

### 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 28 October 2014), 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 Uganda** (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 Uganda
3.2	(Disease) Component:	Malaria
3.3	Program Title:	Supporting Uganda's Malaria Reduction Strategy
3.4	Grant Name:	UGA-M-MoFPED
3.5	Grant Agreement Number:	595
3.6	Grant Funds:	Up to the amount of US\$119,346,277.00 (One Hundred Nineteen Million Three Hundred Forty-Six Thousand Two Hundred and Seventy-Seven US Dollars).
3.7	Implementation Period:	From 01 January 2015 to 31 December 2016




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3.8	The Principal Recipient Nominated:	<p>The Ministry of Finance, Planning and Economic Development of the Republic of Uganda Plot 2-12 Apollo Kaggwa Road, P.O. Box 8147, Kampala, Uganda</p> <p>Attention: Mr. Keith Muhakanizi Permanent Secretary/Secretary to the Treasury</p> <p>Telephone: +256 414 232095 Facsimile: +256 414 343023 Email: <a href="mailto:finance@finance.go.ug">finance@finance.go.ug</a></p>
3.9	Fiscal Year of the Principal Recipient:	01 July to 30 June
3.10	LFA:	<p>PricewaterhouseCoopers (Uganda) Limited Communications House, 1 Colville Street, P.O. Box 8053, Kampala, Uganda</p> <p>Attention: Mr. Uthman Mayanja</p> <p>Telephone: +256 312 354400 Facsimile: +256 414 230153 Email: <a href="mailto:uthman.mayanja@ug.pwc.com">uthman.mayanja@ug.pwc.com</a></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. Linden Ridley Morrison Head, High Impact Africa 2 Department Grant Management Division</p> <p>Telephone: +41 58 791 1700 Facsimile: +41 58 791 1701 Email: <a href="mailto:linden.morrison@theglobalfund.org">linden.morrison@theglobalfund.org</a></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 conditions are applicable to this Grant Confirmation:

- 5.1 The procurement of Health Products with Grant Funds shall be carried out through the Pooled Procurement Mechanism of the Global Fund until the Global Fund has agreed in writing that such procurement can be properly managed by the Principal Recipient using a different process.
  - 5.2 The use of Grant Funds by the Principal Recipient to finance the activities of new Sub-recipients shall be subject to the delivery by the Principal Recipient to the Global Fund of an assessment of the capacity of such Sub-recipients or Sub-sub-recipients.
  - 5.3 The use by the Principal Recipient of Grant Funds to finance the Integrated Community Case Management for malaria (the "iCCM") is subject to the submission of an operational plan for scaling-up the iCCM, including (a) the detailed arrangements for phased implementation, (b) the methodology for selection of thirty three (33) districts; (c) the criteria for selection of the Sub-recipients to support the implementation of the iCCM in selected thirty three (33) districts; and (d) the description of information and reporting flow.
  - 5.4 Prior to the scale-up of the iCCM in additional 18 (eighteen) districts, the Principal Recipient shall submit to the Global Fund an independent assessment report (the "IA Report") of the implementation of the iCCM activities in the first fifteen (15) districts at the end of the first year of the Implementation Period. The IA Report shall include, without limitation, an assessment of (i) rate of absorption of grant funds for the iCCM; (ii) quality of services; and (iii) adequacy of coverage. In the event of failure to implement the iCCM in accordance with the Grant Agreement, the Global Fund reserves the right to reprogram relevant Grant Funds into different activities.
  - 5.5 In order to render Navision Accounting Software (the "Software") fully functional to process transactions, reconciliations and manage asset and cash advance registrar, all the necessary equipment, including a server, for the Software shall be procured by no later than 31 March 2015.
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 Grantee or 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.

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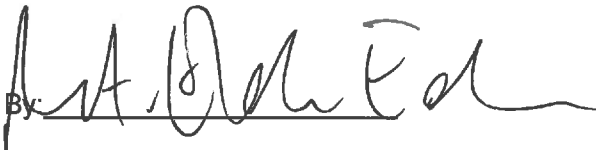
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**IN WITNESS WHEREOF**, the Global Fund and the Grantee acting through the Principal Recipient have caused this Grant Confirmation to be executed and delivered by their respective duly authorized representatives as of the date of last signature below.

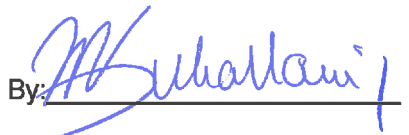
**The Global Fund to Fight AIDS, Tuberculosis and Malaria**

**Republic of Uganda**  
Acting through  
**The Ministry of Finance, Planning and Economic Development of the Republic of Uganda**

By: 

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

Date: 03 FEB. 2015

By: 

Name: Mr. Keith Muhakanizi  
Title: Permanent Secretary / Secretary to the Treasury

Date: 28/01/2015

**Acknowledged by**

By: 

Name: Prof. Vinand Nantulya  
Title: Chair of the Country Coordinating Mechanism for Republic of Uganda

Date:

By:  29/01/2015

Name: Mr. Bharam Namanya  
Title: Civil Society Representative of the Country Coordinating Mechanism for Republic of Uganda

Date:

**SCHEDULE 1**  
**INTEGRATED GRANT DESCRIPTION**

<b>Country:</b>	Uganda
<b>Program Title:</b>	Supporting Uganda's Malaria Reduction Strategy
<b>Grant Name:</b>	UGA-M-MoFPED
<b>Grant Number:</b>	595
<b>Disease:</b>	Malaria
<b>Principal Recipient:</b>	The Ministry of Finance, Planning and Economic Development (MoFPED) of the Republic of Uganda

**A. PROGRAM DESCRIPTION**

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

Uganda is aiming at accelerating nationwide scale up of malaria control measures to achieve and sustain universal coverage of cost-effective prevention and treatment interventions. Uganda will pursue the below goals outlined in the 2014-2020 Uganda Malaria Reduction Strategic Plan (UMRSP) by 2020.

Malaria is endemic in 95% of Uganda, with perennial transmission, with the remaining 5% with unstable, epidemic-prone transmission. Uganda ranked 4<sup>th</sup> and 6<sup>th</sup> globally in terms of estimated malaria cases and deaths respectively in 2012, with 13.5 million suspected malaria reported, the largest number reported from an African country (World Malaria Report 2013: World Health Organization).

Uganda has significantly scaled up malaria prevention and control measures including the recent universal coverage campaign of over 20 million Long Lasting Insecticide Treated Nets (LLINs), and drastic improvements in access to parasite-based diagnosis and Artemisinin-based Combination Therapy (ACTs).

All-cause mortality in children under five years of age has significantly reduced from 151, to 133 and finally to 90 deaths per 1,000 live births between five year estimates of the Demographic and Health Survey conducted in 2000/01, 2006, and 2011.

The program will be implemented by two PRs: the Ministry of Finance, Planning and Economic Development (MoFPED) and The AIDS Support Organization (Uganda) Limited (TASO).

**2. Goals, Strategies and Activities**

**Goals:**

- To reduce annual malaria deaths from 29 per 100,000 in 2013 to near zero;
- To reduce malaria morbidity to 30 cases per 1000 population (80% reduction from 2013 levels); and
- To reduce the malaria parasite prevalence to less than 7% (>85% reduction from the 2010 levels).

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### Strategies:

- Achieve and maintain protection of at least 85% of the population at risk through recommended malaria prevention measures by 2017;
- Achieve and sustain at least 90% of malaria cases in the public and private sectors and community level to receive prompt treatment according to national guidelines by 2018;
- Ensure that at least 85% of the population practices correct malaria prevention and management measures by 2017;
- Make sure that the program is able to manage and coordinate multi-sectoral malaria reduction efforts at all levels by 2016;
- Carry out timely routine reporting from all health facilities and District Health Officers on malaria program performance by 2017; and
- Ensure that all malaria epidemic prone districts have the capacity for epidemic preparedness and response by 2017.

### Planned Activities:

Module	Activities	PR
Case management	Integrated community case management (iCCM) Training of Village Health Teams, procurement and distribution of ACTs and Rapid Diagnostic Tests (RDTs), and distribution of iCCM materials including iCCM communication, materials, village health teams (VHT) registers, education materials, job aides and referral cards	TASO/MoFPED
	Facility-based treatment (diagnosis and treatment) Procurement of facility based ACTs and RDTs, Quality Assurance/Quality Control of RDTs, and training of health workers in integrated management of malaria	TASO/MoFPED
	Management of severe malaria Procurement of artesunate and the training of trainers	TASO/MoFPED
	Private sector case management	TASO/MoFPED
	Information-Education-Communication/Behavioral Change Communication to build knowledge on appropriate prevention and control measures, and improve health seeking behaviors and health worker adherence to treatment guidelines	TASO/MoFPED
	Private sector co-payment mechanism	MoFPED
	Vector control	Procurement and distribution of LLINs (mass campaign)
Procurement and distribution of LLINs (routine distribution)		TASO
Program management	Policy, planning, coordination and management Coordination of stakeholders to enhance synergy and avoid duplication	TASO/MoFPED
	Grant management	TASO
Health information systems and M&E	Routine reporting Collection and analysis of routine data to measure performance and progress which will lead to effective planning and program management Training on Ministry of Health primary data collection tools and supervision of personnel involved in data	TASO/MoFPED

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	management	
	Operations research Establishment of a data and information hub to strengthen collaborative initiatives with local and international research institutions and provide a forum for research findings dissemination	TASO/MoFPED

**3. Target Group/Beneficiaries**

- General population
- Children under five
- Pregnant Women
- Village Health Teams
- Health Workers (public and private)
- Facilities (public and private)

**B. PERFORMANCE FRAMEWORK**

**Please refer to the performance framework attached.**

**C. SUMMARY BUDGET**

**Please refer to the Summary Budget attached.**

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Indicator Addressed (e.g. Under-5 mortality)	Outcome Indicator	Country	Baseline		Required Assessment Year	Targets			Comments
			Year	Score		Report due date	2014	2015	
1	Malaria Co-1: Proportion of children under the years old who sleep under an insecticide-treated net* the previous night	Uganda	2011	80.0%	80	15/02/2014	2014	80	The UDHS of 2011 shows that 80% ownership of ITNs at household level reached the 80% rate of ITN in Uganda. Therefore, with 100% coverage after assessment of ownership coverage and continuous use of ITNs, the target for 2014 is 80% ownership of ITNs at household level reached by children who slept under an insecticide-treated net.
1.2	Malaria Co-1c: Proportion of pregnant women who slept under an insecticide-treated net* the previous night	Uganda	2011	85.0%	85	15/02/2014	2014	85	With universal coverage and routine distribution through ANC, by 2015, it is projected that 85% of the pregnant women will have access to a LLIN and use it correctly to 85% extent.
1	Malaria Co-2: Proportion of households with at least one insecticide-treated net* for every five people	Uganda	2011	85.0%	85	15/02/2014	2014	85	The country will attain universal coverage, by proportion households with at least one net per five persons will be maintained at a minimum of 85%.

2. **Healthcare**

Indicator	Country	Responsible Principal	In relation to whether indicator is a health system performance indicator	Change for Area (if relevant, give 4% under/over)	Classification (if AFD)	Baseline			Targets			Comments			
						Year	Score	Revision	Report due date	2014	2015		Report due date		
														M	D
Co-1a: Proportion of unaccompanied children cases that receive a forensic biological test of public and PFPP health facilities	National	MFPED	Co-1a	National	Cumulative	2013	86.0%	1486	11/27/2013	75.0%	11/27/2014	80.0%	17/28/2014	85%	Public sector includes Department of Health and Private facilities and data is not disaggregated by sex. Data for the indicator will be collected from 1486 from 105. A minimum of 80 reported unaccompanied children cases with a full event. Documentation of reported unaccompanied children cases will be made available by the statement of interest coverage on 2014 and full Transfer. This number of cases listed is expected to increase over time due to the continued stability of displacement.
						2014	86.0%	1486	11/27/2014	75.0%	11/27/2014	80.0%	17/28/2014	85%	20,081,307
Co-1b: Proportion of unaccompanied children cases that receive a forensic biological test to the community	National	MFPED	Co-1b	National	Cumulative	2013	86.0%	1486	11/27/2013	75.0%	11/27/2014	80.0%	17/28/2014	85%	The indicator is captured from 1486 from 105 that collect information on community (CCM) on a weekly basis. The reporting is done by trained VHT members via the DHIS 2 system. The Ministry of Health will conduct support supervision of the implementing districts to enhance quality and completeness of reporting.
						2014	86.0%	1486	11/27/2014	75.0%	11/27/2014	80.0%	17/28/2014	85%	2,504,140
Co-2a: Proportion of confirmed malaria cases that received routine health facilities (excluding a category of priority health facility)	National	MFPED	Co-2a	National	Cumulative	2013	85.0%	1486	11/27/2013	75.0%	11/27/2014	80.0%	17/28/2014	85%	The indicator includes information of health and private facilities and data is not disaggregated by sex. Data for the indicator will be collected from 1486 from 105. A minimum of 80 reported unaccompanied children cases with a full event. Documentation of reported unaccompanied children cases will be made available by the statement of interest coverage on 2014 and full Transfer. This number of cases listed is expected to increase over time due to the continued stability of displacement.
						2014	85.0%	1486	11/27/2014	75.0%	11/27/2014	80.0%	17/28/2014	85%	3,373,727
Co-2b: Proportion of confirmed malaria cases that received routine health facilities (including a category of priority health facility)	National	MFPED	Co-2b	National	Cumulative	2013	85.0%	1486	11/27/2013	75.0%	11/27/2014	80.0%	17/28/2014	85%	The indicator includes information of health and private facilities and data is not disaggregated by sex. Data for the indicator will be collected from 1486 from 105. A minimum of 80 reported unaccompanied children cases with a full event. Documentation of reported unaccompanied children cases will be made available by the statement of interest coverage on 2014 and full Transfer. This number of cases listed is expected to increase over time due to the continued stability of displacement.
						2014	85.0%	1486	11/27/2014	75.0%	11/27/2014	80.0%	17/28/2014	85%	8,176,020
Co-2c: Proportion of confirmed malaria cases that received routine health facilities (excluding a category of priority health facility)	National	MFPED	Co-2c	National	Cumulative	2013	85.0%	1486	11/27/2013	75.0%	11/27/2014	80.0%	17/28/2014	85%	The indicator is captured from 1486 from 105 that collect information on community (CCM) on a weekly basis. The reporting is done by trained VHT members via the DHIS 2 system. The Ministry of Health will conduct support supervision of the implementing districts to enhance quality and completeness of reporting.
						2014	85.0%	1486	11/27/2014	75.0%	11/27/2014	80.0%	17/28/2014	85%	3,373,727
Co-2d: Proportion of confirmed malaria cases that received routine health facilities (including a category of priority health facility)	National	MFPED	Co-2d	National	Cumulative	2013	85.0%	1486	11/27/2013	75.0%	11/27/2014	80.0%	17/28/2014	85%	The indicator is captured from 1486 from 105 that collect information on community (CCM) on a weekly basis. The reporting is done by trained VHT members via the DHIS 2 system. The Ministry of Health will conduct support supervision of the implementing districts to enhance quality and completeness of reporting.
						2014	85.0%	1486	11/27/2014	75.0%	11/27/2014	80.0%	17/28/2014	85%	8,176,020
Co-2e: Percentage of health facilities that reported no stock out of first-line anti-malarial medicines (ACT) during more than 7 days in the previous year	National	MFPED	Co-2e	National	Cumulative	2013	87.0%	1486	11/27/2013	80.0%	11/27/2014	80.0%	11/27/2014	80%	The indicator is captured from 1486 from 105 that collect information on community (CCM) on a weekly basis. The reporting is done by trained VHT members via the DHIS 2 system. The Ministry of Health will conduct support supervision of the implementing districts to enhance quality and completeness of reporting.
						2014	87.0%	1486	11/27/2014	80.0%	11/27/2014	80.0%	11/27/2014	80%	1,112,206
Co-2f: Percentage of health facilities that reported no stock out of first-line anti-malarial medicines (ACT) during more than 7 days in the previous year	National	MFPED	Co-2f	National	Cumulative	2013	86.0%	1486	11/27/2013	77.0%	11/27/2014	80.0%	11/27/2014	80%	The indicator is captured from 1486 from 105 that collect information on community (CCM) on a weekly basis. The reporting is done by trained VHT members via the DHIS 2 system. The Ministry of Health will conduct support supervision of the implementing districts to enhance quality and completeness of reporting.
						2014	86.0%	1486	11/27/2014	77.0%	11/27/2014	80.0%	11/27/2014	80%	1,327,448

Priority 2	Vector control				Targets												
	Responsible Principal	In subject of vector control (of sub-control, specify sub-control)	Geographic Area (of sub-control, specify sub-control)	Cumulative No. RFI	Year	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
VC-1	VC-1	National	Cumulative	21,702,000	2014	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

In line with the national coverage objective of 1 bed for 1.2 people, in 2014, VC-1 will be introduced. Uganda has limited universal coverage of LLIN in 2014. Taking into account the longevity of LLIN, no more mass distributions will be done at the end of 2014 (70%) and early 2017 (20%).

Priority 3	HSS - Health Information systems and IMR												
	Responsible Principal	In subject of vector control (of sub-control, specify sub-control)	Geographic Area (of sub-control, specify sub-control)	Cumulative No. RFI	Year	2010	2011	2012	2013	2014	2015	2016	2017
HE-1	HE-1	National	Non-cumulative	1665	2010	0%	0%	0%	0%	0%	0%	0%	0%

The status of the indicator in the DHS 2. It will be compared based on the reporting rate from the public and the private not for profit health facilities.

Component	Malaria
Country / Applicant	Republic of Uganda
Principal Recipient	Ministry of Finance, Planning and Economic Development of the Republic of Uganda
Grant Number	UGA-M-MoFPED
Implementation Period Start Date	01 January 2015
Implementation Period End Date	31 December 2016
Grant Currency	USD

**Budget Summary (in grant currency)**

By Module	Q1	Q2	Q3	Q4	Year 1	Q5	Q6	Q7	Q8	Year 2	Total
Vector control	436,790				436,790	56,890,391				56,890,391	57,327,181
Case management	17,590,838	14,773,121	366,384	334,538	33,064,881	28,084,237	184,983	145,281	152,145	28,566,646	61,631,527
HSS - Health information systems and M&E		189,512	237,888	162,489	589,889	159,362	46,906	159,362	251,394	617,023	1,207,012
Program management		114,079	189,823	114,079	172,297	590,278	114,079	189,823	114,079	172,297	590,278
<b>Total</b>	<b>18,141,708</b>	<b>15,152,456</b>	<b>718,451</b>	<b>669,324</b>	<b>34,681,938</b>	<b>85,248,069</b>	<b>421,711</b>	<b>418,722</b>	<b>575,836</b>	<b>86,664,339</b>	<b>121,346,277</b>

By Cost Grouping	Year 1	Year 2	Total
1.0 Human Resources (HR)	124,080	124,080	248,160
2.0 Travel related costs (TRC)	1,785,179	1,529,807	3,314,986
3.0 External Professional services (EPS)	218,279	371,394	589,672
4.0 Health Products - Pharmaceutical Products (HPPP)	20,295,668	14,797,114	35,092,782
5.0 Health Products - Non-Pharmaceuticals (HPNP)	3,721,398	50,215,714	53,937,112
6.0 Health Products - Equipment (HPE)	436,790		436,790
7.0 Procurement and Supply-Chain Management costs (PSM)	8,086,030	19,826,229	27,912,259
10.0 Communication Material and Publications (CMP)	14,515		14,515
<b>Total</b>	<b>34,681,938</b>	<b>86,664,339</b>	<b>121,346,277</b>

By Recipients	Year 1	Year 2	Total
Ministry of Finance, Planning and Economic Development of Uganda	34,681,938	86,664,339	121,346,277
<b>Total</b>	<b>34,681,938</b>	<b>86,664,339</b>	<b>121,346,277</b>

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