

General Grant Information

Country	Zambia				
Grant Number	ZAM-102-G03-T-00	Component	TB	Round	1
Grant Title	Cental Board of Health's Program to Combat Tuberculosis				
Principal Recipient	Ministry of Health of the Government of the Republic of Zambia				
Board Approved Lifetime Budget	\$ 47,337,256	Phase 1 Grant Amount	\$ 12,447,294	Phase 2 Grant Amount	\$ 23,360,596
Grant Start Date	25 Jul 2003	Phase 1 End Date	25 Jul 2005	Phase 2 End Date	24.Jul.08
Disbursed Amount	\$ 18,354,137	% of Grant Amount	51%	Latest Rating	B1
Time Elapse (at the end of the latest reporting period)	23 months	% of Grant Duration	38%	Proposal Lifetime	60 months

New GPR Report - Table of Contents *(For ExternalVersion)*

1. Program Description

- 1.1. Program Description Summary
- 1.2. Key Discrepancies between Approved Proposal and Grant Agreement
- 1.3. Initial Assessment of Principal Recipient
- 1.4. Conditions Precedent

2. Key Grant Performance Information

- 2.1. Program Goals, Impact and Outcome Indicators
- 2.2. Programmatic Performance
 - 2.2.1. Reporting Periods
 - 2.2.2. Program Objectives, Service Delivery Areas and Indicators
 - 2.2.3. Cumulative Progress To Date
- 2.3. Financial Performance
 - 2.3.1. Grant Financial Key Performance Indicators (KPIs)
 - 2.3.2. Program Budget
 - 2.3.3. Program Expenditures
 - 2.3.4. Graph - Cumulative Program Budget, Expenditures and Disbursement to Date
- 2.4. Progress Update and Disbursement Information
- 2.5. Phase 2 Grant Renewal

3. Contextual Information

- 3.1. Country Latest Statistics
- 3.2. Contextual Information
- 3.3. Summary of Financial Accountability Issues from PR Annual Audit Report

Appendices

- A1 - Grant Programmatic Key Performance Indicators (KPIs)

1. Program Description

1.1. Program Description Summary

Zambia is confronted with a serious and growing tuberculosis problem. Notification rates increased five fold in the fifteen years to 2000, partially as a result of the spread of HIV/AIDS. The quality of TB care and control is uneven and below standard in some districts. As a result, the overall cure rate is only 50%, and multi-drug resistant tuberculosis seems to be on the increase. This Program enables expansion of the recommended strategy to treat tuberculosis, directly-observed therapy "short course" (DOTS), as well as fills the current gap in the provision of laboratory supplies. It also addresses linkages between tuberculosis and HIV.

1.2. Comments on Key Discrepancies between Approved Proposal and Grant

The funded Proposal contained indicators on the promotion of HIV voluntary counseling and testing that are not included in the Grant Agreement.

1.3. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Background Analysis	x	Not applicable. At the time that the Round 1 grants were signed, there was no concept of Background Assessments (the idea was only developed in late in 2003)
Financial Management and Systems	x	Areas identified for further systems strengthening included the tracking of actual expenditures against budgets, reporting variances, and reworking budgets in the course of implementation
Institutional and Programmatic	x	The need for general human resources capacity development was identified particularly in the areas of long range planning, project management, and the strengthening of human resources at the district level. These needs continue to be addressed
Procurement and Supply Management	x	Suggestion made that CBoH should consider pre-qualifying firms that are technically and financially capable of fulfilling the required services and tendering for framework contracts in order to limit repeated tendering
Monitoring and Evaluation	x	Capacity building was needed to ensure that data is regularly reported in a timely manner from the districts
Overall	x	N/A

1.4. Conditions Precedent

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
CONDITION PRECEDENT: Evidence by means of an assessment of the Principal Recipient's procurement and supply management systems that it can satisfactorily undertake such procurement COMMENTS: Assessment conducted and approved by the Global Fund			Yes	
CONDITION PRECEDENT: A plan for monitoring the performance and sustainability of procurement and supply management systems (the monitoring plan should include tracking of procurement prices, distribution costs, and other measures of procurement and supply system performance and sustainability) COMMENTS: Procurement plan done and approved by the Global Fund			Yes	

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
<p>Condition Precedent to Phase 2 Second Disbursement (Terminal Date in block 7A of the Face Sheet)</p> <p>(a) Prior to second disbursement of Grant funds the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that it has appointed to the Program, under terms of reference acceptable to the Global Fund, person(s) with appropriate qualifications and experience for the following provisions:</p> <p>(i) Accountants (two); and (ii) Monitoring and Evaluation Officer.</p> <p>(b) Prior to second disbursement of Grant funds the Principal Recipient shall provide the Global Fund with a programmatic progress report for the last quarter of Phase 1.</p>			No	
<p>2. Condition Precedent to Phase 2 Third Disbursement (Terminal Date in block 7B of the Face Sheet)</p> <p>Prior to third disbursement of the Grant funds, the Principal Recipient shall provide evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has substantially implemented the Ministry of Health (Headquarters) new staff structure within the departments of finance, program, monitoring & evaluation.</p>			No	
<p>Condition(s) Precedent to Disbursement for Procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions) (Terminal Date as stated in block 7C of the Face Sheet)</p> <p>The disbursement by the Global Fund or use by the Principal Recipient of Grant funds to finance the procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement), is subject to the following conditions:</p> <p>a. the Principal Recipient shall provide evidence to the Global Fund, in form and substance satisfactory to the Global Fund, that it has selected a procurement agent to procure Health Products for the Program (the "Selected Procurement Agent");</p> <p>b. the Global Fund has approved in writing the selection process and the appointment by the Principal Recipient of the Selected Procurement Agent; and</p> <p>c. any order for procurement of Health Products by the Selected Procurement Agent is approved by the Global Fund in writing.</p>			No	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1	Reduce the number of deaths related to tuberculosis										
Impact indicator	Reduced rate of MDR-TB								Baselines		
									Value	Year	
									1.8%	2001	
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	1.8%	1.8%	1.8%	1.8%	1.8%						
Result											
Impact indicator	Increased Treatment Cure Rate								Baselines		
									Value	Year	
									50.9 %	2001	
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	53%	57%	61%	66%	70%						
Result											

2.2. Programmatic Performance

2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Periods per Attachment	25.Jul.03 24.Oct.03	25.Oct.03 24.Jan.04	25.Jan.04 24.Apr.04	25.Apr.04 24.Jul.04	25.Jul.04 24.Oct.04	25.Oct.04 24.Jan.05	25.Jan.05 24.Apr.05	25.Apr.05 24.Jul.05
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Periods per Attachment	25.Jul.05 24.Oct.05	25.Oct.05 24.Jan.06	25.Jan.06 24.Apr.06	25.Apr.06 24.Jul.06	25.Jul.06 24.Oct.06	25.Oct.06 24.Jan.07	25.Jan.07 24.Apr.07	25.Apr.07 24.Jul.07
	Period 17	Period 18	Period 19	Period 20	Period 21	Period 22	Period 23	Period 24
Periods per Attachment	25.Jul.07 24.Oct.07	25.Oct.07 24.Jan.08	25.Jan.08 24.Apr.08	25.Apr.08 24.Jul.08	25.Jul.08 24.Oct.08	25.Oct.08 24.Jan.09	25.Jan.09 24.Apr.09	25.Apr.09 24.Jul.09

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - Scaling up of DOTS

SDA - Other: Prevention of transmission by treating infectious cases

Indicator 1.1 - Number of nurses, Clinical Officers (CO) and Doctors (public and private) trained in TB and TB/HIV

Level	Baseline									
	Value	Year								
Level 1-People trained	400	N/A								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	440	1,740	3,540	5,840	6,640	7,240				
Result	0	3,744	3,744	5,340	6,640	7,390				

Indicator 1.2 - Percentage of new smear positive TB cases registered under DOTS whose smear convert at 2 months of treatment

Level	Baseline									
	Value	Year								
Level 3-People reached	60%	N/A								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target		65%	68%	70%	75%	80%				
Result		74%	69%	78%	79.4%	85%				

Indicator 1.3 - Treatment cure rate

Level	Baseline									
	Value	Year								
Level 3-People reached	70	N/A								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target										
Result										

Indicator 1.4 - Number of people accessing first line Anti TB drugs

Level	Baseline							
	Value	Year						
Level 3-People reached	0	N/A						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		20,000	40,000	60,000	45,000	75,000		
Result		12,963	12,963	55,057	67,443	80,063		

Indicator 1.5 - Number of laboratories strengthened

Level	Baseline							
	Value	Year						
Level 2-Service Points supported	50	N/A						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		90	130	150	174	194		
Result		90	125	156	156	156		

SDA - Other: Information, education and communication (IEC)

Indicator 1.6 - Number of people presenting with TB symptoms in districts where information, education and communication materials have been distributed

Level	Baseline							
	Value	Year						
Level 3-People reached	58,000	N/A						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target			65,000	70,000	100,000	100,000		
Result			65,077	65,077	65,077	77,697		

Indicator 1.7 - Information, education and communication strategy developed

Level	Baseline							
	Value	Year						
Level 0-Process/Activity Indicator	No strategy	N/A						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	Strategy developed							
Result	0							

SDA - Other: Coordination and partnership with the community in TB DOTS**Indicator 1.8 - Number of volunteers trained in TB DOTS and psycho-social counseling**

Level	Baseline							
	Value	Year						
Level 1-People trained	200	N/A						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		800	1,200	1,600	3,800	4,500		
Result		3,000	3,000	4,700	6,442	7,691		

Indicator 1.9 - Trainers of trainers trained

Level	Baseline							
	Value	Year						
Level 1-People trained	0	N/A						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	50							
Result	50							

SDA - Care and Support: Supporting patients through direct observation of treatment**Indicator 1.10 - Percentage of patients with TB cared for with TB DOTS during intensive phase**

Level	Baseline							
	Value	Year						
Level 3-People reached	10	N/A						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		40	60	80	100	100		
Result		100	100	100	100	100		

SDA - Treatment: Control of drug resistance**Indicator 1.11 - Percentage of patients who are resistant to at least rifampicin and isoniazide**

Level	Baseline							
	Value	Year						
Level 3-People reached	2.6	N/A						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		2	2	2	2	2		
Result		2	2	2	2	2		

Objective 2 - Scaling up of TB/HIV activities**SDA - Other: TB prophylaxis to persons living with HIV****Indicator 2.1 - Number of people living with HIV/AIDS accessing or utilizing TB prophylaxis**

Level	Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
	Value	Year								
Level 3-People reached	100	N/A								
Target				500	700	1,000	1,500	1,500		
Result				1,500	1,500	1,500	1,500	1,500		

Indicator 2.2 - Number of people who have TB and HIV receiving Home Based Care (HBC) kits (Indicator shifted to the HIV program)

Level	Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
	Value	Year								
Level 3-People reached	0	N/A								
Target						2,200				
Result						0				

Indicator 2.3 - Sensitization sessions held for health workers and communities

Level	Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
	Value	Year								
Level 0-Process/Activity Indicator	4	N/A								
Target			20							
Result			16							

SDA - Other: Reduction of Stigma against TB**Indicator 2.4 - Number of districts with TB support groups**

Level	Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
	Value	Year								
Level 2-Service Points supported	1	N/A								
Target				10	25	50	72	72		
Result				64	72	72	72	72		

SDA - Supportive Environment: Monitoring and evaluation and operations research

Indicator 2.5 - Number of districts reporting to the provinces and central unit within one month after the of the quarter

Level	Baseline							
	Value	Year						
Level 2-Service Points supported	20	N/A						
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target		50	60	70	72	72		
Result		60	60	67	70	70		

2.2.3. Cumulative Progress To Date

Objective 1	Scaling up of DOTS							
SDA	SDA - Other: Prevention of transmission by treating infectious cases							
Indicator 1.1 - Number of nurses, Clinical Officers (CO) and Doctors (public and private) trained in TB and TB/HIV								
	Period	Target	Result	0%	30%	50%	80%	
Level 1-People trained	6	7,240	7,390					102%
Indicator 1.2 - Percentage of new smear positive TB cases registered under DOTS whose smear convert at 2 months of treatment								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	6	80%	85%					106%
Indicator 1.3 - Treatment cure rate								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached								0%
Indicator 1.4 - Number of people accessing first line Anti TB drugs								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	6	75,000	80,063					106%
Indicator 1.5 - Number of laboratories strengthened								
	Period	Target	Result	0%	30%	50%	80%	
Level 2-Service Points supported	6	194	156					80%
SDA	SDA - Other: Information, education and communication (IEC)							
Indicator 1.6 - Number of people presenting with TB symptoms in districts where information, education and communication materials have been distributed								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	6	100,000	77,697					77%
Indicator 1.7 - Information, education and communication strategy developed								
	Period	Target	Result	0%	30%	50%	80%	
Level 0-Process/Activity Indicator								0%
SDA	SDA - Other: Coordination and partnership with the community in TB DOTS							
Indicator 1.8 - Number of volunteers trained in TB DOTS and psycho-social counseling								
	Period	Target	Result	0%	30%	50%	80%	
Level 1-People trained	6	4,500	7,691					170%
Indicator 1.9 - Trainers of trainers trained								
	Period	Target	Result	0%	30%	50%	80%	
Level 1-People trained	1	50	50					100%
SDA	SDA - Care and Support: Supporting patients through direct observation of treatment							
Indicator 1.10 - Percentage of patients with TB cared for with TB DOTS during intensive phase								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	6	100	100					100%
SDA	SDA - Treatment: Control of drug resistance							
Indicator 1.11 - Percentage of patients who are resistant to at least rifampicin and isoniazide								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	6	2	2					122%

Objective 2	Scaling up of TB/HIV activities							
SDA	SDA - Other: TB prophylaxis to persons living with HIV							
Indicator 2.1 - Number of people living with HIV/AIDS accessing or utilizing TB prophylaxis								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	6	1,500	1,500					100%
Indicator 2.2 - Number of people who have TB and HIV receiving Home Based Care (HBC) kits (Indicator shifted to the HIV program)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	2,200	0					0%
Indicator 2.3 - Sensitization sessions held for health workers and communities								
	Period	Target	Result	0%	30%	50%	80%	
Level 0-Process/Activity Indicator	1	20	16					80%
SDA	SDA - Other: Reduction of Stigma against TB							
Indicator 2.4 - Number of districts with TB support groups								
	Period	Target	Result	0%	30%	50%	80%	
Level 2-Service Points supported	6	72	72					100%
SDA	SDA - Supportive Environment: Monitoring and evaluation and operations research							
Indicator 2.5 - Number of districts reporting to the provinces and central unit within one month after the of the quarter								
	Period	Target	Result	0%	30%	50%	80%	
Level 2-Service Points supported	6	72	70					97%

2.3. Financial Performance**2.3.1. Grant Financial Key Performance Indicators (KPIs)**

Grant Duration (months)	60 months	Grant Amount	35,807,890 \$
% Time Elapsed	38%	% disbursed by TGF	51%
Time Remaining (months)	37 months	Disbursed by TGF	18,354,137 \$
Expenditures' Burn Rate	128%	Funds Remaining	17,453,753 \$

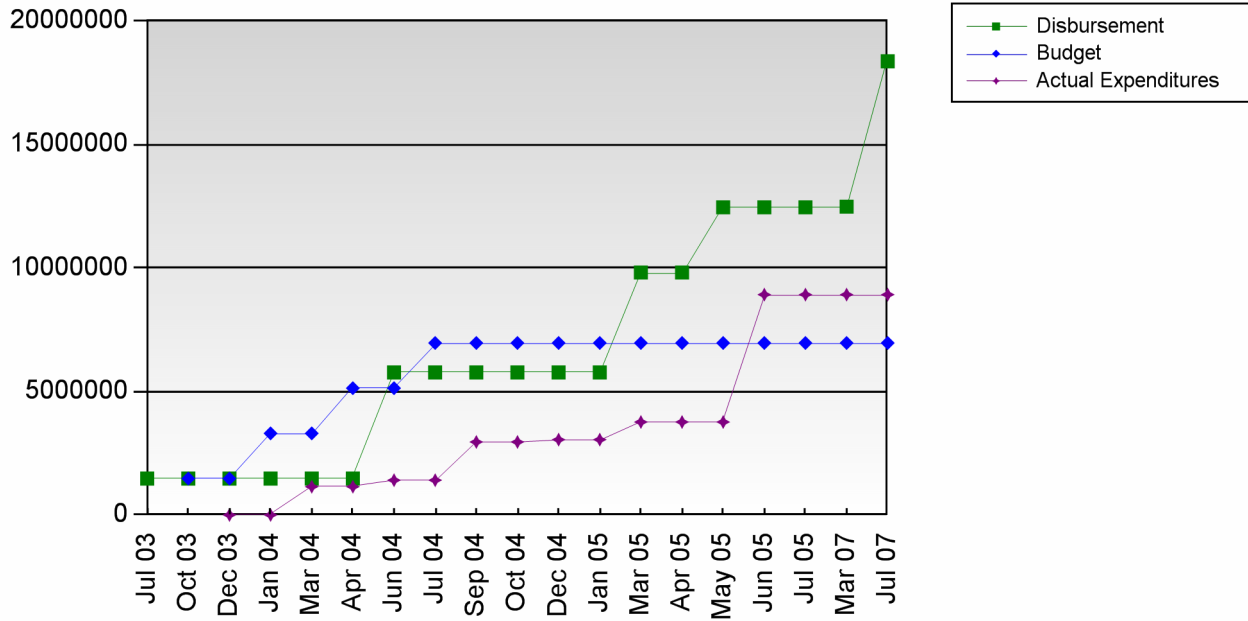
2.3.2. Program Budget

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	25.Jul.03	25.Oct.03	25.Jan.04	25.Apr.04	25.Jul.04	25.Oct.04	25.Jan.05	25.Apr.05
Period Covered To:	24.Oct.03	24.Jan.04	24.Apr.04	24.Jul.04	24.Oct.04	24.Jan.05	24.Apr.05	24.Jul.05
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	1,472,250	3,301,424	5,130,598	6,959,772	6,959,772	6,959,772	6,959,772	6,959,772
Summary Period Budget:	1,472,250	1,829,174	1,829,174	1,829,174				

2.3.3. Program Expenditures

Period PU: 01.Apr.05 - 30.Jun.05	Cumulative Budget	Cumulative Expenditures	Reason for variance
1. Total actual expenditures vs. budget	\$ 6,959,772	\$ 8,916,055	
1a. PR's Total expenditure		\$ 411,745	
1b. Disbursements to sub-recipients		\$ 302,083	
2. Health product expenditures vs. Budget (already included in "Total Actual" above)			
2a. Pharmaceuticals			
2b. Health products, commodities and equipment			

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



2.4. Progress Update and Disbursement Information

Rating	Description
A	Expected or exceeding expectations
B1	Adequate
B2	Inadequate but potential demonstrated
C	Unacceptable

Progress Updates					Disbursement Information				
PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	N/A		B1	1	01.Jun.03 - 01.Dec.03	1,472,250	\$ 1,472,250	21 Jul 2003	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
None					No variance *Period covered reflect actual data from respective disbursement				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Jul.03 - 31.Dec.03		B1	2	25.Jul.03 - 31.Mar.04	4,293,088	\$ 4,293,088	07 Jun 2004	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
None					No variance *Period covered reflect actual data from respective disbursement				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Jan.04 - 31.Mar.04		B1	3	01.Apr.04 - 30.Jun.04	4,045,000	\$ 4,045,000	29 Mar 2005	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
CBoH should strengthen its M&E capacity with additional staff to improve program monitoring and reporting. CBoH also needs to ensure that the HMIS includes all the necessary Global Fund indicators. Attention should be paid to more effective data collection and management so that current parallel systems of reporting won't be necessary. Staffing needs should be addressed, and as well as staff morale to ensure staff retention while restructuring is being implemented. The procurement process should be streamlined to ensure timely delivery of products.					No variance *Period covered reflect actual data from respective disbursement				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Apr.04 - 30.Jun.04		B1	4	01.Jul.04 - 30.Sep.04	2,636,956	\$ 2,636,956	11 May 2005	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Funds were received late in quarter 2 and these activities were moved to quarter 3, therefore CBOH could not implement some of the quarter 3 activities. We have therefore rated CBOH overall progress as 3.					-				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jul.04 - 30.Sep.04		N/A	5	01.Sep.06 - 28.Feb.07	25,633	\$ 25,663	15 Mar 2007
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
Of the 8 SDAs tracked the program has met or exceeded expectations in seven areas, training 3,744 health specialists on TB and TB/HIV training 3,000 volunteers on psychosocial counseling related to TB. Strengthening 96% of the targeted 130 labs.				-				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
5	01.Oct.04 - 31.Dec.04		N/A					
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	01.Jan.05 - 31.Mar.05		N/A					
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
7	01.Apr.05 - 30.Jun.05		N/A	6	N/A	5,881,180	\$ 5,881,180	31 Jul 2007
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
				Disbursement is based on the fact that the New PR, the MOH needs the funds to start program implementation. MOH procured some drugs under the interim grant agreement, but now needs these funds to begin programmatic implementation. This is the first disbursement for phase two and it is appropriate to make this disbursement since the PR is new and ready to start implementation. Please note, that the funds for procurement as scheduled with this disbursement has been held back, but remains parts of this disbursement and shall not be treated as a second disbursement.				

2.5. Phase 2 Grant Renewal

Performance Rating		Recommendation Category	
Rationale for Phase 2 Recommendation Category			
Rationale for Phase 2 Recommendation Amount			
Time-bound Actions			
Issues		Description of time-bound actions	

3. Contextual Information

3.1. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	11,478	2005	United Nations. World Population Prospects: The 2006 Revision.
Pop age 0-4 (in 1000s)	1,993	2005	United Nations. World Population Prospects: The 2006 Revision.
Pop age 15-49 (in 1000s)	5,220	2005	United Nations. World Population Prospects: The 2006 Revision.
GNI per capita (USD)	490	2005	World Bank. World Development Indicators database (http://devdata.worldbank.org/data-query/) accessed on January 24, 2007
Income level	Low income	2005	World Bank. World Development Indicators database (http://devdata.worldbank.org/data-query/) accessed on January 24, 2007
Child mortality rate (per 1000)	182	2004	WHO. The World health report 2006: Working together for health.
Total health expenditure per capita (USD)	21	2003	WHO. The World health report 2006: Working together for health.
Physicians, Number	1,264	2004	WHO. The World health report 2006: Working together for health.
Nurses, Number	19,014	2004	WHO. The World health report 2006: Working together for health.
Tuberculosis	Estimate	Year	Source
People with TB	72,083	2005	WHO. WHO report 2007. Global tuberculosis control: surveillance, planning, financing.
TB incidence	70,026	2005	WHO. WHO report 2007. Global tuberculosis control: surveillance, planning, financing.
TB mortality	13,740	2005	WHO. WHO report 2007. Global tuberculosis control: surveillance, planning, financing.
New SS+ TB cases	28,777	2005	WHO. WHO report 2007. Global tuberculosis control: surveillance, planning, financing.

3.2. Contextual Information

Title	Explanatory Notes
	The CCM of Zambia had undertaken several steps to ensure that its PR's perform in accordance with the principles of performance based funding. During the last few months, several sub committees have been formed to monitor and address any potential challenge in which a PR may face. This progress on the part of the CCM is critical to ensure that funds invested in HIV programmes attain a return at the end of the program.
	There is direct payment of all procurement products for the MOH until the capacity within the procurement department is developed. The partners in Zambia are aware of this and have been working with the Ministry to build capacity.
	The current movement of the kwacha against the dollar is not a major issue and is manageable at the moment. The cluster will continue to monitor the situation.
	N/A
	N/A
	N/A
	<p>The Board of the Global Fund approved three years of additional funding in the following amounts:</p> <p>CBOH - USD24,705,340 CHAZ - USD8,056,728 ZNAN - USD1,164,676</p> <p>The targets for the next three years of the grant are in the process of finalizing.</p>

3.3. Summary of Financial Accountability Issues from PR Annual Audit Report

Date Received		Expected Date	29.Jul.05
Period Covered From	01.Jan.04	To	01.Dec.04
The Audit Report has not yet been received, but the Fund Portfolio Manager is currently visiting the country and hopes to return with the documentation.			