

The Global Fund to Fight AIDS, Tuberculosis and Malaria

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Ref.: TGF/HIA1/MB/MS/GHA-T-MOH/IL1

21 November 2016

Dr. Badu Sarkodie A.G. Director, Public Health Division Ghana Health Service The Ministry of Health of the Republic of Ghana P.O. Box MB-44 Ministries, Accra, Republic of Ghana

Subject: Implementation Letter Number 1

Modifications to grant GHA-T-MOH

Dear Dr Sarkodie

Reference is made to the Grant Confirmation dated 22 July 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 Ministry of Health of the Republic of Ghana (the "Grantee") acting through The Ministry of Health of the Republic of Ghana (the "Principal Recipient") for grant GHA-T-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.

The Global Fund has approved additional funding for the Program described in the Grant Confirmation for the purpose of data systems strengthening via a mortality study. As a result, we propose modifying the Grant Confirmation to increase the Grant Funds for the Implementation Period by US\$ 317,250. Additionally, we propose amending the Summary Budget included in Schedule I (Integrated Grant Description) of the Grant Confirmation to reflect the additional activities to be funded with the approved additional funding.

Additionally, as a result of the TB Situation Room Review, we propose modifying the Performance Framework and the Summary Budget included in Schedule I (Integrated Grant Description) of the Grant Confirmation.

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 paragraph 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.

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 authorized by or obtained all necessary consents, actions, approval and authorizations 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 tuberculosis. We look forward to the continuing successful implementation of the Program.

Yours sincerely

Michael Byrne Department Head High Impact – Africa I

Agreed and signed:

Name: Dr Badu Sarkodie

Title: Director, Ghana Health Service

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Date:

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:

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

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:	Tuberculosis
3.3	Program Title:	Accelerating access to prevention and treatment of tuberculosis towards attaining the MDGs
3.4	Grant Name:	GHA-T-MOH
3.5	GA Number:	790
3.6	Grant Funds:	Up to the amount of US\$24,804,043 (Twenty-Four Million Eight Hundred Four Thousand and Forty-Three US Dollars) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 July 2015 to 31 December 2017
3.8	The Principal Recipient Nominated:	The Ministry of Health of the Republic of Ghana P.O. Box MB-44, Ministries, Accra Republic of Ghana Attention: Dr. Badu Sarkodie A.G. Director, Public Health Division Ghana Health Service Telephon e: Facsimile: + 233 302 680 892 Facsimile: + 233 244 417 911 Email: sarks60@yahoo.co.uk
3.9	Fiscal Year of the Principal Recipient:	01 January to 31 December
3.10	LFA:	PricewaterhouseCoopers(Gh) Ltd No. 12 Airport City, UNA Home, 3rd Floor, PMB CT42 Cantonments, Accra, Ghana Attention: Mr. Michael Asiedu-Antwi Telephone: +233 302 761 500 Facsimile: +233 302 761 544 Email: michael.asiedu-antwi@gh.pwc.com

		Chemin de B	und to Fight AIDS, Tuberculosis and Malaria landonnet 8 , Geneva, Switzerland
3.11	Global Fund (Notices information for this Grant Confirmation):	Attention:	Mr. Michael David Byrne Head, High Impact Africa 1 Department Grant Management Division
		Telephone: Facsimile: Email:	+41 58 791 1700 +41 58 791 1701 michael.byrne@theglobalfund.org

Performance Framework				English	
A. Program details					
Country / Applicant:	Ghana				
Component:	Tuberculosis	Principal Recipients	Ministry of Health of Ghana/Gha	ana Health service	Ministr
Start Year:	2015				
Start Month:	July	(Please select from list or add a new one)			
Annual Reporting Cycle	Jan - Dec				
Reporting Frequency (Months)	6				

ı	3. Reporting periods							
	Period	Jun 2015	2015	2016	2016	Jun 2017	Dec 2017	Dec 2018
E	^P U due						Yes	
	PU/DR due		Yes	Yes	Yes	Yes	No	

C.	Program	goals	and	impact	indicators

C. Program goals and impact indicators

Goals:

1 To reduce by 20% the 2013 TB prevalence baseline level of 264 per 100,000 population by 2020 in line with post 2015 Global TB control strategy

2 To reduce by 35% the 2012 TB monably also baseline of 4 death per 100,000 population by 2020 in line with post 2015 Global TB control strategy

3 To end the TB epidemic in Ghana by 2035 without catastrophic cost due to TB affected families

il(s)				Baseline)					Tar	rgets				
Linked to goa	Impact indicator	Country	Value	Year	Source	Required disaggregat ion	2015	Report due date	2016	Report due date	2017	Report due date	2018	Report due date	Comments
1	TB I-1: TB prevalence rate (per 100,000 population)	Ghana	282	2014	TB prevalence survey		271	2016 WHO Global TB report	262	2017 WHO Global TB Report	254	2018 WHO Global TB report			Chana conducted TB prevalence survey in 2013, and the next one will be in 2020 when reduction by 20% is expected to be achieved. By 2017 reduction of 10 % is expected from the 2014 baseline, TB NSP target was based on 290 prevalence baseline, which was then revised to 282 in 2014. Therefore, the targets on prevalence are different from NSP target, page 58.
	TB I-3: TB mortality rate (per 100,000 population)	Ghana	36	2014	R&R TB system, yearly management report		32.6	Jun-16	30.6	Jun-17	28.8	Jun-18			Target reduction is 20% by 2017 from 2014 baseline source is WHO 2015 TB Global Report, 36 per 100,000 population. Results will be available from WHO Global TB report annually. (Target is consistent with TB NSP, p.58)
	TB/HIV I-1: TB/HIV mortality rate, per 100,000 population	Ghana	16	2014	R&R TB system, yearly management report		14.4	Jun-16	13.6	Jun-17	12.8	Jun-18			Target reduction is 20% by 2017 from 2014 baseline source is WHO 2014 TB Global Report, 2 per 100,000 population. Results would be available from WHO Global TB Report annually. (Target is consistent with TB NSP, p.58)
					Please select										

- D. Program objectives and outcome indicators
 Objectives:

 1 To early screen, detect and enrol into treatment all forms of notified (new cases) from 15,606 in 2013 to 37,302 by 2020, while increasing the proportion of bacteriologically confirmed pulmonary TB from 49% in 2013 to 60% by 2020
 2 To early detect and enrol into treatment at least 85% of confirmed MBR-TB cases among new and previously treated cases by 2020.
 3 To attain higher treatment success for all forms of TB from 84% in 2012 to at least 91% by 2020 through improved by 100 per 100

objective(s) #	Outcome indicator	Country		Baseline		Required disaggregat ion				Tai	rgets				Comments
Linkedt			Value	Year	Source	1011	2015	Report due date	2016	Report due date	2017	Report due date	2018	Report due date	
1	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases	Ghana	60 per 100,000	2013	R&R TB system, yearly management report	Sex, HIV test result, Age	86	Feb-16	95	Feb-17	103	Feb-18			Data source - country R & R system. Denominator accounted projected country population from WHO budgeting and planning tool. Target is consistent with TB NSP, p.58.
	TB O-1b: Case notification rate per 100,000 population- bacteriologically-confirmed TB, new and relapse	Ghana	30 per 100,000	2013	R&R TB system, yearly management report	Sex, Age	42	Feb-16	48	Feb-17	53	Feb-18			Data source - country R & R system quarterly. Target is consistent with TB NSP, p.58.
2	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated	Ghana	50%	2011	R&R TB system, quarterly reports	Sex, Age	50%	Feb-16	55%	Feb-17	60%	Feb-18			Data source - country R & R system. Target is consistent with TB NSP, p.58.
3	TB O-2a: Treatment success rate - all forms of TB	Ghana	84%	2012	R&R TB system, quarterly reports	Sex, HIV test result, Age	87%	Feb-16	88%	Feb-17	89%	Feb-18			Data source - country R & R system quarterly.
					Please select										

Module 1			TB care	and preventi	ion																					
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Are (if Sub-national, specify under "Comments")			Base	eline		Required disaggregation	Jan 2015	5 - Jun 2015	Jul 2015 - E	Dec 2015	Jan 2016 -	Jun 2016	Jul 2016 -	Targets Dec 2016	Jan 2017 -	Jun 2017	Jul 2017 - De	ec 2017	Jan 2018 -	Jun 2018	Jul 2018	- Dec 2018	Comments
					N# D#	%	Year	Source		N# D#	%	N# D#	%	N# D#	%	N# D#	%	N# D#	%	N #	%	N# D#	%	N #	%	
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses		Please select.		Cumulative	15,606		2013	R&R TB system, quarterly reports		11,808		23,153		13,368		26,211		14,724		28,870						Numerator is all notified TB cases. Denominator is population at risk. The rate of scale up is 5% per annum. Using new screening approaches and equipment, more cases would be confirmed. Data is available from TB Recording and Reporting Systems. All targets are consistent with NSP targets. [Target is consistent with TB NSP, p.59]
DOTS-1b: Number of notified cases of bacteriologically confirmed TB, new and relapses	мон	Please select.	National	Cumulative	7,717 15,606	49.4%	2013	R&R TB system, quarterly reports		5,786 11,808	45.076	11,345 23,153	49.0%	6,817 13,368	51.0%	13,367 26,211		7,656 14,724	52%	15,012 28,870	52.0%					Target of bacteriologically confirmed new TB cases including relapses. Rate of scale up - 1% per annum - corresponds with case notification rate for all forms of TB. Assumtpion is that new sensitive clapsposit cols would improve bacteriologically confirmed TB cases. Data available form TB Recordi & Reporting Systems. All targets are consistent with NSP targets.
DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all new TB cases registered for treatment during a specified period	МОН	Please select.		Cumulative	12,439 14,753	84.3%	2013	R&R TB system, quarterly reports		9,862 11,335	87.0%	19,337 22,226	87.0%	11,410 12,996	87.8%	22,373 25,424	88.0%	12,842 14,429	89%	25,180 28,292	89.0%					Target of successful treatment outcome for all cases is driven by improving quality of clinical cares services. With doubled number of cases, target is to achieve one percetage point annual increase in treatment success. Data available from TB Recording & Reporting Systems. All targets are consistent with NSP targets.
DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period	мон	Please select.	National	Non- cumulative	159 300	53.0%	2013	R&R TB system, quarterly reports		195 300	65.0%	195 300	65.0%	210 300	70.0%	210 300	70.0%	225 300	75%	225 300	75.0%					Expansion in TB diagnostic laboratory network includes new districts with new laboratories whose stat have been recently trained and enrolled on EQA system. Annual scale up is 5%. Data available from TB EQA Reporting System quarterly.
DOTS-4: Percentage of reporting units reporting no stock- out of first-line anti-TB drugs on the last day of the quarter	МОН	Please select.	National	Non- cumulative	216 216	100.0%	2013	R&R TB system, quarterly reports		216 216	100.0%	216 216	100.0%	216 216	100.0%	216 216	100.0%	216 216	100%	216 216	100.0%					Numerator and denominator include new reporting units (administrative districts) created. Annual scal up is 5%. Data available from TB Recording & Reporting Systems using Logistics Management Information Systems (LMIS) tools. Capacity to use LMIS tools exists in all districts.
DOTS-7a: Percentage of notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities	мон	Please select.	National	Cumulative	905 15,606	5.8%	2013	R&R TB system, quarterly reports		708 23,153	3.1%	1,389 23,153	6.0%	936 26,211	3.6%	1,835 26,211	7.0%	1,031 28,870	4%	2,021 28,870	7.0%					Numerator is private sector notified TB cases. Includes cases reported by CSOs and private health care providers. Data available from TB Recording & Reporting Systems. Denominator. All cases notified to NTP. All targets are consistent with NSP targets.
Please select	Please select	Please select.						Please select																		
Please select	Please select	Please select.	Please select					Please select																		
WorkplanTracking Measures	i		<u>:</u>															-		<u>i</u> _						<u>:</u>

Module 2			N	IDR-TB																					
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD		Base	eline		Required disaggregation	Jan 201	5 - Jun 2015	Jul 2015 - D	Dec 2015	Jan 2016 -	Jun 2016 .		Targets Dec 2016 Jan	2017 - Jun 201	7 Jul	2017 - Dec 201	7 Jan 2	2018 - Jun 201	8 Jul 2	018 - Dec 2018	Comments
					N# D#	%	Year	Source		N# D#	- %	N# D#	%	N# D#	- 1 %	N# D#	% N		N D	# %	N #	- %	N#		
MDR TB-1: Percentage of previously treated TB patients receiving DST (bacteriologically positive cases only)	мон	MDR TB-1	National	Cumulative	690 1,951	35.4%	2013	R&R TB system, quarterly reports		516 2,025	25%	1,013 2,025	50%	601 1,965	31%	1,179 1,965	67 60% 1,8	36%	1,3	70%					Numerator is the estimated reachable population among all previously treated cases. Denominator is estimated projection for retreatment cases (4% of all notified cases). Anticipated rate of increase is 5% annually. Data source is MDR. TRE Recording & Reporting Systems. Target achievement is dependent on timely procurement of DST commodities and strong sputum collection and transport systems. All targets are consistent with NSP targets.
MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	мон	MDR TB-1	National	Cumulative	65		2013	R&R TB system, quarterly reports		70		137		87		171	10		20						Reported number of confirmed MDR-TB & RR-TB among previously treated cases from certified culture and Gene Xperts laboratories. Assumption is that all confirmed cases will be notified. Data is available from MDR-TB Reporting & Reporting Systems. All targets are consistent with NSP targets.
MDR TB-3: Number of cases with drug resistant TB (RR- TB and/or MDR-TB) that began second-line treatment	мон	MDR TB-2	National	Cumulative	27 65	41.5%	2013	R&R TB system, quarterly reports	Sex, Age, Case definition	70 70		137 137	100.0%	87 87		171 171	10 100.0%	100%	20	100.0	%				This is bacteriologically confirmed MDR:TB & RR:TB enrolled on second line treatment. Numerator is number enrolled on treatment. Denominator is estimated MBR:TB cases confirmed. Annual 5% increases expected towards 65% enrollment by 2020. Data source is MDR:TB Recording & Reporting Systems. Capacity exists in regional hospital to enroll and supervise treatment in all reporting units. All largets are consistent with NSP targets.
Please select	Please select	Please select	Please select					Please select							ļ										
Please select	-	ĺ	Please select					Please select																	
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Module 3			1	ГВ/НІV																					
		Is subset of														Targets									
Coverage/Output indicator	Responsible Principal Recipient	another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD		Basel	line		Required disaggregation	Jan 2015	- Jun 2015	Jul 2015 - Dec 2	2015	Jan 2016 - Ju	n 2016	Jul 2016 - Dec 2016	Jan 2017 -	Jun 2017	Jul 2017 -	Dec 2017	Jan 2018 -	Jun 2018	Jul 2018 -	Dec 2018	Comments
					N# D#	%	R&R 2013 syste quart	Source		N# D#	%	N # D #	%	N# D#	%	N# %	N# D#	. %	N# D#	%	N# D#	%	N# D#	%	
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	МОН	TB/HIV-1	National	Cumulative	11,387 15,606	73.0% 2013 RaRa systa quan rep	R&R TB system, quarterly reports		8,856 11,808	75%	17,364 23,153		10,293 13,368	77%	20,182 77% 26,211	11,779 14,724	80%	23,096 28,870	80%		·		pa Sy inc	umerator is patients with test results recorded. Denominator is expected number of registered TB stellents. Annual rate of increase 2-3% per annum. Data available from TB Recording & Reporting stylens. Availablish of HIV Test kits from actional supply systems will determine success of this dicator. The service is offered under routine programme conditions All targets are consistent with 9F targets and Joint TBHIV planning document.	
TB/HIV-2: Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment.	мон	TB/HIV-1	National	Cumulative	1,009 2,737	36.9%	2013	R&R TB system, quarterly reports		1,382 2,125	65.0%	2,709 6 4,167	65.0%	1,729 2,470	70.0%	3,391 70.0% 4,844	2,120 2,827		4,157 5,543	75.0%				re ce ta	umerator is confirmed HIV positive TB patients enrolled on ART. Denominator is anticipated positive population of TB patients screened for HIV. Increased capacity for enrolment at TB DOTS positive save with a smallbel ART from national supply performance on this indicator representative save and save performance or the save properties of scale up to the save performance on this indicator positive save performance and the save performance or the save performance or the save performance or the save performance and
	Please select	Please select	Please select					Please select																	
Please select	Please select	Please select	Please select					Please select																	

Component: Tuberculosis
Country / Applicant: Ghana
Principal Recipient NTP
Grant Number: GHAT-MOH
Implementation Period Start Date: 1-Jul-2015
Implementation Period End Date: 31-Dec-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	%
TB care and prevention			443,345	504,587	947,933	801,497	862,568	1,497,849	857,614	4,019,528	980,623	718,600	1,934,051	609,777	4,243,051	9,210,512	36%
TB/HIV			197,194	8,513	205,707	4,023,610	60,674	518,923	45,243	4,648,452	45,243	60,674	621,888	45,243	773,050	5,627,208	22%
MDR-TB			264,546	75,211	339,758	362,814	172,722	1,109,577	81,585	1,726,699	711,654	612,784	2,319,646	634,745	4,278,828	6,345,285	25%
HSS - Health information systems and M&E						82,344	79,095	155,888	84,852	402,179						402,179	2%
HSS - Service delivery								129,099	52,089	181,188	47,749	47,749	47,749	47,749	190,995	372,183	1%
HSS - Financial management				46,164	46,164		60,339	15,000	39,131	114,469	15,000	75,339	15,000	39,131	144,469	305,103	1%
Program management			391,300	257,566	648,866	919,152	313,182	260,198	174,130	1,666,662	259,793	367,298	143,471	269,124	1,039,686	3,355,214	13%
Total			1,296,386	892,042	2,188,428	6,189,418	1,548,581	3,686,534	1,334,645	12,759,177	2,060,062	1,882,444	5,081,805	1,645,769	10,670,080	25,617,684	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)			202,087	155,182	357,269	302,208	299,494	309,317	309,317	1,220,334	309,317	309,317	309,317	309,317	1,237,266	2,814,869	11%
2.0 Travel related costs (TRC)			653,896	656,778	1,310,675	527,232	699,174	1,158,510	803,290	3,188,206	755,328	854,941	923,662	667,640	3,201,570	7,700,451	30%
3.0 External Professional services (EPS)						100,563	21,173	146,971	54,589	323,296	622,014	628,888	569,514	579,514	2,399,932	2,723,227	11%
4.0 Health Products - Pharmaceutical Products (HPPP)						425,552	16,483	780,067		1,222,102			1,457,124		1,457,124	2,679,226	10%
5.0 Health Products - Non-Pharmaceuticals (HPNP)						1,796,400	169,485	421,450		2,387,336			562,559		562,559	2,949,895	12%
6.0 Health Products - Equipment (HPE)						1,918,440		420,840		2,339,280			335,906		335,906	2,675,186	10%
7.0 Procurement and Supply-Chain Management costs (PSM)			234,828	5,783	240,611	263,527	140,824			404,351			642,496		642,496	1,287,458	5%
8.0 Infrastructure (INF)			80,293		80,293	457,627		90,000		547,627	90,000				90,000	717,920	3%
9.0 Non-health equipment (NHP)			6,609	6,609	13,218	6,609	14,668	6,609	6,609	34,496	6,609	6,609	6,609	6,609	26,437	74,151	0%
10.0 Communication Material and Publications (CMP)			2,027		2,027	88,329	121,579	95,141	95,141	400,189	208,289	14,184	14,184	14,184	250,842	653,058	3%
11.0 Programme Administration costs (PA)			21,730	21,718	43,448	12,500	12,500	12,500	12,500	50,000	12,500	12,500	12,500	12,500	50,000	143,448	1%
12.0 Living support to client/ target population (LSCTP)			94,915	45,972	140,887	290,431	53,200	245,129	53,200	641,960	56,005	56,005	247,934	56,005	415,947	1,198,794	5%
13.0 Results-based financing (RBF)																	$\overline{}$
Total			1,296,386	892.042	2.188.428	6.189.418	1.548.581	3.686.534	1.334.645	12.759.177	2.060.062	1.882.444	5.081.805	1.645.769	10.670.080	25.617.684	100%

By Recipients	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Total	%
NTP			403,442	208,596	612,038	1,687,128	814,377	2,167,234	564,475	5,233,215	1,455,106	1,029,588	3,556,123	941,113	6,981,929	12,827,182	50%
RHDs			567,708	673,805	1,241,513	518,541	700,735	991,962	541,877	2,753,115	506,298	749,388	879,364	619,274	2,754,324	6,748,952	26%
STBP			132,839	9,641	142,480	5,381	33,468	13,658	218,293	270,801	83,658	103,468	88,293	75,381	350,801	764,081	3%
PPM-IDA						3,454,020		430,180		3,884,200			372,396		372,396	4,256,596	17%
PPM-PFSCM			192,397		192,397	524,347		43,500		567,847			185,629		185,629	945,873	4%
GLC								40,000	10,000	50,000	15,000			10,000	25,000	75,000	0%
Total			1,296,386	892,042	2,188,428	6,189,418	1,548,581	3,686,534	1,334,645	12,759,177	2,060,062	1,882,444	5,081,805	1,645,769	10,670,080	25,617,684	100%