

Ref.: TGF/HIA1/MB/MS/GHA-M-AGAMAL/IL1

30 September 2016

Mr Sylvester Segbaya
Manager, Malaria Program
AngloGold Ashanti (Ghana) Limited
Gold House, Patrice Lumumba Road
P.O. Box 2665
Accra
Ghana

**Subject: Implementation Letter Number 1
Modifications to grant GHA-M-AGAMal**

Dear Mr Segbaya

Reference is made to the Grant Confirmation dated 22 April 2015 (as amended from time to time, the "Grant Confirmation") between the Global Fund to Fight AIDS, Tuberculosis and Malaria (the "Global Fund") and AngloGold Ashanti (Ghana) Malaria Control Limited (the "Grantee") for grant GHA-M-AGAMal. Unless defined in this Implementation Letter or the context requires otherwise, all capitalized terms used in this Implementation Letter shall have the same meaning as set out in the Grant Confirmation.

The Global Fund has approved an extension with additional funding for the Program described in the Grant Confirmation for the purpose of extending the shortened grant to 31 December 2017. As a result, we propose modifying the Grant Confirmation to change the Implementation Period from 01 March 2015 to 31 December 2016 to 01 March 2015 to 31 December 2017, and we propose increasing the Grant Funds for the Implementation Period by US\$ 5,281,331. Additionally, we propose amending the Performance Framework and the Summary Budget included in Schedule I (Integrated Grant Description) of the Grant Confirmation to reflect the activities to be funded with the approved additional funding during the extension period.

Pursuant to Section 12.3 of the Global Fund Grant Regulations (2014), in order to reflect the above, we would like to make the following changes to the Grant Confirmation:

1. The table in Section 3 of the Grant Confirmation is hereby deleted in its entirety and replaced with the table set forth in Annex 1 to this Implementation Letter.
2. The Performance Framework included in Schedule I (Integrated Grant Description) of the Grant Confirmation is hereby deleted in its entirety and replaced with the Revised Performance Framework attached to this Implementation Letter.
3. The Summary Budget included in Schedule I (Integrated Grant Description) of the Grant Confirmation is hereby deleted in its entirety and replaced with the Revised Summary Budget attached to this Implementation Letter.

Other than to the extent modified by this Implementation Letter, all provisions of the Grant Agreement remain the same and continue to have full force and effect.

Please confirm your agreement to these amendments by signing two copies of this Implementation Letter and returning both copies to us. The above changes will take effect upon the signing by the Global Fund Chief Financial Officer (or his/her designated official) indicated below. One copy of this letter will be returned to you for your records once the Global Fund Chief Financial Officer (or his/her designated official) has signed.

Thank you for your important efforts in the global fight against malaria. We look forward to the continuing successful implementation of the Program.

Yours sincerely



Michael Byrne
Department Head
High Impact Africa I

Agreed and signed:



By: _____

Name: Mr Eric Asubonteng
Title: Managing Director

Date: 21/10/2016

Signed by the Global Fund Chief Financial Officer or his/her designated official for the recognition of this agreement by the Global Fund.

Mark Warrillow-Thomson
Regional Finance Manager
High Impact Africa I



Date: 02 November 2016

encl.: Annex 1 – Revised Section 3 of the Grant Confirmation
Schedule 1 – Integrated Grant Description

Revised Performance Framework
Revised Summary Budget

cc: Mr. Collins Agyarko-Nti, CCM Chair
Mr. Michael Asiedu-Antwi, Local Fund Agent

Annex 1

3.1	Host Country or Region:	Republic of Ghana
3.2	(Disease) Component:	Malaria
3.3	Program Title:	Accelerating Access to Prevention, Treatment, and Home Based Care for Malaria and Increasing the Access to Affordable ACTs in the Private Sector
3.4	Grant Name:	GHA-M-AGAMal
3.5	GA Number:	689
3.6	Grant Funds:	Up to the amount of US\$18,606,470 (Eighteen Million Six Hundred Six Thousand Four Hundred and Seventy US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 March 2015 to 31 December 2017

3.8	The Principal Recipient Nominated:	<p>AngloGold Ashanti (Ghana) Malaria Control Limited Gold House, Patrice Lumumba Road, P.O. Box 2665, Accra Republic of Ghana</p> <p>Attention: Sylvester Segbaya Manager Malaria Program</p> <p>Telephone: +233 322 540 4 94 Facsimile: Email: ssegbaya@AngloGoldAshanti.com.gh</p>
3.9	Fiscal Year of the Principal Recipient:	01 January to 31 December
3.10	LFA:	<p>PricewaterhouseCoopers(Gh) Ltd No. 12 Airport City, UNA Home, 3rd Floor, PMB CT42, Cantonments, Accra, Ghana</p> <p>Attention: Mr. Michael Asiedu-Antwi</p> <p>Telephone: +233 302 761 50 Facsimile: +233 302 761 544 Email: michael.asiedu-antwi@gh.pwc.com</p>

3.11	Global Fund (Notices information for this Grant Confirmation):	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva Switzerland</p> <p>Attention: Mr. Michael David Byrne Head, High Impact Africa 1 Department Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: michael.byrne@theglobalfund.org</p>
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SCHEDULE 1. INTEGRATED GRANT DESCRIPTION

A. PROGRAM DESCRIPTION

1. **Background and Summary:**

Malaria is endemic in all parts of Ghana and puts its population of 26 million at risk of malaria throughout the year. According to national figures malaria still contributes substantially to the disease burden accounting for 38% of OPD attendance, 35% of total hospital admissions and 19% of all causes of deaths recorded.

Malaria accounts for 34.9% of all outpatient cases, 19.5% of all deaths (data from Ghana Health Services, 2011). Amongst pregnant women it accounts for 13.8% of all outpatient department attendances, 10.6% of admissions and 9.4% of deaths. All cause under-five mortality has reduced from 111 per 1000 live births in 2003 to 82 per 1000 live births in 2011. Under 5 deaths from malaria declined from 3,952 in 2000 to 1,348 by 2012, respectively. Parasite prevalence is widely believed to have declined considerably over the same period. The proportion of homes owning at least one insecticide treated net rose from 3% in 2003 to 86.6% in 2012. Malaria cases recorded monthly in the Mine Hospital declined from 6,800 in 2006 to 400 in 2013. IRS conducted by PMI, which in 2013 started using the same insecticide as AGAMCL, shows dramatic declines in prevalence rates among children under 5 following the switch from pyrethroids in Northern Ghana. RDT positive rates dropped from 69.9% in 2010 to 66.0% in 2012 (after pyrethroids spraying) to 28.8% in 2013 (after spraying of Actellic).

The National Malaria Control Strategic Plan for 2014-2020 states the overall goal of the National Malaria Control Program in Ghana as being “to reduce the malaria morbidity and mortality burden by 75% (using 2012 as baseline) by the year 2020”. The current program intends to supplement resources available from local sources and those from partners in order to contribute towards achieving the national strategic goal.

In line with goals of global malaria control initiatives and the National Malaria Control Strategic Plan, this program aims at contributing to the attainment of higher percentages of population in the highest burden districts in Upper West to be protected by indoor residual spraying as well as health care and community capacity building, monitoring and evaluation, operational research, and behavior change communication.

The PR has implemented the Indoor Residual Spraying component of the grant since July 2011. The program was successfully scaled up to 24 districts covering a population of more than 1 million by the end of 2014. Under this grant, IRS activities have been reduced to 11 districts (due to lack of funding) and from two rounds per year to one using the newly developed, longer-lasting formulation of pirimiphos-methy (Actellic 300 CS).

The Principal Recipient AngloGold Ashanti (Ghana) Malaria Control Limited (“AGAMCL”). AGAMCL shall be responsible for IRS activities as well as training of spray operators, testing of pesticides and annual incidents data collection from its sentinel sites.

2. **Goal, Strategies and Activities**

Goals:

- To reduce the malaria morbidity and mortality by 75% (using 2012 as baseline) by the year 2020.

Strategies:

- To implement indoor residual spraying activities

Planned activities:

- IRS for 11 districts in Upper West region with highest disease burden coverage as well as Obuasi municipality of the Ashanti Region.

3. Target Group/Beneficiaries:

- Children under five years of age;
- Pregnant women; and
- The general population.

B. PERFORMANCE FRAMEWORK

Please refer to the Performance Framework attached.

C. SUMMARY BUDGET

Please refer to the Summary Budget attached.

Performance Framework		English	
Country / Applications:	China	Principal Recipients:	Ministry of Health of Ghana Project: Ghana Malaria Control Limited
Component:	Malaria		MCH
Start Year:	2015		Adult
Start Month:	Jan	(Please select from list or add a new one)	
Annual Reporting Cycle:	Jan - Dec		
Reporting Frequency (Month):	Jan		

B. Reporting periods	
Period:	Jan 2015 - Dec 2015
2015:	Yes
2016:	Yes
2017:	Yes
2018:	Yes
2019:	Yes
2020:	Yes

C. Program goals and impact indicators

Goal:

To reduce the malaria morbidity and mortality by 75% (using 2012 as baseline) by the year 2020

Intervention ID	Impact Indicator	Country	Baseline			Required Disaggregation	Targets						Comments		
			Value	Year	Source		2015	Report due date	2016	Report due date	2017	Report due date		2018	Report due date
1	Malaria I-4: Parasite prevalence: Proportion of children aged 6-59 months with malaria infection (Disaggregated by sex)	Ghana	27.20%	2011	MICS	Sex	20%	2015	15%	2017		10%	2019	The target for 2015 will be from 2014 DHS which is currently ongoing. 2016 and 2018 targets will be reported from MICS and DHS respectively. No surveys expected in 2017. REMOVE DISAGGREGATED BY SEX	
2	Malaria I-5: In-house under-5 mortality rate per 1000 live births (Disaggregated by sex)	Ghana	52 per 1000 LB	2011	MICS	Sex	70/1000 LB	2015	50/1000 LB	2016		50/1000 LB	2019		
3	Malaria I-6: Malaria test positivity rate (Disaggregated by species: vivax, falciparum, other)	Ghana	50.00%	2013	Surveillance systems		30%	2015	34%	2016	25%	2017	23.00%	2018	
4	Malaria I-3: Reported malaria deaths per 100,000 persons per year (Disaggregated by sex, age <5, >5)	Ghana	9	2013	HRIS	Age (<5, >5)	7.00	2015	6.00	2016	5	2017	4.00	2018	

D. Program objectives and outcome indicators

- Objectives:**
- To protect at least 80% of the population with effective malaria prevention interventions by 2020
 - To provide parasitological diagnosis to all suspected malaria cases and provide prompt and effective treatment to 100% of confirmed malaria cases by 2020
 - To strengthen and maintain the capacity for programme management, partnership and coordination. To achieve malaria programme objectives at all levels of the health care system by 2020
 - To strengthen the systems for surveillance and M&E in order to ensure timely availability of quality, consistent and relevant malaria data at all levels by 2020
 - To increase awareness and knowledge of the entire population on malaria prevention and control so as to improve uptake and correct use of all interventions by 2020

Intervention ID	Outcome Indicator	Country	Baseline			Required Disaggregation	Targets						Comments		
			Value	Year	Source		2015	Report due date	2016	Report due date	2017	Report due date		2018	Report due date
1&5	Malaria O-1b: Proportion of children under five years old who slept under an insecticide-treated net the previous night	Ghana	39.00%	2011	MICS		53%	2015	62%	2017		71%	2019		
1&5	Malaria O-1a: Proportion of pregnant women who slept under an insecticide-treated net the previous night	Ghana	32.00%	2011	MICS		48%	2015	59%	2017		69%	2019	The target for 2015 will be from 2014 DHS which is currently ongoing. 2016 and 2018 targets will be reported from MICS and DHS respectively. No surveys expected in 2017.	
1	Malaria O-5: Proportion of households with at least one insecticide-treated net	Ghana	49.00%	2011	MICS		66%	2015	77%	2017		86%	2019		
1&5	Malaria O-3: Percentage of population in targeted areas targeted with indoor residual spraying in the last 12 months	Ghana	90.23%	2013	AGAMAL annual reports		90%	2016	90%	2016	90.00%	2017	90%	2018	In 2016, 141,960 (out of 157,716 households in targeted areas) will receive IRS. This will provide protection to 90% of the population in the targeted areas (i.e. 871,071 out of 967,692 population). Similarly, in 2015, 146,566 (out of 160,107) households in the targeted areas will receive IRS. This will provide protection to 90% of the projected population in the targeted areas.
2&5	Malaria O-2b: Percentage under five years old with fever in the last two weeks who receive antiparasitic treatment according to national policy within 24 hours of onset of fever	Ghana	47%	2011	MICS		45%	2015	64.00%	2017		42%	2019	The target for 2015 will be from 2014 DHS which is currently ongoing. 2016 and 2018 targets will be reported from MICS and DHS respectively. No surveys expected in 2017.	

E. Modules

Module 1	Coverage/Output Indicator	Responsible Principal Recipient	Is subject of another indicator (Refer applicable)	Geographic Area (If Sub-national identify under "Comments")	Cumulation for AFD	Baseline			Required Disaggregation	Targets												Comments				
						Value	Year	Source		Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017			Jan 2018 - Jun 2018		Jul 2018 - Dec 2018	
										Value	%	Value	%	Value	%	Value	%	Value	%	Value	%		Value	%	Value	%
VC-1: Number of long-lasting insecticidal nets compared with an-net population through mass campaigns	MCH	National	Non-cumulative	12,481,338	2012	Administrative records	2,692,266	5,913,034	1,814,467	3,301,544	0	0											<p>Distributing at 1 net per 1.8 persons. This will be calculated using the RRM guidance on the number of nets lost per year against the population. Source of data will be operational/administrative reports from campaign.</p> <p>This has all sources been factored in. Total LLINs distributed in 2016: 6,506,233 nets (2,419,121 through routine, 4,087,112 through mass campaigns). This includes 591,353 nets from change in mass distribution from Northern region to Upper East and parts of Northern, Central and Ashanti regions. In addition to 5,964,200 nets (2,154,247 from AMF and AgriNet Malaria Foundation (AMF)) respectively contributing 2,124,200, 1,160,000 and 2,689,100 LLINs need from the campaign.</p>			
VC-2: Proportion of population at risk substantially covered by long lasting insecticidal nets distributed	MCH	National	Cumulative	48.9%	2011	MICS (Malaria Indicator Cluster Survey)	67,14,889	92.8%	21,453,276	25,055,230	21,623,418	21,623,418	73.8%	73.8%	73.8%	73.8%	73.8%	73.8%	73.8%	73.8%	73.8%	73.8%	<p>Number of nets distributed through AMC, CFI and Shikha. States will be operational reports for the school distribution and DHS for the CFI and AMC. There will be no school distribution in the regions when mass campaign has taken place.</p> <p>Population covered by mass campaign in 2014, 2015 and 2016</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p>			
VC-3: Proportion of target risk groups receiving long-lasting insecticidal nets	MCH	National	Non-cumulative	25,5461	2013	Reports (operational)	Targeted risk group	88,000	88,000	88,000	88,000	88,000	88,000	88,000	88,000	88,000	88,000	88,000	88,000	88,000	88,000	88,000	<p>Population covered by mass campaign in 2014, 2015 and 2016</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p> <p>Population: 2,306,940 (2014) + 2,306,940 (2015) + 2,306,940 (2016) = 6,920,820</p>			
VC-4: Proportion of population protected by Indoor Residual Spraying within the last 12 months	Adult	Sub-national	Non-cumulative	260,1823	2013	Administrative records	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	90.2%	<p>As per the RRM guidance the total population in need in 2015 is 402,038 of which 102,038 is to be covered from allocation and other sources. Of the 402,038 population in need, 102,038 will be covered from allocation and other sources. In 2016, the target is 1,020,377 of which 1,020,377 is from allocation and other sources. The CF contribution from allocation is to reach 907,377 in the 12 districts.</p>			

Workshop/Tracking Measures

Module 2	Coverage/Output Indicator	Responsible Principal Recipient	Is subject of another indicator (Refer applicable)	Geographic Area (If Sub-national identify under "Comments")	Cumulation for AFD	Baseline			Required Disaggregation	Targets												Comments				
						Value	Year	Source		Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017			Jan 2018 - Jun 2018		Jul 2018 - Dec 2018	
										Value	%	Value	%	Value	%	Value	%	Value	%	Value	%		Value	%	Value	%
CM-Other 1: Proportion of suspected malaria cases that receive a parasitological test at health facilities	MCH	CM-1a	National	Cumulative	2,697,330	53.8%	2013	HSES	3,100,420	70%	6,204,220	70%	3,302,117	70%	6,422,841	70%	3,379,254	70%	6,448,364	70%	3,379,254	70%	6,448,364	70%	<p>This will be taken from the CHM (this may include about 20% of private facility data)</p>	
CM-Other 2: Proportion of confirmed malaria cases that receive bednet (recommended treatment according to national policy at health facilities)	MCH	CM-2a	National	Cumulative	1,824,970	100.0%	2013	HSES	4,429,147	100.0%	11,072,887	100.0%	4,524,182	100.0%	11,213,425	100.0%	4,524,182	100.0%	11,213,425	100.0%	4,524,182	100.0%	11,213,425	100.0%	<p>From the RRM programmatic goal table, % of negative tests in 2015, 2016 and 2017 is about 62%, 65%, and 66%, respectively.</p>	
CM-Other 4: Proportion of estimated malaria cases (presumed and confirmed) that received first line anti-malarial treatment at health facilities	MCH	CM-2a	National	Cumulative	6,404,602	80.0%	2013	HSES	3,543,317	80.0%	6,808,234	80.0%	2,773,224	61.3%	6,023,844	61.3%	2,095,169	55%	5,224,023	55%	4,524,182	48.8%	3,813,121	48.8%	<p>This will be taken from the CHM (this may include about 20% of private facility data)</p> <p>Targets for 2015 and 2017 revised based on the updated March 2016 gap analysis</p>	

Workshop/Tracking Measures

Module 3	Coverage/Output Indicator	Responsible Principal Recipient	Is subject of another indicator (Refer applicable)	Geographic Area (If Sub-national identify under "Comments")	Cumulation for AFD	Baseline			Required Disaggregation	Targets												Comments				
						Value	Year	Source		Jan 2015 - Jun 2015		Jul 2015 - Dec 2015		Jan 2016 - Jun 2016		Jul 2016 - Dec 2016		Jan 2017 - Jun 2017		Jul 2017 - Dec 2017			Jan 2018 - Jun 2018		Jul 2018 - Dec 2018	
										Value	%	Value	%	Value	%	Value	%	Value	%	Value	%		Value	%	Value	%
SP-1: Proportion of pregnant women attending antenatal clinic who received three or more doses of intermittent preventive treatment (IPTi) for malaria	MCH	SP-1	National	Cumulative	260,794	37.1%	2013	HSES	364,128	55%	490,297	55%	206,269	55%	520,742	55%	287,887	55%	576,073	55%	376,340	55%	671,413	55%	<p>This is line with the M&E plan. Please note that the targets used for quantification in the RRM tool was 60% of target population. These indicators also have the denominators consistent with the programmatic goal table but and target levels were 60% in 2015, 70% in 2016 and 70% in 2017.</p>	

Component: Malaria
Country / Applicant: Ghana
Principal Recipient: AngloGold Ashanti (Ghana) Malaria Contr
Grant Number: GHA-M-AGAMal
Implementation Period Start Date: 1 March 2015
Implementation Period End Date: 31 December 2017
Grant Currency: USD

Budget Summary (in grant currency)

By Module	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
Vector control		7,600,741	717,973	578,122	8,896,837	541,117	3,576,174	692,362	325,882	5,135,635	4,056,413	2,425,065	640,708	226,895	7,349,081	21,381,453	93%
Program management		167,270	91,451	179,502	438,223	143,552	154,184	150,120	198,633	646,489	138,828	144,319	140,256	171,041	594,444	1,679,156	7%
Total		7,768,011	809,424	757,624	9,335,060	684,669	3,730,357	842,483	524,515	5,782,024	4,195,241	2,569,385	780,964	397,935	7,943,525	23,060,609	100%

By Cost Grouping	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
1.0 Human Resources (HR)		1,798,420	440,729	465,976	2,705,124	297,116	1,961,641	451,440	259,980	2,970,176	290,512	2,027,696	447,890	209,348	2,975,446	8,650,746	38%
2.0 Travel related costs (TRC)		282,239	101,712	105,638	489,590	76,249	273,590	189,339	68,596	607,774	74,777	272,652	189,579	67,117	604,125	1,701,488	7%
3.0 External Professional services (EPS)		387,002	20,429	37,604	445,035	83,781	124,939	124,939	140,457	474,114	25,901	65,614	65,614	64,577	221,708	1,140,857	5%
4.0 Health Products - Pharmaceutical Products (HPPP)																	
5.0 Health Products - Non-Pharmaceuticals (HPNP)		5,088,011			5,088,011		1,211,094			1,211,094	3,476,991				3,476,991	9,776,096	42%
6.0 Health Products - Equipment (HPE)		32,465	4,210	23,371	60,046	37,452	5,452	526	789	44,219	20,905	1,315	526	789	23,536	127,801	1%
7.0 Procurement and Supply-Chain Management costs (PSM)		26,526	189,576	5,177	221,280	36,333	36,933	12,711	12,711	99,289	82,251	82,251	12,711	12,711	189,925	510,493	2%
8.0 Infrastructure (INF)		3,134	1,454	5,396	9,984	1,642	3,832	3,832	1,642	10,950	1,642	3,832	3,832	1,642	10,950	31,883	0%
9.0 Non-health equipment (NHP)		107,964	31,379	45,408	184,751	73,452	79,820	34,848	25,709	213,830	125,923	83,927	36,924	27,807	274,581	673,162	3%
10.0 Communication Material and Publications (CMP)		5,186	1,608	459	7,254	2,053	12,316	4,105	2,053	20,526	16,317	12,316	4,105	2,053	34,791	62,571	0%
11.0 Programme Administration costs (PA)		37,064	18,328	68,594	123,986	75,991	20,742	20,742	12,578	130,053	80,021	19,781	19,781	11,890	131,474	385,513	2%
12.0 Living support to client/ target population (LSCTP)																	
13.0 Results-based financing (RBF)																	
Total		7,768,011	809,424	757,624	9,335,060	684,669	3,730,357	842,483	524,515	5,782,024	4,195,241	2,569,385	780,964	397,935	7,943,525	23,060,609	100%

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
AngloGold Ashanti (Ghana) Malaria Control Limited		7,768,011	809,424	757,624	9,335,060	684,669	3,730,357	842,483	524,515	5,782,024	4,195,241	2,569,385	780,964	397,935	7,943,525	23,060,609	100%
Total		7,768,011	809,424	757,624	9,335,060	684,669	3,730,357	842,483	524,515	5,782,024	4,195,241	2,569,385	780,964	397,935	7,943,525	23,060,609	100%