



General Grant Information

Country	Myanmar				
Grant Number	MYN-T-SCF	Component	Tuberculosis	Round	SSF
Grant Title	Scaling up of TB Control in Myanmar				
Principal Recipient	Save the Children, Myanmar Office				
Total Lifetime Budget	\$ 13,668,376	Current Commitment	\$ 4,129,425	Phase 2 Grant Amount	Not Applicable
Grant Start Date	01 Jan 2011	Current Commitment End Date	31 Dec 2012	Phase 2 End Date	Not Applicable
Disbursed Amount	\$ 2,359,297	% of Grant Amount	57%	Latest Rating	B1
Time Elapse (at the end of the latest reporting period)	6 months	% of Grant Duration	25%	Proposal Lifetime	130 months

New GPR Report - Table of Contents

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	47,963	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 0-4 (in 1000s)	3,956	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 15-49 (in 1000s)	27,314	2010	United Nations. World Population Prospects: .The 2010 Revision
Physicians (number)	23,709	2000-2010	WHO. World Health Statistics 2011
Nursing and midwifery personnel (number)	41,424	2000-2010	WHO. World Health Statistics 2011
Infant mortality rate (per 1,000 live births)	50	2010	UNICEF. Child mortality database (http://www.childinfo.org/mortality_imrcountrydata.php) accessed on 01 December 2011
Under-5 mortality rate (per 1,000 live births)	66	2010	UNICEF. Child mortality database (http://www.childinfo.org/mortality_ufrcountrydata.php) accessed on 01 December 2011
Income level	Low income	2011	World Bank. World Development Indicators database
Total health expenditure per capita (USD)	12	2008	WHO. World Health Statistics 2011
ODA commitments in health sector (Current US\$ millions)	64	2009	.OECD
ODA commitments in all sectors (Current US\$ millions)	364	2009	.OECD
Human development index	low	2011	UNDP. Human development index (http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf) accessed on 01 December 2011
Tuberculosis	Estimate	Year	Source
TB prevalence, all forms (number)	250,000	2010	.WHO. Global Tuberculosis Control report 2011
TB prevalence, all forms (rate per 100,000 population)	525	2010	.WHO. Global Tuberculosis Control report 2011
TB incidence, all forms (number)	180,000	2010	.WHO. Global Tuberculosis Control report 2011
TB incidence, all forms (per 100,000)	384	2010	.WHO. Global Tuberculosis Control report 2011
TB mortality, all forms excl HIV (number)	20,000	2010	.WHO. Global Tuberculosis Control report 2011
TB mortality, all forms excl HIV (per 100,000)	41	2010	.WHO. Global Tuberculosis Control report 2011
TB treatment success rate (%)	85	2009	.WHO. Global Tuberculosis Control report 2011
DALYs ('000), Tuberculosis	226	2004	WHO. (http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls) accessed on 01 December 2011

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	In addition to what is provided for in Article 13 (d) and Article 14 of the Standard Terms and Conditions of this Agreement, the disbursement of Grant funds from the Global Fund to the Principal Recipient for activities implemented by Sub-recipients or the disbursement of Grant funds by the Principal Recipient to any Sub-recipients is subject to the delivery by the Principal Recipient to the Global Fund of a plan, in form and substance satisfactory to the Global Fund, for the audit of the expenditures of Sub Recipients under the Program.		Disbursement		In Progress	
2	Conditions Precedent to Disbursement for Procurement of Health Products. In accordance with Article 19 (b) of the Standard Terms and Conditions of this Agreement, this disbursement of Grant funds by the Global Fund to the PR for the procurement of health products is subject to the following conditions: a. the delivery by the PR to the GF of a plan for the procurement, use and supply management of Health Products (the PSM Plan) b. the written approval of the PSM Plan by the Global Fund				Yes	
3	The disbursement by the Global Fund or use by the Principal Recipient of Grant funds to finance the upgrading of the storage and distribution system of Health Products is subject to the satisfaction of each of the following conditions: a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of an assessment report of the storage and distribution system of Health Products; and b. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of a costed work plan for such upgrading, which shall include timeframes and deliverables for priority improvements.		Disbursement	15.Feb.11	In Progress	
4	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 1. The parties to this Agreement acknowledge that as of the date of this Agreement, the Global Fund has received the commitment of the Host Government to the following: (a) to issue renewable annual multi-entry visas for the Principal Recipient and the Local Fund Agent personnel in advance of their start dates of employment as notified by either the Principal Recipient or the Local Fund Agent and (b) to allow the Principal Recipient, the Local Fund Agent, and the Global Fund representatives ad-hoc access to project implementation sites.				In Progress	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
5	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>2. The Parties to this Agreement acknowledge and agree that expenditure of Grant funds or implementation of the Program activities shall not take place in locations where staff members or individuals contracted and acting on behalf of the Principal Recipient, Sub-recipients, the Local Fund Agent or the Global Fund are denied access. The Principal Recipient acknowledges and agrees that in the event that the Principal Recipient, Sub-recipients, Local Fund Agent or the Global Fund are denied access to project sites, the Global Fund may discontinue the funding for activities occurring in such project site or resort to remedies of suspension and termination under this Agreement.</p>				Yes	
6	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>3. In the event that an additional Sub-recipient is selected during the Commitment Period, the Parties to this Agreement acknowledge and agree that prior to the disbursement of Grant funds by the Principal Recipient to such Sub-recipient, the Principal Recipient shall furnish to the Global Fund, in form and substance satisfactory to the Global Fund, the following:</p> <ul style="list-style-type: none"> i. evidence demonstrating that the Principal Recipient has conducted a comprehensive assessment of the Sub-recipient; ii. evidence demonstrating that the Principal Recipient has signed an agreement with the Sub-recipient, which, without limitation, shall include a budget, work plan, implementation and financial and programmatic reporting responsibilities of the Sub-recipient; iii. details identifying the financial institution or institutions into which Grant funds will be disbursed for the benefit of the Sub-recipient; and iv. documentation demonstrating that the Sub-recipient has received training on monitoring and evaluation responsibilities sufficient to meet its requirements under the Program. 				Yes	
7	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>4. Notwithstanding Section C.3 above, the Global Fund reserves the right to request the assessment by the Local Fund Agent of any additional Sub-recipient selected in accordance with this Agreement.</p>				Not started	
8	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>5. The conversion of Grant funds to local currency and controls over local currency transactions shall be made in accordance with procedures established by the Principal Recipient and approved by the Global Fund.</p>				In Progress	

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9	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>6. The Principal Recipient shall not advance Grant funds to any Sub-recipient or implementing entity unless the Global Fund has previously approved that advance in writing. With exception of the funding provided by the Principal Recipient to Sub-recipients for which the advance of funds has been approved by the Global Fund in writing, the Principal Recipient shall provide funding to implementing entities only on a reimbursable basis by adhering to a zero cash balance policy, which limits funding to either a) reimbursing actual expenditures made in accordance with budgets and work plans which have been approved in advance by the Principal Recipient or b) by the Principal Recipient making direct payments to vendors for goods and services procured to support the activities of such implementing entities.</p>				In Progress	
10	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>7. The Principal Recipient and the Global Fund acknowledge and agree that the financing of activities implemented by the Sub-recipients within, or for the support of, the public sector shall be subject to the foregoing conditions:</p> <p>a. Grant funds shall only be used to provide support for the following:</p> <p>i) health care and service provision, ii) patient support costs, iii) the supply management function, iv) provision of essential equipment, v) monitoring, supervision and coordination of Program activities, vi) training, vii) technical and management support to enable decentralised levels of civilian administrations to manage and monitor service delivery, and viii) domestic travel and accommodation costs incurred in the course of implementation of the Program.</p> <p>b. Domestic travel and accommodation costs incurred in the course of the implementation of the Program shall be harmonized with the policies of the Three Diseases Fund.</p> <p>c. International travel and accommodation expenses incurred in the course of the implementation of the Program shall be subject to Global Fund approval.</p> <p>d. Program activities in support of the government agencies at national, divisional/state, district, township health authority or local civilian administrative level or below must be included in the work plans and budgets of pre-approved Sub Recipients and such actions, including fund disbursement and commodity provision, shall be monitored by the Principal Recipient at least on a quarterly basis.</p> <p>e. Support to government-implemented components of the national programs shall not include staff salaries and allowances, recruitment fees, international fellowships, recurrent costs or expenses for rehabilitation of Ministry of Health facilities without prior written approval of the Global Fund; and</p> <p>f. Support to patients using public health facilities at township level or below can be made for supporting the care for patients suffering from HIV, tuberculo</p>				Deferred	

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11	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>8. The Principal Recipient acknowledges and agrees that percentage-based overheads or cost recovery fees of Sub-recipients shall not exceed the amounts established in the budget approved by the Global Fund, unless the Global Fund has expressly authorized in writing the payment of higher amounts. The entities receiving such payments may be requested to provide their organization's Audited Annual Financial Statements.</p>				In Progress	
12	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>9. The parties to this Agreement acknowledge and agree that cost recovery charges levied by the Principal Recipient under this Agreement shall be made in accordance with rates mutually agreed by the Principal Recipient and the Global Fund.</p>				In Progress	
13	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>10. The Parties to this Agreement agree that the Principal Recipient shall ensure that vehicles or other fixed assets procured or leased by the Principal Recipient or any implementing entity, including the Sub-recipients, using Grant funds may be made available to the Host Government or national entities only on a loan basis. The Principal Recipient shall use its best efforts to ensure that vehicles and other fixed assets which have been made available to the Host Government or national entities, by the Principal Recipient or any other implementing entity, including Sub-recipients, on a loan basis are used for Program activities only. The Principal Recipient and implementing entities, including Sub-recipients shall maintain a log books for all vehicles and fixed assets. The Principal Recipient and implementing entities, including Sub-recipients shall ensure that the location of such vehicles and/or fixed assets are known at all times and are available for inspection by staff of the Principal Recipient, Sub-recipient, Local Fund Agent and/or the Global Fund.</p>				Not started	
14	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>11. The Principal Recipient shall notify the Global Fund in advance of any proposed change to the implementation arrangements described in this Agreement. Any such change in the implementation arrangements shall be subject to the prior written approval of the Global Fund.</p>				Yes	
15	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>12. The Principal Recipient will provide evidence that it is fully implementing the Global Fund-approved Sub Recipient oversight plan with every Periodic Report (as defined in Article 15(b) of the Standard Terms and Conditions of this Agreement).</p>				In Progress	

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16	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>13. The Principal Recipient undertakes to conduct an annual internal audit whose scope of work shall cover the implementation arrangements, including internal financial controls, for the Global Fund grants implemented by Save the Children. The Principal Recipient agrees furthermore that:</p> <p>a. the Principal Recipient shall provide the Global Fund with opportunity to provide input into the scope of work.</p> <p>b. the Principal Recipient shall share the findings of the audit with the Global Fund including the responses to any recommendations made or weaknesses identified in the report.</p>				In Progress	
17	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>14. The Global Fund reserves the right to conduct reviews of the Procurement and Supply Management function of the Principal Recipient.</p>				Yes	
18	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>15. The Principal Recipient acknowledges and agrees that the procurement of Health Products with the use of Grant funds shall be done through a suitably qualified Procurement Agent (as assessed by the Local Fund Agent and approved by the Global Fund in writing) until the Global Fund has agreed in writing, upon relevant assessment by the Local Fund Agent, that such procurement can be properly managed by the Principal Recipient.</p>				Yes	
19	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>16. No later than 30 June 2011, the Principal Recipient shall deliver to the Global Fund evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has established a functional system for recording and reporting on patient and inventory related information (management information system), including a system for validating analyzing and utilizing the reported information in the management of the programs.</p>				In Progress	
20	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>17. No later than 30 June 2011, the Principal Recipient shall deliver to the Global Fund, Standard Operating Procedures for storage, distribution of health products, and recording and reporting and utilization of information to manage the program. The procedures shall also take into account the requirements of the Global Fund, Quality Assurance Policy on Finished Pharmaceutical Products and the reporting requirements with respect to the Price and Quality Reporting (PQR).</p>				In Progress	
21	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>18. The Principal Recipient shall use its best efforts to co-ordinate the development of a national monitoring and evaluation plan for TB (the "National M&E Plan") and to submit a copy to the Global Fund. Prior to submission of the National M&E Plan to the Global Fund, the Principal Recipient shall, upon request, provide progress updates to the Global Fund.</p>				Yes	

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22	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 19. No later than 1 February 2011, the Principal Recipient shall deliver to the Global Fund a Conflict of Interest Policy signed by all staff working for the Principal Recipient on the Program.				Yes	
23	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 20. For the purposes of this Agreement, implementing entities shall include the Principal Recipient, Sub-recipients, Sub-sub-recipients and any other entity or individual that receives Grant funds for implementation of Program activities.				In Progress	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
2011	2012	2013	2014	2015	2016	2017	2018	2019	2020

Goal 1 To reduce the burden of TB by 2015 in line with the MDGs and STOP TB Partnership targets

Impact indicator	TB prevalence rate									
	Baselines									
	Value					Year				
	TBD					Jun-11				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target					TBD					
Result										
Data source of Results										

Impact indicator	TB mortality rate									
	Baselines									
	Value					Year				
	50					1990				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target						25				
Result										
Data source of Results										

Impact indicator	Prevalence of MDR TB among new sputum smear positive cases of TB									
	Baselines									
	Value					Year				
	4.2%					2008				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target		<4.2%			<4.2%					
Result										
Data source of Results										

Outcome indicator	Case notification rate: Number of new smear-positive TB patients notified to the National TB Program per year per 100,000 population ⁸³									
	Baselines									
	Value					Year				
	83					2009				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	83	83	83	83	83					
Result										
Data source of Results										

Impact indicator	Case notification rate: Number of TB patients (new and relapse, all forms of TB) notified to the National TB Program per year per 100,000 population									
	Baselines									
	Value					Year				
	269.4					2009				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	269	269	269	269	269					
Result										
Data source of Results										

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Impact indicator	Treatment success rate							Baselines		
								Value	Year	
								85%	2008	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	>=85% (2010 cohort)	>=85% (2011 cohort)	>=85%	>=85%	>=85%					
Result										
Data source of Results										

Impact indicator	Treatment success rate among MDR-TB cases (24 month treatment outcome): Number and percentage of laboratory-confirmed MDR-TB patients: successfully treated (cured plus completed treatment) among those enrolled on second-line anti-TB treatment							Baselines		
								Value	Year	
								not available	2009	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: %	N: D: P: %	N: D: P: 50%	N: D: P: 50%	N: D: P: 50%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										

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
N/A	01.Jan.11 31.Mar.11	01.Apr.11 30.Jun.11	01.Jul.11 30.Sep.11	01.Oct.11 31.Dec.11	01.Jan.12 31.Mar.12	01.Apr.12 30.Jun.12	01.Jul.12 30.Sep.12	01.Oct.12 31.Dec.12

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - Pursuing high quality DOTS: Enhancing the quality and expanding services to all TB patients, to sustain and further improve case detection and treatment success rate

High Quality DOTS

Indicator 1.1 - Number of new smear positive TB patients notified to the NTP

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	41065	2009	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	10,840	21,680	32,519	43,359	11,057	22,113	33,170	44,226
Result	Pending result							

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	11,280							
Result								

Indicator 1.2 - Number and percentage of new smear positive TB patients successfully treated among the new smear positive TB patients registered on treatment

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	84% 35,060	2008 cohort	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: 84%	N: D: P: 84%	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%	N: D: P: 85%
Result								

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: D: P: 85%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result								

Indicator 1.3 - Number of new TB patients (all forms) notified to NTP

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	124,127	2009	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	35,324	70,648	105,972	141,298	36,031	72,062	108,093	144,124
Result	Pending result							

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	36,752							
Result								

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Patient support

Indicator 1.4 - Number of patients receiving incentives in the form of transport costs for diagnosis and or treatment

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	8696	2008	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	3,200	7,277	11,754	16,230	5,385	10,770	16,415	22,058				
Result	Pending result	5,562										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	5,795											
Result												

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Objective 2 - Addressing TB/HIV, MDR-TB and other challenges such as TB care for high risk groups in border areas and infection control

TB/HIV

Indicator 2.1 - Number of all registered TB patients 15 years and above who are tested for HIV

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	2924 (2.3%)	2008	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	550	1,100	1,650	2,200	563	1,125	1,688	2,250				
Result	Pending result	1,223										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	569											
Result												

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Objective 3 - Engaging all health care providers through Public-Private Mix DOTS, Public-Public Mix DOTS and introducing the International Standards of TB Care (ISTC) in other sectors

All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care)

Indicator 3.1 - Number of smear-positive TB patients registered for treatment in PPM DOTS clinics (scheme 3 includes both diagnosis and treatment by the private providers)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	10079 (PSI)	2007	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	3,500	7,000	10,500	1,400	3,750	7,500	11,250	15,000				
Result	Pending result	0										
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	3,878											
Result												

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Objective 4 - Advocacy, Communication, Social Mobilization (ASCM) and community based DOTS in hard-to-reach areas by partners agencies

Community TB care

Indicator 4.1 - Number of Community Health Workers (CHW) trained and actively involved in TB case finding and /or treatment activities at the community level during the reporting period

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	not available	Jun-10	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	1,840	1,965	2,110	2,235	2,696	2,821	2,956	3,091
Result	Pending result	2,021						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	3,091							
Result								

2.2.3. Cumulative Progress To Date

Latest reporting due period : 2 (01.Apr.11 - 30.Jun.11)

Objective 1	Pursuing high quality DOTS: Enhancing the quality and expanding services to all TB patients, to sustain and further improve case detection and treatment success rate
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SDA	High Quality DOTS
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Indicator 1.1 - Number of new smear positive TB patients notified to the NTP

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	2	21,680	N/A	Not Found						0%

Indicator 1.2 - Number and percentage of new smear positive TB patients successfully treated among the new smear positive TB patients registered on treatment

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	2	N: D: P: 84 %	N/A	Not Found						0%

Indicator 1.3 - Number of new TB patients (all forms) notified to NTP

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	2	70,648	N/A	Not Found						0%

SDA	Patient support
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Indicator 1.4 - Number of patients receiving incentives in the form of transport costs for diagnosis and or treatment

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	2	7,277	2	5,562						76%

Objective 2	Addressing TB/HIV, MDR-TB and other challenges such as TB care for high risk groups in border areas and infection control
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SDA	TB/HIV
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Indicator 2.1 - Number of all registered TB patients 15 years and above who are tested for HIV

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	2	1,100	2	1,223						111%

Objective 3	Engaging all health care providers through Public-Private Mix DOTS, Public-Public Mix DOTS and introducing the International Standards of TB Care (ISTC) in other sectors
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SDA	All care providers (PPM / ISTC - Public-Public, Public-Private Mix (PPM) approaches and International standards for TB care)
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Indicator 3.1 - Number of smear-positive TB patients registered for treatment in PPM DOTS clinics (scheme 3 includes both diagnosis and treatment by the private providers)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	2	7,000	2	0						0%

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Objective 4	Advocacy, Communication, Social Mobilization (ASCM) and community based DOTS in hard-to-reach areas by partners agencies							
SDA	Community TB care							
Indicator 4.1 - Number of Community Health Workers (CHW) trained and actively involved in TB case finding and /or treatment activities at the community level during the reporting period								
	Target		Result					
	Period	Value	Period	Value	0%	30%	60%	90% 100%
No Level	2	1,965	2	2,021				103%

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

Grant Duration (months)	24 months	Grant Amount	4,129,425 \$
% Time Elapsed (as of end date of the latest PU)	25%	% disbursed by TGF (to date)	57%
Time Remaining (as of end date of the latest PU)	18 months	Disbursed by TGF (to date)	2,359,297 \$
Expenditures Rate (as of end date of the latest PU)	105%	Funds Remaining (to date)	1,770,128 \$

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:	01.Jan.11	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12	01.Apr.12	01.Jul.12	01.Oct.12
Period Covered To:	31.Mar.11	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12	30.Jun.12	30.Sep.12	31.Dec.12
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	543,511	923,822	1,291,202	1,822,182	2,610,525	3,244,699	3,890,806	4,588,250
Summary Period Budget:	543,511	380,311	367,380	530,980	788,343	634,174	646,107	697,444

Expenditure Categories**Program Activities****Implementing Entities**

	Budget Period 9	Budget Period 10	Budget Period 11	Budget Period 12	Budget Period 13	Budget Period 14	Budget Period 15	Budget Period 16
Period Covered From:	01.Jan.13	01.Apr.13	01.Jul.13	01.Oct.13	01.Jan.14	01.Apr.14	01.Jul.14	01.Oct.14
Period Covered To:	31.Mar.13	30.Jun.13	30.Sep.13	31.Dec.13	31.Mar.14	30.Jun.14	30.Sep.14	31.Dec.14
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	4,588,250	4,588,250	4,588,250	4,588,250	4,588,250	4,588,250	4,588,250	4,588,250
Summary Period Budget:								

Expenditure Categories**Program Activities****Implementing Entities**

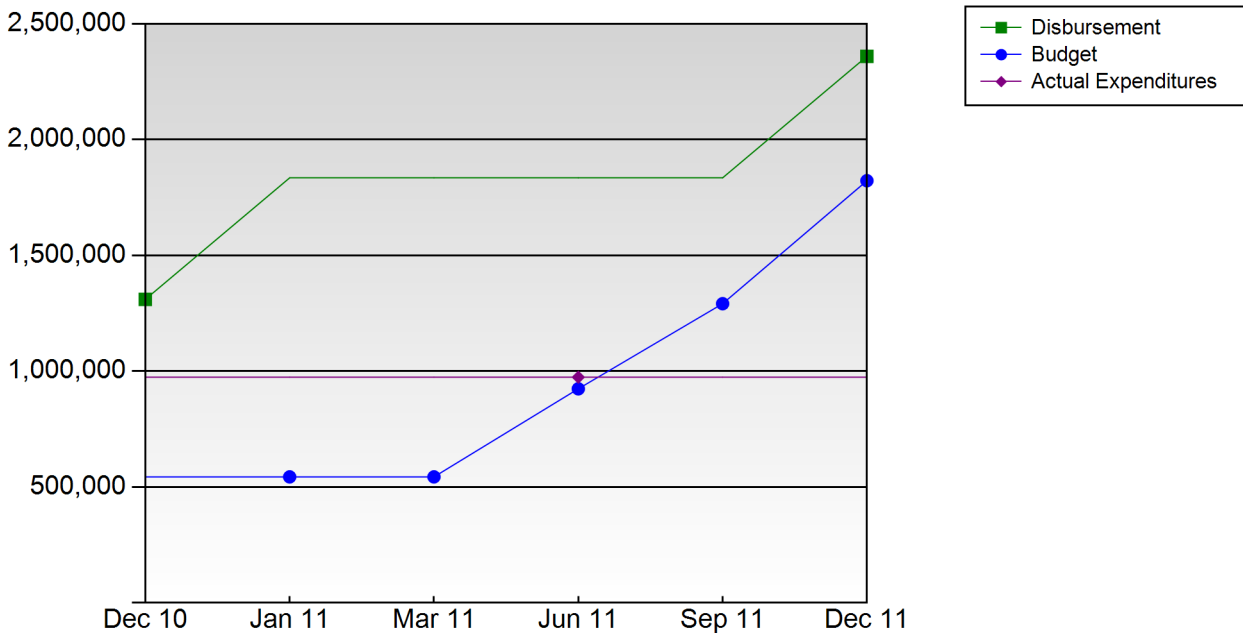
	Budget Period 17	Budget Period 18	Budget Period 19	Budget Period 20	Budget Period 21	Budget Period 22	Budget Period 23	Budget Period 24
Period Covered From:	01.Jan.15	01.Apr.15	01.Jul.15	01.Oct.15	01.Jan.16	01.Apr.16	01.Jul.16	01.Oct.16
Period Covered To:	31.Mar.15	30.Jun.15	30.Sep.15	31.Dec.15	31.Mar.16	30.Jun.16	30.Sep.16	31.Dec.16
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	5,131,761	5,512,072	5,879,452	6,410,432	7,198,775	7,832,949	8,479,056	9,176,500
Summary Period Budget:	543,511	380,311	367,380	530,980	788,343	634,174	646,107	697,444

Expenditure Categories**Program Activities****Implementing Entities****- Comments and additional information**

2.3.3. Program Expenditures

Period PU2: 01.Jan.11 - 30.Jun.11	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 973,903	\$ 923,822	\$ 973,903	\$ -50,081	
1a. PR's Total expenditure	\$ 199,128		\$ 199,128		
1b. Disbursements to sub-recipients	\$ 774,775		\$ 774,775		
1c. Expenditure Adjustments					Reason for adjustments
2. Pharmaceuticals & Health Product expenditures vs budget	\$ 127		\$ 127		
2a. Medicines & pharmaceutical products					
2b. Health products and health equipment	\$ 127		\$ 127		

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



2.4. Progress Update and Disbursement Information

Rating	Description
A1	Exceeding expectations
A2	Meeting expectations
B1	Adequate
B2	Inadequate but potential demonstrated
C	Unacceptable

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0			N/A	1	01.Jan.11 - 30.Sep.11	1,310,022	\$ 1,310,022	13 Dec 2010	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
N/A					This is the first disbursement which includes buffer period Jul-Sept 2011				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Jan.11 - 30.Jun.11		B1	2	01.Jul.11 - 31.Dec.11	960,873	\$ 1,049,275	13 Dec 2011	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				

2.5. Contextual Information

Title	Explanatory Notes

2.6. Phase 2/ Periodic Review Grant Renewal

Performance Rating		Recommendation Category	
Rationale for Phase 2/ Periodic Review Recommendation Category			
Rationale for Phase 2/ Periodic Review Recommendation Amount			
Time-bound Actions			
Issues	Description		

