

General Grant Information

Country	Peru				
Grant Number	PER-506-G04-T	Component	TB	Round	5
Grant Title	Closing Gaps to Achieve Millennium Development Goals for TB in Peru				
Principal Recipient	CARE Peru				
Board Approved Lifetime Budget	\$ 32,545,545	Phase 1 Grant Amount	\$ 13,603,065	Phase 2 Grant Amount	
Grant Start Date	01 Sep 2006	Phase 1 End Date	30 Sep 2008	Phase 2 End Date	
Disbursed Amount	\$ 8,328,321	% of Grant Amount	61%	Latest Rating	B1
Time Elapse (at the end of the latest reporting period)	16 months	% of Grant Duration	64%	Proposal Lifetime	61 months

New GPR Report - Table of Contents *(For ExternalVersion)*

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1. Program Description

1.1. Program Description Summary

Although Peru has only 5% of the population of Latin America, it accounts for 25% of all reported tuberculosis cases in the region. Although the incidence of tuberculosis per 100,000 habitants has decreased from 256 in 1992 to 124.4 in 2005 it still remains a significant public health problem.

The Program aims to strengthening the integral response to tuberculosis in order to ensure enhanced access to and effective treatment of tuberculosis and multi-drug resistant tuberculosis (MDR-TB). This will be achieved through the scaling up of activities that have been and/or are currently being implemented through the Round 2 Global Fund tuberculosis grant entitled "Strengthening Prevention and Control of Tuberculosis in Peru", as well as through the creation of new strategies such as the creation of Centers of Excellence for diagnosis and treatment of tuberculosis.

The main objectives of the Program are to:

1. Strengthen the promotion of supportive environments and the defense of people with tuberculosis in high-priority regions;
2. Prevent the risk of tuberculosis infection in hospitals;
3. Strengthen the care and treatment of persons with MDR-TB with the participation of health services, the community and organizations of people with tuberculosis; and
4. Strengthen efforts for support and social rehabilitation of people with tuberculosis

1.2. Comments on Key Discrepancies between Approved Proposal and Grant

1.3. Initial PR Assessments

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Background Analysis	B2	As this a repeat PR from Round 2, a Incremental Assessment has been undertaken in the four areas in order to strengthen the PR structure and systems. The efforts made by the PR throughout the execution of Phase I and part of Phase II of the initial grant agreement show there is a great potential and capacity to adequate its structure to manage the new grant. Also, the PR has well structured controlling and reporting procedures as well as the appropriate project management culture to administer the round 5 grant.
Financial Management and Systems	B2	The PR should manage funds by the use of independent accounts for each component. The PR should strengthening of the Financial – Administration team by hiring at least one person to follow up sub recipients activities and expenditures and a person for supporting purchasing related activities.
Institutional and Programmatic	B2	PR should design an organizational structure to cope with the administration of the new grant and the existing grant. PR should assign roles and responsibilities within the organization to enable a coordinated effort in managing existing and new grants. Key positions within the organizational chart should be fulfilled and at least have evidence of the appointment, under terms of reference satisfactory to the Global Fund, of persons with the appropriate expertise and experience required to serve in the positions.

Assessment Area	Rating	Summary of Recommendations/Action Required and Taken
Procurement and Supply Management	B2	<p>The PSM assessment undertaken in April 2006 before grant signing found that current supply management systems were not adequate and that in the Round 2 Global Fund grants supply management and forecasting had not been adequate. The following recommendations, not exhaustive, were made in light of the assessment (note: these recommendations are applicable to the Round 2 HIV and TB grants as well as the Round 5 HIV grant: The PR, in collaboration with MinSa, arranges for a one-day workshop, to discuss how supply management can be made into a streamlined operation, characterized by good data on existing stocks, good programming of needs, maintaining safety stocks, maintaining minimum stock levels, and transparent distribution schedules.</p> <p>The PR, in collaboration with MinSa, carry out a rapid review of existing stocks, and their expiry dates, for ARVs, HIV/AIDS diagnostics, drugs for opportunistic infections, drugs for sexually transmitted infections, anti-TB drugs, and drugs to manage adverse reactions to TB treatment.</p> <p>Data on existing (and arriving) stocks, together with calculated needs under the Round 2 and Round 5 grants should be combined to determine needs for coming years. Budgets for Global Fund financed goods should be determined, keeping GOP match-funding into account. Prices of international not-for-profit sources should be used to determine budgets, and the use of fixed treatment costs should be abandoned. Emergency funds should not be used at this point in time.</p> <p>MinSa/DIGEMID and the PR should design a dynamic supply management system</p> <p>Conditions precedent to the procurement of health products were included in the grant agreement are listed under the relevant section.</p>
Monitoring and Evaluation	B2	<p>The proposed M&E structure, human resources selection and appointment, roles and responsibilities definition within the PR team and the Sub-Recipients processes for reporting and M&E training is adequate; however at the time of the assessment it was not functional.</p>
Overall	B2	<p>The PR has the potential to manage the new grant. However, due to the amounts to be administered in conjunction with the old grant and the new grant, the experience and lessons learned in addition to the demands of round 5 implementation requires a more robust structure in terms of human resources, program management capacity, financial management control, monitoring and evaluation activities and systems improvement and procurement and supply management.</p>

1.4. Conditions Precedent

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
Condition precedent to second disbursement: a. the delivery by the Principal Recipient to the Global Fund of a plan for the monitoring and evaluation of the progress of the Program toward its objective, including the activities implemented by Sub-Recipients, pursuant to Article 16 of the Standard Terms and Conditions of this Agreement (the "M&E Plan"); and			Yes	
b. the written approval of the Global Fund of the M&E Plan.			Yes	
Conditions Precedent to Disbursement to Sub-recipients: a. the Principal Recipient has provided training to such Sub-recipient on measures to improve such Sub-recipient's forecasting of its cash needs in line with Global Fund reporting requirements; and			Yes	
b. the Principal Recipient has developed a Sub-recipient management and oversight process within its PMU to improve the financial reporting by Sub-recipients (including, among other things, the development of template documents, closer oversight, increased feedback to Subrecipients).			Yes	

Condition Precedent	Tied To	Terminal Date	Is currently met?	Comments
<p>Conditions Precedent to Disbursement for construction work in hospitals to improve TB & MDR-TB treatment:</p> <p>The disbursement of Grant funds by the Global Fund or the use by the Principal Recipient to finance any activities related to the construction in hospitals to improve TB & MDR-TB treatment, (including the procurement of goods or services) is subject to (a) the delivery by the Principal Recipient to the Global Fund of a detailed feasibility study and financial proposal and (b) the prior written approval by the Global Fund of the findings of the feasibility study and the financial proposal.</p>			In Progress	
<p>Conditions Precedent to Disbursement for Procurement of Health Products:</p> <p>a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, by no later than June 15th 2006, of a plan (the "Stock Management Plan"), to improve the procurement and supply management system for the Program (and the program funded by the Round 2 Global Fund grant (no. 202-G02-T)); and</p>			Yes	
<p>b. by no later than 30th June 2006, the delivery by the Principal Recipient to the Global Fund of a plan for the procurement, use and supply management of the Health Products for the Program (and the program funded by the Round 2 Global Fund grant (no. 202-G02-T) as described in subsection (c) of Article 19 of the Standard Terms and Conditions of this Agreement (the "PSM Plan") , which takes into account the analysis described in clause (i) above and which includes the Stock Management Plan; and</p>			Yes	
<p>c. the written approval by the Global Fund of the PSM Plan (including the Stock Management Plan); and</p>			Yes	
<p>d. by no later than 30th October 2006 , evidence, in form and substance satisfactory to the Global Fund, that forecasting and stock management of health products for the Program and the program funded by the Round 2 Global Fund grant (no. 202-G02-T) has substantially improved.</p>			No	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Goal 1											
To increase access to and efficiency of tuberculosis and mutli-drug resistant tuberculosis (MDR-TB) by strengthening the integral response to the disease											
Impact indicator	Decrease rate of incidence of positive Pulmonar Frotis TB to 53/100,000 habitants up to year 2010							Baselines			
								Value	Year		
								66.39/100,000	2004		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	66.39/100,000	64/100,000	55/100,000	54/100,000	53/100,000						
Result											
Outcome indicator	MDR-TB cure rate							Baselines			
								Value	Year		
								46.9%	2003		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target		85%	85%	85%	85%						
Result											
Outcome indicator	Percentage of patients with MDR-TB who abandon treatment							Baselines			
								Value	Year		
								15%	2005		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	15%	15%	13%	12%	10%						
Result											
Outcome indicator	Number and percentage of health care workers in high-risk transmission areas for TB (AERTs) who have an accepting attitude towards patients with tuberculosis							Baselines			
								Value	Year		
								TBD			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	Baseline TBD (Targets to be established once baseline has been established)	10% increase from the baseline	20% increase from the baseline	30% increase from the baseline	40% increase from the baseline						
Result											

Outcome indicator	Number and percentage of the population in the intervention areas who have an accepting attitude towards patients with tuberculosis							Baselines			
								Value	Year		
								TBD			
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	
Target	Baseline TBD (Targets to be established once baseline has been established)				TBD						
Result											

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
Periods per Attachment	01.Sep.06 30.Nov.06	01.Dec.06 28.Feb.07	01.Mar.07 31.May.07	01.Jun.07 31.Aug.07	01.Sep.07 31.Dec.07	01.Jan.08 31.Mar.08	01.Apr.08 30.Jun.08	01.Jul.08 30.Sep.08

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - Strengthen the promotion of supportive environments and the defense of people with tuberculosis in high-priority regions

SDA - Care and Support: Supporting patients through direct observation of treatment

Indicator 1.1 - Number of tuberculosis patients participating in organizations of patients of TB (OATs) (Note: this is a non cumulative indicator as the treatment for tuberculosis is on average 6 months. Participating is defined as those who participated in all monthly meetings in a given quarter)

Level	Baseline									
	Value	Year								
Level 1-People trained	240	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target			190	210	210	210	240	260		
Result			20	199	264					

Indicator 1.2 - Number of OATs established and active in prioritized districts (Note: baseline is included in quarter and annual targets)

Level	Baseline									
	Value	Year								
Level 2-Service Points supported	16	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target			19	21	21	21	24	26		
Result			1	8	19					

SDA - Other: Stigma reduction in all settings

Indicator 1.3 - Number of health care personnel trained in behavior change and stigma and discrimination

Level	Baseline									
	Value	Year								
Level 1-People trained	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target			150	300	450	600	750	900		
Result			0	179	466					

Objective 2 - Prevent the risk of tuberculosis infection in hospitals

SDA - Treatment: Timely detection and quality treatment of cases

Indicator 2.1 - Number of health care personnel trained in the control of infections

Level	Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
	Value	Year								
Level 1-People trained	0	2005								
Target				Guidelines developed		425	535	690	770	850
Result				Not developed		0	682			

Indicator 2.2 - Number of hospitals with areas constructed and equipped for the care of tuberculosis patients to allow for the better control of infections

Level	Baseline		Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
	Value	Year								
Level 2-Service Points supported	0	2005								
Target										18
Result										

Objective 3 - Strengthen the care and treatment of persons with MDR-TB with the participation of health services, the community and organizations of people with tuberculosis**SDA - Other: TB/HIV collaborative activities: Prevention of HIV in TB patients****Indicator 3.1 - Number and percentage of tuberculosis patients who receiving HIV counseling and testing**

Level	Baseline									
	Value	Year								
Level 3-People reached	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target				25%					30%	
Result				25%						

Indicator 3.2 - Number and percentage of PLWHA who receive chemoprophylaxis for tuberculosis (INH)

Level	Baseline									
	Value	Year								
Level 3-People reached	1241	2003								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	50%	50%	50%	50%	52%	52%	52%	52%	52%	
Result	Not reported	38%	50%	72%	N: 1,485 D: 2,064 P: 72%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

SDA - TB: MDR-TB**Indicator 3.3 - Number and percentage of patients with MDR-TB with adverse reactions who receive treatment**

Level	Baseline									
	Value	Year								
Level 3-People reached	20%	2004								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target				100%	100%	100%	100%	100%	100%	
Result	N: D: P: %	N: D: P: %	N: D: P: %	47%	N: 644 D: 1,288 P: 50%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

Indicator 3.4 - Number and percentage of patients with MDR-TB in treatment who receive social support

Level	Baseline									
	Value	Year								
Level 3-People reached	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target				12.5%	12.5%	15%	20%	20%		
Result	N: D: P: %	N: D: P: %	N: D: P: %	12.5%	N: 42 D: 403 P: 10%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	25%									
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: %	

Indicator 3.5 - Number of Centers of Excellence established

Level	Baseline									
	Value	Year	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Level 2-Service Points supported	0	2006								
Target										12
Result										

Indicator 3.6 - Number of cases of TB-MDR who are enrolled to begin DOTS-Plus treatment per year

Level	Baseline									
	Value	Year	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Level 3-People reached	860	2003								
Target	5,307	5,932	6,557	7,182	7,807	8,432	9,057	9,682		
Result	5,823	6,173	6,495	7,116	7,738					

Indicator 3.7 - Number of new community promoters trained in prevention and control of MDR-TB

Level	Baseline									
	Value	Year	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Level 1-People trained	1852	2005								
Target		100	150	200	300	400	450	450		
Result		0	0	201	359					

Objective 4 - Strengthen efforts for support and social rehabilitation of people with tuberculosis

SDA - Other: Care and support for the chronically ill

Indicator 4.1 - Number of support groups established to promote self-care and adherence to treatment

Level	Baseline									
	Value	Year								
Level 2-Service Points supported	0	2005								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	1	4	7	10	10	20	30	40		
Result	0	0	0	4	25					

SDA - Supportive Environment: Procurement and supply management capacity and building

Indicator 4.2 - Number and percentage of patients with TB who benefit from work and housing programs

Level	Baseline									
	Value	Year								
Level 3-People reached	0	2006								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target	0.3%	1.4%	2.4%	3.4%	3.4%	3.4%	6.2%	6.2%		
Result	Not reported	0	N: D: P: %	0%	N: 4 D: 300 P: 1%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16		
Target	9.4%									
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: %	

Indicator 4.3 - Number and percentage of high risk/vulnerable contacts who receive food baskets

Level	Baseline									
	Value	Year								
Level 3-People reached	TBD									
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8		
Target		Baseline study to be completed		20%	20%	20%	30%	30%		
Result	N: D: P: %	Not completed	N: D: P: %	16%	N: 703 D: 1,285 P: 55%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	

2.2.3. Cumulative Progress To Date

Objective 1	Strengthen the promotion of supportive environments and the defense of people with tuberculosis in high-priority regions							
SDA	SDA - Care and Support: Supporting patients through direct observation of treatment							
Indicator 1.1 - Number of tuberculosis patients participating in organizations of patients of TB (OATs) (Note: this is a non cumulative indicator as the treatment for tuberculosis is on average 6 months. Participating is defined as those who participated in all monthly meetings in a given quarter)								
	Period	Target	Result	0%	30%	50%	80%	
Level 1-People trained	5	210	264					126%
Indicator 1.2 - Number of OATs established and active in prioritized districts (Note: baseline is included in quarter and annual targets)								
	Period	Target	Result	0%	30%	50%	80%	
Level 2-Service Points supported	5	21	19					90%
SDA	SDA - Other: Stigma reduction in all settings							
Indicator 1.3 - Number of health care personnel trained in behavior change and stigma and discrimination								
	Period	Target	Result	0%	30%	50%	80%	
Level 1-People trained	5	450	466					104%

Objective 2	Prevent the risk of tuberculosis infection in hospitals							
SDA	SDA - Treatment: Timely detection and quality treatment of cases							
Indicator 2.1 - Number of health care personnel trained in the control of infections								
	Period	Target	Result	0%	30%	50%	80%	
Level 1-People trained	5	535	682					127%
Indicator 2.2 - Number of hospitals with areas constructed and equipped for the care of tuberculosis patients to allow for the better control of infections								
	Period	Target	Result	0%	30%	50%	80%	
Level 2-Service Points supported								0%

Objective 3	Strengthen the care and treatment of persons with MDR-TB with the participation of health services, the community and organizations of people with tuberculosis							
SDA	SDA - Other: TB/HIV collaborative activities: Prevention of HIV in TB patients							
Indicator 3.1 - Number and percentage of tuberculosis patients who receiving HIV counseling and testing								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	25%	25%					100%
Indicator 3.2 - Number and percentage of PLWHA who receive chemoprophylaxis for tuberculosis (INH)								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	50%	72%					144%
SDA	SDA - TB: MDR-TB							
Indicator 3.3 - Number and percentage of patients with MDR-TB with adverse reactions who receive treatment								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	100%	47%					47%
Indicator 3.4 - Number and percentage of patients with MDR-TB in treatment who receive social support								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	12.5%	12.5%					100%
Indicator 3.5 - Number of Centers of Excellence established								
	Period	Target	Result	0%	30%	50%	80%	
Level 2-Service Points supported								0%
Indicator 3.6 - Number of cases of TB-MDR who are enrolled to begin DOTS-Plus treatment per year								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	5	7,807	7,738					99%
Indicator 3.7 - Number of new community promoters trained in prevention and control of MDR-TB								
	Period	Target	Result	0%	30%	50%	80%	
Level 1-People trained	5	300	359					120%

Objective 4	Strengthen efforts for support and social rehabilitation of people with tuberculosis							
SDA	SDA - Other: Care and support for the chronically ill							
Indicator 4.1 - Number of support groups established to promote self-care and adherence to treatment								
	Period	Target	Result	0%	30%	50%	80%	
Level 2-Service Points supported	5	10	25					250%
SDA	SDA - Supportive Environment: Procurement and supply management capacity and building							
Indicator 4.2 - Number and percentage of patients with TB who benefit from work and housing programs								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	3.4%	0%					0%
Indicator 4.3 - Number and percentage of high risk/vulnerable contacts who receive food baskets								
	Period	Target	Result	0%	30%	50%	80%	
Level 3-People reached	4	20%	16%					80%

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	25 months	Grant Amount	13,603,065 \$
% Time Elapsed	64%	% disbursed by TGF	61%
Time Remaining (months)	9 months	Disbursed by TGF	8,328,321 \$
Expenditures' Burn Rate	51%	Funds Remaining	5,274,744 \$

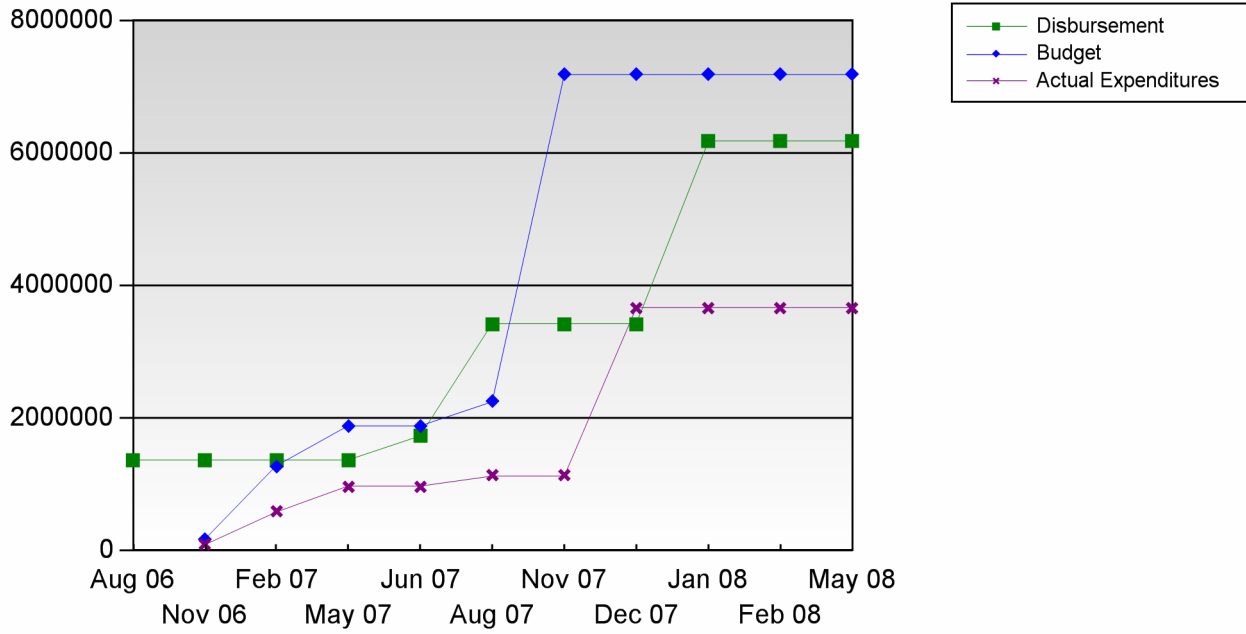
2.3.2. Program Budget

	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.Sep.06	01.Dec.06	01.Mar.07	01.Jun.07	01.Sep.07	01.Dec.07	01.Mar.08	01.Jun.08
Period Covered To:	30.Nov.06	28.Feb.07	31.May.07	31.Aug.07	30.Nov.07	29.Feb.08	31.May.08	31.Aug.08
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	173,518	1,269,782	1,881,335	2,259,124	7,193,689	7,193,689	7,193,689	7,193,689
Summary Period Budget:	173,518	1,096,264	611,553	377,789	4,934,565			

2.3.3. Program Expenditures

Period PU: 01.Sep.07 - 31.Dec.07	Cumulative Budget	Cumulative Expenditures	Reason for variance
1. Total actual expenditures vs. budget	\$ 7,193,689	\$ 3,661,222	Disbursements to date amount to \$ 6,183,350 or 45% of the Phase 1 grant amount. During Q5 expenditure amounted to \$ 2,520,285 or 51% of the budget for the quarter. The variance between funds budgeted for disbursements to SRs and funds disbursed during Q5 was only 10% (\$92,523). During this period Sub-recipients financial execution increased from 18% of budget reported for Q4, to 90%. Cumulative expenditure up to the end of Q5 was \$3,661,223 or 50% of the cumulative budget. Cumulative disbursements to Sub-recipients was 61% of the expected budget. The variance in cumulative budget is mainly due to delays in the elaboration of technical profiles for the centers of excellence. As these centers will not be completed until the end of year 2 (Q8 target), the financial underperformance is not reflected in a lack of programmatic performance to date. The cash balance at the end of the period covered by the progress update was \$ -229,700, although a disbursement arrived soon after the end of the quarter.
1a. PR's Total expenditure		\$ 2,204,442	
1b. Disbursements to sub-recipients		\$ 1,456,780	
2. Health product expenditures vs. Budget (already included in "Total Actual" above)		\$ 495,106	
2a. Pharmaceuticals		\$ 495,106	
2b. Health products, commodities and equipment			

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



2.4. Progress Update and Disbursement Information

Rating	Description
A	Expected or exceeding expectations
B1	Adequate
B2	Inadequate but potential demonstrated
C	Unacceptable

Progress Updates					Disbursement Information				
PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Sep.06 -		N/A	1	01.Sep.06 - 30.Nov.06	1,364,558	\$ 1,364,558	23 Aug 2006	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
This is a first disbursement									

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Sep.06 - 30.Nov.06		B2	2	01.Dec.06 - 28.Feb.07	439,881			
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Overall performance during Q1 is difficult to quantify due to the fact the PR did not report results for 2 out of 4 indicators with Q1 targets. Delays in the contracting of sub-recipients has lead to implementation delays which will most likely carry over into Q2 as disbursements to SRs did not occur until the end of Q2.					Financial execution during the period was low and programmatic progress was inadequate. As the PR had sufficient funds on hand to carry out Q2 and Q3 activities the decision was made not to disburse additional funds.				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Dec.06 - 28.Feb.07		B2	3	01.Mar.07 - 31.May.07	534,449			
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
Overall the performance during Q2 was inadequate as the PR did not report any progress on four out of 6 indicators with targets for Q2. Accumulative days in the tendering and contracting of sub recipients continued to affect programmatic performance in Q2, with most sub recipients only starting their activities towards the end of the quarter. The two indicators that reported results are supported through the Round 2 TB grant. It is important to note the very good results of the MDR-TB treatment programme which has reached 104% of its target (6,173 people have entered MDR-TB treatment since the start of the TGF financing). After communicating a B2 rating with the Q1 report, the PR & CCM responded by putting together a tighter monitoring of sub-recipients and an action plan was prepared with the main SR for the grant, the MoH. Partial improvement is expected in both programmatic and financial performance in subsequent quarters as all SR contracts have now been finalized.					The amount disbursed is based on revised budget forecasts for Q3 and Q4 ('the buffer') as well as updated information received from the PR on actual Q3 expenditure.				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Mar.07 - 31.May.07		B2	4	01.Jun.07 - 31.Aug.07	2,806,181	\$ 370,898	25 Jun 2007
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>Overall the performance during Q3 was inadequate (a "B2" rating) as the PR did not report any progress on 4 out of 8 indicators with targets for Q3. Cumulative delays in the tendering and contracting of sub recipients encountered during Q1-Q2 continued to affect programmatic performance in Q3. The two indicators that reported satisfactory results are also supported through the Round 2 TB grant. It is important to note the very good results of the MDR-TB treatment program which has reached 99% of its target (6495 people have entered MDR-TB treatment since the start of the TGF financing). The other 2 indicators reporting results show inadequate results of 11% (Number of TB patients participating in organizations of TB patients (OATs)) and 5% (Number of OATs established and active in prioritized districts).</p> <p>As with the Round 5 HIV grant, cumulative days in the tendering and contracting of sub recipients continued to affect programmatic performance in Q3, and there were delays in orders being submitted to the PR by the main SR, the MoH. Following the low financial and programmatic execution observed in Q1 & Q2 the Cluster issued an early warning letter to the PR & CCM and requested a Recovery Plan to improve performance as a requirement for the next disbursement. During Q3 there has been some improvement in performance. The Plan (attached) has been received and presents a comprehensive analysis of implementation bottlenecks and plan to recover accumulated delays. The PR is also preparing, as requested the early warning letter, a plan to increase the support of monitoring of sub recipients and this will be delivered to TGF by 31st August.</p>				<p>The Cluster's rationale for disbursement is based on the following:</p> <ul style="list-style-type: none"> - the PR's satisfactory completion of the Cluster's requirement for this disbursement; the presentation of a Recovery Plan to overcome Q1-Q2 implementation delays; ensuring the Grant has available funds to implement the recovery plan over the coming months 				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jun.07 - 31.Aug.07		B1	5	01.Sep.07 - 31.Dec.07	3,619,769	\$ 1,680,607	31 Aug 2007
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>During Q4, significant improvements in terms of programmatic performance were evidenced. Overall the performance during Q4 was satisfactory with 5 out of 13 indicators meeting or exceeding their targets for the period. During Q4, the Program was able to catch up on many activities which were previously delayed by the protracted tendering and contracting of sub recipients. At the end of Q4, 7116 cases of MDR-TB treatment had been enrolled (99% of the target) (Note: this indicator is also partially financed by the Round 2 grant); 201 new community promoters were trained in MDR-TB prevention and control; and 199 TB patients were participating in community organizations of TB patients (OATS). During the period, the Program has begun to report on those MDR-TB patients who receive treatment for adverse reactions and social support. The Cluster notes the less than satisfactory performance of this indicator (47% of the target). Neither the PR nor the LFA has provided information as to why only 47% (instead of 100%) of those with adverse reactions received treatment.</p> <p>In Q4, 4 additional indicators reported results and the Cluster notes with the exception of the indicator "Number and percentage of patients with TB who benefit from work and housing programs", satisfactory performance was evidenced. In addition it appears that the PR has overcome the initial problems of reporting. The Cluster notes that during the period 2 additional ME staff were hired (although one exclusively for HIV).</p>				<p>The Cluster's rationale for disbursement is based on the following:</p> <ul style="list-style-type: none"> - a satisfactory and improved programmatic performance in the reporting period - the PR's successful execution to date of a recovery plan following an early warning letter sent in June 2007 to overcome Q1-Q2 implementation delays <p>The Cluster therefore recommends that \$2,762,287 be disbursed for program activities scheduled for Q5 and Q6 ("the buffer"). This is the fourth disbursement under this grant. The amount has been calculated in the following manner: Cash balance at the end of Q4: \$603,206, plus cash in transit of \$1,680,607 Revised budget forecasts of \$5,051,100 for the disbursement period (Q5 + Q6 buffer) Total cash request: \$2,762,287</p>				

PU	Period covered by PU		FPM Rating	DR	Disbursement Period Covered	PR Request	Disbursement Amount	Disbursement Date
6	01.Sep.07 - 31.Dec.07		B1	6	01.Jan.08 - 30.Jun.08	3,038,856	\$ 2,767,287	18 Jan 2008
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>Overall programmatic performance</p> <p>The overall performance during Q5 was satisfactory. Due in part to a Recovery Plan requested by Cluster in June 2007, the PR has been able to work with the SRs to catch up with the delays and go beyond the established targets for Q5. The project was also helped partially by a one month no-cost extension due to an earthquake in August 2007.</p> <p>Of the 12 indicators with targets for Q5, 10 met or exceeded their targets. The remaining 2 indicators "Number and percentage of patients with MDR-TB with adverse reactions who receive treatment" reached 50% of its target and "Number and percentage of patients with TB who benefit from work and housing programs" only reached 38% of its target - in this latter case it is worth mentioning that most patients did not fulfill the requirements to be part of the program as they were not able to afford the down payment. The project has reprogrammed the budget to provide more financial support to those patients who qualified for receiving this benefit, and thus the performance of this indicator should improve.</p>				<p>The Cluster's rationale for disbursement is based on the following:</p> <ul style="list-style-type: none"> - a satisfactory and improved programmatic performance in the reporting period - the SR's financial execution increased from 18% reported for Q4 to 90% during this quarter. <p>The Cluster therefore disburses \$2,144,971 for program activities scheduled for Q6 and Q7 ('the buffer'). This is the fifth disbursement under this grant. The amount has been calculated in the following manner:</p> <ul style="list-style-type: none"> - Cash balance at the end of Q5: \$-229,700.29, plus cash in transit of \$2,767,287 - Revised budget forecasts of \$ 4,682,558 for the disbursement period (Q5 + Q6 buffer) - Total cash request: \$2,144,971.20 				

3. Contextual Information

3.1. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	27,274	2005	United Nations. World Population Prospects: The 2006 Revision.
Pop age 0-4 (in 1000s)	2,822	2005	United Nations. World Population Prospects: The 2006 Revision.
Pop age 15-49 (in 1000s)	14,455	2005	United Nations. World Population Prospects: The 2006 Revision.
GNI per capita (USD)	2,610	2005	World Bank. World Development Indicators database (http://devdata.worldbank.org/data-query/) accessed on January 24, 2007
Income level	Lower middle income	2005	World Bank. World Development Indicators database (http://devdata.worldbank.org/data-query/) accessed on January 24, 2007
Child mortality rate (per 1000)	29	2004	WHO. The World health report 2006: Working together for health.
Total health expenditure per capita (USD)	98	2003	WHO. The World health report 2006: Working together for health.
Physicians, Number	29,799	1999	WHO. The World health report 2006: Working together for health.
Nurses, Number	17,108	1999	WHO. The World health report 2006: Working together for health.
Tuberculosis	Estimate	Year	Source
People with TB	57,603	2005	WHO. WHO report 2007. Global tuberculosis control: surveillance, planning, financing.
TB incidence	47,976	2005	WHO. WHO report 2007. Global tuberculosis control: surveillance, planning, financing.
TB mortality	5,697	2005	WHO. WHO report 2007. Global tuberculosis control: surveillance, planning, financing.
New SS+ TB cases	21,492	2005	WHO. WHO report 2007. Global tuberculosis control: surveillance, planning, financing.

3.2. Contextual Information

Title	Explanatory Notes
Major changes in the nature of the epidemic	N/A
Major changes in the program supporting environment (e.g. changes in partner relationships, introduction of new partners, etc.)	N/A
Significant adverse external influences (e.g. force majeure, change in government, natural disasters, etc.)	In 2006 presidential elections in the country could represent a risk to the project implementation since there could be a change in the ministry of health and changes in the teams of the sanitary health strategy and DGSP (Dirección General de Salud de las Personas) (General Direction of People's Health).
External financial issues (e.g. inflation, currency depreciation, etc.)	N/A
Program management issues (e.g. changes in PR/Sub-recipients, problems with data collection, quality assurance, etc.)	N/A
Issues with the CCM (e.g. change in membership, composition, etc.)	N/A
Additional Contextual Issues	This grant is implemented alongside a Round 2 TB grant.

3.3. Summary of Financial Accountability Issues from PR Annual Audit Report

Date Received		Expected Date	29.Feb.08
Period Covered From		To	
This grant carries out annual audits on a programmatic year rather than a fiscal year.			