

Section 1: Request Summary

Country:	ZAMBIA
Disease:	TUBERCULOSIS
Grant number:	ZAM-102-G03-T-00
Principal Recipient:	CENTRAL BOARD OF HEALTH
Disbursement period beginning date:	APRIL 1 2004
Disbursement period end date:	JUNE 30 2004
Disbursement Request number:	3
Currency:	USD

A: CASH REQUEST

On behalf of the Principal Recipient (PR), the undersigned hereby requests the Global Fund to disburse funds under the above-referenced Grant Agreement (the "Grant Agreement") as follows, and confirms that any Conditions Precedent and/or Special Conditions for the relevant disbursement period have been met:

1. Cash amount requested from the Global Fund (amount in USD) (from Section 3. B. line 9): 4,045,000
2. Amount requested in words (in USD): Four million and forty five thousand dollars only

B: AUTHORIZATION

The undersigned acknowledges that funds disbursed in accordance with this request will be deposited in the bank account specified in block 9 of the face sheet of the Grant Agreement and that funds disbursed under the Grant Agreement must be used in accord

Signed on behalf of the Principal Recipient:
(signature of Authorized Designated Representative) _____

Name: _____

Title: _____

Date: _____

Section 2: Programmatic and Financial Progress Update

Country:	ZAMBIA
Disease:	TUBERCULOSIS
Grant number:	ZAM-102-GO3-T-OO
Principal Recipient:	CENTRAL BOARD OF HEALTH
Disbursement period beginning date:	April 1, 2004
Disbursement period end date:	June 30, 2004
Disbursement Request number:	3
Currency:	USD

A: PROGRAM PROGRESS

Objective 1: Scaling up of TB DOTS

Key indicators	Baseline (If applicable)	Intended results/ targets	Actual results	Reason for programmatic deviation
Number of nurses, Clinical Officers (CO) & Doctors (public and private) trained in TB & TB/HIV	400	1740	3744	The training had been designed for between five and 14 days. Districts tailored and shortened the course to accommodate more people to meet their needs. The total trained was co-financed by other partners: CDC, WHO, JICA and KNCV (Dutch)
Percentage of new smear positive TB cases registered under DOTS whose smear convert at 2 months of treatment	60%	65%	73.56	From notifications in Q2, 72 districts reported and 3,968 TB patients were positive. Out of those, 2,919, converted negative within two months of treatment. Therefore the conversion rate is $2919/3968=0.7356$ (73.56%). Community involvement and collaboration from other partners contributed to the achievement of target.
Number of people accessing first line Anti TB drugs	0	20,000	12,963	This the total number of patients reported nationally by age. The results are derived from the Q2 national notification data received from 72 districts.
Number of laboratories strengthened	50	90	90	Strengthening here means training of staff and supply of re-agents. Equipments have been ordered, but have not been received.
Number of volunteers trained in TB DOTS and psycho-social counselling	200	800	3,000	The training had been designed for 14 days. Districts tailored and shortened the course according to their need and accommodated more people. In some districts, Like in Southern Province, the number trained was co-financed by other partners: CDC, WHO, JICA and KNCV (Dutch)

Percentage of patients with TB cared for with TB DOTS during intensive phase	10	40	100	From notifications in Q2, 72 districts reported and 3,968 TB patients were positive. All of these patients were cared for with TB DOTS during the intensive phase
Percentage of patients who are resistant to at least rifampicin and isoniazide	2.6	2.4	1.8	The national laboratory reported this notably small figure. Districts send specimens to the national laboratory, from which the results were reported.

Objective 2: Scaling up of TB/HIV activities

Key indicators	Baseline (If applicable)	Intended results/ targets	Actual results	Reason for programmatic deviation
Number of people living with HIV/AIDS accessing or utilizing TB prophylaxis	100	500	1500	The demand for treatment was very higher than expected. These results are from two pilot districts, (Monze and Lusaka) and only from District Hospitals. The pilot study is being phased out as prophylaxis has not been understood by the patients.
Number of districts with TB support groups	1	10	64	All 72 districts have TB support groups. But 8 districts used common basket funds. In future people who have TB/HIV or only HIV will be linked to ART and related counselling under 3X5 programme. GFATM resources will be used to sustain, improve service quality and provide room for new initiative to combat HIV/AIDS
Number of districts reporting to the provinces and central unit within one month after the of the quarter	20	50	60	There has been improved reporting to CBoH because of improved follow up by component head through telephone communication from the districts and provinces. GFATM resources will be invested to reach the remaining districts.

B: PROGRAM EXPENDITURES

	Budget	Actual	Reason for variance
1 Total actual expenditures vs. budget	\$2,019,096	\$262,250	Delayed receipt of quarter 2 funds resulted in a number of planned activities not being carried out.
1.a. PR's total expenditures	\$2,019,096	\$262,250	
1.b. Disbursements to sub-recipients (by sub-recipient)	n/a	n/a	

Other program results, issues and lessons learned:

Most of the funds have been sent to districts/DHMT, where the activities are implemented.

Planned changes in program, including resolutions to mitigate issues, if any*:

Changes in budget forecasts, including for next disbursement period*:

* If appropriate, please provide an updated template for Intended Program Results and Budget

Section 3: Cash Reconciliation and Requirement

Country:	ZAMBIA
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Disbursement period beginning date:	APRIL 1, 2004
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A: CASH RECONCILIATION

1. Cash Balance: Beginning of disbursement period (line 5 from previous disbursement period Cash Reconciliation):	328,258.43
2. <i>Add: Sources of Cash during the disbursement period (from PR's Statement of Sources and Uses of Funds (Cash Flow Statement))</i>	
2.a. Interest received on bank account, user fees and other income received*:	<u>-</u>
2.b. Cash received from the Global Fund (last disbursement):	<u>4,293,088</u>
2.c. Total sources of cash (line 2.a. plus line 2.b.):	<u>4,293,088</u>
3. Total cash available for disbursement period (line 1 plus line 2.c.):	<u>4,621,346</u>
<i>Less: Uses of Cash during the disbursement period (from PR's Statement of Sources and Uses of Funds)</i>	
4. Total program expenditures during disbursement period (same as Section 2. B. 1. "Actual"):	<u>262,250</u>
5. Cash Balance: End of disbursement period (line 3 minus line 4):	<u>4,359,096</u>

B: CASH REQUIREMENT

6. Total forecasted net cash expenditures by the Principal Recipient for next disbursement period plus one additional quarter**:	<u>8,404,096</u>
7. Next disbursement period beginning date: <u>7/1/2004</u> end date: <u>12/31/2004</u>	
8. Subsequent quarter beginning date: <u>1/1/2005</u> end date: <u>3/31/2005</u>	
<i>Less: Cash Balance: End of disbursement period (line 5)</i>	
9. Cash requirement from the Global Fund for next disbursement period plus one additional quarter: (line 6 minus line 5)	<u>4,045,000</u>
10. Exchange Rate: (used to translate local currency into USD) <u>ZMK 4,810 - 1 USD</u>	

* Including income from other donors, if program supported by Global Fund is co-financed by other donors

** As supported by current budget forecasts

Appendix 1. STATEMENT OF SOURCES AND USES OF FUNDS (Cash Flow Statement)

A. Country:	ZAMBIA
B. Disease:	TUBERCULOSIS
C. Grant number:	ZAM 102- G03-T-00
D. Principal Recipient:	CENTRAL BOARD OF HEALTH
E. Disbursement period beginning date:	APRIL 1, 2004
F. Disbursement period end date:	JUNE 30, 2004
G. Disbursement Request number:	3
H. Currency:	USD

SOURCES OF FUNDS

Openig Balance	328,258.43
Global Fund Funding	4,293,088.00
Other Receipts	
TOTAL FUNDS RECEIVED.	4,621,346.43

BUDGET LINE UTILISATION OF FUNDS.

1. SKILLS IMPROVEMENT FOR DOTS AMONG HEALTH PROVIDER	
Training of Staff in Dots ,Procurement of Training Equipment	14,183.08
Procurement of Microscopes and Lab Reagents	-
2 PARTNERSHIP WITH THE COMMUNITY IN IMPLEMENTATION OF DOTS	
Rapid assessment of Districts	-
Community better aware of dots	
Creation of better capabilities for community DOTS	-
Establishment of District TB Taskforce	-
strengthening Community network in each District	-
Supervision of treatment and support to followup DOTs & Defaulter	
Development of IEC strategy, produc. & distribution IEC materials	-
3.IMPROVE CURE RATES & REDUCES DEFUALTERS RATE THROUGH REGULAR SUPERVISIO	
Training of CBOsand NGO for Project proposal development	
Training of CBOsand NGO for in programme Mgt & M&E	-
District Taskforce to strengthen their database	-

4.SCALE UP PROTEST TO 10 DISTRICTS

Sensitisation and mobilisation of community & health worker

Training of health care workers

Procurement of reagents

-

Setup of sites

9,117.65

Communication & M&E

5 PROGRAMME MANAGEMENT

Develop M&E and procurement Plan

Salaries

4,178.57

Procurement of 10 Vehicles

234,770.59

Recurrent and tool developments

-

Salaries District Staff

Procurement of 22 Vehicles & 22computers 1 Boat

Procurement of motor bikes and Bicycles Kits CHW

-

262,249.89

UN UTILISED FUNDS AS AT 30/06/004

4,359,096.54