



## General Grant Information

Country	Myanmar				
Grant Number	MYN-S10-G07-M	Component	Malaria	Round	SSF
Grant Title	Malaria control through rapid and massive scale up of prevention, early diagnosis and effective treatment in Myanmar				
Principal Recipient	United Nations Office for Project Services, Myanmar				
Total Lifetime Budget	\$ 47,119,272	Current Commitment	\$ 19,262,714	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	\$ 17,014,111	% of Grant Amount	88%	Latest Rating	A1
Time Elapse (at the end of the latest reporting period)	9 months	% of Grant Duration	38%	Proposal Lifetime	130 months

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*(For ExternalVersion)*

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## 1. Program Description and Contextual Information

### 1.1. Grant Summary - Web

Malaria is one of the top three priority public health problems in Myanmar. The program supported by this grant aims to reduce Malaria morbidity and mortality by at least 50 percent by 2015 and to contribute towards socio-economic development and the Millennium Development Goals. The proposal was based on the National Strategic Plan (NSP) for Malaria prevention and control, following international best practices. The proposal is implemented based on a Dual Track Financing scheme; it builds on and takes into account lessons learned from existing national Malaria Control Program and from the Malaria projects of other partners. The program targets the population at risk of Malaria in the areas of programme implementation and high risks groups including migrant workers and communities in remote poorly served populations. The objective of this grant is to prevent Malaria using long lasting insecticidal nets (LLINs) and insecticide-treated mosquito nets (ITNs) in high and moderate-risk villages in 180 townships and strengthen technical and administrative management capacity for Malaria control at all levels. The activities focus on the provision of prompt, effective anti-Malaria treatment and implementation of Behaviour Change Communication (BCC) to maximize appropriate use of ITNs and LLINs and early access to diagnosis and effective treatment.

### 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 ( <a href="http://www.childinfo.org/mortality_imrcountrydata.php">http://www.childinfo.org/mortality_imrcountrydata.php</a> ) accessed on 01 December 2011
Under-5 mortality rate (per 1,000 live births)	66	2010	UNICEF. Child mortality database ( <a href="http://www.childinfo.org/mortality_u5mrcountrydata.php">http://www.childinfo.org/mortality_u5mrcountrydata.php</a> ) 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 ( <a href="http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf">http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf</a> ) accessed on 01 December 2011
Malaria	Estimate	Year	Source
Reported malaria cases (suspected)	1,095,474	2009	.WHO. World malaria report 2010
Reported malaria cases (probable and confirmed)	591,492	2009	.WHO. World malaria report 2010
Reported malaria deaths	972	2009	.WHO. World malaria report 2010
Estimated malaria deaths	9,097	2006	.WHO. World malaria report 2008
DALYs ('000), Malaria	303	2004	WHO. ( <a href="http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls">http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls</a> ) accessed on 01 December 2011
Nets distributed (ITNs and LLINs)	39,000	2011	Global Fund-supported programs, end 2011 results

## 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	<p>1. Conditions Precedent to First Disbursement (Terminal Date as stated in block 7A of the Face Sheet)</p> <p>The first disbursement of Grant funds by the Global Fund to the Principal Recipient is subject to the satisfaction of each of the following conditions:</p> <p>a) the delivery by the Principal Recipient to the Global Fund of the Principal Recipient's operating procedures for managing the flow of Grant funds from the time of Global Fund disbursement through to the funds arriving in the Myanmar Country Office of the Principal Recipient, including the operating procedures for the exchange and management of Grant funds in local currency; and</p> <p>b) the delivery by the Principal Recipient to the Global Fund of an Internal Audit Plan, in form and substance satisfactory to the Global Fund, outlining the audit coverage at both Principal Recipient and Sub-recipient levels.</p>			01.Jan.11	Yes	
2	<p>2. Conditions Precedent to Disbursement to Sub-recipients</p> <p>The disbursement of Grant funds by 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-recipient is subject to the satisfaction of each of the following conditions:</p> <p>a) the delivery by the Principal Recipient to the Global Fund of the Principal Recipient's operating procedures for disbursements of Grant funds to the Sub-recipients;</p> <p>b) the delivery by the Principal Recipient to the Global Fund of a plan, in form and substance satisfactory to the Global Fund, for the oversight of Sub-recipients;</p> <p>c) the delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has assessed the capacity of each Sub-recipient and confirmed that each Sub-recipient either meets the minimum Global Fund requirements in relation to financial management or has developed a capacity building plan to address any significant weaknesses identified; and</p> <p>d) 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.</p>				Yes	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
3	<p>3. Conditions Precedent to Disbursement for Procurement of Health Products (as defined in Article 18 of the Standard Terms and Conditions)</p> <p>The disbursement by the Global Fund to the Principal Recipient of Grant funds to finance the procurement of Health Products is subject to the satisfaction of each of the following conditions:</p> <p>a) the delivery by the Principal Recipient to the Global Fund of a plan for the procurement, use and supply management of Health Products for the Program as described in subsection (b) of Article 18 of the Standard Terms and Conditions of this Agreement (the "PSM Plan");</p> <p>b) the written approval by the Global Fund of the PSM Plan; and</p> <p>c) the delivery by the Principal Recipient to the Global Fund, of evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has recruited qualified staff members to manage the Procurement and Supply Management of Health Products for the Program.</p>				In Progress	
4	<p>4. Conditions Precedent to Disbursement or Use of Grant funds for upgrading of the storage and distribution system of the Health Products (Terminal Date as stated in block 7B of the Face Sheet)</p> <p>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 the Health Products is subject to the satisfaction of each of the following conditions:</p> <p>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 the Health Products; and</p> <p>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.</p>			15.Feb.11	In Progress	
5	<p>C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>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.</p>				Yes	
6	<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	

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7	<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> <p>i. evidence demonstrating that the Principal Recipient has conducted a comprehensive assessment of the Sub-recipient;</p> <p>ii. evidence demonstrating that the Principal Recipient has signed an agreement with the Sub-recipient, which, without limitation, shall include a budget, workplan, implementation and financial and programmatic reporting responsibilities of the Sub-recipient;</p> <p>iii. details identifying the financial institution or institutions into which Grant funds will be disbursed for the benefit of the Sub-recipient; and</p> <p>iv. documentation demonstrating that the Sub-recipient has received training on monitoring and evaluation responsibilities sufficient to meet its requirements under the Program.</p>				Not started	
8	<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	
9	<p>5. The Principal Recipient and the Global Fund agree that, without the prior written approval of the Global Fund, the Principal Recipient shall not advance Grant funds to any implementing entity, except for the United Nations entities and the International Union against Tuberculosis and Lung Disease. With exception of the funding provided by the Principal Recipient to United Nations entities and the International Union against Tuberculosis and Lung Disease, 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)</p> <p>reimbursing actual expenditures made in accordance with budgets and work plans which have been verified 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>				Yes	
10	<p>6. The advance of Grant funds to implementing entities for activities at the township level is subject to the satisfaction of each of the following conditions:</p> <p>a) the delivery by the Principal Recipient to the Global Fund of a plan, in form and substance satisfactory to the Global Fund, for the management of the fund flow process at the township level (the "Fund Flow Mechanism"); and</p> <p>b) the written approval by the Global Fund of the Fund Flow Mechanism.</p>				Yes	

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11	<p>7. The Global Fund reserves the right to unilaterally revoke the operation of the Fund Flow Mechanism and request the Principal Recipient to submit to the Global Fund for approval an adjusted Fund Flow Mechanism plan to implement the activities covered under this system using a zero cash balance policy as defined under Section C.5. In this event, the Principal Recipient shall be entitled to submit a request to access the supplementary funds budgeted for the financial management and implementation of the zero cash balance policy related to the activities previously covered under the Fund Flow Mechanism. For the avoidance of doubt, parties acknowledge that supplementary funds are currently budgeted in the amount of US\$102,000 and may not be utilized for any other purpose, without written approval of the Global Fund.</p>				In Progress	
12	<p>8. The Principal Recipient and the Global Fund acknowledge and agree that the financing of activities implemented by the Sub-recipients 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 by Sub-recipients other than UN agencies and the International Union against Tuberculosis and Lung Disease shall not exceed the costs authorized by the rules established by the United Nations Development Programme for Myanmar. The Principal Recipient shall endeavor to harmonize the rates and rules with those being applied by the 3 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 United Nations agencies 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</p>				In Progress	

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13	9. 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. Sub-recipients in receipt of such payments, other than United Nations entities, shall submit their organization's annual Audited Financial Statements upon request of the Global Fund.				Yes	
14	10. 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.				In Progress	
15	11. During the term of this Agreement the Principal Recipient shall maintain a minimum level of staffing consisting, without limitation, of the following professionals of experience and qualifications competitive at international level: a Program Coordinator, a Finance Officer, a Monitoring and Evaluation Officer and a Procurement Officer. In the event that consultants are contracted to cover gaps caused by delays in recruitment, such consultants must have equivalent qualifications and experience.				In Progress	
16	12. The Principal Recipient shall ensure that vehicles or other fixed assets procured or leased by the Principal Recipient or any implementing entity, 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 log books for all vehicles and fixed assets. The Principal Recipient and implementing entities shall ensure that the location of such vehicles and/or fixed assets are known at all times and are available for inspection b				In Progress	
17	13. The Parties to this Agreement acknowledge and agree that the procurement of supplies and equipment using Grant funds, including supplies and equipment to support the activities of implementing entities, shall be conducted exclusively by the Principal Recipient. The procurement of Health Products will be governed by the Standard Terms and Conditions of this Agreement and Section C.14 of this Agreement.				In Progress	
18	14. 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.				Yes	



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19	15. In accordance with Articles 18(b)(2), 18(c) and 18(g) of the Standard Terms and Conditions of this Agreement, the parties agree that the procurement of Medicines will strictly follow the list contained in the PSM Plan, which may include Medicines whose registration has been waived by the National Drug Regulatory Authority of the Union of Myanmar.				Yes	
20	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 storage, distribution, recording and reporting and utilization of information to manage the program, 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. The Principal Recipient shall also 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).			30.Jun.11	Not started	
21	17. The Global Fund reserves the right to conduct periodic reviews of the Procurement and Supply Management function of the Principal Recipient.				In Progress	
22	18. The Principal Recipient shall notify the Global Fund in advance of any proposed changes to the implementation arrangements described in this Agreement. Such proposed change in the implementation arrangements shall be subject to the prior written approval of the Global Fund.				In Progress	
23	19. The Principal Recipient shall ensure that the Oversight Plan for Sub-recipients (as described in Section B.2.b above) and the Internal Audit Plan (as described in Section B.1.b above) is implemented as scheduled and shall report any findings arising to the Global Fund on a quarterly basis including measures to address issues identified.				In Progress	
24	20. No later than 1 February 2011, the Principal Recipient shall deliver to the Global Fund a Conflict of Interest Policy signed by all personnel working for the Principal Recipient on the Program.				In Progress	
25	21. The Principal Recipient agrees that Grant funds cannot be used to finance WHO positions for the calendar year 2012 unless such support has been approved by the Global Fund by 30 June 2011.				Yes	
26	22. The Principal Recipient shall use its best efforts to co-ordinate the development of a national monitoring and evaluation plan for Malaria (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.				In Progress	

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27	23. The Principal Recipient shall ensure that the United Nations operational rate of exchange applies to currency conversions from United States Dollars into Myanmar Kyats during the term of this Agreement in accordance with the procedures referred to in Section B.1.a above. Notwithstanding above, the parties acknowledge and agree that the International Union against Tuberculosis and Lung Disease is entitled to employ other competitive currency conversion rates, provided that best efforts are used to employ the most beneficial rate available in accordance with their own approved procedures.				In Progress	
28	24. 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.				Yes	
29	25. Notwithstanding what provided for in Article 3(c) of the Standard Terms and Conditions of this Agreement, any interest or other earnings generated by any Sub-Recipient which is an organization of the United Nations system shall be treated in accordance with the financial rules and regulations of such Sub-recipient.				In Progress	
30	26. The Global Fund and the Principal Recipient agree that the detailed program evaluations mentioned in Article 15 of the Standard Terms and Conditions of this Agreement are limited to those evaluations previously agreed in the detailed Monitoring and Evaluation Plan.				Yes	

## 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	2011	2013	2014	2015	2016	2017	2018	2019	2020

**Goal 1** To reduce malaria morbidity by at least 50% and malaria mortality by at least 50% by 2015 (baseline 2007 data), and contribute towards socio-economic development and the Millennium Development Goals.

Impact indicator	proportion of all deaths that are due to malaria (per confirmed malaria diagnosis)						Baselines			
							Value	Year		
							9.47%	2008		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 10%	N: D: P: 9%	N: D: P: 7%	N: D: P: 6%	N: D: P: 5%	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										

Impact indicator	number and proportion of malaria (confirmed) admissions among all hospital admissions						Baselines			
							Value	Year		
							6.42% 47,514	2008		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: 50,000 D: 714,286 P: 7%	N: 45,000 D: 692,308 P: 7%	N: 35,000 D: 700,000 P: 5%	N: 30,000 D: 750,000 P: 4%	N: 25,000 D: 714,286 P: 4%	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										

Impact indicator	Number of malaria (confirmed) cases reported by health workers (in facilities and outreach)						Baselines			
							Value	Year		
							399559	2008		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	828,647	939,876	914,732	890,631	770,616					
Result										
Data source of Results										

Impact indicator	Positivity rate: percentage of people found positive in slide or rapid diagnostic testing among all slides or rapid diagnostic tests taken						Baselines			
							Value	Year		
							Slide positivity=42.4% RDT=not available	2009		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	Slide positivity=42% RDTpositivity:baseline established	Slide positivity=42%	Slide positivity=42%	Slide positivity=35%	Slide positivity=30%					
Result										
Data source of Results										

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Outcome indicator	% of households with at least one LLIN/ITN							Baselines		
								Value	Year	
								5.65%	2008	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 53%	N: D: P: 94%	N: D: P: 98%	N: D: P: 100%	N: D: P: 98%	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										

Outcome indicator	% of population at risk sleeping under an LLIN/ITN the previous night							Baselines		
								Value	Year	
	% of population at risk sleeping under an LLIN/ITN the previous night							not available	Jun-10	
								Baselines		
							Value	Year		

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

Outcome indicator	proportion of confirmed malaria cases treated in accordance with national malaria treatment guidelines within 24 hours of onset of symptoms							Baselines		
								Value	Year	
								25%	2008	

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 30%	N: D: P: 50%	N: D: P: 60%	N: D: P: 60%	N: D: P: 60%	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 - Prevent malaria using insecticide treated nets and long lasting insecticidal nets in high and moderate villages in 180 townships****Prevention: Insecticide-treated nets (ITNs)**

Indicator 1.1 - Number of LLINs distributed free of charge to people at risk

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	282846	2008	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	281,226	482,451	240,000	600,000		
Result			383,923					

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	28,451							
Result								

Indicator 1.2 - Number of mosquito nets treated with insecticide

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	852762	2008	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	0	403,151	742,665	913,469	1,819,937	1,826,937	1,826,937
Result			0					

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	1,024,204							
Result								

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**Objective 2 - Strengthen public and private sector diagnostic and treatment services and maximise access to and utilization of these services by the public****Treatment: Diagnosis**

## Indicator 2.1 - Number of blood slides taken and examined

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	499296	2008	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	112,500	292,500	450,000	100,000	225,000	375,000	500,000
Result		80,310	97,472					
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	100,000							
Result								

## Indicator 2.2 - Number of rapid diagnostic tests done and read

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	543941	2008	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	40,450	266,750	523,050	773,500	199,150	442,600	726,410	965,200
Result	19,716	45,097	430,557					
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	197,710							
Result								

## Indicator 2.3 - Percentage of assessed malaria microscopists who meet the minimum national competency level

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target								
Result								

## Indicator 2.4 - number of people with confirmed malaria treated with recommended ACT (disaggregated by age group and sex)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	394529	2008	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	10,750	144,000	361,715	554,929	133,865	299,537	497,209	661,074
Result	6,080	13,158	213,655					
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	133,020							
Result								

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**Indicator 2.5 - Number of people with malaria (probable and confirmed) treated with chloroquine (disaggregated by age group and sex)**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)													
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8					
No Level	239,751	2008	Top 10 Equ.	N													
Target	9,000	98,000	238,481	362,962	81,148	178,869	304,590	401,738									
Result	6,818	10,233	131,145														
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16									
Target	88,884																
Result																	

**Indicator 2.6 - Percentage of health facilities with no reported stock outs of nationality recommended antimalarial drugs lasting more than 1 week at any time during the past 3 months**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)													
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8					
No Level	not available	Jun-10	N	N													
Target	N: D: P: %	N: D: P: %	P: 80%	P: 80%	P: 80%	P: 90%	P: 90%	P: 90%									
Result	N: D: P: %	N: D: P: %	P: 95%	P: %	P: %	P: %	P: %	P: %									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16									
Target	N: D: P: 90%	N: D: P: %	P: %	P: %	P: %	P: %	P: %	P: %									
Result	N: D: P: %	N: D: P: %	P: %	P: %	P: %	P: %	P: %	P: %									

**Indicator 2.7 - Percentage of healthcare providers who provide anti-malaria treatment according to national malaria treatment guidelines among those surveyed (disaggregated by categories of providers)**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)													
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8					
No Level	not available	June-2010	N	N													
Target																	
Result																	

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**Objective 4 - Strengthen community based malaria control activities**

**Supportive Environment: Coordination and partnership development (national, community, public-private)**

**Indicator 4.1 - Number of village health volunteers trained and supported for malaria prevention and control**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	136	2008	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	224	2,324	4,439		1,792	4,717		4,757
Result	0	1,736	4,105					
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	1,782							
Result								



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**Objective 5 - Strengthen technical and administrative management capacity for malaria control at all levels**

**HSS: Human resources**

**Indicator 5.1 - Number of health staff trained/retrained**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	8147	2008	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	129	2,489	4,084	5,959	5,429	13,189	13,988	14,813				
Result	45	1,283	1,944									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	279											
Result												

### 2.2.3. Cumulative Progress To Date

Latest reporting due period : 3 (01.Jul.11 - 30.Sep.11)

<b>Objective 1</b>	Prevent malaria using insecticide treated nets and long lasting insecticidal nets in high and moderate villages in 180 townships
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<b>SDA</b>	Prevention: Insecticide-treated nets (ITNs)
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#### Indicator 1.1 - Number of LLINs distributed free of charge to people at risk

	Target		Result		Progress Bar					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	3	281,226	3	383,923						120%

#### Indicator 1.2 - Number of mosquito nets treated with insecticide

	Target		Result		Progress Bar					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
No Level	3	403,151	3	0						0%

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<b>Objective 2</b>	<b>Strengthen public and private sector diagnostic and treatment services and maximis access to and utilization of these services by the public</b>
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<b>SDA</b>	<b>Treatment: Diagnosis</b>
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**Indicator 2.1 - Number of blood slides taken and examined**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	3	292,500	3	97,472						33%

**Indicator 2.2 - Number of rapid diagnostic tests done and read**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	3	523,050	3	430,557						82%

**Indicator 2.3 - Percentage of assessed malaria microscopists who meet the minimum national competency level**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found						Cannot Calculate

**Indicator 2.4 - number of people with confirmed malaria treated with recommended ACT (disaggregated by age group and sex)**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	3	361,715	3	213,655						59%

**Indicator 2.5 - Number of people with malaria (probable and confirmed) treated with chloroquine (disaggregated by age group and sex)**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	3	238,481	3	131,145						55%

**Indicator 2.6 - Percentage of health facilities with no reported stock outs of nationality recommended antimalarial drugs lasting more than 1 week at any time during the past 3 months**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	3	N: D: P: 80 %	3	N: D: P: 95 %						119%

**Indicator 2.7 - Percentage of healthcare providers who provide anti-malaria treatment according to national malaria treatment guidelines among those surveyed (disaggregated by categories of providers)**


	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	N/A		N/A	Not Found						Cannot Calculate

**Objective 4** Strengthen community based malaria control activities

SDA Supportive Environment: Coordination and partnership development (national, community, public-private)

**Indicator 4.1 - Number of village health volunteers trained and supported for malaria prevention and control**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	3	4,439	3	4,105						92%

<b>Objective 5</b>	<b>Strengthen technical and administrative management capacity for malaria control at all levels</b>								
<b>SDA</b>	<b>HSS: Human resources</b>								
<b>Indicator 5.1 - Number of health staff trained/retrained</b>									
	<b>Target</b>		<b>Result</b>						
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	<b>0%</b>	<b>30%</b>	<b>60%</b>	<b>90%</b>	<b>100%</b>
No Level	3	4,084	3	1,944					48%

## 2.3. Financial Performance

## 2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	24 months	Grant Amount	19,262,714 \$
% Time Elapsed (as of end date of the latest PU)	38%	% disbursed by TGF (to date)	88%
Time Remaining (as of end date of the latest PU)	15 months	Disbursed by TGF (to date)	17,014,111 \$
Expenditures Rate (as of end date of the latest PU)	50%	Funds Remaining (to date)	2,248,603 \$

## 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:	6,806,156	7,773,024	8,883,525	9,817,502	17,317,698	18,642,993	20,424,113	21,403,015
Summary Period Budget:	6,806,156	966,868	1,110,501	933,977	7,500,196	1,325,295	1,781,120	978,902

## Expenditure Categories

## Program Activities

## Implementing Entities

## - Comments and additional information

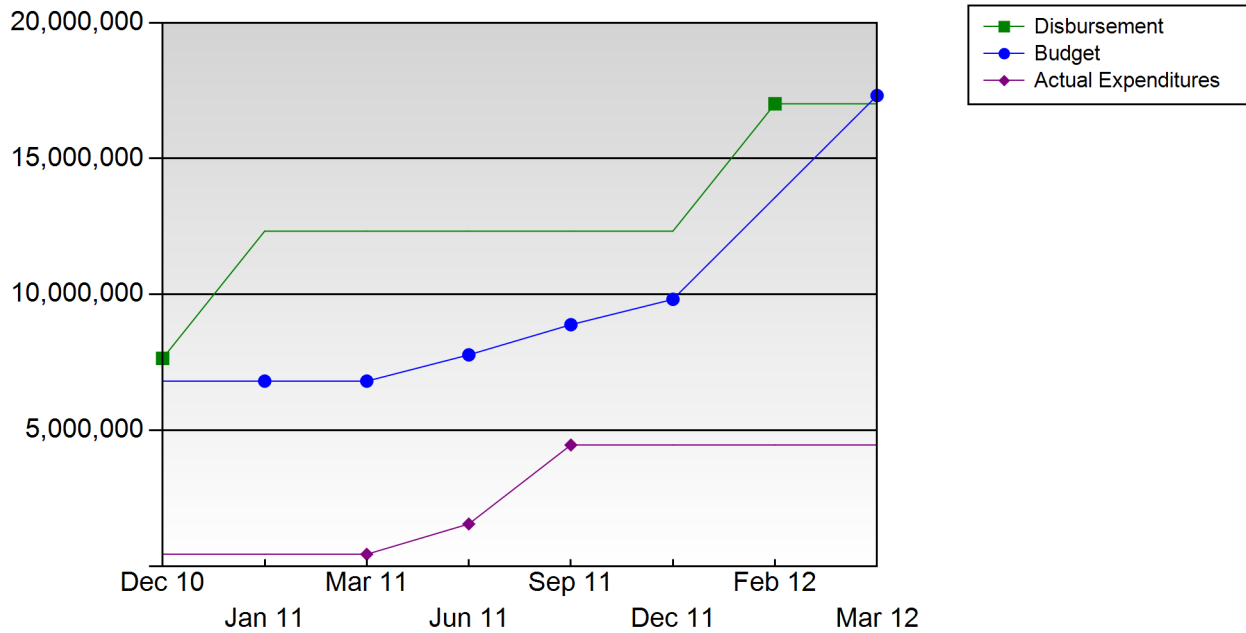
## 2.3.3. Program Expenditures

Period PU3: 01.Jul.11 - 30.Sep.11	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
<b>1. Total cash outflow vs. budget</b>	\$ 2,908,179	\$ 8,883,525	\$ 4,455,123	\$ 4,428,402	Slow burn rate.
1a. PR's Total expenditure	\$ 2,171,375		\$ 3,206,014		
1b. Disbursements to sub-recipients	\$ 736,804		\$ 1,249,109		
1c. Expenditure Adjustments					Reason for adjustments
<b>2. Pharmaceuticals &amp; Health Product expenditures vs budget</b>	\$ 1,962,987		\$ 1,962,987		
2a. Medicines & pharmaceutical products	\$ 86,068		\$ 86,068		
2b. Health products and health equipment	\$ 1,876,919		\$ 1,876,919		

## 2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date

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## 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.Jun.11	7,773,024	\$ 7,353,080	13 Dec 2010	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
					The variance between the PR requested amount and the final disbursement amount is due to the fact that training budgets and one quarter of SR funds were removed as one condition precedent to disbursement of funds for Sub Recipients was still in progress at the time of disbursement.				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Jan.11 - 31.Mar.11		B2	1.1	01.Jan.11 - 31.Mar.11		\$ 289,161	20 Dec 2010	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
PR has delayed program implementation. Consequently, many of the output indicators (six out of eleven) are unreported in the reporting period.					includes training budget				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Apr.11 - 30.Jun.11		A1					N/A	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Jul.11 - 30.Sep.11			2	01.Oct.11 - 29.Mar.12	10,147,446	\$ 9,371,870	15 Feb 2012	
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
This is the third progress update under the UNOPS grants in Myanmar. The programmatic performance of the malaria program has improved during the reporting period. In general, there is an increasing trend in all programmatic indicators. Comparing current and previous progress updates, the final quantitative rating increased from C to B1 with an average performance of the Top Ten indicators (including training) increased from 28% to 61%, and average performance of all indicators increased from 27% to 68%. Four Top ten indicators are still rated either C or B2 during this reporting period. The PR has confirmed that substantial progress has been made to ensure that the achievement under these indicators is improved during the next reporting period.									

## 2.5. Contextual Information

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Title	Explanatory Notes

**2.6. Phase 2/ Periodic Review Grant Renewal**

<b>Performance Rating</b>		<b>Recommendation Category</b>	
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**Rationale for Phase 2/ Periodic Review Recommendation Category**

**Rationale for Phase 2/ Periodic Review Recommendation Amount**

<b>Time-bound Actions</b>		
<b>Issues</b>	<b>Description</b>	



