by awareness-raising activities in 5 municipalities,. According to the projections of the number of IDUs provided by the Spectrum 2018 for the period 2021 to 2023 and the planned targets for SBCC activities (97% in 2021, 98% in 2022 and 100% in 2023), the number of target IDU of injection kit distribution activities will double compared to 2018, i.e. 2,462 in 2021, 2,556 in 2022 and 2,682 in 2023. The acquisition of the kits will take place during the first half of 2021, distribution will therefore begin in the second half of the year 2021. In relation to the quantification assumptions for supplies, the country plans to provide: 82,195 injection kits for 2021 (i.e. 49 to 50 kits per IDU sensitized), 205,990 for 2022 (or 79 to 80 kits per IDU) and 241,470 in 2023 (i.e. 90 to 91 kits per IDUs). Data systems : Data will be collected at the peripheral level by peer educators using the physical collection tools currently used for FSW and MSM extended to IDUs. Monthly, these tools will be given to the PHC to follow the information circuit. Geographical coverage: based on the key populations Mapping and in continuity with NFM2 activities, interventions on IDU will be carried out in 5 municipalities among the 46 municipalities identified as highly and moderately vulnerable, likely to change depending on the results of the analysis of historical data from 2018 to 2020, and according to the results of the 2020 and 2022 IBBS. Contribution of the GF grant: purchase of injection kits, as well as distribution and supervision activities are covered by the grant															
Differentiated HIV Testing Services																

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	Men who have sex with men	HTS-3a□*□ Percentage of men who have sex with men that have received an HIV test during the reporting period and know their results	Country: Madagascar; Coverage: Geographic Subnational, 100% of national program target	N: 9,223 D: 14,615 P: 63.1%	2019 PSI 2019 Consolidated Report	Age,HIV test status	Yes	Population Services International	Non cumulative - special	N: 5,585 D: 18,615 P: 30.0%	N: 6,515 D: 18,615 P: 35.0%	N: 7,178 D: 19,141 P: 37.5%	N: 7,178 D: 19,141 P: 37.5%	N: 7,868 D: 19,670 P: 40.0%	N: 7,868 D: 19,670 P: 40.0%
2	**Comments**	This indicator measures the coverage of HIV testing activities and knowledge of HIV serological status among MSM Numerator: Number of MSM who have taken an HIV test during the reporting period and who know the results Denominator: Estimated MSM during the reporting period. Baseline data source: PSI Consolidated Activity Report. Target calculation assumptions: In 2019, of the 14,615 MSM expected, 9,223 have been tested for HIV and know the results, a 63% completion rate. The estimate number of HSH from 2021 to 2023 is taken from the 2018 Spectrum. The country has planned 65% in 2021, 75% in 2022 and 80% in 2023, in relation to the quantification assumptions for supplies. Data systems: Data will be collected at the peripheral level by peer educators using the physical collection tools currently used for FSW and MSM. Monthly, these tools are given to the PHC to follow the information circuit. Geographical coverage: based on the PCPER Mapping and in continuity with NMF2 activities, interventions on MSM will be carried out in 23 municipalities among the 46 municipalities identified as highly and moderately vulnerable, likely to change depending on the results of the analysis of historical data from 2018 to 2020, and according to the results of the 2020 and 2022 IBBS. Contribution of the GF grant: The purchase of testing supplies, all community testing activities, mobile testing, testing referral and / or support for confirmation / treatment at health center level, and supervision activities are covered by the grant. The implementation of differentiated and demedicalized testing by staff-assisted peer educators, mobile testing sessions in social gathering places for key populations. Index testing, self-testing, testing at health center level, and availability of HIV testing will increase the proportion of MSM tested for HIV with withdrawal of results. In the event of a positive test result, a referral ticket will be given to the MSM for test confirmation and case management. He will be accompanied by the peer educator to the confirmation center														
	Sex workers and their clients	HTS-3c□*□ Percentage of sex workers that have received an HIV test during the reporting period and know their results	Country: Madagascar; Coverage: Geographic Subnational, 100% of national program target	N: 96,002 D: 167,479 P: 57.3%	2019 PSI 2019 Consolidated Report	Age,Gender,HIV test status	Yes	Population Services International	Non cumulative - special	N: 62,620 D: 208,732 P: 30.0%	N: 62,620 D: 208,732 P: 30.0%	N: 69,752 D: 214,621 P: 32.5%	N: 69,752 D: 214,621 P: 32.5%	N: 77,194 D: 220,553 P: 35.0%	N: 77,194 D: 220,553 P: 35.0%
4	**Comments**	This indicator measures the testing coverage and the knowledge of HIV serological status among the FSW Numerator: Number of FSW who have taken an HIV test during the reporting period and who know the results Denominator: Estimated number of FSW in the reporting period Baseline Data Source: Consolidated PSI Activity Report Target calculation assumptions: In 2019, out of the 167,479 FSW expected, 96,002 have been tested for HIV and know the results, i.e. a 57% achievement rate. The estimate number of FSW (2021 to 2023) is taken from the 2018 Spectum. The country has planned 60% in 2021, 65% in 2022 and 70% in 2023. Data systems: Data will be collected at the peripheral level by peer educators using the physical collection tools currently used for FSW and MSM. Monthly, these tools will be given to the PHC to follow the information circuit. Geographical coverage: 46 municipalities identified as highly and moderately vulnerable. Contribution of the GF grant: The purchase of testing supplies, all community testing activities, mobile testing, testing referral and / or support for confirmation / treatment at health center level, and supervision activities are covered by the grant. The implementation of differentiated and demedicalized testing by staff-assisted peer educators, mobile testing sessions in social gathering places for key populations, Index testing, self-testing, testing at health center level, and availability of HIV testing will increase the proportion of MSM tested for HIV with withdrawal of results. In the event of a positive test result, a referral ticket will be given to the MSM for test confirmation and case management. He will be accompanied by the peer educator to the confirmation cente														
	People who inject drugs and their partners	HTS-3d□*□ Percentage of people who inject drugs that have received an HIV test during the reporting period and know their results	Country: Madagascar; Coverage: Geographic Subnational, 100% of national program target	N: 1,361 D: 2,033 P: 66.9%	2019 PSI 2019 Consolidated Report	Age,Gender,HIV test status	Yes	Population Services International	Non cumulative - special	N: 888 D: 2,538 P: 35.0%	N: 888 D: 2,538 P: 35.0%	N: 914 D: 2,610 P: 35.0%	N: 1,044 D: 2,610 P: 40.0%	N: 1,073 D: 2,682 P: 40.0%	N: 1,073 D: 2,682 P: 40.0%
6	**Comments**	This indicator measures the testing coverage and the knowledge of HIV serological status among the IDU Numerator: Number of IDU who have taken an HIV test during the reporting period and who know the results Denominator: Estimated number of FSW in the reporting period Baseline Data Source: Consolidated PSI Activity Report Target calculation assumptions: In 2019, out of the 2,033 IDU expected, 1,361 have been tested for HIV and know the results, i.e. a 67% achievement rate. The estimate number of IDU (2021 to 2023) is taken from the 2018 Spectum. The country has planned 70% in 2021, 75% in 2022 and 80% in 2023. Data systems: Data will be collected at the peripheral level by peer educators using the physical collection tools currently used for FSW and MSM, extended to IDU. Monthly, these tools will be given to the PHC to follow the information circuit. Geographical coverage: based on the PCPER Mapping and in continuity with NMF2 activities, interventions on IDU will be carried out in 5 municipalities among the 46 municipalities identified as highly and moderately vulnerable, likely to change depending on the results of the analysis of historical data from 2018 to 2020, and according to the results of the 2020 and 2022 IBBS. Contribution of the GF grant: The purchase of testing supplies, all community testing activities, mobile testing, testing referral and / or support for confirmation / treatment at health center level, and supervision activities are covered by the grant. The implementation of differentiated and demedicalized testing by staff-assisted peer educators, mobile testing sessions in social gathering places for key populations. Index testing, self-testing, testing at health center level, and availability of HIV testing will increase the proportion of MSM tested for HIV with withdrawal of results. In the event of a positive test result, a referral ticket will be given to the MSM for test confirmation and case management. He will be accompanied by the peer educator to the confirmation center														
	Non-specified population groups	HTS-4 Percentage of HIV-positive results among the total HIV tests performed during the reporting period	Country: Madagascar; Coverage: Geographic National, 100% of national program target	N: 1,779 D: 607,823 P: 0.3%	2019 National HIV programme Report 2019	Age,Gender,Community testing,Facility testing	No	Population Services International	Non cumulative	N: 907 D: 314,795 P: 0.3%	N: 907 D: 314,795 P: 0.3%	N: 2,075 D: 346,764 P: 0.6%	N: 2,075 D: 346,764 P: 0.6%	N: 3,939 D: 380,168 P: 1.0%	N: 3,939 D: 380,168 P: 1.0%
8	**Comments**														

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B	"Numerator: Number of positive HIV tests results during the reporting period and Denominator: Total number of HIV tests performed Baseline data: new indicator; the numerator was calculated by a proxi method, the number of people tested positive for HIV during the year, which represents people who have had at least one HIV test done during the period. Denominator is estimated from all the tests (rapid or not) carried out during the year 2019 (positive or negative). Data source: routine data collected at the level of health facilities and the community systems with the use of DHIS II and GSIS, Indicator calculation assumptions: # of people who took the test = minimum # of tests performed; Baseline: numerator = number of positive tests in 2019 (proxi = # of person tested positive in 2019 = 1,779); denominator = number of tests performed (= # people screened in 2019 = 607,823) Target assumptions: The numerator is calculated on the basis of the estimated # of positive tests based on the positivity rates recorded: difference between the annual targets of PLHIV on ARVs set in the NSP and the proportion of PLHIV followed under ARVs (90% according to routine data in 2019). 6,921 - 2021: The projection of the number of PLHIV followed on ART active at the end of 2020 will be 6,891. # PLHIV followed on ART at the end of 2021 = # PLHIV on ART at the end of 2021 in the NSP (8,989) / proportion of PLHIV followed on ART (90 %), or: 8,989/90% = 9,988; estimated # of positive tests for 2021 will be: 9,988-6,891 = 3,097, - 2022: The number of PLHIV at the end of 2022 according to the NSP (10,728) / 90% (Proportion of PLHIV on ARVs) will be 11,865. The # of positive tests in 2022 will be the difference between the # of PLHIV at the end of 2022 and at the end of 2021 , that is: 11,865 -9,958 = 1,827 - 2023: number of PLHIV at the end of 2023 is estimated at 12,487 according to the NSP projection / 90% (Proportion of PLHIV on ARVs) = 13,811. The number of tests in 2023 will be the difference between the number of PLHIV at the end of 2023 and at the end of 2022 , that is: 13 811-11 885 = 1.926 -Denominator: based on # people scheduled to be tested during the reporting period. During the 3-year period, a total of 13,842 reactive and positive tests are expected: This represents 6,921 people * 2 = 13,842 because according to the TROD, 2 positive results correspond to 1 HIV+ person. -Numerator: the 13,842 tests are spread over 3 years: 1814 (or 907 per semester) in 2021, 4150 (or 2075 per semester) in 2022 and 7878 (or 3939 per semester) in 2023. The target calculation method is as follows: 2021: 1814/629 590 2022: 4150/693 528 2023: 7878/760 336 The assumptions used are as follows: 1. Numerator: # of positive tests. Note: Madagascar adopts the TROD protocol for which the diagnostic orientation test is determined. If this test is reactive, the client will be referred for the three screening tests. the first of which is already determined. Thus, a person positive for HIV will have to have 2 positive tests. 2. Denominator: # of tests performed. Note: It is possible during the period that a person takes several tests (more than 2 or more than 3 or more than 4 ...). Here, we consider "the total number of tests performed" and not the number of people who took the test, nor the number of tests purchased. We estimate that the total number of tests carried out in this way reflects the hypothesis used for quantification. Thus, according to the final quantification consistent with the performance framework, the values of the denominators are2021 = 629,590, 2022 = 693,528, 2023 = 760,336. These values were used in the performance framework for the denominators. These values represent the amount of Determine tests. Thus the performance during the project period can be explained by: Year 1: 0.29% (equal to the national prevalence at the start of the project); Year 2: 0.60% (double the performance of year 1 is achieved with the effective implementation of differentiated approaches); Year 3: 1.04% (we achieve the results of an effective strategy with the scaling up of differentiated approaches). Geographic coverage: National FM contribution: 100% Notes: 1 - The data will be those from community data (mobile screening, peer screening) (mobile testing, community VCT) + tests in health facilities (Prenatal, FP clinics, TB, DV center, others). 2 - During the implementation of the NMF 3 grant, in collaboration with the stakeholders, the SE/CNLS will set up the data collection system, tools and flows, in accordance with the definition of the modular framework. 3- The re-testing is taken into consideration

Workplan Tracking Measures

Population	Intervention	Key Activity	Milestones	Criteria for Completion	Country

Comments

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Summary Budget

Country	Madagascar
Grant Name	MDG-H-PSI
Implementation Period	01-Jan-2021 - 31-Dec-2023
Principal Recipient	Population Services International

By Module	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
Differentiated HIV Testing Services		$500			$500				$500	$500						$1,000	0.0 %
Prevention	$94,479	$75,509	$97,698	$176,940	$444,627	$178,822	$114,211	$70,803	$366,998	$730,833	$306,166	$72,345	$72,831	$273,781	$725,123	$1,900,583	32.8 %
Program management	$246,527	$362,932	$248,185	$270,757	$1,128,401	$252,688	$290,795	$248,509	$276,089	$1,068,081	$255,564	$374,919	$246,995	$286,405	$1,163,882	$3,360,364	57.9 %
RSSH: Financial management systems	$5,202	$5,202	$5,202	$5,202	$20,806	$5,202	$5,202	$5,202	$5,202	$20,806	$5,202	$5,202	$5,202	$5,202	$20,806	$62,418	1.1 %
RSSH: Health management information systems and M&E		$26,487	$13,511	$37,559	$77,556	$23,915	$33,429	$49,108	$27,542	$133,993	$10,017	$13,898	$23,528	$27,542	$74,984	$286,533	4.9 %
Treatment, care and support		$63,034			$63,034		$54,441		$8,593	$63,034		$54,441		$8,593	$63,034	$189,102	3.3 %
Grand Total	**$346,207**	**$533,664**	**$364,595**	**$490,458**	**$1,734,924**	**$460,626**	**$498,077**	**$373,621**	**$684,923**	**$2,017,247**	**$576,949**	**$520,803**	**$348,555**	**$601,521**	**$2,047,829**	**$5,800,000**	**100.0 %**

By Cost Grouping	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
Human Resources (HR)	$157,032	$157,032	$157,032	$158,107	$629,202	$157,032	$157,032	$157,032	$158,107	$629,202	$157,032	$157,032	$157,032	$170,331	$641,426	$1,899,831	32.8 %
Travel related costs (TRC)	$51,739	$90,847	$101,370	$104,501	$348,457	$84,394	$136,372	$102,328	$107,517	$430,610	$74,115	$77,995	$89,654	$110,635	$352,399	$1,131,467	19.5 %
External Professional services (EPS)	$19,786	$54,654	$20,139	$29,921	$124,499	$20,052	$54,654	$20,139	$29,921	$124,766	$19,786	$137,358	$10,606	$29,921	$206,670	$455,935	7.9 %
Health Products - Non-Pharmaceuticals (HPNP)				$99,463	$99,463				$296,222	$296,222	$120,735			$199,498	$320,233	$715,918	12.3 %
Procurement and Supply-Chain Management costs (PSM)	$36,147				$36,147	$106,729				$106,729	$114,629				$114,629	$257,505	4.4 %
Infrastructure (INF)		$2,980		$10,640	$13,620											$13,620	0.2 %
Non-health equipment (NHP)	$9,730	$77,243	$9,730	$9,730	$106,433	$14,371	$9,730	$9,730	$9,730	$43,562	$9,730	$9,730	$9,730	$9,730	$38,920	$188,915	3.3 %
Communication Material and Publications (CMP)		$13,650	$151	$245	$14,047	$112	$4,675	$10,456	$245	$15,489	$112	$1,654	$112	$133	$2,012	$31,547	0.5 %
Indirect and Overhead Costs	$71,774	$82,819	$76,173	$77,850	$308,615	$77,935	$81,174	$73,935	$83,181	$316,226	$80,811	$82,593	$72,421	$81,273	$317,099	$941,940	16.2 %
Living support to client/ target population (LSCTP)		$54,441			$54,441		$54,441			$54,441		$54,441			$54,441	$163,322	2.8 %
GrandTotal	**$346,207**	**$533,664**	**$364,595**	**$490,458**	**$1,734,924**	**$460,626**	**$498,077**	**$373,621**	**$684,923**	**$2,017,247**	**$576,949**	**$520,803**	**$348,555**	**$601,521**	**$2,047,829**	**$5,800,000**	100.0 %

By Recipients	01/01/2021 - 31/03/2021	01/04/2021 - 30/06/2021	01/07/2021 - 30/09/2021	01/10/2021 - 31/12/2021	Total Y1	01/01/2022 - 31/03/2022	01/04/2022 - 30/06/2022	01/07/2022 - 30/09/2022	01/10/2022 - 31/12/2022	Total Y2	01/01/2023 - 31/03/2023	01/04/2023 - 30/06/2023	01/07/2023 - 30/09/2023	01/10/2023 - 31/12/2023	Total Y3	Grand Total	% of Grand Total
																	0.0 %
																	0.0 %
PR	$229,637	$322,310	$248,205	$363,427	$1,163,579	$340,116	$323,307	$242,947	$556,000	$1,462,370	$452,821	$342,415	$224,607	$468,981	$1,488,824	$4,114,773	**70.9 %**
Population Services International	$229,637	$322,310	$248,205	$363,427	$1,163,579	$340,116	$323,307	$242,947	$556,000	$1,462,370	$452,821	$342,415	$224,607	$468,981	$1,488,824	$4,114,773	70.9 %
SR	$116,570	$211,354	$116,390	$127,031	$571,346	$120,510	$174,770	$130,674	$128,923	$554,876	$124,128	$178,389	$123,948	$102,541	$559,005	$1,685,227	**29.1 %**
SR1	$38,736	$112,370	$38,676	$42,222	$232,004	$40,235	$94,616	$44,328	$48,768	$227,947	$41,449	$95,829	$41,389	$49,982	$228,649	$688,599	11.9 %
SR2	$40,571	$51,171	$40,511	$44,057	$176,310	$41,809	$41,749	$44,845	$41,749	$170,151	$43,022	$42,962	$42,962	$42,962	$171,909	$518,369	8.9 %
SR3	$37,264	$47,813	$37,204	$40,751	$163,032	$38,466	$38,406	$41,502	$38,406	$156,779	$39,657	$39,597	$39,597	$39,597	$158,448	$478,259	8.2 %
SR4																	0.0 %
SR5																	0.0 %
Grand Total	**$346,207**	**$533,664**	**$364,595**	**$490,458**	**$1,734,924**	**$460,626**	**$498,077**	**$373,621**	**$684,923**	**$2,017,247**	**$576,949**	**$520,803**	**$348,555**	**$601,521**	**$2,047,829**	**$5,800,000**	**100.0 %**

DS KH