

## Grant Confirmation

1. This document, dated as of the date of last signature below, is issued under, and constitutes a **Grant Confirmation** as referred to in, the Framework Agreement (effective as of \_\_\_\_\_), as amended and supplemented from time to time (the "Framework Agreement") between the **Global Fund to Fight AIDS, Tuberculosis and Malaria** (the "Global Fund") and **Republic of Bulgaria** (the "Grantee") for the Program described herein.
2. This Grant Confirmation supplements, forms part of, and is subject to the Framework 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)). In the event of any inconsistency between this Grant Confirmation and the Framework Agreement (including the Global Fund Grant Regulations (2014)), the provision of this Grant Confirmation shall govern.
3. The Global Fund and the Grantee hereby confirm the following:

3.1	Host Country or Region:	Republic of Bulgaria
3.2	(Disease) Component:	Tuberculosis
3.3	Program Title:	Improve the Sustainability of the National TB Program
3.4	Grant Name:	BGR-T-MoH
3.5	GA Number:	755
3.6	Grant Funds:	Up to the amount of €5,822,822.00 (Five Million Eight Hundred Twenty-Two Thousand Eight Hundred and Twenty-Two Euros) or its equivalent in other currencies.
3.7	Implementation Period:	From 01 October 2015 to 30 September 2018

3.8	The Principal Recipient Nominated:	<p>Ministry of Health of the Government of the Republic of Bulgaria 26, Yanko Sakazov blvd., 1504 Sofia, Republic of Bulgaria</p> <p>Attention: Dr. Tonka Varleva Director of Programs financed by the Global Fund to Fight AIDS, Tuberculosis and Malaria</p> <p>Telephone: +359 2 9461 482 Facsimile: +359 2 9461 482 Email: tvarleva@mh.government.bg</p>
3.9	Fiscal Year of the Principal Recipient:	01 January to 31 December
3.10	LFA:	<p>KPMG Bulgaria 45, Bulgaria blvd., Sofia 1404 Bulgaria</p> <p>Attention: Mrs. Iva Todorova</p> <p>Telephone: +359 2 9697300 Facsimile: +359 2 9697340 Email: itodorova@kpmg.bg</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. Nicolas Cantau Regional Manager, Eastern Europe and Central Asia Team Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: nicolas.cantau@theglobalfund.org</p>

4. The details of the Program, the Program Activities and related implementation arrangements are set forth in Schedule I (Integrated Grant Description). The Grantee acting through the Principal Recipient shall implement the Program in accordance with the detailed Program budget agreed with the Global Fund and adhere to the provisions of the “Global Fund Guidelines for Grant Budgeting and Annual Financial Reporting” (2014, as amended from time to time), available at the Global Fund’s Internet site, throughout the Implementation Period.
5. The Global Fund and the Grantee further agree that the following requirements are applicable for this Grant Confirmation:

- 5.1. No later than 31 March 2016, the Grantee acting through the Principal Recipient shall deliver to the Global Fund a comprehensive strategy on (1) the shift from hospital-based treatment to ambulatory care and (2) measures to improve treatment adherence, accompanied by a costed operational plan with clear timelines for implementation. It is understood that as part of the new strategy, the Grantee acting through the Principal Recipient will implement a pilot project for treatment and follow-up of TB patients with engagement of "Primary Health Care" providers. Prior to the use of grant funds for the pilot project, the Grantee acting through the Principal Recipient is required to submit to the Global Fund for review and approval, a detailed costed strategy for such pilot project implementation.
- 5.2. No later than 31 December 2016, the Grantee acting through the Principal Recipient shall deliver to the Global Fund a sustainability plan, developed in collaboration with the CCM, the Ministry of Finance, the Ministry of Health, the Ministry of Justice, and the Ministry of Labour, Family and Social Affairs of the Republic of Bulgaria, in form and substance satisfactory to the Global Fund. The sustainability plan will address the transition to the Government of Bulgaria of the following Global Fund supported activities:
- (1) procurement of health products and laboratory consumables;
  - (2) procurement of medicines for DR-TB treatment;
  - (3) External quality assurance of laboratories;
  - (4) Global Fund-supported interventions among key populations, including those delivered by civil society organizations; and
  - (5) Global Fund-supported human resource costs, including salary supplements and retention incentives paid to medical, laboratory and field staff who provide services under the Global Fund grant.
- 5.3. In accordance with the Global Fund Board Decision Point GF/B28/DP4, the Grantee acknowledges and agrees that the commitment and disbursement of 15% of the Grantee's aggregated allocation of approximately USD 10,257,193, which is equal to approximately USD 1,538,579, is subject to the Global Fund's satisfaction with the Grantee's compliance with the Global Fund's policies relating to counterpart financing. The Grantee acting through the Principal Recipient shall deliver evidence to the Global Fund on its compliance with this requirement no later than 31 December of each calendar year during the Implementation Period.
- 5.4. At its sole discretion, the Global Fund reserves the right to require the Grantee to cause the Principal Recipient to use a suitably qualified procurement agent for the procurement of a

designated list of health products, including pharmaceuticals and medical equipment, as well as procurement of services, for reasons of quality, efficiency, and/or value for money.

- 5.5. Prior to procurement financed by Global Fund funds of second- and third-line anti-tuberculosis drugs, the Grantee acting through the Principal Recipient shall make available to the Global Fund, in form and substance satisfactory to the Global Fund, the following:
- (1) A current detailed DR-TB expansion plan, including the number of DR-TB patients to be treated and the national guidelines for programmatic management of DR-TB, both of which shall have been developed in collaboration with a technical partner acceptable to the Global Fund;
  - (2) The list and quantifications of the medicines to be procured for the DR-TB treatment under the Program reflecting the Grantee's finalized forecast for the Implementation Period covered by the Grant Agreement; and
  - (3) For each disbursement request that includes funds for the procurement of DR-TB medicines, a cost estimate for the medicines to be procured through the Green Light Committee ("GLC") Initiative/Global Drug Facility.
- 5.6. The Grantee acting through the Principal Recipient shall cooperate with the relevant office of the GLC in the GLC's efforts to provide technical support to the Principal Recipient with respect to the implementation, management and monitoring of the DR-TB-related services provided in-country and any needed scale-up of such services. Accordingly, the Grantee acting through the Principal Recipient shall budget and authorize the Global Fund to disburse up to a maximum of USD 50,000, or such lower amount that shall be agreed with the GLC and the Global Fund, each calendar year to pay for the GLC services during the Implementation Period.
- 5.7. The Grantee acting through the Principal Recipient shall: (1) maintain the Department of Specialized Donor-Funded Programs as a separate department within the Ministry of Health to facilitate the timely management, coordination, monitoring and evaluation of the "National Programs for Prevention and Control of HIV and Tuberculosis", supported by the Global Fund; and (2) communicate in writing to the Global Fund any proposed restructurings of the "Program Management Unit", including any material changes to (i) the management structure, (ii) key personnel, (ii) any employment contract of a Program Management Unit staff member (including termination thereof), and (iv) the terms of reference of the Program Management Unit or any of its staff positions, along with justification therefor, and any such changes shall be subject to the written approval of the Global Fund.

5.8. The use of Grant funds by the Grantee acting through the Principal Recipient for the payment of any salary supplements to any government employee in relation to a Global Fund-funded program shall be made in accordance with the budgeting policy for human resources costs endorsed by the CCM and approved by the Global Fund.

6. In addition to the representations set forth in the Framework Agreement (including the Global Fund Grant Regulations (2014)), the Grantee acting through the Principal Recipient hereby makes additional representations as follows:

6.1. 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 Grant Confirmation and to perform all the obligations of the Grantee under this Grant Confirmation. The execution, delivery and performance by the Principal Recipient acting on behalf of the Grantee of this Grant Confirmation 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.

*(The signature page follows.)*

**IN WITNESS WHEREOF**, the Global Fund and the Grantee acting through the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives as of the date of last signature below.

**The Global Fund to Fight AIDS, Tuberculosis and Malaria**

**Republic of Bulgaria**  
Acting through  
**Ministry of Health of the Government of the Republic of Bulgaria**

By: \_\_\_\_\_

Name: Mr. Mark Eldon-Edington  
Title: Head, Grant Management Division

Date:

By: \_\_\_\_\_

Name: Dr. Petre Moskov  
Title: Minister of Health of the Republic of Bulgaria

Date:

**Acknowledged by**

By: \_\_\_\_\_

Name: Prof. Maria Stoimenova  
Title: Vice-Chair of the Country  
Coordinating Mechanism for  
Republic of Bulgaria

Date:

By: \_\_\_\_\_

Name: Mr. Pavel Malinov  
Title: Civil Society Representative of the  
Country Coordinating Mechanism  
for Republic of Bulgaria

Date:

**Schedule I**  
**INTEGRATED GRANT DESCRIPTION**

<b>Country:</b>	<b>The Republic of Bulgaria</b>
<b>Program Title:</b>	<b>Improve the Sustainability of the National TB Program</b>
<b>Grant Name:</b>	<b>BGR-T-MoH</b>
<b>Grant Number:</b>	<b>755</b>
<b>Disease:</b>	<b>Tuberculosis</b>
<b>Principal Recipient:</b>	<b>Ministry of Health of the Government of the Republic of Bulgaria</b>

**A. PROGRAM DESCRIPTION**

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

Bulgaria is one of the 18 TB high priority countries in the WHO European Region and one of the six countries in the European Union reporting more than 20 TB cases per 100 000 population. In 2013, 1 932 tuberculosis (TB) cases were notified, i.e. 27 per 100 000 population. As per preliminary data, 1,872 TB cases were notified in 2014, which shows significant decline in TB notification rate since 2006.

A national drug resistance survey, which was conducted in 2010, showed that multidrug-resistant TB (MDR TB) was detected in 2.1% of the new TB cases and 11.1% of previously treated TB cases.

The NTP has demonstrated excellent results on treatment outcomes reaching more than 85% for smear positive during the last six years. For the 2012 cohort, the treatment success rate for new pulmonary smear/or culture positive, extra-pulmonary, for retreatment pulmonary cases was 86%, 90%, 52% respectively. Treatment success rate for MDR-TB cases was 67% for 2011 GLC cohort.

HIV-associated TB is not a major concern in Bulgaria, where in 2013 72% of notified cases were tested for HIV, resulting in low HIV positivity rate among TB of <1%. All patients with HIV-TB co-infection receive free-of-charge HIV and TB treatment. The costs for treatment are covered by the Ministry of Health.

**Program Rationale**

The main Program focus under the NFM is to ensure early diagnosis of drug-resistant cases, early treatment initiation among key affected populations (KAP) with specific focus on Roma population. The Program aims to foster a sustainable public health system with quality TB diagnosis, prevention, treatment and care.

The additional funding for the next three years (01 October 2015- 30 September 2018) reflects the national priorities outlined in the current National Strategic Plan (2012-2015) and in the draft NSP (2016-2020). It includes the prioritized highest impact interventions that need additional support from the Global Fund.

The Program intends to address the challenges in current TB control in Bulgaria, including: sustainability of the achieved results with the Global Fund support, transition to patient-centered approach for TB treatment, care and prevention, ensuring intensified case finding with involvement of NGOs and KAP representatives, improving adherence and case holding and strengthening the links between services, governance and policies.

The Program will be implemented by the Ministry of Health being the Principal Recipient and with effective collaboration with a large network of NGOs providing outreach services to support access to health care and the provision of quality services for key populations.

## **2. Goals, Objectives and Key interventions**

### **Goal:**

To reduce the incidence due to tuberculosis by 40% in 2025 as compared to 2015

### **Objectives:**

- Scale up high quality integrated patient-centered TB care and prevention nationwide and respond to priority challenges to TB control
- Promoting the use of new diagnostic tools, interventions, strategies and enhance operational research and innovation
- Reducing the TB transmission among KAP: PWID, prisoners, TB contacts, homeless children, refugees and asylum seekers, diabetics, PLWHIV
- Improving TB case detection and treatment success among Roma population

### **Key Interventions:**

- Strengthening case detection and diagnosis using rapid TB diagnostics
- Improving the timeliness and accuracy of TB diagnosis through active case finding among Roma, PLHIV, TB contacts, migrants, children at risk
- Ensuring TB treatment adherence and DOT provision
- Strengthening collaboration of the TB and HIV service delivery systems
- Covering the need of second-and-third line TB drugs for DR-TB patients, contributing to treatment quality
- Ensuring sustainable patient-centered TB services provision based on outpatient case management and appropriate patient support
- Reducing the TB transmission in prisons through active and regular screening, as well as monitoring and evaluation of the activities



- Strengthening health information systems and M&E
- Raising the TB awareness among most affected key populations

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

- PWIDs
- PLWHIV
- Prisoners
- Roma Population
- Diabetics
- Street Children
- Homeless people
- Refugees and Migrants
- TB and DR-TB patients and their contacts

Performance Framework					English	
A. Program details						
Country / Applicant:	Bulgaria		Principal Recipients  (Please select from list or add a new one)	Ministry of Health of the Government of the Republic of Bulgaria		MoH
Component:	Tuberculosis					
Start Year:	2015					
Start Month:	October					
Annual Reporting Cycle	Jan - Dec					
Reporting Frequency (Months)	6					

B. Reporting periods								
Period	Period 1	Oct 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 - Sept 2018
PU due	No	Yes	Yes	No	Yes	No	Yes	Yes
PU/DR due	No	No	No	Yes	No	Yes	No	No
Annual Financial Reporting	No	No	No	Yes <small>Period: Oct 2016 – Dec 2016 Due date: Feb 28, 2017</small>	No	Yes <small>Period: Jan-Dec 2017 Due date: Feb 28, 2018</small>	No	Yes <small>Period: Jan - Sept 2018 Due date: Nov 30, 2018</small>
Audit Reports	No	No	No	Yes <small>Period: Oct 2016 – Dec 2016 Due date: Mar 31, 2017</small>	No	Yes <small>Period: Jan-Dec 2017 Due date: Mar 31, 2018</small>	No	Yes <small>Period: Jan - Sep 2018 Due date: Dec 31, 2018</small>

C. Program goals and impact indicators	
Goals:	
1	To reduce the incidence due to tuberculosis by 40% in 2025 as compared to 2015
2	To reduce the mortality due to tuberculosis by 40% in 2025 as compared to 2015
3	

Linked to goal(s)	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	TB I-2: TB incidence rate (per 100,000 population)	Bulgaria	29	2013	TB patient register		26.2	15-Aug-16	24.9	15-Aug-17	23.7	15-Aug-18	22.5	15-Feb-19	Data source for baseline: WHO Global TB Report, 2013. Target setting assumption for incidence rate per 100,000 population: 4.91% annual decrease based on the trend for the period 2003-2013. Data source for reporting: WHO Global TB Report. However, the 2018 results will be according to country's routine reporting submitted to WHO.
2	TB I-3: TB mortality rate (per 100,000 population)	Bulgaria	2.1	2013	TB patient register		1.92	15-Aug-16	1.84	15-Aug-17	1.76	15-Aug-18	1.68	15-Feb-19	Data source for baseline: WHO Global TB Report, 2013. Target setting assumption for mortality rate per 100,000 population: 4.3% annual decrease based on the trend for the period 2003-2013. Data source for reporting: WHO Global TB Report. However, the 2018 results will be according to country's routine reporting submitted to WHO.
1	TB I-4: MDR-TB prevalence among new TB patients	Bulgaria	1.4	2013	TB patient register		1.46	15-Aug-16	1.43	15-Aug-17	1.4	15-Aug-18	1.37	15-Feb-19	There are no plans to conduct a special survey. Therefore the best available data from National TB register comprises of data from all TB Health facilities and all prison facilities will be used. However, the 2018 results will be according to country's routine reporting submitted to WHO.
1	TB I-Other 1: MDR-TB prevalence among previously treated TB patients	Bulgaria	8.8	2013	TB patient register		8.6	15-Aug-16	8.3	15-Aug-17	8.1	15-Aug-18	7.9	15-Feb-19	There are no plans to conduct a special survey. Therefore the best available data from National TB register comprises of data from all TB Health facilities and all prison facilities will be used

D. Program objectives and outcome indicators	
Objectives:	
1	To scale up high quality integrated patient-centered TB care and prevention nationwide and respond to priority challenges to TB control
2	To promote the use of new diagnostic tool, interventions, strategies and enhance operational research and innovation
3	To reduce the TB transmission among prisoners
4	To reduce the TB transmission among KAP: IDU, TB contact and homeless children, refugees and asylum seekers, diabetics, TB/HIV
5	To improve TB case detection and treatment success among Roma population
6	

Linked to objective(s) #	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	
1,2,3,4,5	TB O-2b: Treatment success rate - bacteriologically confirmed TB cases (disaggregated by age <15,15+ and sex)	Bulgaria	83.70%	2012	TB patient register		84% (2014 cohort)	15-Aug-16	86% (2015 cohort)	15-Aug-17	88% (2016 cohort)	15-Aug-18	90% (2017 cohort)	15-Feb-19	Baseline refers to the treatment success rate for the 2012 cohort of TB patients for S+/C+ new and relapse (i.e. bacteriologically positive. Reported results will refer to 2014 cohort in Year 1, 2015 cohort in Year 2 and 2016 cohort in Year 3. Indicator will be measured through the individual data in the TB register collected by the National Program for Prevention and Control of TB. However, the 2018 results will be according to country's routine reporting submitted to WHO.
1,2,3,4,5	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases (disaggregated by age <15,15+ , sex and HIV status)	Bulgaria	26.5	2013	TB patient register		23.80	15-Aug-16	22.56	15-Aug-17	21.38	15-Aug-18	20.26	15-Feb-19	Targets are set based on the WHO estimated number of incident TB cases in 2013 (WHO Global TB Report 2014) with yearly decreasing trend of 5.22% between 2003 and 2013.This indicator will include data from all sectors including the penitentiary system. Data source for the country population is EUROSTAT. However, the 2018 results will be according to country's routine reporting submitted to WHO.
1,2,3,4,5	TB O-1b: Case notification rate per 100,000 population- bacteriologically-confirmed TB, new and relapse (disaggregated by age <15,15+ and sex)	Bulgaria	13.6	2013	TB patient register		12.21	15-Aug-16	11.57	15-Aug-17	10.97	15-Aug-18	10.4	15-Feb-19	Introduction of Gene Xpert is expected to enhance bacteriological confirmation of TB cases. Targets are set based on the estimated number of bacteriologically confirmed TB cases to be notified in the respective year. Data source for the country population is EUROSTAT. However, the 2018 results will be according to country's routine reporting submitted to WHO.
1,2,3,4,5	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 (disaggregated by sex and age <15,15+)	Bulgaria	55	2011	TB patient register		70% (2013 cohort)	15-Aug-16	73% (2014 cohort)	15-Aug-17	75% (2015 cohort)	15-Aug-18	80% (2016 cohort)	15-Feb-19	Baseline value refers treatment success rate for the 2011 cohort of MDR-TB patients. Out of 55 MDR-TB patients enrolled in treatment, 30 were cured or completed treatment. The case based MDR TB register allows reporting disaggregated by sex and age. However, the 2018 results will be according to country's routine reporting submitted to WHO.

E. Modules

Module 1	TB care and prevention																									
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (if Sub-national, specify under "Comments")	Cumulation for AFD	Baseline				Required disaggregation	Targets																Comments
										Period 1		Oct 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 - Sept 2018		
					N #		N #			N #		N #		N #		N #		N #		N #		N #				
					D #	%	Year	Source		D #	%	D #	%	D #	%	D #	%	D #	%	D #	%	D #	%			
DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	MoH	Please select...	National	Non-cumulative	1930		2013	TB patient register	Sex, HIV test result, Age	NA		1,733		865		778		819		738		739		737		Target setting assumption Yearly decrease of 5.22% based on average decrease between 2003 and 2013 (the period with Global Fund contribution to the national response). The indicator include all key population described in the indicator DOTS-6 including the cases from the penetary system.
DOTS-1b: Number of notified cases of bacteriologically confirmed TB, new and relapses	MoH	Please select...	National	Non-cumulative	988		2013	TB patient register	Sex, Age	NA		887		420		421		398		399		377		378		Target setting assumption bacteriologically confirmed TB cases represent 51% of all forms of TB.
DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period	MoH	Please select...	National	Non-cumulative	1,916	84.0%	2012	TB patient register	Sex, HIV test result, Age	NA		1,626	84.2%	778	84.9%	778	85.0%	746	86%	746	86%	715	87%	715	87%	Baseline refers to the treatment success rate for the 2012 cohort of TB patients. Reported results will refer to 2014 cohort in Year 1, 2015 cohort in Year 2 and 2016 cohort in Year 3. Indicator will be measured through the individual data in the TB register collected by the National Program for Prevention and Control of TB. The denominator for 2015 is all new registred TB cases for treatment in 2013 decrease of 5.22% based on average decrease between 2003 and 2013.
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	MoH	Please select...	National	Non-cumulative	30	100.0%	2013	Specify- Reports, Surveys, Questionnair es etc.			NA	30	100%	12	40%	18	60%	12	40%	18	60%	12	40%	18	60%	Bulgaria has introduced all three elements of EQA for smear microscopy 1) panel-testing semi annually, 2) on site evaluation annually; and 3) blind rechecking annually. The base line for 2013 was 90.9 % of adequate performance in blinded rechecking. Out of three participated laboratories, two laboratories had HFP errors and one laboratory had HFN error.
DOTS-6: Number of TB cases (all forms) notified among key affected populations/high risk groups	MoH	DOTS-1a	National	Non-cumulative	116		2013	TB patient register and SRs IS	KAPs/high risk groups	NA		143		71		132		79		146		88		162		The data in the baseline is only for prisoners, children, migrants, refugees and roma people. Data from 2016-2018 is reported by NGO sub-recipients working with TB and MDR-TB contacts, prisoners, Roma, PLHIV, Injected Drug Users, refugees and migrants, diabetics, street children and homeless people. Data is collected by NGO sub-recipients and verified by DOTS nurses. The SRs IS will be connected to the TB HMIS in October 2015.
DOTS-7c: Percentage of notified TB cases, all forms, contributed by non-NTP providers - community referrals	MoH	Please select...	National	Non-cumulative	73	3.8%	2013	TB patient register and SRs IS			NA	70	4.0%	35	4.0%	40	5.1%	41	5%	39	5.3%	42	6%	43	6%	Data is reported by NGO sub-recipients working with Roma, Injected Drug Users, refugees and migrants, street children and homeless people. Data is collected by NGO sub-recipients and verified by DOTS nurses.

Module 3		TB/HIV																										
Coverage/Output indicator	Responsible Principal Recipient	Is subset of another indicator (when applicable)	Geographic Area (If Sub-national, specify under “Comments”)	Cumulation for AFD	Baseline				Required disaggregation	Targets														Comments				
										Period 1		Oct 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 - Sept 2018			
					N #					N #		N #		N #		N #		N #		N #		N #						
					D #	%	Year	Source		D #	%	D #	%	D #	%	D #	%	D #	%	D #	%	D #	%					
TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register	MoH	Please select...	National	Non-cumulative	1393	72.1%	2013	Specify- Reports, Surveys, Questionnaires etc.				1,388	80%	778	90%	700	90%	737	90%	679	92%	664	90%	700	95%	All TB patients are offered voluntary counselling and testing for HIV; if the patient agrees, the test is performed and if positive, the patient is referred for treatment.		
					1932						1,733	865		778		819		738		739		737						
TB/HIV-3: Percentage of HIV-positive patients who were screened for TB in HIV care or treatment settings	MoH	Please select...	National	Non-cumulative	861	100.0%	2013	Specify- Reports, Surveys, Questionnaires etc.				1,051	100.0%	516	100.0%	630	100.0%	558	100%	683	100.0%	601	100%	735	100.0%	Data are collected and reported by HIV treatment sectors. The IS will be connected with TB HMIS in October 2015.		
					861						1,051	516		630		558		683		601		735						



## SUMMARY BUDGET

By Module	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Year 4	Total
TB care and prevention	352,074	352,074	408,799	286,718	272,679	310,668	1,278,864	273,447	670,414	271,547	298,855	1,514,263	272,769	308,515	268,669	849,953	3,995,154
TB/HIV			700				700	6,700				6,700					7,400
MDR-TB	29,906	29,906	17,181	184,925	16,181	16,346	234,634	16,181	204,439	16,181	18,171	254,973	16,181	15,461	16,181	47,824	567,337
HSS - Health information systems and M&E	2,330	2,330	2,330	4,730	2,330	1,950	11,340	1,950	1,950	1,950		5,850					19,520
Program management	85,136	85,136	150,980	86,000	89,580	80,753	407,313	148,056	94,346	86,656	83,346	412,403	86,556	144,346	97,656	328,558	1,233,410
<b>Total</b>	<b>469,446</b>	<b>469,446</b>	<b>579,990</b>	<b>562,373</b>	<b>380,770</b>	<b>409,717</b>	<b>1,932,851</b>	<b>446,334</b>	<b>971,149</b>	<b>376,334</b>	<b>400,372</b>	<b>2,194,190</b>	<b>375,506</b>	<b>468,322</b>	<b>382,506</b>	<b>1,226,335</b>	<b>5,822,821</b>

By Cost Grouping	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Year 4	Total
1.0 Human Resources (HR)	187,402	187,402	188,266	188,266	188,366	183,739	748,637	186,332	186,332	186,432	185,532	744,627	185,532	185,532	185,532	556,596	2,237,262
2.0 Travel related costs (TRC)	9,500	9,500	38,165	13,460	7,820	12,120	71,565	10,830	28,185	6,630	4,665	50,310	8,010	25,455	5,910	39,375	170,750
3.0 External Professional services (EPS)	59,021	59,021	63,929	60,021	90,454	88,746	303,150	90,554	100,346	90,154	88,746	369,800	90,754	150,646	101,454	342,854	1,074,825
4.0 Health Products - Pharmaceutical Products (HPPP)				162,361			162,361		181,876		1,825	183,701					346,062
5.0 Health Products - Non-Pharmaceuticals (HPNP)	29,697	29,697		13,734		29,697	43,431		353,292		29,697	382,989		15,079		15,079	471,195
6.0 Health Products - Equipment (HPE)	82,265	82,265	130,000				130,000										212,265
7.0 Procurement and Supply-Chain Management costs (PSM)	7,134	7,134	47,500	25,000			72,500	47,500	25,000			72,500					152,134
8.0 Infrastructure (INF)	2,850	2,850	2,850	2,850	2,850	2,850	11,400	2,850	2,850	2,850	900	9,450	900	900	900	2,700	26,400
9.0 Non-health equipment (NHP)	840	840	840	3,240	840	840	5,760	840	840	840	840	3,360	840	840	840	2,520	12,480
10.0 Communication Material and Publications (CMP)			4,000	3,000		2,000	9,000	4,000	3,000			7,000	1,600	2,000		3,600	19,600
11.0 Programme Administration costs (PA)	55,491	55,491	69,194	55,194	55,194	55,311	234,893	69,014	55,014	55,014	55,311	234,353	55,014	55,014	55,014	165,042	689,780
12.0 Living support to client/ target population (LSCTP)	35,246	35,246	35,246	35,246	35,246	34,414	140,153	34,414	34,414	34,414	32,856	136,100	32,856	32,856	32,856	98,569	410,069
13.0 Results-based financing (RBF)																	
<b>Total</b>	<b>469,446</b>	<b>469,446</b>	<b>579,990</b>	<b>562,373</b>	<b>380,770</b>	<b>409,717</b>	<b>1,932,851</b>	<b>446,334</b>	<b>971,149</b>	<b>376,334</b>	<b>400,372</b>	<b>2,194,190</b>	<b>375,506</b>	<b>468,322</b>	<b>382,506</b>	<b>1,226,335</b>	<b>5,822,821</b>

By Recipients	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Q9	Q10	Q11	Q12	Year 3	Q13	Q14	Q15	Year 4	Total
Ministry of Health of Bulgaria	254,641	254,641	365,177	347,567	137,432	166,719	1,016,896	203,328	728,151	133,328	158,632	1,223,439	133,758	226,582	140,758	501,098	2,996,074
NGO/CBO/Academic	153,799	153,799	153,799	153,799	153,799	153,467	614,864	153,467	153,467	153,467	152,209	612,611	152,209	152,209	152,209	456,628	1,837,902
Other Government	61,006	61,006	61,014	61,006	89,539	89,531	301,090	89,539	89,531	89,539	89,531	358,140	89,539	89,531	89,539	268,609	988,845
<b>Total</b>	<b>469,446</b>	<b>469,446</b>	<b>579,990</b>	<b>562,373</b>	<b>380,770</b>	<b>409,717</b>	<b>1,932,851</b>	<b>446,334</b>	<b>971,149</b>	<b>376,334</b>	<b>400,372</b>	<b>2,194,190</b>	<b>375,506</b>	<b>468,322</b>	<b>382,506</b>	<b>1,226,335</b>	<b>5,822,821</b>