



Execution Version

### 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 the **United Nations Development Programme** (the "Principal Recipient"), 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 13 October 2016, as amended and supplemented from time to time (the "Framework Agreement"), between the Global Fund and the Principal Recipient, 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, representations, conditions, 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 UNDP-Global Fund Grant Regulations).
3. **Grant Information.** The Global Fund and the Principal Recipient hereby confirm the following:

3.1	Host Country or Region:	Islamic Republic of Iran
3.2	Disease Component:	HIV/AIDS
3.3	Program Title:	Enhancement of National HIV Response with Focus on Target Beneficiary Groups in line with fifth National Strategic Plan 2020-2024
3.4	Grant Name:	IRN-H-UNDP
3.5	GA Number:	2027
3.6	Grant Funds:	Up to the amount of USD 11,222,077 or its equivalent in other currencies
3.7	Implementation Period:	From 1 April 2021 to 31 March 2024 (inclusive)
3.8	Principal Recipient:	United Nations Development Programme N°8 (39), Shahrzad Bldv, Darrou 1948773911 Tehran Islamic Republic of Iran Attention: Mr. Mazen Gharzeddine UNDP Deputy Resident Representative Ad Interim Telephone: 00982122868395 Email: <a href="mailto:mazen.gharzeddine@undp.org">mazen.gharzeddine@undp.org</a>

3.9	Fiscal Year:	1 April to 31 March
3.10	Local Fund Agent:	<p>United Nations Office for Project Services Maison Internationale de l'Environnement, 11-13, Chemin des Anémones, Châtelaine CH-1219 Geneva Swiss Confederation</p> <p>Attention: Nayeem Chowdhury</p> <p>Telephone: +880 1766 450 478 Email: <a href="mailto:nayeemc@unops.org">nayeemc@unops.org</a></p>
3.11	Global Fund contact:	<p>The Global Fund to Fight AIDS, Tuberculosis and Malaria Global Health Campus, Chemin du Pommier 40 1218 Grand-Saconnex, Geneva, Switzerland</p> <p>Attention: Nicolas Cantau Regional Manager Grant Management Division</p> <p>Telephone: +41587911700 Facsimile: +41445806820 Email: <a href="mailto:nicolas.cantau@theglobalfund.org">nicolas.cantau@theglobalfund.org</a></p>

4. **Conditions.** The Global Fund and the Principal Recipient further agree that:

4.1 Consistent with numerous United Nations Security Council Resolutions relating to terrorism or country-specific sanctions regimes, UNDP undertakes to use all reasonable efforts to ensure that none of the Grant Funds provided under the Grant Agreement are used, directly or indirectly, to provide support to individuals or entities that are subject to UN sanctions. As required by UNDP's rules and procedures, UNDP shall screen potential partners, Sub-recipients, Sub-sub-recipients and suppliers to ensure it does not knowingly work with any entity appearing on the United Nations Security Council Consolidated Sanctions List as updated from time to time and available at <https://www.un.org/securitycouncil/content/un-sc-consolidated-list>. In addition, all arrangements with UNDP's non-UN partners, Sub-recipients and suppliers receiving Grant Funds under the Grant Agreement shall include contractual provisions requiring them to comply with all laws to which they are subject for the duration of the Implementation Period, and require that any Sub-sub-recipients are obligated to do the same.

4.2 No later than 30 June 2021, the Principal Recipient shall submit to the Global Fund an updated national monitoring and evaluation plan.

[Signature Page Follows.]

IN WITNESS WHEREOF, the Global Fund and the Principal Recipient 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**

**United Nations Development Programme**

By: Mark Eldon-Edington

Name: Mark Eldon-Edington

Title: Head, Grant Management Division

Date: Mar 2, 2021

By: Claudio Providas

Name: Claudio Providas

Title: UNDP Resident Representative in the  
I.R. Iran

Date: 21-Feb-2021

**Acknowledged by**

By: Raeisi Alireza

Name: Raeisi Alireza

Title: Chair, Country Coordinating Mechanism of Islamic Republic of Iran

Date: 24-Feb-2021

By: Mohammad Reza Seyedghasemi

Name: Mohammad Reza Seyedghasemi

Title: Civil Society Representative, Country Coordinating Mechanism of Islamic Republic of  
Iran

Date: 24-Feb-2021

Signature

## Schedule I

### Integrated Grant Description

#### A. PROGRAM DESCRIPTION

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

###### Epidemiologic Background

The estimated number of people living with HIV in Iran is 59,297 as of 2019 (845 children < 15 years, 42,952 men over 15 years, and 15,500 women over 15 years). Although the number of men living with HIV is higher than women living with HIV, there is a steady increase in the proportion of newly reported HIV cases attributed to sexual transmission and the number of women diagnosed with HIV has increased considerably. In 2018, about 26 percent of people living with HIV were women and it is estimated to reach 29 percent by 2025. More than 40 percent of the people living with HIV are in the age group of 25-34. Out of the estimated number of PLHIV, less than 1000 are under 15.

The trend of new infections shows a 12% decline in 2019 compared with 2010 while the trend of AIDS-related deaths shows an increase of 8% in 2019 compared with 2010, with a cumulative 19,026 AIDS-related deaths.

Amongst the diagnosed cases between 20 March 2019 and 19 March 2020, the routes of transmissions were: sharing syringes (26.5%), sexual contacts (47%), mother to child (2.7%) and undetermined (23.8%).

###### HIV Cascade

In reference to HIV cascade against the 90-90-90 target, by the end of 2019, out of 59,297 estimated number of PLHIV, 22,330 know their HIV status (38%), 15,038 are on ART (67%) and 12,851 have suppressed viral load (85%).

The data shows that the performance of national response in treatment and viral load suppression is better than case finding. Therefore, national response should have a strong focus on HIV case finding. For this purpose, new and innovative approaches need to be in place to reach the target populations and make the testing and counselling services accessible to them. This should be reiterated that HIV services in the country are free of charge.

Logistics of procuring testing kits should also be considered in any planning to take account of legal and other practical constraints in importing HIV testing kits and ensure the timely procurement of testing kits.

###### Situation of Key Population

People who inject drugs have been the key epidemic contributor in the country and still account for the greatest share of new infections in the country. However, recent data shows a declining trend in HIV prevalence among PWID. As per the recent estimation studies, the PWID population size is 186,686 and the HIV prevalence has decreased from 15% in 2010 to 3.1% in 2019.

Another important key population in Iran is the High-Risk Behavior Women Affected by HIV (HRBW). The latest size estimation in 2019 for this key population is 137,612 (in reference to preliminary findings of the IBBS report which has not been officially shared). HIV prevalence in this key population has been 2.1% in a 2015 study.

High Risk Behavior Men Affected by HIV (HRBM) are another main key population with higher prevalence of HIV. The studies on this key population are very limited in Iran. The latest population

size estimate is 243,306. The HIV prevalence among HRBM who visited four *differentiated* centers was 4.1%. There is not sufficient data on the burden among transgender people and the estimated HIV prevalence is 1.5%.

The population of prisoners was 479,708 in 2019 (including all turnover). Recent data shows a declining trend in HIV prevalence among Prisoners from 2.1% in 2009 to 0.8% in 2019.

Maintenance of services to all the key populations as well as extending the services to the whole key population are the main strategies for improvement of the HIV response in the country.

#### **Priority Setting and Programme Implementation**

The priorities of the grant are aligned to the priorities of the fifth National Strategic Plan for AIDS control (NSP5). This has been developed in an inclusive and consultative approach involving a wide range of stakeholders and technical partners including CSOs and representatives from key populations.

The funding request was prepared consistent with funding gaps and national priorities identified through an inclusive country dialogue and is fully aligned with the NSP5. The Global Fund grant will be implemented by the United Nations Development Programme (UNDP) as the Principal Recipient in close collaboration and partnership with the Ministry of Health and Medical Education of the Government of Iran, Civil Society and Non-Governmental Organizations, Prisons Organization, Welfare organization and other technical in-country partners.

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

#### **Goals:**

- a. By the end of 2023, maintain the HIV prevalence among PWIDs at less than 5%;
- b. By the end of 2023, maintain the HIV prevalence among people who are exposed to sexual transmission of HIV at less than 5%; and
- c. By the end of 2023, decrease the AIDS mortality by 20%.

#### **Strategies:**

In line with NSP5, the following strategies have been chosen for funding:

- a. Scale up of differentiated HIV testing services

As this can be discerned from the HIV cascade, the biggest gap of HIV response in the country is HIV case finding. By applying the recommended strategies of WHO, national response will expand the access to the key population and provide the testing and counselling services.

- b. Improve the coverage and quality of treatment care and support

National response will maintain the provision of high-quality care and treatment services. For this purpose, different interventions will be applied to secure the link of the PLHIV to the system and retain them in the treatment and care services.

- c. Expansion of HIV prevention services

Reaching key populations is a very important pillar of the HIV response in the country. Different key populations will be reached by the service providers, including peers to receive training and consumables (including condom, lubricant and syringes for different key populations) and refer to STI diagnosis and testing services. These services will be maintained and expanded in this grant through a wide range of service delivery points.

### **Activities:**

#### **a. Facility-based testing**

In addition to the previous settings for testing, in this programme, new centers will be added for making the testing more accessible to key populations, including mobile centers, harm reduction stations, concentration camps and centers for HRBM. Outreach workers will also be gradually added to the testing squad.

#### **b. Differentiated ART service delivery and HIV care**

In order to provide high quality services for treatment and care, the high-quality ART services will be provided, and other partners will be added for creating more options for different key populations.

#### **c. Treatment monitoring - Viral load**

Regular viral load testing will be provided to all the patients who receive ARV. This will improve the treatment monitoring process in the country.

#### **d. Condom and lubricant programing**

Interventions will be maintained for HRBW. In this grant, HRBM will also benefit from the prevention services and the service provision services to these key populations will also be expanded.

#### **e. Harm reduction and Needle and syringe programs**

Harm reduction services will be maintained. In this grant, MMT centers will also be equipped to provide testing and counselling services.

#### **f. Harm reduction interventions for prisoners**

The harm reduction services will be continued. The services in the prison in a very confidential way will be connected to the out of prison services by using MIS. A peer programme with a successful history will also be resumed in case of funding availability.

#### **g. Conduct analysis, evaluations and reviews and strengthen MIS**

The MIS will be strengthened, and a number of studies will be conducted to provide a better perspective of the services.

#### **h. Reduce stigma and discrimination**

By using the findings of current studies, a number of initiatives will be conducted to target services providers and communities for reducing stigma and discrimination.

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

- a. People Who Inject Drugs (PWIDs);
- b. High Risk Behavior Women Affected by HIV (HRBW);
- c. High Risk Behavior Men Affected by HIV (HRBM);
- d. Transgender People (TGs);
- e. People Living with HIV (PLHIV); and
- f. Prisoners.

## References

1. SPECTRUM report, 2020.
2. Situation analysis of NSP.
3. GAM report, 2019.
4. HIV quarterly report, March 2020.
5. NSU conducted by MEHSHAD in 2018.
6. PWID IBBS report, 2019.
7. High Risk Behavior Women Affected by HIV, IBBS report, 2015.
8. TG Assessment Report, 2019.
9. Prison report, 2020, letter from PO to CCM Secretariat.

## **B. PERFORMANCE FRAMEWORK**

Please see attached.

## **C. SUMMARY BUDGET**

Please see attached.



## Performance Framework

**Country:** Iran (Islamic Republic)  
**Grant Name:** HIV/AIDS Prevention and Care Program  
**Implementation Period:** 01-Apr-2021 to 31-Mar-2024  
**Principal Recipient:** United Nations Development Programme

**Reporting Periods:**  
 Start Date: 01-Apr-2021  
 End Date: 31-Mar-2022  
 PU includes DR? Yes  
 PU includes DRR? Yes

### Program Goals, Impact Indicators and Targets

- By the end of 2023, maintain the HIV prevalence among PWIDs at less than 5%.
- By the end of 2023, maintain the HIV prevalence among people who are exposed to sexual transmission of HIV at less than 5%.
- By the end of 2023, decrease the AIDS mortality by 20%.

Impact Indicator	Country	Baseline Value and Source	Required Disaggregation	Responsible PR	2023
1 HIV-1 %: Percentage of people who inject drugs who are living with HIV*	Iran (Islamic Republic)	N 2019 BBS report P 3.1%	Gender Age	United Nations Development Programme	N 2.10% P 2.10% Date Due: 15-May-2024
<b>Comments:</b> In the NPS, the target has been set to maintain less than 5% by the end of 2024. The BBS data is in line with the study plans of NPS.					
2 HIV-1 %: Percentage of sex workers who are living with HIV	Iran (Islamic Republic)	N 2015 BBS report P 2.1%	Gender Age	United Nations Development Programme	N 2.10% P 2.10% Date Due: 15-May-2024
<b>Comments:</b> A recent survey has been conducted in 2019 but the results are not available yet. Therefore, the source of the data roll back to 2015. In the NPS, the target has been set to maintain less than 5% by the end of 2024. The BBS data is in line with the study plan of NPS. The baseline and target in the PR will be reviewed when the updated data become available. Final report is expected by end 2021.					
3 HIV-1 %: Percentage of other vulnerable populations (PWIDs) who are living with HIV*	Iran (Islamic Republic)	N 2018 BBS report P 0.8%		United Nations Development Programme	N 0.80% P 0.80% Date Due: 15-May-2024
<b>Comments:</b> This indicator refers to prisons. There is not a specific impact indicator for the population in the NIP. Therefore, national response plans to maintain 0.8%.					

### Program Objectives, Outcome Indicators and Targets

- By the end of 2023, at least 60% of the PWIDs use unsterile and non-sterile devices for injection in their last injection.
- By the end of 2023, the percentage of condom use in the last sex with a new sex partner who are at the highest risk of sexual transmission increases by 20%.
- By the end of 2023, at least 95% of people living with HIV are started their treatment a year ago, reduce their treatment.









**Comments**

5 The interventions come from HIV risk reduction in 2020 and community-based (CB) risk reduction. The main objective for the two packages is the development of new cohorts. HIV awareness has increased the reported HIV coverage in the system. Moreover, during April 2019 - March 2020, 81% of HIV diagnosis cases are linked to the system and out of the 14,000 people who were tested, 10,000 were linked to the system. The percentage is low. There are number of interventions to improve the client testing situation in the country. In case of these cohorts, the PF and targets will be revised accordingly in 2022.

Transgender people	RP-IT-101 Percentage of coverage with HIV prevention programs - Global package of services	Country level Coverage (Subtotal)	N	D	Age	Yes	United Nations Development Programme	1,500	2,000
								2.0%	2.0%

**Comments**

10 There are key barriers for the indicator since the program for the key population has been started in 2020. The main challenge is that the data is not available in the system based on the HIV platform for 2021. The strategy for the population includes counseling and testing, having HIV screening, condom and lubricant, referral to specialized services (Ab) and linkage to care. The program is still in the initial phase and the data is not available in the system. The program will be revised accordingly in 2022. The PF will be revised to include baseline data and determinants for the target. There is not a UIC system. It is expected to be implemented in the next few months. The program will be revised accordingly in 2022. Any population who may enter care (different from both sexes) subsequently will be supported by different outreach workers. The percentage will be used for the adjustment period (D). Estimated number of UIC.

People who provide with HIV prevention services	RP-IT-101 Percentage of coverage with HIV prevention programs - Global package of services	Country level Coverage (Subtotal)	N	D	Age	Yes	United Nations Development Programme	1,500	2,000
								2.0%	2.0%

**Comments**

11 The data comes from the HIV study conducted in 2019. There were ten reference members in the study. The number of people who had a history of at least one new drug injection during the last year was 160,000. All of these persons should receive HIV testing as per the NCDP. This target group is the persons who had injected drugs regularly during three months of the year which is 80,000. The target group is 80,000. The program is still in the initial phase and the data is not available in the system. The program will be revised accordingly in 2022. The PF will be revised to include baseline data and determinants for the target. There is not a UIC system. It is expected to be implemented in the next few months. The program will be revised accordingly in 2022. Any population who may enter care (different from both sexes) subsequently will be supported by different outreach workers. The percentage will be used for the adjustment period (D). Estimated number of UIC.

People in prisons and settings reached with HIV prevention services	RP-IT-101 Percentage of coverage with HIV prevention programs - Global package of services	Country level Coverage (Subtotal)	N	D	Age	Yes	United Nations Development Programme	1,500	2,000
								2.0%	2.0%

**Comments**

7 The data comes from the coverage expansion of the HIV prevention program. The main objective for the two packages is the development of new cohorts. HIV awareness has increased the reported HIV coverage in the system. Moreover, during April 2019 - March 2020, 81% of HIV diagnosis cases are linked to the system and out of the 14,000 people who were tested, 10,000 were linked to the system. The percentage is low. There are number of interventions to improve the client testing situation in the country. In case of these cohorts, the PF and targets will be revised accordingly in 2022.

Men who have sex with men	RP-IT-101 Percentage of coverage with HIV prevention programs - Global package of services	Country level Coverage (Subtotal)	N	D	Age	Yes	United Nations Development Programme	1,500	2,000
								2.0%	2.0%

**Comments**

8 In national and provincial facilities, there are barriers to the implementation of the program. The main challenge is that the data is not available in the system. The program will be revised accordingly in 2022. The PF will be revised to include baseline data and determinants for the target. There is not a UIC system. It is expected to be implemented in the next few months. The program will be revised accordingly in 2022. Any population who may enter care (different from both sexes) subsequently will be supported by different outreach workers. The percentage will be used for the adjustment period (D). Estimated number of UIC.

Men who have sex with men	RP-IT-101 Percentage of coverage with HIV prevention programs - Global package of services	Country level Coverage (Subtotal)	N	D	Age	Yes	United Nations Development Programme	1,500	2,000
								2.0%	2.0%





# Summary Budget

Country Iran (Islamic Republic)  
 Grant Name IRN-H-UNDP  
 Implementation Period 01-Apr-2021 - 31-Mar-2024  
 Principal Recipient United Nations Development Programme

By Module	01/04/2021 - 01/07/2021 - 01/10/2021 - 01/01/2022 - 01/10/2022 - 01/01/2023 - 01/05/2023 - 30/06/2021 - 30/09/2021 - 31/12/2021 - 31/03/2022				01/04/2022 - 01/07/2022 - 01/10/2022 - 01/01/2023 - 01/05/2023 - 30/06/2022 - 30/09/2022 - 31/12/2022 - 31/03/2023 - 31/03/2024				01/04/2023 - 01/07/2023 - 01/10/2023 - 01/01/2024 - 01/05/2024 - 30/06/2023 - 30/09/2023 - 31/12/2023 - 31/03/2024				Total Y1	Total Y2	Total Y3	% of Grand Total
	Total Y1	Total Y2	Total Y3	% of Grand Total	Total Y1	Total Y2	Total Y3	% of Grand Total	Total Y1	Total Y2	Total Y3	% of Grand Total	Total Y1	Total Y2	Total Y3	% of Grand Total
Differentiated HIV Testing Services	\$24,349	\$32,853	\$49,322	\$2,853	\$24,349	\$32,853	\$49,322	\$2,853	\$24,349	\$32,853	\$49,322	\$2,853	\$73,167	\$1,885,928	\$16.8	
Prevention	\$711,912	\$27,015	\$29,833	\$29,833	\$711,912	\$27,015	\$29,833	\$29,833	\$711,912	\$27,015	\$29,833	\$29,833	\$647,880	\$2,078,561	16.5	
Program management	\$307,116	\$188,188	\$215,933	\$183,277	\$307,116	\$188,188	\$215,933	\$183,277	\$307,116	\$188,188	\$215,933	\$183,277	\$876,528	\$2,765,847	24.6	
RES-H Health management Information Systems and MIE	\$104,937	\$94,823	\$112,923	\$86,923	\$104,937	\$94,823	\$112,923	\$86,923	\$104,937	\$94,823	\$112,923	\$86,923	\$364,230	\$1,199,049	10.7	
Health resources for health, including community health workers TB/HIV	\$53,908	\$53,908	\$34,047	\$34,047	\$53,908	\$53,908	\$34,047	\$34,047	\$53,908	\$53,908	\$34,047	\$34,047	\$87,856	\$273,209	2.4	
Treatment, care and support	\$24,605	\$24,605	\$24,605	\$24,605	\$24,605	\$24,605	\$24,605	\$24,605	\$24,605	\$24,605	\$24,605	\$24,605	\$24,605	\$73,814	0.7	
Grand Total	\$2,158,797	\$425,182	\$648,121	\$348,848	\$2,158,797	\$425,182	\$648,121	\$348,848	\$2,158,797	\$425,182	\$648,121	\$348,848	\$3,504,944	\$11,222,077	100.0	
<b>By Cost Grouping</b>	01/04/2021 - 01/07/2021 - 01/10/2021 - 01/01/2022 - 01/10/2022 - 01/01/2023 - 01/05/2023 - 30/06/2021 - 30/09/2021 - 31/12/2021 - 31/03/2022				01/04/2022 - 01/07/2022 - 01/10/2022 - 01/01/2023 - 01/05/2023 - 30/06/2022 - 30/09/2022 - 31/12/2022 - 31/03/2023 - 31/03/2024				01/04/2023 - 01/07/2023 - 01/10/2023 - 01/01/2024 - 01/05/2024 - 30/06/2023 - 30/09/2023 - 31/12/2023 - 31/03/2024				Total Y1	Total Y2	Total Y3	% of Grand Total
Human Resources (HR)	\$286,922	\$288,868	\$391,786	\$391,786	\$286,922	\$288,868	\$391,786	\$391,786	\$286,922	\$288,868	\$391,786	\$391,786	\$1,130,421	\$2,944,559	26.2	
Travel related costs (TRC)	\$5,856	\$59,765	\$39,304	\$5,856	\$5,856	\$59,765	\$39,304	\$5,856	\$5,856	\$59,765	\$39,304	\$5,856	\$11,1381	\$344,578	3.1	
External Professional services (EPS)	\$21,710	\$11,696	\$29,696	\$3,696	\$21,710	\$11,696	\$29,696	\$3,696	\$21,710	\$11,696	\$29,696	\$3,696	\$191,169	\$289,351	2.6	
Health Products - Pharmaceutical Products (HPP)	\$39,084	\$39,084	\$39,084	\$39,084	\$39,084	\$39,084	\$39,084	\$39,084	\$39,084	\$39,084	\$39,084	\$39,084	\$39,084	\$113,252	1.0	
Health Products - Non-Pharmaceuticals (HNP)	\$896,129	\$9,000	\$350,083	\$1,255,212	\$1,255,212	\$1,043,693	\$9,000	\$376,582	\$1,428,275	\$1,224,290	\$9,000	\$9,000	\$1,233,290	\$3,916,778	34.9	
Procurement and Supply Chain Management costs (PSM)	\$149,817	\$2,322	\$56,396	\$208,525	\$168,618	\$2,322	\$59,765	\$230,705	\$330,705	\$191,797	\$2,322	\$2,322	\$194,118	\$833,348	8.4	
Infrastructure (INF)	\$495,984	\$495,984	\$232,651	\$495,984	\$495,984	\$232,651	\$495,984	\$232,651	\$495,984	\$232,651	\$495,984	\$232,651	\$1,997,057	\$825,882	8.2	
Non-health equipment (NHE)	\$80,051	\$80,051	\$150,083	\$150,083	\$80,051	\$150,083	\$150,083	\$150,083	\$150,083	\$150,083	\$150,083	\$150,083	\$140,056	\$370,163	3.3	
Communication Material and Publications (CMP)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$3,000	0.0	
Indirect and Overhead Costs	\$169,242	\$53,532	\$91,266	\$48,610	\$169,242	\$53,532	\$91,266	\$48,610	\$169,242	\$53,532	\$91,266	\$48,610	\$332,159	\$1,045,239	9.3	
GrandTotal	\$2,158,797	\$425,182	\$648,121	\$348,848	\$2,158,797	\$425,182	\$648,121	\$348,848	\$2,158,797	\$425,182	\$648,121	\$348,848	\$3,504,944	\$11,222,077	100.0	
<b>By Recipients</b>	01/04/2021 - 01/07/2021 - 01/10/2021 - 01/01/2022 - 01/10/2022 - 01/01/2023 - 01/05/2023 - 30/06/2021 - 30/09/2021 - 31/12/2021 - 31/03/2022				01/04/2022 - 01/07/2022 - 01/10/2022 - 01/01/2023 - 01/05/2023 - 30/06/2022 - 30/09/2022 - 31/12/2022 - 31/03/2023 - 31/03/2024				01/04/2023 - 01/07/2023 - 01/10/2023 - 01/01/2024 - 01/05/2024 - 30/06/2023 - 30/09/2023 - 31/12/2023 - 31/03/2024				Total Y1	Total Y2	Total Y3	% of Grand Total
PR	\$2,128,234	\$398,167	\$816,187	\$320,015	\$2,128,234	\$398,167	\$816,187	\$320,015	\$2,128,234	\$398,167	\$816,187	\$320,015	\$3,126,642	\$10,785,141	96.1	
United Nations Development Programme	\$2,128,234	\$398,167	\$816,187	\$320,015	\$2,128,234	\$398,167	\$816,187	\$320,015	\$2,128,234	\$398,167	\$816,187	\$320,015	\$3,126,642	\$10,785,141	96.1	
SR	\$72,542	\$27,015	\$29,833	\$29,833	\$72,542	\$27,015	\$29,833	\$29,833	\$72,542	\$27,015	\$29,833	\$29,833	\$178,002	\$426,936	3.9	
Center for Disease Control (CDC)	\$13,774	\$13,778	\$13,768	\$13,768	\$13,774	\$13,778	\$13,768	\$13,768	\$13,774	\$13,778	\$13,768	\$13,768	\$13,774	\$13,778	0.1	
Wellness Organisation (WO)	\$58,768	\$13,237	\$16,065	\$16,065	\$58,768	\$13,237	\$16,065	\$16,065	\$58,768	\$13,237	\$16,065	\$16,065	\$164,228	\$329,158	2.9	
Grand Total	\$2,199,777	\$425,182	\$846,121	\$348,848	\$2,199,777	\$425,182	\$846,121	\$348,848	\$2,199,777	\$425,182	\$846,121	\$348,848	\$3,504,944	\$11,222,077	100.0	