

### 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 **Center for Health Policies and Studies** (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 23 October 2014, 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))<sup>1</sup>. 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:	The Republic of Moldova
3.2.	Disease Component:	Tuberculosis
3.3.	Program Title:	Strengthening Tuberculosis control in the Republic of Moldova
3.4.	Grant Name:	MDA-T-PAS
3.5.	GA Number:	1608
3.6.	Grant Funds:	Up to the amount EUR 3,960,620.00 or its equivalent in other currencies
3.7.	Implementation Period:	From 1 January 2018 to 31 December 2020 (inclusive)
3.8.	Principal Recipient:	Center for Health Policies and Studies Street Vasile Alecsandri, 99/1 MD 2012 Chisinau Republic of Moldova  Attention: Mrs Stela Bivol Director Programs and Research  Telephone: +38 138249679 Facsimile: Email: stela.bivol@pas.md
3.9.	Fiscal Year:	January 1 to December 31
3.10.	Local Fund Agent:	ICS "PricewaterhouseCoopers Audit" SRL 37 Maria Cebotari str., 6th floor

<sup>1</sup> Available at <http://www.theglobalfund.org/GrantRegulations/>

		<p>MD-2012 Chisinau Moldova</p> <p>Attention: Mr. Mircea Bozga Partner</p> <p>Telephone: +400212253880 Facsimile: +400212253600 Email: mircea.bozga@ro.pwc.com</p>
3.11.	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8, 1214 Vernier, Geneva, Switzerland</p> <p>Attention: Dumitru Laticevschi Regional Manager Eastern Europe and Central Asia Team Grant Management Division</p> <p>Telephone: +41587911072 Facsimile: Email: dimitru.laticevschi@theglobalfund.org</p>

4. **Policies.** The Grantee shall take all appropriate and necessary actions to comply with (1) the Global Fund Guidelines for Grant Budgeting (2017, as amended from time to time)<sup>2</sup>, (2) the Health Products Guide (2017, as amended from time to time), and (3) any other policies, procedures, regulations and guidelines, which the Global Fund may communicate in writing to the Grantee, from time to time.
5. **Covenants.** The Global Fund and the Grantee further agree that:
- 5.1. With respect to Section 7.6 (Right of Access) of the Global Fund Grant Regulations (2014), it is understood and agreed that (1) the Global Fund may collect or seek to collect data, and it is possible that such data may contain information that could be used to identify a person or people, and (2) the Grantee has undertaken or has caused to be undertaken prior to collection and thereafter whatever is required under the applicable laws of the Republic of Moldova to ensure that such information may be transferred to the Global Fund for such purpose upon request.
- 5.2. The Grantee shall cooperate with the regional Green Light Committee (the "rGLC") in the efforts of the rGLC to provide technical support and advisory support, including capacity building, to the Principal Recipient with respect to monitoring and the scaling-up of DR-TB-related services provided in-country. Accordingly, the Grantee shall budget, and hereby authorizes the Global Fund to disburse, up to a maximum of US\$ 50,000, or a lower amount as agreed with the rGLC and the Global Fund, each year to pay for rGLC services.
- 5.3. In accordance with the Global Fund Sustainability, Transition and Co-financing Policy (GF/B35/04) (the "STC Policy"), the Grantee acknowledges and agrees that:

<sup>2</sup> Available at <http://www.theglobalfund.org/BudgetingGuidelines/>

- 5.3.1. The Republic of Moldova should progressively increase government expenditure on health to meet national universal health coverage goals; and increase co-financing of the Global Fund-supported programs, focused on progressively taking up key costs of national disease plans (the "Core Co-Financing Requirements"). The commitment and disbursement of Grant Funds is subject to the Global Fund's satisfaction with the Republic of Moldova's compliance with the Core Co-Financing Requirements. The Global Fund may reduce Grant Funds during the Implementation Period based on non-compliance with the Core Co-Financing Requirements; and
- 5.3.2. The Republic of Moldova should comply with the requirements to access the 'co-financing incentive' as set forth in the STC Policy (the "Co-Financing Incentive Requirements"). The commitment and disbursement of 15% of the Republic of Moldova's HIV and TB allocation of Euro 15,896,721 for the 2017-2019 allocation period, which is equal to Euro 2,384,508 (the "Co-Financing Incentive"), is subject to the Global Fund's satisfaction with the Republic of Moldova's compliance with the Co-Financing Incentive Requirements. The Global Fund may reduce the Co-Financing Incentive during the Implementation Period, or from the subsequent allocation, proportionate to non-compliance with the Co-Financing Incentive Requirements.
- 5.4. The Grantee hereby acknowledges and confirms that it has read and understood the policies of the Global Fund regarding the use of its name and logos as set forth in the "Identity Guide for Partners" (as amended from time to time), available at the Global Fund's Internet site. The Grantee agrees that if the Grantee intends to use the Global Fund's name and/or logos in relation to any Program Activities, the Grantee is required (1) to seek the prior approval of the Global Fund by submitting a plan of use in accordance with the Identity Guide for Partners to the Global Fund and, if such plan is approved, (2) to sign a trademark license agreement in form and substance acceptable to the Global Fund.
- 5.5. Transition between grants:
- 5.5.1. The Program budget in the Integrated Grant Description attached hereto as Schedule I reflects the total amount of Global Fund funding to be made available for the Program. The Program budget may be funded in part by grant funds disbursed to the Grantee under a previous Grant Agreement, which the Global Fund has approved to be used for the Program under the current Grant Agreement ("Previously Disbursed Grant Funds"), as well as additional Grant Funds up to the amount set forth in Section 3.6 of the Grant Confirmation. Where the Global Fund has approved the use of Previously Disbursed Grant Funds, the Global Fund may reduce the amount of Grant Funds set forth in Section 3.6 of the Grant Confirmation by the amount of any Previously Disbursed Grant Funds, and the definition of Grant Funds set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previously Disbursed Grant Funds.
- 5.5.2. All non-cash assets remaining under any previous Grant Agreements as of the start date of the Implementation Period shall be fully accounted for and duly documented ("Previous Program Assets"). Unless otherwise agreed with the Global Fund, the definition of Program Assets set forth in Section 2.2 of the Global Fund Grant Regulations (2014) shall include any Previous Program Assets.
- 5.5.3. For the avoidance of doubt, except as explicitly set forth herein, nothing in the instant Grant Agreement shall impact the obligations of the Grantee under any

previous Grant Agreement(s) (including, but not limited to, those concerning financial and other reporting).

*[Signature Page Follows.]*

**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**

**Center for Health Policies and Studies**

By: Mark Edington  
Name: Mark Edington  
Title: Head, Grant Management Division  
Date: Jan 20, 2018

By: Mr. Sergiu Gherman  
Name: Mr. Sergiu Gherman  
Title: Financial Director  
Date: 18/01/2018



**Acknowledged by**

By: Dr Svetlana Cebotari  
Name: Dr Svetlana Cebotari  
Title: Chair of the Country Coordinating  
Mechanism for the Republic of  
Moldova  
Date: 18/01/2018

By: Ruslan Poverga  
Name: Ruslan Poverga  
Title: Civil Society Representative of the  
Country Coordinating Mechanism  
for the Republic of Moldova  
Date: 18/01/2018

By: Lilian Severin  
Name: Lilian Severin  
Title: Civil Society Representative of the  
Country Coordinating Mechanism  
for the Republic of Moldova  
Date: 18/01/2018

## Schedule I

### Integrated Grant Description

<b>Country:</b>	Republic of Moldova
<b>Program Title:</b>	Strengthening Tuberculosis control in the Republic of Moldova
<b>Grant Name:</b>	MDA-T-PAS
<b>GA Number:</b>	1608
<b>Disease Component:</b>	Tuberculosis
<b>Principal Recipient:</b>	Center for Health Policies and Studies

#### A. PROGRAM DESCRIPTION

##### 1. Background and Rationale for the Program

###### Epidemiology

Moldova is among the world's 30 highest multidrug-resistant TB burden countries. In 2015, the WHO estimated that TB incidence and mortality were 152 and 12 respectively per 100,000 population, having a slightly decreasing trend compared to the WHO estimates for 2012, with 160 and 16.3 per 100,000 population respectively. According to the National TB Control Program (NTP) data, in 2016, there were 3,574 notified TB cases (all forms) or 88.6 per 100,000 population, including 2,847 new cases (70.6 per 100,000). The mortality rate was 9.4 per 100,000 population (380 patients).

MDR-TB rate has maintained a constant trend in the last few years. In 2015, MDR-TB registered rates were 25.3% among new cases and 65.5% among retreated cases, as per the national routine surveillance data. The TB/HIV co-infection rate among notified cases reached 8.2% in 2016 vs. 5.7% in 2011. There are regional differences in the co-infection rate, reaching 15.7% in the eastern region of Moldova and 20.2% in the municipality of Balti.

The region from the left bank of the river Nistru is characterized by the highest TB notification, MDR burden and HIV/TB co-infection rates, compared to other regions of Moldova.

The prison population and TB notification among it remains relatively constant in latest years. In 2015, there were around 10,000 prisoner notifications and 173 TB cases were registered among them, representing 4.8% of all the notified TB cases in the country.

The treatment success rate increased among both sensitive and drug resistant cases during the last years. In 2014, the success rate of new bacteriologic positive cases was 79.9% vs. 62.6% in 2012. The treatment success rate for MDR/RR TB cases reached 57% for the 2013 cohort, compare to the cohort of 2008, which was 48%.

## **2. Goals, Strategies and Activities**

To reduce the burden of tuberculosis (including M/XDR-TB) in Moldova by ensuring universal access to quality diagnosis and treatment, implementing sustainable patient-centered approaches, addressing the needs of high-risk groups and strengthening NTP management capacity.

### **Objectives:**

1. To ensure universal access to timely and high quality diagnosis of all forms of TB including M/XDR-TB
2. To strengthen patient-centered approaches to M/XDR-TB treatment
3. To improve management of HIV-associated tuberculosis

### **Modules:**

- MDR-TB
- Program management

### **Planned Activities:**

#### **MDR-TB Module**

**Objective 1.** To ensure universal access to timely and quality diagnosis of all forms of TB including M/XDR-TB

#### *Interventions:*

- 1.1. Implement Xpert MTB/RIF at district level, in the penitentiary system and AIDS Centers

**Objective 2.** To strengthen patient-centered approaches to M/XDR-TB treatment

#### *Interventions:*

- 2.1. Provision of adherence support for M/XDR patients
- 2.2. Support to TB Community Centers
- 2.3. NGO small grants' program for high-risk and hard-to-reach populations affected by TB
- 2.4. Strengthening ACSM / information and education for DR-TB prevention.

**Objective 3.** To improve management of HIV-associated tuberculosis

#### *Interventions:*

- 3.1. Strengthening national capacities for TB/HIV collaboration

#### **Program management Module**

Intervention: Grant management

## **3. Target Group/Beneficiaries**

- TB Patients;
- MDR-TB patients;
- Prisoners;
- PLHIV;

- Healthcare providers involved in diagnosis, case management and treatment of TB, including primary healthcare (PHC) providers; and
- Community.



<b>Country</b>	Moldova
<b>Grant Name</b>	MDA-T-PAS
<b>Implementation Period</b>	01-Jan-2018 - 31-Dec-2020
<b>Principal Recipient</b>	Center for Health Policies and Studies
<b>Reporting Periods</b>	01-Jan-2018 01-Jan-2019 01-Jan-2020
<b>End Date</b>	31-Dec-2018 31-Dec-2019 31-Dec-2020
<b>PU includes DR?</b>	Yes No

**Program Goals and Impact Indicators**

- To reduce the burden of tuberculosis (including M/XDR-TB) in Moldova by ensuring universal access to quality diagnosis and treatment, implementing sustainable patient-centered approaches, addressing the needs of high-risk groups and strengthening NTP management

Impact Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
1 TB I-3(M): TB mortality rate per 100,000 population	Moldova	9.2	2016 R&R TB system/ Yearly Management Reports, SYME TB	N: 8.2 D: P: % Due Date: 15-Feb-2019	N: 7.7 D: P: % Due Date: 15-Feb-2020	N: 7.2 D: P: % Due Date: 15-Feb-2021	Source of measurement for the indicator: SYME TB - R&R TB system. Responsible entities: "Ch. Draganuc" Institute of Phthisiopneumology and the National Center of Health Management. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region. The targets for this indicator have been updated compared to the NTP Estimations (Annex 3 to the Government Decree no. 1160 dated October 20, 2016), taking into account the last years' evolution trend (final data for 2016 indicate a TB mortality rate of 9.2 per 100,000 population). The total average population of the Rep. of Moldova in 2016, was 4,031,995 people, as per the National Centre of Health Management.	
2 TB I-4(M): RR-TB and/or MDR-TB prevalence among new TB patients: Proportion of new TB cases with RR-TB and/or MDR-TB	Moldova	25.3%	2015 R&R TB system/ Yearly Management Reports, SYME TB	N: D: P: 24.00% Due Date: 15-Feb-2019	N: D: P: 23.00% Due Date: 15-Feb-2020	N: D: P: 21.00% Due Date: 15-Feb-2021	Numerator: Number of new TB cases with results of DST to H&R drugs and diagnosed with MDR over the given year. Denominator: Total number of new TB cases with DST results to H&R drugs over the given year. Source of measurement for the indicator: SYME TB, routine surveillance. Responsible entities: "Ch. Draganuc" Institute of Phthisiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region. The targets for this indicator have been updated compared to the NTP Estimations (Annex 3 to the Government Decree no. 1160 dated October 20, 2016), taking into account the last years' evolution trend (prevalence data for 2016 indicate a MDR-TB prevalence among new TB patients rate of 24.9 %)	

**Program Objectives and Outcome Indicators**

- To ensure universal access to timely and quality diagnosis of all forms of TB including MDR/XDR TB
- To strengthen patient-centered approaches to MDR/XDR treatment
- To improve management of HIV-associated TB

Outcome Indicator	Country	Baseline Value	Baseline Year and Source	Required Disaggregation	2018	2019	2020	Comment
1 TB O-4(M): Treatment success rate of RR TB and/or MDR-TB: Percentage of cases with RR and/or MDR-TB successfully treated	Moldova	57.1%	2016 R&R TB system/ Yearly Management Reports, SYME TB	N: D: P: 65.05% TB case definition Due Date: 15-Feb-2019	N: D: P: 68.04% Due Date: 15-Feb-2020	N: D: P: 72.01% Due Date: 15-Feb-2021	Source of measurement for the indicator: SYME TB - R&R TB system, quarterly/ annual reports. Responsible entities: "Ch. Draganuc" Institute of Phthisiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region. In 2018, there will be reported the treatment outcome for the 2016 RR and/or MDR-TB cohort; in 2019 - for the 2017 RR and/or MDR-TB cohort; and in 2020 - for the 2018 RR and/or MDR-TB cohort. The baseline data are for the 2013 MDR TB cohort. The targets for this indicator have been updated compared to the NTP Estimations (Annex 3 to the Government Decree no. 1160 dated October 20, 2016), taking into account the last years' evolution trend of the treatment success rate	

Outcome Indicator	Country	Baseline Value	Required Disaggregation	2018	2019	2020	Comment
2 TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Moldova	88.59	2016 R&R TB system/ Yearly Management Reports, SYME TB	N: 96 D: % P: % Due Date: 15-Feb-2019	N: 94.6 D: % P: % Due Date: 15-Feb-2020	N: 92.8 D: % P: % Due Date: 15-Feb-2021	Source of measurement for the indicator: SYME TB - R&R TB system. Responsible entities: "Ch. Draganiuc" Institute of Phthisiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region.  The baseline data are for the 2016 cohort: 3,571 new and relapse cases (as per the new 2013 WHO definitions) have been diagnosed. The targets for this indicator have been updated compared to the NTP Estimations (Annex 3 to the Government Decree no. 1160 dated October 20, 2016), taking into account the last years' evolution trend of the case notification rate.  Source of measurement for the indicator: SYME TB - R&R TB system for numerator, and Global TB database for TB incident cases for denominator.
3 TB O-5(M): TB treatment coverage: Percentage of new and relapse cases that were notified and treated among the estimated number of incident TB cases in the same year (all forms of TB - bacteriologically confirmed plus clinically diagnosed)	Moldova	88%	2016 R&R TB system/ Yearly Management Reports, SYME TB	N: % D: % P: 87.00% Due Date: 15-Nov-2019	N: % D: % P: 89.00% Due Date: 15-Nov-2020	N: % D: % P: 90.00% Due Date: 15-Nov-2021	Responsible entities: "Ch. Draganiuc" Institute of Phthisiopneumology. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region.  The baseline (draft WHO) data are for the 2016 cohort: 3,571 new and relapse cases (as per the new 2013 WHO definitions) have been diagnosed in Moldova and 3,474 from them started treatment. The estimated number of TB incident cases in year 2016 for Moldova was 4,100 - as per the WHO data country profile (draft for the 2016 year).

### Coverage Indicators

Coverage Indicator	Country and Geographic Area	Baseline	Required Disaggregation	01-Jan-2018 31-Dec-2018	01-Jan-2019 31-Dec-2019	01-Jan-2020 31-Dec-2020	Comments
MDR-TB							
MDR TB-Z(M): Number of TB cases with RR-TB and/or MDR-TB notified	Country: Moldova; Coverage:	N: 1,031 D: % P: %	Y: Cumulative annually Age, Gender	N: 1,069 D: % P: %	N: 1,007 D: % P: %	N: 1,007 D: % P: %	Numerator: Number of bacteriologically confirmed, drug resistant TB (RR-TB and/or MDR-TB) cases notified to the national health authorities during a specified period. Note: This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region.  Source of measurement for the indicator: SYME TB - R&R TB system; annual reports, DR routine surveillance. Responsible entities: "Ch. Draganiuc" Institute of Phthisiopneumology.
MDR TB-4: Percentage of cases with RR-TB and/or MDR-TB started on treatment for MDR-TB who were lost to follow up during the first six months of treatment	Country: Moldova; Coverage:	N: 102 D: 1,020 P: 10.0%	N/Non - cumulative (special)	N: % D: % P: 7.6%	N: % D: % P: 6.6%	N: % D: % P: 6.6%	For target details, please see the "27_06_2017_WP_UCIMP_2016_2020" file. "Estim tests per banks 09 06 17" sheet, E72-G72 squares. Year 1 - 2017 cohort; Year 2 - 2018 cohort; Year 3 - 2019 cohort. This indicator covers both the civilian and the penitentiary sector, incl. the Transnistrier region. Source of measurement for the indicator: SYME TB - R&R TB system; quarterly/annual reports, NTP reports. Responsible entities: "Ch. Draganiuc" Institute of Phthisiopneumology. The baseline data refer to the MDR-TB cohort registered during the 2015 year.
<b>TB care and prevention</b>							
TCP-8: Percentage of new and relapse TB patients tested using WHO recommended rapid tests at the time of diagnosis	Country: Moldova; Coverage:	N: 3,270 D: 3,570 P: 91.6%	Y: Cumulative annually	N: % D: % P: 93.0%	N: % D: % P: 95.0%	N: % D: % P: 95.0%	Numerator: Number of newly notified TB patients diagnosed with WHO-recommended rapid tests. Denominator: total number of new and relapse TB patients. The source of data for the indicator will be SYMETB.

**Country** Moldova  
**Grant Name** MDA-T-PAS  
**Implementation Period** 01-Jan-2018 - 31-Dec-2020  
**Principal Recipient** Center for Health Policies and Studies

By Module	01/01/2018 - 01/04/2018 - 01/07/2018 - 01/10/2018 - 01/10/2018 - 01/10/2018			01/01/2019 - 01/04/2019 - 01/07/2019 - 01/10/2019 - 01/10/2019 - 01/10/2019			01/01/2020 - 01/04/2020 - 01/07/2020 - 01/10/2020 - 01/10/2020 - 01/10/2020			Total Y3	Grand Total	% of Grand Total					
	31/03/2018	30/06/2018	30/09/2018	31/12/2018	31/03/2019	30/06/2019	30/09/2019	31/12/2019	31/03/2020				30/06/2020	30/09/2020	31/12/2020		
MDR-TB	€290,763	€303,358	€277,641	€479,325	€1,351,107	€255,365	€420,733	€251,044	€405,975	€1,333,116	€160,447	€312,166	€158,087	€185,953	€816,653	€3,500,878	88.4 %
Program management	€35,302	€36,981	€36,981	€43,981	€153,245	€36,982	€36,982	€35,302	€43,982	€153,249	€36,982	€36,982	€35,302	€43,982	€153,249	€459,742	11.6 %
<b>Grand Total</b>	<b>€326,065</b>	<b>€340,339</b>	<b>€314,622</b>	<b>€523,306</b>	<b>€1,504,352</b>	<b>€292,347</b>	<b>€457,716</b>	<b>€286,347</b>	<b>€449,957</b>	<b>€1,486,367</b>	<b>€197,429</b>	<b>€349,148</b>	<b>€193,389</b>	<b>€229,936</b>	<b>€969,901</b>	<b>€3,960,620</b>	<b>100.0 %</b>
<b>By Cost Grouping</b>	01/01/2018 - 01/04/2018 - 01/07/2018 - 01/10/2018 - 01/10/2018 - 01/10/2018			01/01/2019 - 01/04/2019 - 01/07/2019 - 01/10/2019 - 01/10/2019 - 01/10/2019			01/01/2020 - 01/04/2020 - 01/07/2020 - 01/10/2020 - 01/10/2020 - 01/10/2020			<b>Total Y3</b>	<b>Grand Total</b>	<b>% of Grand Total</b>					
Human Resources (HR)	€194,259	€194,259	€194,259	€194,259	€777,037	€174,300	€174,300	€174,300	€174,300	€697,198	€127,724	€127,724	€127,724	€127,724	€1,985,132	50.1 %	
Travel related costs (TRC)	€5,454	€12,476	€9,460	€18,150	€45,540	€6,935	€17,328	€5,705	€15,412	€46,380	€3,548	€5,566	€198	€8,339	€17,650	€109,570	2.8 %
External Professional services (EPS)	€6,690	€8,695	€9,220	€19,915	€43,520	€6,690	€7,635	€6,220	€14,195	€34,740	€4,440	€6,380	€3,750	€11,065	€25,635	€103,895	2.6 %
Health Products - Non-Pharmaceuticals (HPNP)					€149,072	€149,072		€118,471		€267,543		€118,471			€118,471	€535,085	13.5 %
Health Products - Equipment (HPE)		€23,226		€23,226	€46,453	€22,159		€22,159		€44,317		€21,091		€21,091	€42,181	€132,951	3.4 %
Communication Material and Publications (CIMP)	€18,000			€18,000	€36,000	€17,200		€12,900	€17,200	€47,300	€7,699	€8,200		€7,699	€8,200	€91,500	2.3 %
Programme Administration costs (PA)	€21,037	€21,037	€21,037	€21,037	€84,146	€18,572	€18,572	€18,572	€18,572	€74,290	€7,699	€7,699	€7,699	€7,699	€30,796	€189,231	4.8 %
Living support to client/ target population (LSCTP)	€80,646	€80,646	€80,646	€80,646	€322,584	€88,650	€88,650	€88,650	€88,650	€274,599	€54,018	€54,018	€54,018	€54,018	€216,071	€813,255	20.5 %
<b>Grand Total</b>	<b>€326,065</b>	<b>€340,339</b>	<b>€314,622</b>	<b>€523,306</b>	<b>€1,504,352</b>	<b>€292,347</b>	<b>€457,716</b>	<b>€286,347</b>	<b>€449,957</b>	<b>€1,486,367</b>	<b>€197,429</b>	<b>€349,148</b>	<b>€193,389</b>	<b>€229,936</b>	<b>€969,901</b>	<b>€3,960,620</b>	<b>100.0 %</b>
<b>By Recipients</b>	01/01/2018 - 01/04/2018 - 01/07/2018 - 01/10/2018 - 01/10/2018 - 01/10/2018			01/01/2019 - 01/04/2019 - 01/07/2019 - 01/10/2019 - 01/10/2019 - 01/10/2019			01/01/2020 - 01/04/2020 - 01/07/2020 - 01/10/2020 - 01/10/2020 - 01/10/2020			<b>Total Y3</b>	<b>Grand Total</b>	<b>% of Grand Total</b>					
PR	€186,007	€200,260	€174,543	€383,227	€944,037	€170,825	€336,194	€164,825	€328,436	€1,000,279	€104,589	€256,308	€100,549	€137,096	€598,542	€2,542,858	64.2 %
PAS Center - Center for Health Policies and Studies	€186,007	€200,260	€174,543	€383,227	€944,037	€170,825	€336,194	€164,825	€328,436	€1,000,279	€104,589	€256,308	€100,549	€137,096	€598,542	€2,542,858	64.2 %
SR	€140,079	€140,079	€140,079	€140,079	€560,315	€121,522	€121,522	€121,522	€121,522	€486,087	€92,840	€92,840	€92,840	€92,840	€371,359	€1,417,762	35.8 %
AFT - Act for Involvement	€88,681	€88,681	€88,681	€88,681	€354,724	€76,685	€76,685	€76,685	€76,685	€306,739	€62,053	€62,053	€62,053	€62,053	€248,211	€908,674	23.0 %
SFM - Soros Foundation Moldova	€51,398	€51,398	€51,398	€51,398	€205,591	€44,837	€44,837	€44,837	€44,837	€179,349	€30,787	€30,787	€30,787	€30,787	€123,148	€508,086	12.8 %
<b>Grand Total</b>	<b>€326,085</b>	<b>€340,339</b>	<b>€314,622</b>	<b>€523,306</b>	<b>€1,504,352</b>	<b>€292,347</b>	<b>€457,716</b>	<b>€286,347</b>	<b>€449,957</b>	<b>€1,486,367</b>	<b>€197,429</b>	<b>€349,148</b>	<b>€193,389</b>	<b>€229,936</b>	<b>€969,901</b>	<b>€3,960,620</b>	<b>100.0 %</b>