

Section 1: Request Summary

Country:	Zambia
Disease:	TUBERCULOSIS
Grant number:	ZAM-102-G06-T-00
Principal Recipient:	Churches Health Association of Zambia
Disbursement period beginning date:	July 1, 2004 ✓
Disbursement period end date:	September 30, 2004 ✓
Disbursement Request number:	4
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): 552,416
2. Amount requested in words (in USD): Five hundred and fifty two thousand four hundred and sixteen 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 accordance with the Grant Agreement.

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

Name: _____

Title _____

Date _____

Section 2: Programmatic and Financial Progress Update

Disease:	Zambia
Grant number:	Tuberculosis
Principal Recipient:	ZAM-102-G06-T-00
Disbursement period beginning date:	Churches Health Association of Zambia
Disbursement period end date:	July 1, 2004
Disbursement Request number:	September 30, 2004
Currency:	4
	USD

A: PROGRAM PROGRESS**OBJECTIVE 1: SKILLS IMPROVEMENT FOR DOTS AMONG HEALTH PROVIDERS**

Key indicators	Baseline (if applicable)	Intended results/targets	Actual results	Reason for programmatic deviation
Number of health care workers trained in DOTS	0	275	222	Invitation for proposals could not be made until the funds were received from GF. When proposals were invited, they did not come as quickly as had been expected. This led to delays in training. The rest of the training will be reported in the next quarter.
Number of sites strengthened to implement DOTS	0	20	29	The result has exceeded the target because nine more viable proposals were approved. The number of health facilities funded were also strengthened to implement DOTS.

OBJECTIVE 2: PARTNERSHIP WITH THE COMMUNITY IN THE IMPLEMENTATION OF DOTS

Key indicators	Baseline (if applicable)	Intended results/targets	Actual results	Reason for programmatic deviation
Number of community health care workers trained in DOTS	0	1175	569	The training of TOTs was conducted in two batches. The first batch was trained and they started training the community health care workers during the quarter. The actual results reflect the training conducted by the first batch. The training of the second batch of TOTs was conducted towards the end of the quarter. We have an adequate number of TOTs and better results are expected in Quarter 4.
Number of hospital catchment areas served with information, education and communication	0	35	35	
Develop methodology for measuring impact of information, education, and communication and obtain appropriate baseline data	n/a	Written report with methodology and baseline data provided	Written report on methodology provided	Baseline study has not been conducted to assess the level of knowledge in the community. However, CHAZ has conducted a study in several communities to determine how TB is understood. Misconceptions include: "TB is not curable; there is no difference between TB and HIV; transmission is through sex during menstrual period. Many people believe treatment is a waste of time as TB is not curable etc". Training and IEC materials were designed to address these misconceptions through community involvement. There are indications that the community, especially people with TB are responding in all the catchment areas.

OBJECTIVE 3: DOTS IMPLEMENTATION AT DISTRICT, HOSPITAL AND COMMUNITY LEVEL

Key indicators	Baseline (if applicable)	Intended results/targets	Actual results	Reason for programmatic deviation
Number of Health facilities implementing DOTS	0	35	29	29 proposals were reviewed and approved for funding in quarter 3 between July and September, 2004. The target was overstated.

OBJECTIVE 4: PROGRAM MANAGEMENT, SUPERVISION, MONITORING AND EVALUATION

Key indicators	Baseline (if applicable)	Intended results/targets	Actual results	Reason for programmatic deviation
Number of faith-based organizations implementing DOTS on prescribed form	0	20	29	More viable proposals from faith based organizations were reviewed and funded resulting in more FBOs implementing DOTS on prescribed form.

	Development of two-year work plan	n/a	Work plan and budget for the full two years of the programme provided	First draft of the workplan and budget for the two years of the programme provided	
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B: PROGRAM EXPENDITURES

		Budget	Actual	Reason for variance
1	Total actual expenditures vs. budget	793,671	219,609.57	The variance is \$574,061.43. There were considerable delays in procuring programme equipment, such as microscopes for selected diagnostic centres, motor bikes for TB field officers and bicycles for community health care workers (treatment supporters) and procurement of condoms. This is because of the slow tendering procedures. In addition, some of the approved FBOs did not receive funding at the end of September. Also, training was not completed as some of the successful proposal were received late.
1.a.	PR's total expenditures		82,303.51	
1.b.	Disbursements to sub-recipients (by sub-recipient)		137,306.06	
	Chikankata Health Service		16,534.62	
	Loloma Rural Health Centre		2,187.24	
	St. Magarets Mission Hospital		8,257.47	
	Chivuna Rural Health Centre		4,438.81	
	Mulungushi Rural Health Centre		3,797.57	
	Kalene Mission Hospital		3,345.19	
	Sioma Rural Health Centre		15,439.33	
	Macha Mission Hospital		3,859.83	
	Lumezi Mission Hospital		2,911.34	
	Mbereshi Mission Hospital		9,914.62	
	Mumbezhi Rural Health Centre		17,822.13	
	Mwandi Mission Hospital		4,297.07	
	St. Pauls Mission Hospital		12,550.89	
	Ipafu Rural Health Centre		3,499.58	
	Monze Mission Hospital		6,433.05	
	St. Marys Rural Health Centre		2,455.41	
	St. Josephs Rural Health Centre		3,977.17	
	Nyamphande Orphanage		1,801.26	
	Minga Mission Hospital		2,965.64	
	Muzeyi Mission Hospital		2,573.22	
	Chikuni Rural Health Centre		3,612.80	
	Chinyingi Home Based Care		4,631.80	

Other program results, issues and lessons learned:

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

Programme implementation will be accelerated in quarter four with increase in number of funded FBOs

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
Disease:	TB
Grant number:	ZAM-102-G06-T-00
Principal Recipient:	Churches Health Association of Zambia
Disbursement period beginning date:	July 1, 2004
Disbursement period end date:	September 30, 2004
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A: CASH RECONCILIATION

1. Cash Balance: Beginning of disbursement period (line 5 from previous disbursement period Cash Reconciliation):	931,139
2. Add: Sources of Cash during the disbursement period (from PR's Statement of Sources and Uses of Funds (Cash Flow Statement))	-
2.a. Interest received on bank account, user fees and other income received*:	-
2.b. Cash received from the Global Fund (last disbursement):	311,173.00
2.c. Total sources of cash (line 2.a. plus line 2.b.):	<u>311,173.00</u>
3. Total cash available for disbursement period (line 1 plus line 2.c.):	<u>1,242,312</u>
Less: Uses of Cash during the disbursement period (from PR's Statement of Sources and Uses of Funds)	
4. Total program expenditures during disbursement period (same as Section 2. B. 1. "Actual"):	<u>219,610</u>
5. Cash Balance: End of disbursement period (line 3 minus line 4):	<u><u>1,022,702</u></u>

B: CASH REQUIREMENT

6. Total forecasted net cash expenditures by the Principal Recipient for next disbursement period plus one additional quarter**:	<u>1,575,118</u>
7. Next disbursement period beginning date: <u>10/01/2004</u> end date: <u>12/31/2004</u> ✓	
8. Subsequent quarter beginning date: <u>01/01/2005</u> end date: <u>03/31/2005</u> ✓	
Less: Cash Balance: End of disbursement period (line 5)	
9. Cash requirement from the Global Fund for next disbursement period plus one additional quarter: (line 6 minus line 5)	<u>552,416</u>
10. Exchange Rate: (used to translate local currency into USD) <u>1 US Dollar to ZK4,780</u>	4

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

** As supported by current budget forecasts