

Ref.: LAC/AH/JC/MPM/NM/IL8 to Grant Agreement HTI-911-Go8-T

14 August 2015

Mrs Yvonne Helle
Senior Country Director
United Nations Development Programme
MINUSTAH Logistic Base
Zone 5, Office 1B
Port-au-Prince
Haiti

**Subject: Program Grant Agreement: HTI-911-Go8-T
Principal Recipient: United Nations Development Programme
Implementation Letter: 8¹
Updating Face Sheet, Annex A, Performance Framework and Summary
Budget**

UNOFFICIAL SUMMARY:

This letter updates the current Performance Framework and the Summary Budget to the Grant Agreement. This letter also amends the Face Sheet and the Annex A of the Grant Agreement.

Dear Mrs Helle

We are writing this letter to replace the Performance Framework and the Summary Budget for your Round 9 tuberculosis Grant Agreement with the revised one enclosed with this letter. The new Performance Framework is required in order to review indicators and targets to ensure the transition to the program described in the HIV/TB Concept Note, approved by the Technical Review Panel in November 2014.

We are modifying the Grant Agreement to reflect the changes described above by:

- (1) Replacing the attachment to Annex A called "Performance Framework Years 3, 4 & 5c: Indicators, Targets and Period Covered" with the revised document attached called "Performance Framework Years 4, 5 & 6: Indicators, Targets and Period Covered."
- (2) Replacing the attachment to Annex A called "Summary Budget Years 3, 4 & 5" with the revised document attached called "Summary Budget Years 3, 4 & 5b".
- (3) Replacing Annex A of the Grant Agreement in its entirety with the attached Amended and Restated Annex A of the Grant Agreement.

¹ This Grant Agreement was changed before by letters dated 9 August 2011, 23 September 2011, 6 August 2012, 31 January 2013, 29 August 2013, 14 October 2013, 11 June 2014 and a Phase 2 Amendment dated 17 July 2013.

In addition to the above, it is noted that as of the date of signature of this Implementation Letter the Global Fund has only partially approved the PSM Plan for the upcoming Implementation Period. In particular, UNDP has yet to provide the Global Fund a plan for the use of Grant funds budgeted under the category "Other" in the "Summary Budget Years 3, 4 & 5b" for the total amount of US\$ 559,304. By signing this Implementation Letter, UNDP acknowledges and agrees that, pursuant to Article 18 of the Standard Terms and Conditions of the Grant Agreement, the use of said Grant funds is subject to the prior and explicit written approval of the Global Fund.

The revised Face Sheet of the Grant Agreement is also enclosed.

All other terms and conditions of the Grant Agreement remain the same.

Please confirm your agreement to these amendments by signing two copies of this letter and returning both copies to us. The above changes will take effect upon the signing by the Global Fund Chief Financial Officer (or his/her designated official) indicated below. One copy of this letter will be returned to you for records once the Global Fund Chief Financial Officer (or his/her designated official) has signed.

Thank you for your important efforts in the global fight against tuberculosis. We look forward to the successful implementation of the Program.

Yours sincerely

PP Maria Kirova
Department Head
Asia, Europe, Latin America and the Caribbean

Agreed and signed:

For: **UNITED NATIONS DEVELOPMENT PROGRAMME**

By: _____
Authorized Representative: Mrs Yvonne Helle, UNDP Senior Country Director

Date: _____

encl.: Revised Face Sheet of the Grant Agreement
Revised Annex A of the Grant Agreement
Performance Framework Years 4, 5 & 6: Indicators, Targets and Period Covered
Summary Budget 3, 4 & 5b

cc: Mrs Sophia Martelly, CCM Chair
Mr Eric Gaillard, Analytics, Local Fund Agent

Signed by the Global Fund Chief Financial Officer or his/her designated official for the recognition of this agreement by the Global Fund.

Andrew Kavuma
Regional Finance Manager

Date:

Signature:

PROGRAM GRANT AGREEMENT

1. Country: Republic of Haiti	
2. Principal Recipient Name and Address: United Nations Development Programme MINUSTAH Logistic Base, Zone 5, Office 1B, Port-au-Prince, Republic of Haiti	
3. Program Title: Strengthening and Improvement of DOTS Strategy in Haiti	
4. Grant Name: HTI-911-G08-T	4A. GA Number: 293
5. Implementation Period Dates: 01 April 2013 to 31 March 2016	
6. Grant Funds (Current Implementation Period only): Up to the amount of US\$11,461,192.98 (Eleven Million Four Hundred Sixty-One Thousand One Hundred and Ninety-Two US Dollars Ninety-Eight Cents). Grant Funds as indicated above will be committed by the Global Fund to the Principal Recipient in staggered terms as described in Annex A of this Agreement.	
7. Component/Disease: Tuberculosis	
8. The fiscal year of the Principal Recipient is: 01 January to 31 December	
9. Local Fund Agent: Analytics ht, Inc 124-55 SW 93 Terrace Apt 102T, 33186 Miami, Florida, USA Tel: +6173149142 Fax: Attention: Eric Gaillard E-mail: lfa@analytics.ht	
10. Name/Address for Notices to Principal Recipient: Ms. Yvonne Helle Senior Country Director MINUSTAH Logistic Base, Zone 5, Office 1B, Port-au-Prince, Republic of Haiti Tel.: +509 3707 3733 Fax: E-mail: yvonne.helle@undp.org	11. Name/Address for Notices to Global Fund: Mrs. Annelise Hirschmann Regional Manager, Latin America and Caribbean Team The Global Fund To Fight AIDS, Tuberculosis and Malaria Chemin de Blandonnet 8 1214 Vernier Geneva, Switzerland Tel.: +41 58 791 1700 Fax: +41 58 791 1701
This Agreement consists of this face sheet and the following: Recitals (if applicable) Standard Terms and Conditions Annex A – Program Implementation Description and the attachments thereto (including the Performance Framework and Summary Budget)	

Amended and Restated ANNEX A to the PROGRAM GRANT AGREEMENT

Program Implementation Abstract

Country:	The Republic of Haiti
Program Title:	Strengthening and Improvement of DOTS Strategy in Haiti
Grant Number:	HTI-911-Go8-T
Disease:	Tuberculosis
Principal Recipient:	United Nations Development Programme (UNDP)

A. PROGRAM DESCRIPTION

1. Background and Summary:

Haiti is a country in the Caribbean with around 10,1 million inhabitants (World Bank 2011). It has a surface area of 27,000 square kilometres divided into ten (10) geographic and health departments. Haiti has the highest estimated incidence rate in the Americas with 222 per 100 000 population (WHO TB report 2012). It is estimated that in 2011 TB is prevalent among approximately 31,000 people (307 per 100,000 population), with a death rate 30 per 100,000 population, that is approximately 3000 people. For the same year, Haiti accounted for approximately 14,000 of 200,000 notified new TB cases in the WHO American Region of which about 2000 were HIV-positive and 86 cases were confirmed as having Multi-Drug Resistant Tuberculosis (MDR-TB).

Case detection rate is still low (64%) but has been constantly increasing since 2000 (44%). Treatment success for the 2010 cohort was 82% showing as well a slow but steady increase since the 2000 (71%).

In order to substantially reduce TB transmission and TB-related morbidity and mortality, the National Tuberculosis Control Program (PNLT) is active at all levels of the health pyramid with a peripheral level (diagnosis and treatment centres (Centres de diagnostic et de traitement (CDTs)), an intermediary level (10 departments) and a central level (the PNLT – Programme National de Lutte contre la Tuberculose). The Directly Observed Treatment-Short-Course (DOTS) strategy has been in application since 1997. The PNLT currently bases its actions on the 2006-2015 Strategic Plan, which was recently updated. All of the program's action plans and activities are in line with the main strategic focuses of this plan, which is entirely consistent with the components of the STOP TB strategy.

The Round 3 Grant, which ended in July 2009, made it possible to increase the number of institutions applying the DOTS strategy. As a result, the percentage of tuberculosis cases under DOTS rose significantly. The number of notified cases of smear positive pulmonary tuberculosis also increased since 2005. The Round 9 Program intends to continue with the progress that was made in Round 3, by extending the DOTS network and improving the quality of DOTS services. Given the increase in the number of MDR-TB cases over the past few years, the fight against multi-drug resistance will also be a core component of the Round 9 Grant.

The quality of DOTS will be improved by: (1) strengthening human resources at all PNLT levels (coordination, departments, laboratories, peripheral centres) responsible for management, monitoring, evaluation and patient services, and (2) supplying laboratories with technical equipment. Because of Haiti's geography and the state of its roads, access to DOTS services is always difficult, which means that the number of CDTs will also be increased. The diagnosis and competent care of MDR-TB patients will be strengthened so these patients may be treated in accordance with WHO's recommended standards. Other challenges in the fight against tuberculosis such as TB/HIV co-infection and at-risk groups will be addressed by strengthening care of co-infected patients and introducing activities that directly target at-risk groups (prisoners, children and persons living in underprivileged urban environments) through organisations that have extensive experience working with these target groups.

2. Goal:

- To help reduce tuberculosis incidence and prevalence and tuberculosis related mortality in Haiti; and
- To increase the detection of smear-positive tuberculosis cases and maintain it at least 70% and to successfully treat 85% of these cases.

3. Target Group/Beneficiaries:

- People living in conditions of poverty (about 70% of the population);
- Malnourished children under 5 years of age;
- People with active tuberculosis and their families and neighbours;
- People living with HIV/AIDS (PLWHA) with HIV/TB co-infection;
- Prisoners;
- Government and private not-for-profit healthcare workers; and
- General Population.

4. Strategies:

- To strengthen the national network of laboratories reporting TB cases, extend and improve DOTS, ensure efficient management and availability of drugs, and effective Monitoring & Evaluation;
- To strengthen TB/HIV co infection screening and case management, Detection and Case management of MDR-TB, TB interventions among high risk groups;
- To strengthen Public-Private partnership;
- To raise awareness and strengthen community participation in TB control; and
- To promote operational research.

5. Planned Activities:

To strengthen and improve the DOTS strategy by increasing the number of institutions involved in the tuberculosis fight:

- Reinforce the External Quality Assessment (EQA) program in the network of laboratories reporting TB cases;
- Support the operations of 1 national reference laboratory for advanced TB diagnostic capacity;

- Provide equipment and supplies to the network of laboratories reporting TB cases;
- Provide technical assistance for updating, reproduction and distribution of laboratory norms;
- Reinforcement of existing level CDTs;
- Extend the network of CDTs from 234 to 259;
- Support the validation of the guidelines for TB case management;
- Provide Continuous Training to CDT providers of services;
- Nutritional Support for TB patients;
- Strengthen TB management Capacity of the PNLT
- Improve the TB drug management system in collaboration with *Département de la Pharmacie, du Médicament et de la Médecine Traditionnelle – DPMMT*;
- Ensure a continuous supply of TB medications;
- Capacity Building of departmental coordination units to improve supervision; and
- Improve surveillance of tuberculosis cases.

To strengthen TB/HIV co infection screening and case management, Detection and Case management of TB-MDR, TB interventions among high risk groups:

- Improve collaboration between TB and HIV programs at central, departmental and CDT level;
- Improve diagnostic/case management of TB/MDR at national level;
- Support TB interventions in the prisons; and
- Extension of the PIMUD (Projet d'intervention en milieu urbain defavorisé – Project in disadvantaged urban areas).

To strengthen Public-Private partnership:

- Organize informative meetings for private sector physicians at departmental level;
- Organize training sessions for nursing students focusing on the TB program and implementation of DOTS; and
- Organization of bi-national collaboration activities between National Tuberculosis programs of Haiti and Dominican Republic.

To raise awareness and strengthen community participation in TB control:

- Support the development, distribution and training on IEC educational materials;
- Intensify Community Strategy for active case finding and contact tracing;
- Support the finalization of the TB communication plan (IEC); and
- TB awareness campaign: (including sensitization on free detection and treatment).

To promote operational research:

- Operational researches

Term of the Grant: For purposes of the Grant Agreement, the following terms shall be defined as follows:

- a. Program Ending Date: 31 March 2016
- b. Proposal Completion Date: 31 March 2016
- c. Program Starting Date: 1 April 2011

B. CONDITIONS PRECEDENT TO DISBURSEMENT

None

C. SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT

None

D. FORMS APPLICABLE TO THIS AGREEMENT

For purposes of Article 13b(1) of the Standard Terms and Conditions of this Agreement entitled “Quarterly Reports,” the Principal Recipient shall use the “On-going Progress Update and Disbursement Request”, available from the Global Fund upon request, which shall, notwithstanding the terms of such Article, be provided to the Global Fund according to the schedule set forth in the Performance Framework described in Section G of this Amended and Restated Annex A.

E. ANTICIPATED DISBURSEMENT SCHEDULE

For the purposes of Article 6a. of the Standard Terms and Conditions of this Agreement, the anticipated schedule of cash transfers, as well as the schedule of commitment and disbursement decisions, is indicated in the Performance Framework described in Section G of this Amended and Restated Annex A.

F. PROGRAM BUDGET

The Summary Budget attached to this Amended and Restated Annex A sets forth anticipated expenditures for the Program term.

G. PERFORMANCE FRAMEWORK

The Performance Framework attached to this Amended and Restated Annex A sets forth the main objectives of the Program, key indicators, intended results, targets and reporting periods of the Program, as well as the information set out in Section D. and E. of this Amended and Restated Annex A.

H. GLOBAL FUND STAGGERED FUNDING COMMITMENT POLICY

At the time of each commitment decision by the Global Fund, the Global Fund shall set aside (“commit”) funds up to the amount of the commitment decision amount, subject to the terms and conditions of this Agreement. Grant funds shall be committed in a manner consistent with the Global Fund’s discretion and authority as described in Article 6 of the Standard Terms and Conditions of the Grant Agreement, taking into account, among other things, the availability of Global Fund funding and the reasonable cash flow needs of the Principal Recipient. If a commitment of Grant funds is made, such commitment decision will be communicated to the Principal Recipient through a written notice from the Global Fund. The Principal Recipient further acknowledges and understands that the Global Fund may decommit Grant funds, in its sole discretion, after the Program Ending Date.

Please carefully review the instructions work sheet before completing this template

A. Program details

Country / Applicant:	CCM Haiti	Principal Recipients <i>(Please select from list or add a new one)</i>	PR1	United Nations Development Programme, Haiti
Component:	Tuberculosis		PR2	
Start Year:	2013		PR3	
Start Month:	April		PR4	
SSF/grant number:	HTI-911-G08-T		PR5	

Reporting periods	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12
Period Covered: from	1-Apr-13	1-Jul-13	1-Jan-14	1-Jul-14	1-Jan-15	1-Jul-15
Period Covered: to	30-Jun-13	31-Dec-13	30-Jun-14	31-Dec-14	30-Jun-15	31-Mar-16
Due date Progress Update	14-Aug-13	14-Feb-14	14-Aug-14	14-Feb-15	14-Aug-15	15-May-16
Disbursement Request (Y,N)	N	Y	N	Y	N	-

	Year 3	Year 4	Year 5
Certified Financial Statement Due Date:	30-Jun-14	30-Jun-15	30-Jun-16

Due date periodic review	n/a
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B. Program goals and impact indicators

Goals:	
1	To help reduce tuberculosis incidence and prevalence and tuberculosis related mortality in Haiti
2	To increase the detection of smear-positive tuberculosis cases and maintain it at least 70% and to successfully treat 85% of these cases

Linked to goal(s) #	Impact indicator	Country	Baseline			Targets				Comments		
			Value	Year	Source	Year 3	Report due date	Year 4	Report due date		Year 5	Report due date
						2013		2014			2015	
1	Tuberculosis incidence rate (100,000 population)	Haiti	206	2013	WHO Global TB 2014 report	-	-	-	-	201	May-16	Data will be extracted from the WHO annual report

C. Program objectives and outcome indicators

Objectives:	
1	Extend and improve the DOTS strategy by increasing the number of institutions involved in tuberculosis
2	Strengthen TB/HIV collaboration by increasing the number of TB patients tested for HIV, prevent and control multi-drug resistant tuberculosis and fight tuberculosis in at risk-groups
3	Increase the participation of all healthcare providers in the application of the DOTS strategy by training private sector doctors, students of medicine and nursing students in the use of international diagnostic standards and in tuberculosis care
4	Improve community knowledge and strengthen community participation in tuberculosis control, including the distribution of tuberculosis messages by the media
5	Promote operational research

Linked to objective(s) #	Outcome indicator	Baseline			Targets				Comments		
		value	Year	Source	Year 3	Report due date	Year 4	Report due date		Year 5	Report due date
					2013		2014			2015	
1, 2, 3, 4	Notification rate of all forms of TB cases	141	2011	R&R TB system, yearly management report	154	Feb-14	156	Feb-15	173	May-16	The NTP agreed to use the notification rate (all forms) standard indicator i.e. notification rate (all forms) which includes relapse cases. Results will be annually verified with the WHO TB report.
1, 2, 3, 4	Notification rate of new smear-positive TB cases	80	2011	R&R TB system, yearly management report	92	Feb-14	96	Feb-15	100	May-16	Results will be annually verified with the WHO TB report.
1, 2, 3, 4	Treatment success rate, new smear positive TB	82%	2010	R&R TB system, yearly management report	83%	Feb-14	84%	Feb-15	85%	May-16	The 2009 drafted NSP defined an ambitious target for 2015 of 92%. Results will be annually verified with the WHO TB report. Treatment results refer to a previous year's cohort.
2	Treatment success rate, patients with laboratory-confirmed MDR-TB	60%	2012	Specify: Reports (GHESKIO, PIH).	75%	Feb-14	78%	Feb-15	80%	May-16	Numerator: Number of laboratory-confirmed MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment who are successfully treated (cured plus completed treatment) Denominator: Total number of laboratory-confirmed MDR-TB cases enrolled on second-line anti-TB treatment during the year of assessment

D. Service delivery areas and output/coverage indicators

Objective & Indicator Number	Service Delivery Area	Output/coverage indicator	Final target previous implementation period			Latest available baseline/result			Targets						Periodic review target <i>(filled in during grant negotiation)</i>	Target cumulation	Tied to	Top 10	Comments	
			N #	%	Year	N #	%	Year	Source	Period 7	Period 8	Period 9	Period 10	Period 11						Period 12
										1-Apr-13	1-Jul-13	1-Jan-14	1-Jul-14	1-Jan-15						1-Jul-15
			D #			D #				30-Jun-13	31-Dec-13	30-Jun-14	31-Dec-14	30-Jun-15						31-Mar-16
1.1.	High Quality DOTS	Number of notified cases of bacteriologically confirmed TB, new and relapse	4940		Mar-13	4442		Mar-13	TB patient register	2560	9377	4802	9719	5432	14390	#REF!	Annually	National program	Top 10	Given verified baseline results, targets are higher than those in National M&E Plan for Tuberculosis. Baseline is extracted from the statistic report of PNLT for 2011, hence correspond to an annual figure. Data will be extracted from NTP quarterly routine reports. Since Phase two of this grant is strating on 1 April 2013 and the indicator is cumulative annually and in order to align to national information cycles, the PR will take into account the first quarter of the year 2013 during the cumulative calculation of period 8, meaning that reported data will include the whole year. The Global Fund provides 100% of first line TB drugs, support to human resource costs at various levels, rehabilitation of CDTs and laboratory network, and the capacity bulding of health care and community health workers.

D. Service delivery areas and output/coverage indicators																										
Objective & Indicator Number	Service Delivery Area	Output/coverage indicator	Final target previous implementation period			Latest available baseline/result				Targets						Periodic review target <small>(filled in during grant negotiation)</small>	Target cumulation	Tied to	Top 10	Comments						
			N #	%	Year	N #	%	Year	Source	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12											
										1-Apr-13	1-Jul-13	1-Jan-14	1-Jul-14	1-Jan-15	1-Jul-15											
			D #			D #				30-Jun-13	31-Dec-13	30-Jun-14	31-Dec-14	30-Jun-15	31-Mar-16											
1.2	High Quality DOTS	Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapse	NA		NA	14361		2011	TB patient register				16746	8576	17356	8983	22764	#REF!	Annually	National program	Top 10	Given verified baseline results, targets are higher than those in National M&E Plan for Tuberculosis. Data will be extracted from NLTP quarterly routine reports. Since Phase two of this grant is starting on 1 April 2013 and the indicator is cumulative annually and in order to align to national information cycles, the PR will take into account the first quarter of the year 2013 during the cumulative calculation of period 8, meaning that reported data will include the whole year. The Global Fund provides 100% or first line TB drugs, support to human resource costs at various levels, rehabilitation of CDTs and laboratory network, and the capacity building of health care and community health workers.				
1.3	High Quality DOTS	Cure rate-Percentage of smear-positive pulmonary TB cases in a specified period successfully cured		N/A		3356	77%	Mar-13	R&R TB system, yearly management report				2013 Cohort	73%			2016 Cohort	77%		Not cumulative	National program	Not top 10	Given verified baseline results, targets are higher than those in National M&E Plan for Tuberculosis. The Global Fund provides 100% or first line TB drugs, support to human resource costs at various levels, rehabilitation of CDTs and laboratory network, and the capacity building of health care and community health workers. Data will be extracted from NLTP quarterly routine reports. Performance will be measured against the result in %. The PR will report numerator and denominator. Numerator: Number of new smear-positive pulmonary TB cases cured in a specified period. Denominator: Total number of new smear-positive pulmonary TB cases registered in the same specified period.			
1.4	Procurement and supply management (First line anti-TB drugs)	Percentage of reporting units (health directorates) reporting no stockout of first-line anti-TB drugs on the last day of the quarter		NA		10	100%	Mar-13	Administrative records	10	100%	10	100%	10	100%	10	100%	10	100%	100%	100%	Not cumulative	National program	Not top 10	Departmental data are reported directly to the NIP which is responsible for data aggregation and submission to the PR. The indicator is not applicable for second line drugs, since the latter are distributed just to GHESKIO and PIH and not nationwide. The Global Fund provides 100% or first line TB drugs, support to human resource costs at various levels, rehabilitation of CDTs and laboratory network, and the capacity building of health care and community health workers. The PR will continue to follow the SDP stock-out situation and provide details and corrective measures in	
2.1	TB/HIV	Percentage of TB patients who had an HIV test result recorded in the TB register		95%	Mar-13	6715	83%	Mar-13	TB patient register	2343	85%	15909	90%	8147	95%	17356	8983	22764	100%	100%	100%	100%	Annually	National program	Top 10	Baseline refers to October 2012-March 2013 cohort. Data will be extracted from NLTP quarterly routine reports. Performance will be measured against the result in %. The PR will report numerator and denominator. The actual denominators will be informed by the results for the indicator on all forms case notification rate. The Global Fund will support enhancing the collaboration between the National AIDS and TB programs through: training CDT laboratory staff on HIV testing and VCT lab-technicians on TB testing as well as other specific trainings on the management of HIV/TB co-infection; supporting HIV/TB coordination meetings and supporting human resources working in co-infection; the integration of HIV and TB services and making available HIV testing in all the CDTs; training of 100 polyvalent community health workers who will carry the detection and surveillance of TB, TB-MDR and TB/HIV co-infection at the community level. Numerator: Number of TB patients registered during a given time period who had an HIV test result recorded in the TB register. Denominator: Total number of TB patients registered during the same reporting period.
2.2	TB/HIV	Percentage HIV-positive TB patients, registered over the reporting period, starting or continuing CPT treatment during their TB treatment among all HIV-positive TB patients registered during the reporting period		100%	Mar-13		81%	2012	TB patient register	583	83%	1830	85%	1874	92%	2019	2066	3170	100%	100%	100%	100%	Not cumulative	National program	Not top 10	Given verified baseline results, targets are higher than those in National M&E Plan for Tuberculosis. Data will be extracted from NLTP quarterly routine reports. Performance will be measured against the result in %. The PR will report numerator and denominator. The actual denominators will be informed by the results for the indicator on all forms case notification rate. The Global Fund will support enhancing the collaboration between the National AIDS and TB programs through: training CDT laboratory staff on HIV testing and VCT lab-technicians on TB testing as well as other specific trainings on the management of HIV/TB co-infection; supporting HIV/TB coordination meetings and supporting human resources working in co-infection; the integration of HIV and TB services and making available HIV testing in all the CDTs; training of 100 polyvalent community health workers who will carry the detection and surveillance of TB, TB-MDR and TB/HIV co-infection at the community level. Numerator: Number of HIV-positive TB patients registered over a given time period who start or continue CPT treatment (are given at least one dose of CPT treatment) during their TB treatment. Denominator: Total number of HIV-positive TB patients registered over the same reporting period.
2.3	TB/HIV	Percentage of HIV-positive registered TB patients given anti-retroviral therapy during TB treatment	N/A		N/A		17%	2011	R&R TB system, yearly management report /WHO report 2012				385	20%	1355	69%	2019	1400	1455	70%	2450	77%	Not cumulative	National program	Top 10	Numerator: Number of HIV-positive TB patients registered over the reporting period, who receive antiretroviral therapy (are started on or continue previously initiated antiretroviral therapy). Denominator: Total number of HIV-positive TB patients registered during the reporting period. Data will be extracted from NLTP quarterly routine reports. Performance will be measured against the result in %. The PR will report numerator and denominator. The actual denominators will be informed by the results for the indicator on all forms case notification rate. The Global Fund will support enhancing the collaboration between the National AIDS and TB programs through: training CDT laboratory staff on HIV testing and VCT lab-technicians on TB testing as well as other specific trainings on the management of HIV/TB co-infection; supporting HIV/TB coordination meetings and supporting human resources working in co-infection; the integration of HIV and TB services and making available HIV testing in all the CDTs; training of 100 polyvalent community health workers who will carry the detection and surveillance of TB, TB-MDR and TB/HIV co-infection at the community level.

D. Service delivery areas and output/coverage indicators																				
Objective & Indicator Number	Service Delivery Area	Output/coverage indicator	Final target previous implementation period			Latest available baseline/result				Targets						Periodic review target <i>(filled in during grant negotiation)</i>	Target cumulation	Tied to	Top 10	Comments
			N #	%	Year	N #	%	Year	Source	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12					
										1-Apr-13	1-Jul-13	1-Jan-14	1-Jul-14	1-Jan-15	1-Jul-15					
			D #			D #				30-Jun-13	31-Dec-13	30-Jun-14	31-Dec-14	30-Jun-15	31-Mar-16					
2.4	Multidrug-resistant TB (MDR-TB)	Number of cases with drug resistant TB (RR-TB and/or MDR-TB) that began second line treatment	50		Mar-13	45		Mar-13	Specify- Reports, Surveys, Questionnaires etc.	23	45	50	50	55	111	#REF!	Not cumulative	Global Fund and other donors	Top 10	Data are extracted from GHESKIO and PIH registers and aggregated reports of MDR cases enrolled on MDR-TB treatment regimens. The targets were based on: (1) numbers of patients under treatment, (2) the latest GLC approval following the GLC mission that took place in March 2011 and (3) PNLT projections taking in consideration TB-MDR diagnosis means improvement (availability of Gene-Xpert). Targets are aligned with the National M&E Plan for Tuberculosis. National policy and guidelines for drug susceptibility testing for MDR-TB is under development and supported by other donors. A drug resistance survey will be done in 2015. The GF grant will provide funds for 1) procurement, storage and distribution of second line anti-TB drugs and laboratory commodities; 2) quality assurance process; 3) trainings on quality detection and treatment of TB-MDR cases 4) coordination meetings and 5)GLC technical assistance. Also the PR will be supporting a study on the National MDR TB strategy.
2.5	Multidrug-resistant TB (MDR-TB)	Percentage of MDR-TB cases initiated on a second-line anti-TB treatment regimen who have a negative culture at the end of six months of treatment during the specified period of assessment		80%	Mar-13	19	68%	Mar-2013 (April-Sept 2012 cohort)	Specify- Reports, Surveys, Questionnaires etc.	17	35	34	38	42	70		Not cumulative	Global Fund and other donors	Top 10 equivalent	Baseline refers to the April-Sept 2012 cohort. Targets aligned with National M&E Plan for Tuberculosis. Data are extracted from GHESKIO and PIH registers and aggregated reports of culture status at six months from start of treatment ("interim results"). Performance will be measured against the result in %. The PR will report numerator and denominator. The actual denominators will be informed by the results for the indicator on newly confirmed MDR-TB patients for the previous period. The GF grant will provide funds for 1) procurement, storage and distribution of second line anti-TB drugs and laboratory commodities; 2) quality assurance process; 3) trainings on quality detection and treatment of TB-MDR cases 4) coordination meetings and 5)GLC technical assistance. Also the PR will be supporting a study on the National MDR TB strategy. Numerator: Number of MDR-TB cases initiated on a second-line anti-TB treatment regimen during a specified period of time, who have a negative culture at the end of 6 months of treatment; Denominator: Number of MDR-TB cases initiated on second-line anti-TB treatment regimen during the same specified period of reporting.
2.6	High-risk groups	Number of TB cases (all forms) notified in prisons to the national health authorities during a specified period	75		Mar-13	255		Mar-13	TB patient register	40	125	90	180	95	243	#REF!	Annually	Current grant	Not top 10	Given verified baseline results, targets are higher than those in National M&E Plan for Tuberculosis Data will be extracted from NLTP quarterly routine reports.
3.1	All care providers (public-private mix and International Standards for Tuberculosis Care)	Number of notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities	145		Mar-13	53		Mar-13	R&R TB system, quarterly reports	17	68	60	130	36	90	#REF!	Annually	National program	Not top 10	Target setting take into account only West Department data collected through the PNLT support center register. The GF grant will support the organization of information meetings for private sector physicians at departmental level; organization of training sessions for nursing students focusing on the TB program and implementation of DOTS; Bi-national Collaboration Activities between PNLTS of Haiti and Dominican Republic.

Anticipated Schedule of Cash Transfers and Commitment and Disbursement Decisions			
Annual Disbursement & Commitment Decision		Cash Transfer	
January – June 2015	May-15	1st transfer: May 2015	6 months (Jan - Jun 2015)
		2nd transfer: July 2015	6 months (Jul - Dec 2015)
3rd transfer: December 2015		3 months (Jan – Mar 2016)	
July – December 2015			
January – March 2016 (buffer)			

SUMMARY BUDGET Years 3, 4 & 5b

Tuberculosis

Program Details

Country	Haiti
Grant No.	HTI-911-G08-T
PR	UNDP
Currency	USD
Grant Cycle phase	Phase 2

	P7			P8			P9			P10			P11			P12		
	Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24		
Period Covered: from	1-Apr-13	1-Jul-13	1-Oct-13	1-Jan-14	1-Apr-14	1-Jul-14	1-Oct-14	1-Jan-15	1-Apr-15	1-Jul-15	1-Oct-15	1-Jan-16						
Period Covered: to	30-Jun-13	30-Sep-13	31-Dec-13	31-Mar-14	30-Jun-14	30-Sep-14	31-Dec-14	31-Mar-15	30-Jun-15	30-Sep-15	31-Dec-15	30-Mar-16						

INDICATIVE SCHEDULE

Annual Disbursement and Commitment Decisions	DD-06			DD-07			DD-08			DD-9			DD-9
Indicative schedule of cash transfers:	Mar-13	Jul-13	Dec-13	Mar-14	Jun-14	Dec-14	Mar-15	Jun-15	Dec-15	Mar-16	Jun-16	Dec-16	
For:	Q9	Q10-Q11	Q12 (buffer)	Q13	Q14-Q15	Q16 (buffer)	Q17	Q18-Q19	Q20 (buffer)				

#	Category	9 months			Total	12 months					Total	12 months					Total	3 months	Total	TOTAL PHASE 2	%
		P7	P8	P11		P9	P10	P11	P12	P12											
		Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24				
1	Human Resources	401,886	401,886	401,886	1,205,658	375,609	375,609	375,609	375,609	1,502,435	397,888	397,888	504,993	594,161	1,894,929	297,980	297,980	4,901,002	37%		
2	Technical Assistance	9,679	9,679	9,679	29,037	21,437	21,437	21,437	21,437	85,748	0	0	25,000	25,000	25,000	0	0	139,785	1%		
3	Training	49,305	49,305	49,305	147,916	95,298	95,298	95,298	95,298	381,192	57,472	37,578	94,899	0	189,949	34,425	34,425	753,482	6%		
4	Health Products and Health Equipment	40,928	40,928	40,928	122,785	9,460	9,460	9,460	9,460	37,838	39,920	0	159,183	50,691	249,793	7,590	7,590	418,006	3%		
5	Medicines and Pharmaceutical Products	120,633	120,633	120,633	361,900	171,675	171,675	171,675	171,675	686,700	905,680	0	11,500	0	917,180	3,300	3,300	1,969,079	15%		
6	Procurement and Supply Management Costs	40,145	40,145	40,145	120,435	39,446	39,446	39,446	39,446	157,785	228,209	15,000	37,200	41,077	321,486	15,000	15,000	614,705	5%		
7	Infrastructure and Other Equipment	79,922	79,922	79,922	239,766	28,612	28,612	28,612	28,612	114,449	85,500	0	0	0	85,500	0	0	439,714	3%		
8	Communication Materials	4,873	4,873	4,873	14,618	37,732	37,732	37,732	37,732	150,928	61,805	21,555	14,271	14,271	111,902	35,686	35,686	313,133	2%		
9	Monitoring and Evaluation	111,647	111,647	111,647	334,940	100,471	100,471	100,471	100,471	401,886	131,021	126,561	140,934	135,148	533,665	57,224	57,224	1,327,714	10%		
10	Living Support to Clients/Target Population	2,048	2,048	2,048	6,143	12,805	12,805	12,805	12,805	51,222	22,976	22,976	22,976	22,976	91,904	0	0	149,269	1%		
11	Planning and Administration	85,526	85,526	85,526	256,579	58,906	58,906	58,906	58,906	235,625	81,602	61,785	59,038	54,653	257,078	75,703	75,703	824,984	6%		
12	Overheads	122,300	122,300	122,300	366,899	67,415	67,415	67,415	67,415	269,658	140,845	47,834	73,150	65,658	327,487	36,883	36,883	1,000,927	7%		
13	Other	0	0	0	0	0	0	0	0	0	0	559,304	0	559,304	0	0	559,304	4%			
	TOTAL	1,068,891	1,068,891	1,068,891	3,206,674	1,018,866	1,018,866	1,018,866	1,018,866	4,075,464	2,152,917	731,177	1,677,448	1,003,635	5,565,177	563,791	563,791	13,411,106	100%		

B. SUMMARY BUDGET BREAKDOWN BY PROGRAM ACTIVITY

#	Macro-category	Objectives	Service Delivery Area**	9 months			Total	12 months					Total	12 months					Total	3 months	Total	TOTAL PHASE 2	%
				P7	P8	P11		P9	P10	P11	P12	P12											
				Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24				
1.1	TB Detection	Extend and improve the DOTS strategy by increasing the number of institutions involved in tuberculosis	High quality DOTS	62,220	62,220	62,220	186,661	43,802	43,802	43,802	43,802	175,208	19,190	24,555	76,810	118,751	239,306	22,163	22,163	623,338	5%		
1.2	TB Treatment	Extend and improve the DOTS strategy by increasing the number of institutions involved in tuberculosis	High quality DOTS	61,105	61,105	61,105	183,314	56,817	56,817	56,817	56,817	227,266	85,500	0	13,119	0	98,619	250	250	509,450	4%		
1.3	TB Treatment	Extend and improve the DOTS strategy by increasing the number of institutions involved in tuberculosis	Procurement and supply management (First line anti-TB drugs)	110,936	110,936	110,936	332,809	119,051	119,051	119,051	119,051	476,204	575,254	15,000	32,162	15,000	637,416	23,962	23,962	1,470,391	11%		
1.4	TB Treatment	Extend and improve the DOTS strategy by increasing the number of institutions involved in tuberculosis	Monitoring and Evaluation	105,378	105,378	105,378	316,135	91,094	91,094	91,094	91,094	364,377	140,226	124,086	109,086	109,086	482,484	51,312	51,312	1,214,308	9%		
1.5	TB: Health Systems Strengthening (HSS)	Extend and improve the DOTS strategy by increasing the number of institutions involved in tuberculosis	HSS: Health workforce	107,344	107,344	107,344	322,033	103,554	103,554	103,554	103,554	414,216	153,949	153,949	160,916	193,831	662,644	26,871	26,871	1,425,764	11%		
2.1	TB/HIV Collaborative Activities	Strengthen TB/HIV collaboration by increasing the number of TB patients tested for HIV, prevent and control multi-drug resistant tuberculosis and fight tuberculosis in at risk-groups	TB/HIV	35,352	35,352	35,352	106,057	47,828	47,828	47,828	47,828	191,313	20,418	20,418	20,418	24,754	86,008	25,691	25,691	409,069	3%		
2.2	TB/HIV Collaborative Activities	Strengthen TB/HIV collaboration by increasing the number of TB patients tested for HIV, prevent and control multi-drug resistant tuberculosis and fight tuberculosis in at risk-groups	Multidrug-resistant TB (MDR-TB)	150,153	150,153	150,153	450,459	162,549	162,549	162,549	162,549	650,195	697,522	86,517	281,781	133,884	1,199,704	50,026	50,026	2,350,383	18%		
2.3	TB/HIV Collaborative Activities	Strengthen TB/HIV collaboration by increasing the number of TB patients tested for HIV, prevent and control multi-drug resistant tuberculosis and fight tuberculosis in at risk-groups	High-risk groups	77,055	77,055	77,055	231,164	100,462	100,462	100,462	100,462	401,849	88,090	85,403	120,316	104,398	398,207	19,337	19,337	1,050,557	8%		
3.1	TB: Supportive Environment	Increase the participation of all healthcare providers in the application of the DOTS strategy by training private sector doctors, students of medicine and nursing students in the use of international diagnostic standards and in tuberculosis care	All care providers (public-private mix and International Standards for Tuberculosis Care)	6,294	6,294	6,294	18,881	9,357	9,357	9,357	9,357	37,429	7,773	7,773	5,473	4,011	25,030	2,060	2,060	83,399	1%		
4.1	TB: Supportive Environment	Improve community knowledge and strengthen community participation in tuberculosis control, including the distribution of tuberculosis messages by the media	Community TB care	1,381	1,381	1,381	4,142	37,398	37,398	37,398	37,398	149,592	57,750	2,500	2,500	2,500	65,250	31,550	31,550	250,534	2%		
5.1	TB: Health Systems Strengthening (HSS)	Promote operational research	HSS: Surveys, evaluation and research	8,795	8,795	8,795	26,385	0	0	0	0	0	0	0	0	0	0	0	0	26,385	0%		
6.1	TB: Supportive Environment	Programme Management and local capacity building	Operations/implementation research	21,032	21,032	21,032	63,095	6,547	6,547	6,547	6,547	26,187	20,000	20,543	0	0	40,543	41,923	41,923	171,748	1%		
6.2	TB: Supportive Environment	Programme Management and local capacity building	Operations/implementation research	188,871	188,871	188,871	566,613	169,438	169,438	169,438	169,438	677,752	146,400	142,600	222,414	231,762	743,175	231,762	231,762	2,219,302	17%		
6.3	TB: Supportive Environment	Programme Management and local capacity building	Operations/implementation research	132,976	132,976	132,976	398,927	70,969	70,969	70,969	70,969	283,876	140,845	47,834	73,150	65,658	327,487	36,883	36,883	1,047,174	8%		
0	Other	Other	Other	0	0	0	0	0	0	0	0	0	559,304	0	559,304	0	0	559,304	4%				
	TOTAL			1,068,891	1,068,891	1,068,891	3,206,674	1,018,866	1,018,866	1,018,866	1,018,866	4,075,464	2,152,917	731,177	1,677,448	1,003,635	5,565,177	563,791	563,791	13,411,106	100%		

C. SUMMARY BUDGET BREAKDOWN BY IMPLEMENTING ENTITY

#	PR/SR	9 months			Total	12 months					Total	12 months					Total	3 months	Total	TOTAL PHASE 2	%
		P7	P8	P11		P9	P10	P11	P12	P12											
		Q9	Q10	Q11	Q12	Q13	Q14	Q15	Q16	Q17	Q18	Q19	Q20	Q21	Q22	Q23	Q24				
1	PR UNDP Haiti	638,553	638,553	638,553	1,915,659	542,969	542,969	542,969	542,969	2,171,878	1,659,571	253,545	520,476	425,556	2,859,147	340,740	340,740	7,287,424	54%		
2	SR Ministry of Health and Population (MSPP)	147,581	147,581	147,581	442,742	197,717	197,717	197,717	197,717	790,866	192,246	192,002	284,210	224,207	892,665	101,329	101,329	2,227,603	17%		
3	SR Laboratoire National de Sante Publique	54,188	54,188	54,188	162,564	52,050	52,050	52,050	52,050	208,201	58,141	63,506	91,334	80,934	293,914	36,661	36,661	701,339	5%		
3	SR International Child Care (ICC)	107,925	107,925	107,925	323,774	103,284	103,284	103,284	103,284	413,134	118,806	119,181	119,181	141,938	499,106	12,443	12,443	1,248,458	9%		
4	SR PIH (Zanmi Lasante)	59,298	59,298	59,298	177,893	47,321	47,321	47,321	47,321	189,286	67,159	45,949	45,949	61,532	220,588	45,547	45,547	633,313	5%		
5	SR GHESKIO	61,347	61,347	61,347	184,042	75,525	75,525	75,525	75,525	302,100	56,994	56,994	56,994	69,469	240,452	27,071	27,071	753,665	6%		
6	Other	0	0	0	0	0	0	0	0	0	0	559,304	0	559,304	0	0	559,304	4%			
	TOTAL	1,068,891	1,068,891	1,068,891	3,206,674	1,018,866	1,018,866	1,018,866	1,018,866	4,075,464											