

Ref.: TGF/HIA1/MB/MS/GHA-M-MOH/IL 1

30 September 2016

Dr Badu Sarkodie  
Director, Public Health Division  
Ghana Health Service  
Ministry of Health of the Republic of Ghana  
P.O. Box M44  
Accra  
Republic of Ghana

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

Dear Dr Sarkodie

Reference is made to the Grant Confirmation dated 5 May 2015 (as amended from time to time, the “Grant Confirmation”) between the Global Fund to Fight AIDS, Tuberculosis and Malaria (the “Global Fund”) and The Republic of Ghana (the “Grantee”) acting through The Ministry of Health of the Republic of Ghana (the “Principal Recipient”) for grant GHA-M-MOH. 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.

As a result of the approved reprogramming, we propose modifying the Performance Framework and the Summary Budget included in Schedule I (Integrated Grant Description) of the Grant Confirmation. Additionally, we propose modifying the Grant Confirmation to reflect the reduction of approved Grant Funds for the Implementation Period by US\$ 5,281,331 due to transfer of Grant Funds from Grant GHA-M-MOH to Grant GHA-M-AGAMal.

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. Section 5.4 of the Grant Confirmation has is hereby deleted in its entirety and replaced with the following:

*The use of Grant Funds by the Principal Recipient to finance the surveys, research and other M&E activities (the “M&E Activities”) is subject to satisfaction of each of the following requirements: (a) the delivery by the Principal Recipient to the Global Fund of a plan and a detailed budget for the implementation of the M&E (the “M&E Plan and Budget”), in form and substance satisfactory to the Global Fund, and developed in collaboration with technical partners in the Republic of Ghana; and (b) the written approval of the Global Fund of the M&E Plan and Budget.*

3. 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.
4. 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.

By signing below, the Grantee acting through the Principal Recipient hereby represents that the Grantee and the Principal Recipient acting on behalf of the Grantee have all the necessary power and/or have been duly authorised by or obtained all necessary consents, actions, approval and authorisations to execute and deliver this Implementation Letter and to perform all the obligations of the Grantee under the Grant Agreement, as amended by this Implementation Letter. The execution, delivery and performance by the Grantee or the Principal Recipient acting on behalf of the Grantee of this Implementation Letter do not violate or conflict with any applicable law, any provision of its constitutional documents, any order or judgment of any court or any competent authority, or any contractual restriction binding on or affecting the Grantee or the Principal Recipient.

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.

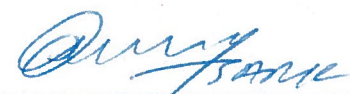
Please confirm your agreement to these amendments by signing two copies of this Implementation Letter and returning both copies to us. The above changes will take effect upon the signing by the Global Fund Chief Financial Officer (or his/her designated official) indicated below. One copy of this letter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

P.P.   
Michael Byrne  
Department Head  
High Impact Africa I

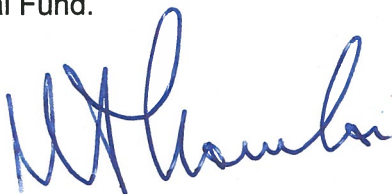
Agreed and signed:

By:   
Name: Dr Badu Sarkodie  
Title: Director, Ghana Health Service

Date: 18/10/2016

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: 30 October 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-MOH
3.5	GA Number:	716
3.6	Grant Funds:	Up to the amount of US\$112,813,771 (One Hundred Twelve Million Eight Hundred Thirteen Thousand Seven Hundred and Seventy-One 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>The Ministry of Health of the Republic of Ghana P.O. Box MB-44, Ministries, Accra Republic of Ghana</p> <p>Attention: Dr. Badu Sarkodie A.G. Director, Public Health Division Ghana Health Service</p> <p>Telephone: + 233 302 680 892 Facsimile: + 233 244 417 911 Email: sarks60@yahoo.co.uk</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: +233 302 761 500 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: <a href="mailto:michael.byrne@theglobalfund.org">michael.byrne@theglobalfund.org</a></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 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. The main priority program areas are:

- Case Management including iCCM
- Long Lasting Insecticidal Nets (LLINs)
- Indoor Residual Spraying (IRS)
- Intermittent Preventive Treatment in Pregnancy (IPTp)
- Seasonal Malaria Chemoprevention (SMC).

As of the effective date of the Grant Confirmation, the Principal Recipient National Malaria Control Program of the Ghana Health Service under the Ministry of Health (MoH), will be responsible for the routine and mass distribution of LLINs, the provision of RDTs, ACTs, IPTp and SMC. It will also manage activities aimed at strengthening the HMIS as well as training of health workers, supervisions, implementation of surveys/studies, and continued roll out of the DHIMS 2 for electronic data reporting.

The grant also incorporates an amount of US\$ 20 million for co-payment to Private Sector 1<sup>st</sup> Line Buyers in Ghana to procure quality ACTs.

#### 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 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 programmatic 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.

**Planned activities:**

- Promoting prompt provision of affordable effective antimalarials to those in need through private and public health facilities all over Ghana;
- Training of Health workers in IPTp, training NGOs to monitor pregnant women and supporting them to provide advocacy, communication and social mobilization activities at the community level in collaboration with CHOs.
- Providing long lasting insecticide treated nets (LLINs) to those vulnerable to malaria;
- SMC implementation in 2015 will cover door-to-door distribution of amodiaquine and sulphadoxine-pyremethamin (AQ-SP) to 293,625 children by trained volunteers with information dissemination, social mobilization and supervision in Upper West region.
- To focus on achieving increased awareness and effective utilization of preventive interventions, and malaria case management at all levels.
- Conducting regular surveys and operational research to guide implementation decisions that are evidence based, in addition to routine data collection;
- Strengthening monitoring and evaluation; and
- Raising awareness about malaria prevention and treatment among the community and the health workforce at all levels through IEC/BCC.

**3. Target Group/Beneficiaries:**

- Children under five years of age;
- Pregnant women
- Mothers and caretakers
- Community health workers
- Zonal and district health workers
- Private sector health workers and licensed chemical sellers
- 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 / Applicant:	China	Principal Recipients	Ministry of Health of China
Component:	Malaria		Project/Grant Admin/Malaria Control Unit
Start Year:	2015		Admin
Start Month:	Jan		
Annual Reporting Cycle:	Jan - Dec		
Reporting Frequency (Month):	Jan		

B. Reporting periods	
Period:	Jan 2015 - Dec 2015
Start date:	Jan 2015
End date:	Dec 2015
Reporting date:	Jan 2016

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	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	
Malaria I-4: Parasite prevalence: Proportion of children aged 6-59 months with malaria infection (disaggregated by sex)	China	27.50%	2011	MICS	Sex	20%	2015	15%	2017				10%	2018	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
Malaria I-5: All-cause under-5 mortality rate per 1000 live births (disaggregated by sex)	China	52 per 1000 LB	2011	MICS	Sex	70/1000 LB	2015	50/1000 LB	2016				50/1000 LB	2018	
Malaria I-6: Malaria test positivity rate (disaggregated by species: vivax, falciparum, other)	China	50.00%	2013	Surveillance system		30%	2015	34%	2016	25%	2017	23.00%	2018		
Malaria I-3: Reported malaria deaths per 100,000 persons per year (disaggregated by sex, age <5, >5)	China	9	2013	HRIS	Age (<5, >5)	7.00	2015	6.00	2016	5	2017	4.00	2018		

D. Program objectives and outcome indicators	
Objective:	
1	To conduct at least 80% of the population with effective malaria prevention interventions by 2020
2	To provide parasitological diagnosis to all suspected malaria cases and provide prompt and effective treatment to 100% of confirmed malaria cases by 2020
3	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
4	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
5	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	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	
Malaria O-1a: Proportion of children under five years old who slept under an insecticide-treated net the previous night	China	39.00%	2011	MICS		53%	2015	62%	2017				71%	2018	
Malaria O-1b: Proportion of pregnant women who slept under an insecticide-treated net the previous night	China	32.00%	2011	MICS		48%	2015	59%	2017				69%	2018	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.
Malaria O-5: Proportion of households with at least one insecticide-treated net	China	49.00%	2011	MICS		66%	2015	77%	2017				86%	2018	
Malaria O-7: Percentage of population in target areas targeted with indoor residual spraying in the last 12 months	China	90.23%	2011	AGAMAL annual reports		90%	2016	90%	2016	90.00%	2017	90%	2018	In 2016, 141,360 (out of 157) The 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 967,602 population). Similarly, in 2015, 146,566 (out of 163,102) households in the targeted areas will receive IRS. This will provide protection to 90% of the targeted population in the targeted areas.	
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	China	47%	2011	MICS		45%	2015	64.00%	2017				62%	2018	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		Vector control										Comments						
Coverage/Output Indicator	Responsible Principal Recipient	Is subject of another indicator (where applicable)	Geographic Area (if Sub-national identify under "Comments")	Cumulation for AFD	Baseline				Required Disaggregation	Targets								
					MF	DF	%	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
VC-1: Number of long-lasting insecticidal nets compared to annual population through mass campaigns	MCH		National	Non-cumulative	12,481,338			2012	Administrative records	2,692,269	5,913,034	1,814,467	2,331,544	0	0			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 the campaign.
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)	67,14,899	60,325,958	21,453,276	25,856,236	21,823,418	21,823,418	73.8%	73.8%	Number of nets distributed through JMC, CFI and SMOs. States will be operational reports for the school distribution and DHS for the IPT and ANC nets. There will be no school distribution in the regions where mass campaign has taken place.
VC-3: Proportion of target risk groups receiving long-lasting insecticidal nets	MCH		National	Non-cumulative	25,564,611			2013	Reports (operational)	10,485,481	17,277,233	28,566,676	28,566,676	28,531,392	28,531,392	77.0%	77.0%	Number of nets distributed through JMC, CFI and SMOs. States will be operational reports for the school distribution and DHS for the IPT and ANC nets. There will be no school distribution in the regions where mass campaign has taken place.
VC-5: Proportion of population protected by Indoor Residual Spraying within the last 12 months	Admin		Sub-national	Non-cumulative	260,1823			2013	Administrative records	907,787	907,787	907,787	1,008,138	1,008,138	90%	90%	As per the RRM guidance the total population in need in 2015 is 402,038 of which 102,546 is to be covered from allocation and other sources. Out of the 402,038 population in need, 399,492 will be covered by the 102,546 in the 12 districts. In 2016, the target is 1,007,138 of which 1,007,138 is from allocation and other sources. The CF contribution from allocation is to reach 907,787 in the 12 districts.	
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**Workshop/Tracking Measures**

Module 2		Case management										Comments								
Coverage/Output Indicator	Responsible Principal Recipient	Is subject of another indicator (where applicable)	Geographic Area (if Sub-national identify under "Comments")	Cumulation for AFD	Baseline				Required Disaggregation	Targets										
					MF	DF	%	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		
CM-Other 1: Proportion of suspected malaria cases that receive a parasitological test at health facilities	MCH	CM-1a	National	Cumulative	2,697,330			2013	HSES	3,100,420	8,304,620	3,392,137	6,432,841	70%	70%	3,379,254	6,448,364	80%	80%	Net will be taken from the CHM (this may include about 20% of private facility data).
CM-Other 2: Proportion of confirmed malaria cases that received timely antiparasitic treatment according to national policy at health facilities	MCH	CM-2a	National	Cumulative	1,824,970			2013	HSES	4,429,147	11,072,897	4,524,162	11,211,425	100.0%	100.0%	4,234,762	10,562,460	100%	100%	From the RRM programmatic package, % of negative tests in 2015, 2016 and 2017 is about 62%, 65%, and 68%, respectively.
CM-Other 4: Proportion of estimated malaria cases (presumed and confirmed) that received first-line antiparasitic treatment at health facilities	MCH	CM-2a	National	Cumulative	6,404,602			2013	HSES	1,178,150	3,155,767	1,997,268	2,988,094	100.0%	100.0%	2,988,094	2,710,463	100%	100%	Net will be taken from the CHM (this may include about 20% of private facility data).
					6,404,602			2013	HSES	3,543,317	8,608,244	2,773,324	6,023,844	80.0%	80.0%	2,096,169	5,234,023	49.8%	49.8%	Targets for 2016 and 2017 revised based on the updated March 2016 package analysis.
					6,404,602			2013	HSES	4,429,147	11,072,897	4,524,162	11,211,425	100.0%	100.0%	4,234,762	10,562,460	100%	100%	

**Workshop/Tracking Measures**

Module 3		Specific prevention interventions (SPI)										Comments								
Coverage/Output Indicator	Responsible Principal Recipient	Is subject of another indicator (where applicable)	Geographic Area (if Sub-national identify under "Comments")	Cumulation for AFD	Baseline				Required Disaggregation	Targets										
					MF	DF	%	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		
SPI-1: Proportion of pregnant women attending antenatal clinic who received three or more doses of intermittent preventive treatment (IPTi) for malaria	MCH	SPI-1	National	Cumulative	260,794			2013	HSES	364,128	460,267	208,268	520,742	55%	55%	287,867	575,075	65%	65%	Net is line with the M&E plan. Please note the targets used for quantification in the RRM tool was 60% of target population. These indicators also have the denominators as consistent with the programmatic package but and target levels were 60% in 2015, 70% in 2016 and 70% in 2017.
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**Component:** Malaria  
**Country / Applicant:** Ghana  
**Principal Recipient:** Ministry of Health of Ghana  
**Grant Number:** GHA-M-MOH  
**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	812,687	6,722,104	5,891,373	5,867,212	19,293,376	7,773,788	1,341,725	237,081	237,081	9,589,674	11,495,819	92,536	99,536	55,280	11,743,171	40,626,222	36%
Case management	310,995	2,606,501	3,135,446	2,606,501	8,659,442	8,757,339	4,952,857	6,719,053	2,438,703	22,867,952	11,381,342	2,323,677	4,289,389	4,203,950	22,198,358	53,725,752	47%
Specific prevention interventions (SPI)	178,503	178,503	178,503	306,924	842,433	546,189	1,800,243	252,124	35,726	2,634,282	977,405	1,956,703	443,836	417,783	3,795,727	7,272,442	6%
HSS - Procurement supply chain management (PSCM)	47,026	47,026	47,026	47,026	141,077	151,325	100,000	92,873	92,873	437,071	278,618	278,618	185,746		742,982	1,321,130	1%
HSS - Health information systems and M&E	745,940	365,130	365,130	365,130	1,841,329	693,926	1,176,492	1,341,819	668,352	3,880,590	621,918	280,322	307,493	275,743	1,485,476	7,207,395	6%
HSS - Financial management	9,087	8,341	8,341	8,341	34,110	134,243	12,076	37,076	37,076	220,470	37,076	37,076	37,076	37,076	148,302	402,862	0%
Program management	263,681	198,471	178,034	178,034	818,221	205,890	322,273	217,767	200,398	946,328	231,570	260,655	170,539	174,323	837,087	2,601,637	2%
<b>Total</b>	<b>2,320,894</b>	<b>10,126,075</b>	<b>9,803,853</b>	<b>9,379,168</b>	<b>31,629,989</b>	<b>18,262,701</b>	<b>9,705,665</b>	<b>8,897,793</b>	<b>3,710,208</b>	<b>40,576,366</b>	<b>25,023,747</b>	<b>5,229,588</b>	<b>5,533,615</b>	<b>5,164,154</b>	<b>40,951,105</b>	<b>113,157,460</b>	<b>100%</b>

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)	112,677	112,677	112,677	112,677	450,710	119,327	119,327	129,150	129,150	496,955	129,150	129,150	129,150	129,150	516,801	1,464,286	1%
2.0 Travel related costs (TRC)	1,486,894	743,927	743,927	872,348	3,847,095	745,078	3,081,148	1,936,199	897,699	6,660,123	1,358,825	2,375,806	884,259	796,009	5,414,899	15,922,116	14%
3.0 External Professional services (EPS)	25,571	25,571	25,571	25,571	102,284	8,905	96,687	33,905	33,905	173,404	77,796	77,796	33,905	33,905	223,404	499,091	0%
4.0 Health Products - Pharmaceutical Products (HPPP)		2,155,275	2,155,275	2,155,275	6,465,825	5,783,090	4,197,759	3,854,984	2,207,171	16,043,005	5,795,945	2,207,171	4,105,339	4,105,339	16,213,794	38,722,624	34%
5.0 Health Products - Non-Pharmaceuticals (HPNP)		5,711,230	5,711,230	5,711,230	17,133,691	7,044,349				6,644,349	13,897,466				13,897,466	39,675,506	35%
6.0 Health Products - Equipment (HPPE)																	
7.0 Procurement and Supply-Chain Management costs (PSM)		1,046,964	745,179	192,073	1,984,216	3,762,593	1,347,324	937,304	92,873	6,140,094	3,544,828	278,618	185,746		4,009,192	12,133,502	11%
8.0 Infrastructure (INF)																	
9.0 Non-health equipment (NHP)	410,173	44,851	24,414	24,414	503,851	445,678	151,976	91,979	91,979	781,613	41,003	40,279	40,279	40,279	161,839	1,447,303	1%
10.0 Communication Material and Publications (CMP)	277,689	277,689	277,689	277,689	1,110,758	347,694	705,458	308,287	251,444	1,612,883	172,748	114,782	148,953	53,487	489,969	3,213,610	3%
11.0 Programme Administration costs (PA)	7,890	7,890	7,890	7,890	31,559	5,985	5,985	5,985	5,985	23,941	5,985	5,985	5,985	5,985	23,941	79,441	0%
12.0 Living support to client/ target population (LSCPT)																	
13.0 Results-based financing (RBF)																	
<b>Total</b>	<b>2,320,894</b>	<b>10,126,075</b>	<b>9,803,853</b>	<b>9,379,168</b>	<b>31,629,989</b>	<b>18,262,701</b>	<b>9,705,665</b>	<b>8,897,793</b>	<b>3,710,208</b>	<b>40,576,366</b>	<b>25,023,747</b>	<b>5,229,588</b>	<b>5,533,615</b>	<b>5,164,154</b>	<b>40,951,105</b>	<b>113,157,460</b>	<b>100%</b>

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
Ministry of Health of Ghana	2,086,907	1,978,557	1,127,390	1,103,229	6,296,083	3,029,094	4,701,000	2,491,668	1,347,609	11,569,371	2,763,464	2,866,989	1,272,849	903,388	7,806,691	25,672,144	23%
RHDs (Regional Health Directorates)	193,419	193,419	193,419	193,419	773,676	121,374	121,374	121,374	121,374	485,496	121,374	121,374	121,374	121,374	485,496	1,744,669	2%
PPM-IDA		5,571,000	5,571,000	5,571,000	16,712,999	6,184,068	418,928			6,602,996	10,667,114				10,667,114	33,983,109	30%
PPM-PFSCM		585,538	585,538	585,538	1,756,615	6,703,167	619,478	3,718,745		11,041,390	9,230,570				9,230,570	22,028,574	19%
AMFm	1,709,967	1,709,967	1,709,967	1,709,967	5,129,902	1,516,402	3,656,730	2,207,171		9,587,475	2,207,171	2,207,171	4,106,339	4,106,339	12,685,020	27,342,386	24%
NGOs	40,568	40,568	40,568	168,989	290,692	34,053	34,053	34,053		136,214	34,053	34,053	34,053	34,053	136,214	563,119	0%
Imperial Health Sciences				528,945	528,945	523,217	54,102	324,782		902,101						1,431,046	1%
John Snow Inc.		47,026	47,026	47,026	141,077	151,325	100,000			251,325						392,402	0%
<b>Total</b>	<b>2,320,894</b>	<b>10,126,075</b>	<b>9,803,853</b>	<b>9,379,168</b>	<b>31,629,989</b>	<b>18,262,701</b>	<b>9,705,665</b>	<b>8,897,793</b>	<b>3,710,208</b>	<b>40,576,366</b>	<b>25,023,747</b>	<b>5,229,588</b>	<b>5,533,615</b>	<b>5,164,154</b>	<b>40,951,105</b>	<b>113,157,460</b>	<b>100%</b>