

## 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:	May 1, 2005
Disbursement period end date:	July 31, 2005
Disbursement Request number:	7
Currency:	USD
Round:	1, Phase 2 Year 1

### 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): 2,952,336
2. Amount requested in words (in USD): Two million, nine hundred and fifty two thousand, three hundred and thirty six dollars only

### B: AUTHORIZATION

The undersigned acknowledges that funds disbursed in accordance with this request will be deposited in the bank account Agreement. 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:	January 1, 2005
Disbursement Request number:	April 30, 2005
Currency:	6
Round:	USD
	1, Phase 1, Year 2

**A: PROGRAM PROGRESS**

**OBJECTIVE 1: SKILLS IMPROVEMENT FOR DOTS AMONG HEALTH PROVIDERS**

**SERVICE DELIVERY AREA 1.1 Supportive Environment: Health Systems Strengthening**

Key indicators	Baseline Value/Date	Intended results/targets	Actual results	Reason for programmatic deviation
1.1.1: Number of sites strengthened to implement DOTS	0 (July 2003)	46	42	CHAZ targeted to strengthen 9 sites for the implementation of DOTS this quarter. 5 health facilities submitted confirmation reports while 4 did not. The process of following-up reports from the 4 health facilities has been initiated and results will be available in the next quarter. The sites refer to the health facilities whose personnel are given skills on TB-DOTS/HIV management. In addition, they are trained in financial and programmatic systems and reporting. It is also important to note that this indicator was revised last year, from number of health care workers trained to the number of sites strengthened.

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

**SERVICE DELIVERY AREA 2.1 Care and Support: Supporting patients through direct observation of treatment**

2.1.1: Number of community health care workers trained in DOTS	0 (July 2003)	1,958	2,179	CHAZ trained 513 community health care workers in DOTS this quarter. There was a slight deviation from the target. This is mainly because the unit costs for training in rural areas differ from place to place and that is why some funded church health institutions were able to make savings and trained a few more people than targeted.
--	---------------	-------	-------	---

2.2.1: Number of hospital catchment areas served with information, education and communication	0 (July 2003)	116	116	As per intended target
2.3.1: Number of support groups trained and receiving seed funding for income-generating activities	0 (July 2003)	47	47	As per intended target
<b>OBJECTIVE 3: DOTS IMPLEMENTATION AT DISTRICT, HOSPITAL AND COMMUNITY LEVEL</b>				
<b>SERVICE DELIVERY AREA 3.1 Treatment: Timely detection and quality treatment of cases</b>				
3.1.1: Number of patients screened for TB	0 (July 2003)	3,028	5,012	CHAZ through its 42 strengthened health facilities screened 2,634 patients for TB in the reporting quarter. There were more people screened for TB than originally planned because of the impact the IEC had on TB, which resulted in increased self referrals by the TB suspects and referrals by Treatment Supporters and relatives to the health facilities. However, the over achievement had no budgetary implications.
<b>OBJECTIVE 4: PROGRAM MANAGEMENT, SUPERVISION, MONITORING AND EVALUATION</b>				
<b>SERVICE DELIVERY AREA 4.1 Supportive Environment: Monitoring and evaluation and operations research</b>				
4.1.1: Number of Health facilities implementing DOTS	0 (July 2003)	46	42	CHAZ funded 9 Faith Based Organizations (FBO's) to implement DOTS (WHO recommended strategy to fight TB) but 4 did not report even though they were funded. However, we have initiated the process of collecting reports that were not submitted and results will be available in the next quarter. The FBO which did not report will be re-appraised before further disbursements are made to them.

OBJECTIVE 5: SCALE-UP PRO-TEST INITIATIVE IN CHAZ FACILITIES				
SERVICE DELIVERY AREA 5.1 Treatment: Timely detection and quality treatment of cases				
5.1.1: Number of health facilities implementing the pro-test initiatives	0 (July 2003)	23	41	CHAZ targeted 6 health facilities for implementing the Pro-Test Initiative for the reporting quarter. However, CHAZ achieved 21 due to the increased collaboration between TB and HIV/AIDS programmes. In addition, 3 church health institutions, which implemented the pro-test initiative during the last quarter, but which were not reported are added to the actual achieved for the current quarter. Note that one of the health facilities out of the 9 that reported as strengthened to implement DOTS did not implement the pro-test initiative. In quarter 4, it was reported that there was a shortage of HIV test kits in the country and that is why most health facilities did not implement the pro-test initiative. However, in the current quarter, the availability of the HIV test kits which CHAZ procured under the Danchurchaid (DCA) HIV program encouraged more health facilities to participate in the Pro-Test initiative. The increase in number of church health facilities implementing the pro-test initiative did not have any budgetary implications on the TB programme.
5.1.2: Percentage of patients screened for TB who are referred for HIV testing	0 (July 2003)	15%	21.03%	The availability of HIV test kits in CHAZ health facilities procured under DCA HIV programme increased collaboration between TB and HIV/AIDS programmes with continuous awareness campaigns about TB/HIV issues. This resulted in more patients than targeted going for HIV testing thus increasing the targeted percentage by 6.03%. However, the over-achievement had no implications on the TB budget.

**B: PROGRAM EXPENDITURES**

		Budget	Actual	Reason for variance
1	<b>Total actual expenditures vs. budget</b>	<b>552,411</b>	<b>830,010</b>	We spent more funds in quarter 1 because of the following reasons: The bicycles were originally budgeted at \$120 each but the actual cost for each bicycle at the time of procurement (Q4) was \$60. The saving made on the procurement of these 1,000 bicycles which were procured was shifted to quarter 1 and was used to transport and distribute bicycles to church health institutions. The activity relating to the procurement of motor bikes also was moved from quarter 4 to quarter 1 of 2005.
1.a.	PR's total expenditures		<b>464,569</b>	
1.b.	Disbursements to sub-recipients (by sub-recipient)		<b>365,441</b>	
1	Monze Mission Hospital		12,555	
2	Lumezi Mission Hospital		9,546	
3	Macha Mission Hospital		9,244	
4	Mulungushi Mission RHC		8,915	
5	Chivuna Mission RHC		8,950	
6	Chikankata Health Services		9,934	
7	Loloma Mission Hospital		8,835	
8	St. Margrets Mission Hospital		9,338	
9	Mbereshi Mission Hospital		9,697	
10	St. Pauls Mission Hospital		11,245	
11	St. Marys' Mission Hospital		9,125	
12	Mpunde RHC		2,810	
13	Katondwe Mission Hospital		8,747	
14	Sioma RHC		11,022	
15	Mwandi Mission Hospital		8,589	
17	Nyamphande RHC & Orphanage		6,304	
18	Minga Mission Hospital		8,719	
19	Muzeyi RHC		8,302	
20	Chikuni RHC		10,193	
21	Chinyingi RHC		6,304	
22	Mbezhi Hospital		8,719	
23	Mphashya Mission Hospital		8,932	
24	Mpongwe Mission Hospital		11,600	
25	St. Theresa Mission Hospital		8,747	
26	Sichili Mission Hospital		8,747	

27	St. Francis Mission Hospital			14,699	
28	Chipembi Mission Hospital			8,515	
29	Chipembe RHC			4,493	
30	Sitoti RHC			6,429	
31	Masuku RHC			6,429	
32	Fiwale Mission RHC			6,429	
33	Nangoma Mission Hospital			6,429	
34	Chilonga Mission Hospital			6,429	
35	Kafue RHC			6,429	
36	ZNBC- Lumezi TB radio & TV prog			1,499	
37	Foundation for Community			9,663	
38	Chabbobboma RHC			8,394	
39	Mambilima Mission Hospital			7,021	
40	Chipili RHC			4,274	
41	Chilubula Mission Hospital			7,131	
42	Ilondola RHC			4,274	
43	Kutemwa Ndikusama Ministries			2,530	
44	Goodshepherd Catholic church			4,341	
45	Zimba Mission Hospital			2,530	
46	Saro Agric Ltd - Hammernill			6,480	
47	Chingombe RHC			1,717	
48	National Baptist Church			1,433	
49	Nyamphande orphanage			1,022	
50	Mtendere Mission Hospt			411	
51	Lumezi Mission Hospital			1,983	

<p><b>Other program results, issues and lessons learned</b></p>	<p>One of the lessons learned in IGA implementation is that we should anticipate natural distasters especially agricultural related. As was the case this year, drought badly hit the country, affected most of the agricultural related IGAs. Nevertheless, IGA Support Groups have been advised to explore other IGA ventures.</p>
<p><b>Planned changes in program, including resolutions to mitigate issues, if any*:</b></p>	<p>In response to the lessons learned in IGA, CHAZ has embarked on exploring various IGA ventures such as running retail shops, chicken/pig rearing etc and not depending on agricultural related ventures only. The Q2 targets for Indicators 3.1.1 and 5.1.1 have been revised in line with the Q1 achievement.</p>
<p><b>Changes in budget forecasts, including for next disbursement period*:</b></p>	

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

### Section 3: Cash Reconciliation and Requirement

Country:	Zambia
Disease:	TUBERCULOSIS
Grant number:	ZAM-102-G06-T-00
Principal Recipient:	Churches Health Association of Zambia
Disbursement period beginning date:	January 1, 2005
Disbursement period end date:	April 30, 2005
Disbursement Request number:	6
Currency:	USD
Round:	1, Phase 1, Year 2

#### A: CASH RECONCILIATION

1.	Cash Balance: Beginning of disbursement period (line 5 from previous disbursement period Cash Reconciliation):	1,052,078
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):	-
2.c.	Total sources of cash (line 2.a. plus line 2.b.):	-
3.	Total cash available for disbursement period (line 1 plus line 2.c.):	<u>1,052,078</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>830,010</u>
5.	<b>Cash Balance: End of disbursement period (line 3 minus line 4):</b>	<u><u>222,068</u></u>

#### B: CASH REQUIREMENT

6.	Total forecasted net cash expenditures by the Principal Recipient for next disbursement period plus one additional quarter**:	<u>222,068</u>
7.	Next disbursement period beginning date: <u>05/01/2005</u> end date: <u>07/31/2005</u>	
8.	Subsequent quarter beginning date: <u>-</u> end date: <u>-</u>	
	Less: Cash Balance: End of disbursement period (line 5)	
9.	<b>Cash requirement from the Global Fund for next disbursement period plus one additional quarter: (line 6 minus line 5)</b>	<u>-</u>
10.	<b>Exchange Rate:</b> (used to translate local currency into USD) <u>1 US Dollar to ZK4,620</u>	

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

\*\* As supported by current budget forecasts

### Section 3: Cash Reconciliation and Requirement

Country:	Zambia
Disease:	TUBERCULOSIS
Grant number:	ZAM-102-G06-T-00
Principal Recipient:	Churches Health Association of Zambia
Disbursement period beginning date:	May 1, 2005
Disbursement period end date:	July 31, 2005
Disbursement Request number:	7
Currency:	USD

#### A: CASH RECONCILIATION

1.	Cash Balance: Beginning of disbursement period (line 5 from previous disbursement period Cash Reconciliation):	222,068
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):	430,085
2.c.	Total sources of cash (line 2.a. plus line 2.b.):	430,085
3.	Total cash available for disbursement period (line 1 plus line 2.c.):	652,153
	Less: Uses of Cash during the disbursement period (from PR's Statement of Sources and Uses of Funds)	
4.	Total program expenditures to date ( Not verified )	608,943
5.	Cash Balance: 21 September 2005	43,210

#### B: CASH REQUIREMENT

6.	Total forecasted net cash expenditures by the Principal Recipient for next disbursement period plus one additional quarter**:	
7.	Next disbursement period beginning date: <u>08/01/2005</u> end date: <u>12/31/2005</u>	2,040,759
8.	Subsequent quarter beginning date: <u>01/01/2006</u> end date: <u>03/31/2006</u>	954,787
	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)	2,952,336
10.	Exchange Rate: (used to translate local currency into USD) <u>1 US Dollar to ZMK4,620</u>	

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

\*\* As supported by current budget forecasts

**CHURCHES HEALTH ASSOCIATION OF ZAMBIA  
TUBERCULOSIS  
GLOBAL FUND REPORT - 1st January, 2005 to 30th April, 2005**

**FINANCIAL STATEMENT**

<b>INCOME</b>	<b>Actual US\$</b>
Balance brought forward	1,052,078.16
<b>Grant (income in the period of January - April, 2005)</b>	
Grant: Global Fund - Geneva	-
Interest	-
Miscellaneous	-
<b>Total</b>	<b>1,052,078.16</b>

<b>EXPENSES</b>	<b>Actual US\$</b>
Skills Improvement for DOTS among Health Providers	59,337.22
<b>Partnership with the Community in the Implementation of DOTS:</b>	
Supporting patients through DOTS	25,983.20
Information, Education and Communication	43,210.00
Mass Media	15,744.09
Income Generating Activities (IGAs)	7,457.62
DOTS Implementation at District, Hospital and Community Level	26,214.11
<b>Program Management, Supervision, Monitoring and Evaluation:</b>	
Systematic Monitoring of Performance in Case Management	51,395.71
<b>Program Coordination and Management</b>	
Grants to CHIs and FBOs	365,440.59
Project Management	133,341.19
Administration and staff costs	101,885.95
<b>Total</b>	<b>830,009.67</b>

<b>Under Expenditure</b>	<b>222,068.49</b>
--------------------------	-------------------