

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:	October 1, 2004
Disbursement period end date:	December 31, 2004
Disbursement Request number:	5
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:

- Cash amount requested from the Global Fund (amount in USD) (from Section 3. B. line 9): 437,100
- Amount requested in words (in USD): Four hundred and thirty seven thousand one hundred 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 11/05/05

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:	October 1, 2004
Disbursement Request number:	December 31, 2004
Currency:	5
	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	323	This is a quarter 3 target which was moved to quarter 4 as it was not met in quarter 3. This was because the implementing church health facilities submitted their proposals to CHAZ for funding towards the end of quarter 3 and were hence funded late. Therefore, only part of the activity was carried out in quarter 3 and it was decided that the overall result would be reported in quarter 4. According to the initial plan, all the trainings were to be held centrally in the capital city. It was later realized that implementation would be delayed and it was then decided that training be decentralized to the districts in order to speed-up implementation. This arrangement resulted in 48 more health workers being trained as the training expense in the districts was lower than in the capital city.

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	1,525	1,666	The results exceeded the target by 141 because community health care worker trainings were decentralised to the community where the cost for training was lower than at district level where the trainings were originally scheduled to take place. The change was necessary to speed up implementation. Initially, CHAZ trained trainers who in turn went to conduct cascade trainings at community level.
Number of hospital catchment areas served with information, education and communication	0	53	53	
Number of support groups trained and receiving seed funding for income-generating activities	0	60	44	60 community support groups were mobilized and applied for funding from CHAZ. However, only 44 community support groups were found to be eligible to receive seed funding for implementation of income generating activities as they had been fully capacity built. CHAZ will continue to mobilize the community and build capacity so that more support groups could be supported to implement IGAs and this will be reported in the next quarter.

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	70	37	During the planning period, we projected to reach 70 health facilities but during project proposal reviews, some health facilities were found lacking capacity to implement DOTS and as such needed to be capacity built before funding could be released.
Number of patients screened for TB	0	1,500	2,378	More patients were screened for TB because communities were sensitized about TB resulting in increased self referrals, referrals by trained community health care workers and by relatives. Sensitization has also reduced stigma leading to more people coming out for consultation and screening for TB.

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	60	37	During the planning period, we projected to reach 60 health facilities but during project proposal reviews, some health facilities were found lacking capacity to implement DOTS on prescribed form and as such needed to be capacity built before funding could be released.

OBJECTIVE 5: SCALE-UP PRO-TEST INITIATIVE IN CHAZ FACILITIES

Key indicators	Baseline (if applicable)	Intended results/targets	Actual results	Reason for programmatic deviation
Number of facilities implementing pro-test initiatives	0	20	17	17 out of the 20 targeted health facilities are implementing the pro-test initiative. We did not meet our target as 3 of the targeted health facilities did not have any HIV test kits and therefore no referrals were done. Because of this, CCM has approved CHAZ to do their own procurement for phase II and this arrangement will enable more health facilities to fully implement the pro-test initiative.
Percentage of patients screened for TB who are referred for HIV testing	0	30%	7%	17 out of the 20 targeted health facilities are implementing the pro-test initiative. We did not meet our target as 3 of the targeted health facilities did not have any HIV test kits and therefore no referrals were done. In addition, the 17 health facilities also run out of HIV test kits and so they did not refer as many TB patients as expected. Because of this, CCM has approved CHAZ to do their own procurement for phase II and this arrangement will enable more health facilities to fully implement the pro-test initiative.

B: PROGRAM EXPENDITURES

	Budget	Actual	Reason for variance
1 Total actual expenditures vs. budget	311,177	523,035	The over expenditure was due to activities and budgets which were carried forward from quarter 3 to quarter 4. These activities included procurement of program equipment.
1.a PR's total expenditures		403,162	
1.b Disbursements to sub-recipients (by sub-recipient)		119,873	
1 Mpongwe Mission hospital		18,469	
2 Mpashya Mission hospital		7,720	
3 Katondwe Mission hospital		8,151	
4 Sichili Mission hospital		3,860	
5 St Theresa Mission hospital		7,704	
6 Chipembi Rural Health Centre		11,888	
7 Mpunde Rural Health Centre		5,514	
8 St. Francis Mission Hospital		22,905	
9 Chimpempe Rural Health Centre		2,473	
10 Mulungushi Rural Health Centre		4,161	
11 St. Pauls IGAs		5,415	
12 Ipafu Rural Health Centre		4,161	
13 Monze IGAs		7,172	
14 St. Marys Rural Health Centre		4,161	
15 Mpashya Mission hospital - IGA		6,119	

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
Disease:	TB
Grant number:	ZAM-102-G06-T-00
Principal Recipient:	Churches Health Association of Zambia
Disbursement period beginning date:	October 1, 2004
Disbursement period end date:	December 31, 2004
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A: CASH RECONCILIATION

1.	Cash Balance: Beginning of disbursement period (line 5 from previous disbursement period Cash Reconciliation):	1,022,702
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):	552,411
2.c.	Total sources of cash (line 2.a. plus line 2.b.):	552,411
3.	Total cash available for disbursement period (line 1 plus line 2.c.):	1,575,113
	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"):	523,035
5.	Cash Balance: End of disbursement period (line 3 minus line 4):	1,052,078

B: CASH REQUIREMENT

6.	Total forecasted net cash expenditures by the Principal Recipient for next disbursement period plus one additional quarter**:	1,489,178
7.	Next disbursement period beginning date: <u>01/01/2005</u> end date: <u>03/31/2005</u>	
8.	Subsequent quarter beginning date: <u>04/01/2005</u> end date: <u>07/31/2005</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)	437,100
10.	Exchange Rate: (used to translate local currency into USD) <u>1 US Dollar to ZK4,780</u>	

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

** As supported by current budget forecasts