

## Ongoing Progress Update and Disbursement Request

### Cover Sheet: Instructions

- This template is compatible with MS Excel 2013 and later versions. Some drop-downs and formulae may not work with earlier versions and specifically MS Excel 2010. Hence, PRs with earlier MS versions are requested to upgrade to MS Excel 2013 to have the full functionalities of this tool.
- Principal Recipients are first required to complete the Cover Sheet with the General Grant Information listed in the boxes below. They can refer to their Grant Face Sheet/Grant Confirmation to fill part of this information.
- It is very important to select the right component under the General Grant Information box to have the correct list of Impact/Outcome and Coverage indicators in the drop-down menus.
- Principal Recipients are required to fill in the information related to the periods covered by the progress update and disbursement request.
- Principal Recipients are required to select the type of submission, i.e. whether they are submitting a Mid-Year (or Quarterly) Progress Update or a Year-End Progress Update/Disbursement Request. This is important as the forms will change depending on the type of submission selected.

### GENERAL GRANT INFORMATION

Country:	Multi Country Western Pacific Grant
(Disease) Component	HIV/TB
Grant Name/Number:	OMG-C-UNDP/733
Principal Recipient:	UNDP
LPA Name:	KPMG
Program Start Date:	1-Jul-15
Currency:	USD

<b>PROGRESS UPDATE</b>			
Progress Update - Reporting Period:	Cycle:	Semester	Number: 1
Progress Update - Period Covered:	Beginning Date:		End Date:
<b>DISBURSEMENT REQUEST</b>			
Disbursement Request - Disbursement Period:	Cycle:	Annual	Number: 3
Disbursement Request - Period Covered:	Beginning Date:	1-Jan-16	End Date: 31-Dec-16

### Are you submitting:

- A Progress Update (PU); or
- A Progress Update/Disbursement Request (PU/DR).

PU  
 PU/DR

## Ongoing Progress Update and Disbursement Request

### Section 1: Programmatic Information

Note: The table below should contain those Impact/Outcome indicators that are (1) due for reporting during the current year of a grant and (2) (a)

#### A- Impact/Outcome Indicators

Impact / Outcome	Indicator Description	Please input custom indicators where appropriate	Baseline (if applicable)		Intended Target	Year of Target	Report Due Date	Actual Result	Year of Result	Data Source of Results	Comments on results on Impact/Outcome indicators and data sources, and any other comments
			Value	Year							
Impact	HIV 1-2: HIV incidence among 15-49 age group		TBD			2015					This indicator is to be included based on a modeling exercise to be led by UNAIDS in collaboration with technical partners. Data for this indicator is a programmatic priority that wasn't possible to accommodate that activity in 2015. Communications with UNAIDS were initiated to ensure availability of data by the end of 2016
Outcome	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		TBD		TBD	2015					Data on the percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy is to be submitted by countries by the report submission date. This information should be available as part of the Global AIDS Response Progress Report due on April 8th, 2016. As agreed during the GARPPK training on Feb 2015 will serve as a baseline for this indicator
Outcome	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases		101	2014	103	2015	28-Feb-16	119	2015	TB patient register	This indicator is reporting the program in 8 out of 11 MWP- FM, KI, MI, PW, CK, NS, NS, PFSR agreements were not signed nor disbursements were made in 2015. Calculation is based on aggregate estimated population projection of 864,140 for these 8 MWP using mid-year population estimations obtained from the former FAO SPY (United Nations Statistics Division) that informed projections of population for 2015. The target for 2015 is 103. The target for 2014 is set as 101. Target for reporting period July- Dec 2015 Notification by country for this reporting period are: FM = 45/102800; KI = 285/134,000; MI = 27/5480; PW = 6/7990; SM = 13/46300; TD = 3/109300; TV = 15/11010; VU = 44/27300. Total of 57' cases equivalent to 1397 per 100,000
Outcome	TB O-1b: Case notification rate per 100,000 population - bacteriologically-confirmed TB, new and relapse		37	2013	39	2015	28-Feb-16	37	2015	TB patient register	This program in this indicator is reported from 8 out of 11 MWP- FM, KI, MI, PW, SM, TD, TV, VU. Calculation follows the same process and approach used above. Notification of bacteriologically confirmed cases by country FM = 11/102800; KI = 168/134000; MI = 28/5480; PW = 4/7990; SM = 10/46300; TD = 2/109300; TV = 6/11090; VU = 15/27700. Total of 247 cases, adjusted half year result value of 57 per 100,000 population.
Outcome	TB O-2b: Treatment success rate - bacteriologically confirmed TB cases		85%	2013	86%	2015	28-Feb-15	83%	2015	TB patient register	Report covers the 8 out of 11 MWP- FM, KI, MI, PW, SM, TD, TV, VU. Because the treatment to cure period required for TB is usually 8-9 months, the data for this indicator is reported on a lagged basis. The indicator was completed in 2014. If started early, or in 2015 if started late will be used. Overall consolidate performance is 83%; (268/323) detailed as follows: Treatment outcome targets were achieved in: MI = 100%; SM = 100%; TD = 86.4%; KI = 62/691.2%; TD = 5/5 = 100%; VU = 20/23 = 86.9%; PW = 4/4 = 100%; FM = 1/1 = 100%. Treatment outcomes needs to be improved in: FM: 53/62 = 85.48%; KI: 62/691.2% = 8.98%; SM: 7/15 = 46.7%; and TV: 7/15 = 46.7%
Outcome	TB O-4: Treatment success rate of MDR-TB. Percentage of bacteriologically confirmed drug resistant TB cases (MDR-TB and/or MDR-TB successfully treated)		70%	2013	72%	2015	28-Feb-15	100%	2015	TB patient register	1 patient was confirmed with MDR, started treatment in 2013 and was cured in 2015. The patient was confirmed with MDR in 2013. The patient started treatment through the mobile app in 2013. The patient was confirmed with MDR-TB in Ebeve in 2013. Managed by Ebeve NTP with second line drugs supplied by WHO. Completed treatment and declared Cured in 2015. With NTPs has uniformly reported to cases in FSM and Kiribati in 2013. The indicator is reported on a lagged basis. The indicator was completed in 2014. If started early, or in 2015 if started late will be used. Overall consolidate performance is 100%; (1/1) detailed as follows: Treatment outcome targets were achieved in: none of those countries had accessed second line drugs from the regional stockpile. Inability to accurately report the MDR-TB situation is seen as a very serious gap that WHO regional office together with the PK are exploring reasons behind this and steps to mitigate these risks.

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### Section 1: Programmatic Information

Note: All coverage indicators contained in the current Performance Framework should be listed, regardless of whether there are targets, results for the period covered by the Progress Update or whether the targets have been met by previous periods.

#### B: Coverage Indicators

Module	Indicator Description	Please input custom data where appropriate	Geographic Area (if sub-national, please specify the country and "sub-national" region)	Targeting (if applicable)	Baseline (if applicable)			Target			Result			Comments (Reasons for programmatic deviation from intended target and deviations from the related workplan activities)		
					N#	D#	N	Y#	Source	N#	D#	N	N#		D#	N
Prevention programs for MSM and TICs	N#-a: Percentage of MSM reached with HIV prevention programs - defined package of services		National	Y-Cumulative annually	0	7-460	0%	2013	Reports (reports)	not due	not due	not due	not due			
Prevention programs for MSM and TICs	N#-b: Percentage of TICs reached with HIV prevention programs - defined package of services		Subnational	Y-Cumulative annually	0	TBD		2013	Reports (reports)	not due	not due	not due	not due			
Prevention programs for MSM and TICs	N#-c: Percentage of MSM that have received an HIV test during the reporting period and know their results		National	Y-Cumulative annually	0	7-460	0%	2013	Reports (reports)	not due	not due	not due	not due			
Prevention programs for MSM and TICs	N#-d: Percentage of TIC that have received an HIV test during the reporting period and know their results		Subnational	Y-Cumulative annually	TBD	TBD		2013	Reports (reports)	not due	not due	not due	not due			
Prevention programs for sex workers and their clients	N#-e: Percentage of sex workers reached with HIV prevention programs - defined package of services		Subnational	Y-Cumulative annually	TBD	TBD		2014	Reports (reports)	not due	not due	not due	not due			
Prevention programs for sex workers and their clients	N#-f: Percentage of sex workers that have received an HIV test during the reporting period and know their results		Subnational	Y-Cumulative annually	TBD	TBD		2014	Reports (reports)	not due	not due	not due	not due			
PMCT	PMCT-a: Percentage of pregnant women who know their HIV status		National	N-Non-cumulative	1,211	84,700	5%	2013	Administrative records	7,327	12,591	60%	not due	Actual number of pregnant women obtained from ANC records have been used in program reviews. Review testing of ANC patients for HIV is in place as part of ANC provision in MPW countries. Data used for this indicator is derived from 6 countries: Results are as follows: BM = 1000/1000 = 100%, ST = 474/669 = 71%, PV = 266/270 = 99%, SM = 388/398 = 97%, TM = 965/965 = 100%, VL = 181/204 = 89%. As at time of reporting, information is only based on data from Vohiv Hivp in Tanzania.		
PMCT	PMCT-b: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission		National	N-Non-cumulative	1	15	7%	2013	Patient records	4	8	50%	2	The only use of an index test to HIV matches in 2013 was reported by TZA. The index was delivered at 27 weeks gestation by Co-trimoxazole (CTZ) but unfortunately due to a mistake on 01/10/13. No HIV test performed for Early Infant Diagnosis (EID) testing. While antiretroviral were reported for the index test, unfortunately, this HIV reported index did not have more than 6 weeks testing period & 8 weeks from birth.		
PMCT	PMCT-c: Percentage of adults and children HIV-positive women receiving a voluntary test for HIV within a month of birth		National	N-Non-cumulative	1	15	7%	2013	Patient records	4	8	50%	0	In consultation with UNICEF, actual values based on country program data are used for indicator calculations. Eight countries reported to PMCT. The only use of an index test to HIV matches in 2013 was reported by TZA. The index was delivered at 27 weeks gestation by Co-trimoxazole (CTZ) but unfortunately due to a mistake on 01/10/13. No HIV test performed for Early Infant Diagnosis (EID) testing. While antiretroviral were reported for the index test, unfortunately, this HIV reported index did not have more than 6 weeks testing period & 8 weeks from birth.		
Treatment, care and support	TCS-a: Percentage of adults and children receiving ART during the reporting period among all adults and children living with HIV		National	N-Non-cumulative (other)	34	85	40%	2014	Patient records	41	98	45%	39	In 2014, Both PMCT and TCS are defaulting on treatment.		

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Note: All coverage indicators included in the current Performance Framework should be listed, regardless of whether there are targets, results for the period covered by the Progress Update or whether the targets have been met in previous periods.

B: Coverage Indicators

Module	Indicator Description	Please input custom indicator where appropriate	Geographic Area (break national when appropriate)	Targets cumulative	Baseline (if applicable)						Target				Result				Comments
					N#	D#	N	Year	Source	N#	D#	N	D#	N	D#	N	D#	N	
Prevention program for general population	IPA: Percentage of untreated new arrivals tested for syphilis	National	National	N-Non-cumulative	32,995	27,998	86%	2014	Reports (reports)	44,475	28,118	63%	-5,357	6,280	95%	Only six countries reported on this indicator: BM, KZ, PW, SM, TD, VU. SE, SR are not obligated to report. Reported values are BM: 98,470/99,000; KZ: 47,669/47,669; PW: 273/273; SM: 383/383; VU: 995/1000. TD: 995/1000 = 99.5%.			
HSI: Health information systems and MAE	MAE-1: Percentage of HHS or other attributes tested for syphilis reports according to national guidelines	National	National	N-Non-cumulative	7	11	64%	2013	System, yearly management reports	7	11	64%	6	11	73%	Information in Kenya is limited to ANS clients in the urban setting. Considering the agreements signature in October only one report was due per country. Eight reports were submitted for the 2013 reporting period.			
TB care and prevention	DOTS-10: Number of notified cases of TB who are successfully confirmed TB new and relapses	National	National	N-Non-cumulative	690			2014	BAR TB system, quarterly reports	473			317			This is the numerator value for TB QAs. Comments in TB QAs explain notification by countries (new data values of # of cases) are: BM = 45; KZ = 217; RW = 47; PW = 6; SM = 12; TD = 2; VU = 15; VV = 15 with aggregated total of = 473. Four countries (BM, TD, RW, VU) were able to provide disaggregated data in aggregate of regions. However, these four disaggregated data are very limited (45315 = 291/37) adding to no significant are proportional of TB cases in this country and only one report was submitted for the 2014 reporting period. This is all performance indicators. Comment: (a) - (b) = (c) = (d) = (e) = (f) = (g) = (h) = (i) = (j) = (k) = (l) = (m) = (n) = (o) = (p) = (q) = (r) = (s) = (t) = (u) = (v) = (w) = (x) = (y) = (z) = (aa) = (ab) = (ac) = (ad) = (ae) = (af) = (ag) = (ah) = (ai) = (aj) = (ak) = (al) = (am) = (an) = (ao) = (ap) = (aq) = (ar) = (as) = (at) = (au) = (av) = (aw) = (ax) = (ay) = (az) = (ba) = (bb) = (bc) = (bd) = (be) = (bf) = (bg) = (bh) = (bi) = (bj) = (bk) = (bl) = (bm) = (bn) = (bo) = (bp) = (bq) = (br) = (bs) = (bt) = (bu) = (bv) = (bw) = (bx) = (by) = (bz) = (ca) = (cb) = (cc) = (cd) = (ce) = (cf) = (cg) = (ch) = (ci) = (cj) = (ck) = (cl) = (cm) = (cn) = (co) = (cp) = (cq) = (cr) = (cs) = (ct) = (cu) = (cv) = (cw) = (cx) = (cy) = (cz) = (da) = (db) = (dc) = (dd) = (de) = (df) = (dg) = (dh) = (di) = (dj) = (dk) = (dl) = (dm) = (dn) = (do) = (dp) = (dq) = (dr) = (ds) = (dt) = (du) = (dv) = (dw) = (dx) = (dy) = (dz) = (ea) = (eb) = (ec) = (ed) = (ee) = (ef) = (eg) = (eh) = (ei) = (ej) = (ek) = (el) = (em) = (en) = (eo) = (ep) = (eq) = (er) = (es) = (et) = (eu) = (ev) = (ew) = (ex) = (ey) = (ez) = (fa) = (fb) = (fc) = (fd) = (fe) = (ff) = (fg) = (fh) = (fi) = (fj) = (fk) = (fl) = (fm) = (fn) = (fo) = (fp) = (fq) = (fr) = (fs) = (ft) = (fu) = (fv) = (fw) = (fx) = (fy) = (fz) = (ga) = (gb) = (gc) = (gd) = (ge) = (gf) = (gg) = (gh) = (gi) = (gj) = (gk) = (gl) = (gm) = (gn) = (go) = (gp) = (gq) = (gr) = (gs) = (gt) = (gu) = (gv) = (gw) = (gx) = (gy) = (gz) = (ha) = (hb) = (hc) = (hd) = (he) = (hf) = (hg) = (hh) = (hi) = (hj) = (hk) = (hl) = (hm) = (hn) = (ho) = (hp) = (hq) = (hr) = (hs) = (ht) = (hu) = (hv) = (hw) = (hx) = (hy) = (hz) = (ia) = (ib) = (ic) = (id) = (ie) = (if) = (ig) = (ih) = (ii) = (ij) = (ik) = (il) = (im) = (in) = (io) = (ip) = (iq) = (ir) = (is) = (it) = (iu) = (iv) = (iw) = (ix) = (iy) = (iz) = (ja) = (jb) = (jc) = (jd) = (je) = (jf) = (jg) = (jh) = (ji) = (jj) = (jk) = (jl) = (jm) = (jn) = (jo) = (jp) = (jq) = (jr) = (js) = (jt) = (ju) = (jv) = (jw) = (jx) = (jy) = (jz) = (ka) = (kb) = (kc) = (kd) = (ke) = (kf) = (kg) = (kh) = (ki) = (kj) = (kk) = (kl) = (km) = (kn) = (ko) = (kp) = (kq) = (kr) = (ks) = (kt) = (ku) = (kv) = (kw) = (kx) = (ky) = (kz) = (la) = (lb) = (lc) = (ld) = (le) = (lf) = (lg) = (lh) = (li) = (lj) = (lk) = (ll) = (lm) = (ln) = (lo) = (lp) = (lq) = (lr) = (ls) = (lt) = (lu) = (lv) = (lw) = (lx) = (ly) = (lz) = (ma) = (mb) = (mc) = (md) = (me) = (mf) = (mg) = (mh) = (mi) = (mj) = (mk) = (ml) = (mm) = (mn) = (mo) = (mp) = (mq) = (mr) = (ms) = (mt) = (mu) = (mv) = (mw) = (mx) = (my) = (mz) = (na) = (nb) = (nc) = (nd) = (ne) = (nf) = (ng) = (nh) = (ni) = (nj) = (nk) = (nl) = (nm) = (nn) = (no) = (np) = (nq) = (nr) = (ns) = (nt) = (nu) = (nv) = (nw) = (nx) = (ny) = (nz) = (oa) = (ob) = (oc) = (od) = (oe) = (of) = (og) = (oh) = (oi) = (oj) = (ok) = (ol) = (om) = (on) = (oo) = (op) = (oq) = (or) = (os) = (ot) = (ou) = (ov) = (ow) = (ox) = (oy) = (oz) = (pa) = (pb) = (pc) = (pd) = (pe) = (pf) = (pg) = (ph) = (pi) = (pj) = (pk) = (pl) = (pm) = (pn) = (po) = (pp) = (pq) = (pr) = (ps) = (pt) = (pu) = (pv) = (pw) = (px) = (py) = (pz) = (qa) = (qb) = (qc) = (qd) = (qe) = (qf) = (qg) = (qh) = (qi) = (qj) = (qk) = (ql) = (qm) = (qn) = (qo) = (qp) = (qq) = (qr) = (qs) = (qt) = (qu) = (qv) = (qw) = (qx) = (qy) = (qz) = (ra) = (rb) = (rc) = (rd) = (re) = (rf) = (rg) = (rh) = (ri) = (rj) = (rk) = (rl) = (rm) = (rn) = (ro) = (rp) = (rq) = (rr) = (rs) = (rt) = (ru) = (rv) = (rw) = (rx) = (ry) = (rz) = (sa) = (sb) = (sc) = (sd) = (se) = (sf) = (sg) = (sh) = (si) = (sj) = (sk) = (sl) = (sm) = (sn) = (so) = (sp) = (sq) = (sr) = (ss) = (st) = (su) = (sv) = (sw) = (sx) = (sy) = (sz) = (ta) = (tb) = (tc) = (td) = (te) = (tf) = (tg) = (th) = (ti) = (tj) = (tk) = (tl) = (tm) = (tn) = (to) = (tp) = (tq) = (tr) = (ts) = (tt) = (tu) = (tv) = (tw) = (tx) = (ty) = (tz) = (ua) = (ub) = (uc) = (ud) = (ue) = (uf) = (ug) = (uh) = (ui) = (uj) = (uk) = (ul) = (um) = (un) = (uo) = (up) = (uq) = (ur) = (us) = (ut) = (uu) = (uv) = (uw) = (ux) = (uy) = (uz) = (va) = (vb) = (vc) = (vd) = (ve) = (vf) = (vg) = (vh) = (vi) = (vj) = (vk) = (vl) = (vm) = (vn) = (vo) = (vp) = (vq) = (vr) = (vs) = (vt) = (vu) = (vv) = (vw) = (vx) = (vy) = (vz) = (wa) = (wb) = (wc) = (wd) = (we) = (wf) = (wg) = (wh) = (wi) = (wj) = (wk) = (wl) = (wm) = (wn) = (wo) = (wp) = (wq) = (wr) = (ws) = (wt) = (wu) = (wv) = (ww) = (wx) = (wy) = (wz) = (xa) = (xb) = (xc) = (xd) = (xe) = (xf) = (xg) = (xh) = (xi) = (xj) = (xk) = (xl) = (xm) = (xn) = (xo) = (xp) = (xq) = (xr) = (xs) = (xt) = (xu) = (xv) = (xw) = (xx) = (xy) = (xz) = (ya) = (yb) = (yc) = (yd) = (ye) = (yf) = (yg) = (yh) = (yi) = (yj) = (yk) = (yl) = (ym) = (yn) = (yo) = (yp) = (yq) = (yr) = (ys) = (yt) = (yu) = (yv) = (yw) = (yx) = (yy) = (yz) = (za) = (zb) = (zc) = (zd) = (ze) = (zf) = (zg) = (zh) = (zi) = (zj) = (zk) = (zl) = (zm) = (zn) = (zo) = (zp) = (zq) = (zr) = (zs) = (zt) = (zu) = (zv) = (zw) = (zx) = (zy) = (zz) =			

Ongoing Progress Update and Disbursement Request

Section 1: Programmatic Information

Please Enter only the Workshop Tracking Measures that are due for the reporting period.

C. Workshop Tracking Measures

Workshop	Intervention	Activity	Activity details-mission/statement/targets	Challenges for completion	Milestones (Target for the Current Report)	Country (or countries) for implementation	Progress Status	Score	Reasons for deviation from workshop activities and milestones
Treatment, care and support	Other interventions: HIV/AIDS/TB/PATCT Rescue therapy	Review of regional and national guidelines including Lab guidelines	Regional and national guidelines updated	Updated guidelines approved by TWG	Updated guidelines approved by TWG	Multi country implementation	Not Started	0	
HSS - Health information systems and M&E	Surveys	Key population size estimation/population mapping (HSS, TC and SW)	Prepare study protocols for the population size estimation and conduct the surveys with guidance from the research partner or university	Study protocol approved by GP, Ethical Review and Chairman obtained	Study protocol approved by GP, Ethical Review and Chairman obtained	Multi country implementation	Completed	3	
HSS - Health information systems and M&E	Surveys	Key population size estimation/population mapping (HSS, TC and SW)	Prepare ToRs for countries; Consultant(s) identified and scope of work/country finalized	Consultant(s) selected by TWG and GP	Consultant(s) selected by TWG and GP	Multi country implementation	Completed	3	
HSS - Health information systems and M&E	Regular reporting	Impact indicators	ToRs for modelling estimate developed by TWG including information expected (disclosure, prevalence, etc)	ToRs approved by GP published and endorsed for TWG and GP	ToRs approved by GP published and endorsed for TWG and GP	Multi country implementation	Not Started	0	ToRs for modelling estimate will be developed by UNALIS and TWG and shared with the TWG for approval. The estimate will be completed by Q2
HSS - Health information systems and M&E	Analysis, review and transparency	Stigma Index	Prepare a protocol about the index and submit to the relevant authority for ethical review with guidance from the research partner or university	Ethical review and endorsement obtained	Ethical review and endorsement obtained	Multi country implementation	Started	1	
HSS - Health information systems and M&E	Policy planning	Stigma Index	Prepare a protocol about the index and submit to the relevant authority for ethical review with guidance from the research partner or university	Team recruited and feedback provided to reporting units	Team recruited and feedback provided to reporting units	Multi country implementation	Started	1	
Program management	Supportive supervision	Supportive supervision	Separation visit as per annual plan	Feedback provided to reporting units	Feedback provided to reporting units	Multi country implementation	Completed	3	Feedback had been provided to reporting units in form of management letters

# Ongoing Progress Update and Disbursement Request

## Section 2: Financial Information

A. Principal Recipient Cash Reconciliation Statement in Grant Currency					
Item No.	Description	Principal Recipient			Cumulative for Previous Periods as validated by Global Fund
		Cumulative for Previous Periods	Current Reporting Period	Comments	
1.1	Cash Balance: Beginning of the Period		\$0		
2.	Grant Income				
<b>Add:</b>					
2.1	Disbursement made to the Principal Recipient	\$0	\$4,924,662	First disbursement USD 3,086,356. Second disbursement USD1,838,306	\$0
2.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	\$0	\$25,000	GLC fees	\$0
2.3	Interest received on bank accounts	\$0	\$13,875		\$0
2.4	Revenue from income-generating activities (if applicable)	\$0	\$0		\$0
2.5	Other income, if applicable (e.g. VAT/Other Tax returns, income from disposal of assets etc.)	\$0	\$0		\$0
2.6	<b>Total Grant Income</b>	\$0	\$4,963,537		\$0
<b>3. Grant Cash Outflows</b>					
<b>Less:</b>					

3-1	Principal Recipient Expenditure (including payments and other advance payments)	\$0	\$818,308		\$0
3-2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	\$0	\$25,000		\$0
3-3	Principal Recipient disbursement to sub-recipients	\$0	\$39,663		\$0
3-4	Bank charges on disbursements and payments	\$0	\$93		\$0
3-5	<b>Total Grant Cash Outflows</b>	\$0	<b>\$883,063</b>		<b>\$0</b>

<b>4. Reconciling Adjustments</b>				
4.1	Other reconciliation adjustments (including for prior periods)	\$0	\$0	\$0
4.2	Net exchange gains/losses on translation of balances	\$0	\$61	\$0
4.3	Ineligible transactions from previous periods for which justification was approved by the Global Fund	\$0	\$0	\$0
4.4	Reimbursement of ineligible transaction from previous periods	\$0	\$0	\$0
<b>5. Total Cash Balances: End of the reporting period</b>				
5.1	Principal Recipient Cash Balance		\$4,080,535	
5.2	Sub-Recipient Cash Balance		\$5,616	
5.3	Total Cash Balance		\$4,086,151	
<b>6. Commitments &amp; Other Obligations</b>				
6.1	Unpaid invoices, accrued expenditure for severance pay, leave and other liabilities		\$0	
6.2	Open legal obligations (including signed contracts not yet invoiced)		\$385,202	
6.3	Tenders and/or procurement contracts initiated but not yet signed as contracts		\$0	
6.4	Total Commitments & Other Obligations		\$385,202	



<b>B. Principal Recipient Bank Statement Balance &amp; Cash In Transit in Grant Currency</b>			
	Principal Recipient		
	As At End of Current Period	Comments	
<b>7-1</b>			
<b>Principal Recipient Cash Balance as per bank statements (For Information Only):</b>			
	\$4,080,534	CBR Dec 2015 issued Feb 2016	
<b>7-2</b>	\$0		
Cash in Transit for the reporting period			
<b>7-3</b>	\$0		
Cash in Transit after the current reporting period			

<b>C. Principal Recipient Ineligible Transactions in Grant Currency</b>				
	Principal Recipient			Cumulative for Previous Periods as validated by Global Fund
	Cumulative for Previous Periods	Current Reporting Period	Comments	
<b>8.1</b>		\$0		\$0
Ineligible transactions validated for the reporting period				
<b>8.2</b>	\$0	\$0		\$0
Ineligible transactions from previous periods for which justification was approved by the Global Fund				
<b>8.3</b>	\$0	\$0		\$0
Reimbursement of ineligible transactions from previous periods				
<b>8.4</b>	\$0	\$0		\$0
Cumulative ineligible transactions for the implementation period				
<b>8.5</b>	\$0	\$0		\$0
<b>Open ineligible transactions to be justified and/or reimbursed</b>				



**D. Principal Recipient Reconciliation of funds provided to Sub-Recipients for the Current Implementation Period**

Principal Recipient									
(1) Sub-Recipient Name	(2) Cumulative Sub-Recipient expenses for prior periods at Principal Recipient level	(3) Sub-Recipient Open Advances at Principal Recipient Level	(4) Disbursements made by Principal Recipient during the Reporting Period	(5) Other Income* during the Reporting Period	(6) Expenditure validated by Principal Recipient during the Reporting Period	(7) Sub-Recipient Closing Balance at Principal Recipient Level	(8) Actual Sub-Recipient Cash Balance (if applicable)	(9) Variances on Sub-Recipient Balances	Comments
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**D. Principal Recipient Reconciliation of funds provided to Sub-Recipients for the Current Implementation Period**

Principal Recipient

(1) Sub-Recipient Name	(2) Cumulative Sub-Recipient expenses for prior periods at Principal Recipient level	(3) Sub-Recipient Open Advances at Principal Recipient Level	(4) Disbursements made by Principal Recipient during the Reporting Period	(5) Other Income* during the Reporting Period	(6) Expenditure validated by Principal Recipient during the Reporting Period	(7) Sub-Recipient Closing Balance at Principal Recipient Level	(8) Actual Sub-Recipient Cash Balance (if applicable)	(9) Variances on Sub-Recipient Balances	Comments
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<b>Total for the Reporting Period</b>	-	-	39,663	(109)	24,912	14,642	5,616	(9,026)	

\* Includes interest income, income generating activities etc.



## Ongoing Progress Review and Disbursement Request

### Section 3A: PR - Procurement and Supply Management

1. Have you updated the Price Quality Reporting (PQR) with the required information on the pharmaceuticals and health products received during the period covered by this PU/DR? (if applicable)? If health products procurement information has not been entered into the PQR, please explain why.		Select	Comments
! For further guidance on PQR data entry, please refer to the guidelines.			
<b>2. Based on the most up-to-date stock situation, are there any risks of stock-outs or expiries for the key pharmaceuticals &amp; health products, listed below, at the central level in the next period of implementation? If yes, please comment.</b>			
Key Pharmaceuticals & Health Products	Risk of Stock-Out	Risk of Expiry	Comment (if yes, please provide information on the specific items that are at risk of stock-out or expiry and the mitigation measures in place or to be implemented)
1. Anti-malaria medicines	N/A	N/A	
2. Bed nets	N/A	N/A	
3. In-Vitro Diagnostic Products	No	Yes	There is an adequate lasting stock of RDTs in the supported countries as evidenced during the site missions held in August - October 2015. RDTs stock comes from the procurement conducted by the previous PR; with distribution completed in June 2015. Also, as observed, in some countries GF supplies are complemented by the similar supplies provided by other stakeholders, i.e. UNICEF and national programmes. Thus, there is no indication for stock-out. UNDP's orders are placed with expected deliveries on 15-30 March 2016 (HIV RDTs) and 31 July 2016 (Syphilis RDTs). Identified risk of expiry is related to the potential overlapping and thus excessive supplies that are coming from GF and other stakeholders. Such potential overlapping is due to the national practices to maintain separate, by donor, inventories that are managed individually and not further reported/consolidated in the central system. To improve the situation UNDP introduced a condition precedent to all SR agreements requesting that «The Sub-recipient agrees that all commodities provided by the Global Fund contributions shall be received, recorded, tracked and managed through the central system at the central medical stores/pharmacy or equivalents». It is expected that this condition will promote better reporting and better stock picture showing how GF supplies complement national and other donors contributions and if the total stock matches right country's needs.
4. Condoms	No	No	There is a steady supply of standard male and female condoms in the supported countries as evidenced during the site missions held in August-October 2015. This supply comes from UNFPA, also from DFAT and CDC programmes in selected countries. GF condom supply is anticipated to complement the distribution conducted by other stakeholders and caters for the needs of vulnerable populations, also youth. Given that suboptimal condom uptake is identified as an issue in all supported countries, GF programme strives to increase the uptake offering more attractive, sought-for products not available from other sources. Following recommendations and decisions made in consultations with national partners and other stakeholders, UNDP procures pleasure-enhancing condoms (ribbed, dotted and thick) that will complement standard type condoms provided through other sources. UNDP's order is placed with expected delivery on 15 April 2016.
5. Anti-retrovirals	No	Yes	There is an adequate lasting stock of ARVs in countries as verified through the national reports and also stocktakes conducted during the site visits held in August - October 2015. The medicines come from the distribution conducted by the previous PR; existing stock lasts until September 2016. UNDP placed orders for ARVs with individual deliveries from 4 suppliers. Orders are to arrive to the warehouse in Fiji through the period from 30 March until 30 May 2016. Distribution to the countries will be conducted within the next month, in June 2016. Identified risk of expiry is related to the cases of patients defaulting from ART and patients refusing or continuously delaying start of ART suggested by the physician. For example, in 2015 Tonga reported 2 defaulting cases; Vanuatu reported 1 case of delayed ART. In all cases ARVs necessary for therapy were provided by the GF programme and kept in the site pharmacies, however not consumed. Given the small volume of ARVs procured for each Pacific country there is no cost-efficient way to mitigate the expiries due to defaults/refuse to start ART.

6. Anti-TB medicines	<p>GF programme provides 2nd line TB medicines (SLDs). To ensure immediate availability of the medicines and to mitigate the risk of expiries (due to small annual consumption in PICs) special procurement and distribution arrangement was made with WHO Regional Stockpile in Manila, the Philippines. In this arrangement SLDs are shipped to the requesting NTP directly from the Regional Stockpile once the suggested regimen is reviewed/confirmed by the WHO TB Advisor. Cost of medicines and shipment will be reimbursed by the PR to WHO Regional Stockpile per actuals against the documents. Regional stockpile keeps the full range of SLDs and is responsible to rotate and timely dispose the stock for no expiries.</p> <p>Furthermore, UNDP procures limited volume of Isoniazid for IPT, which is linked to the national TB screening programmes. The activity is new and currently there is no stock of INH neither at central nor at country levels. Order is being placed with expected delivery by 30 April 2016.</p>	Yes	No	<p>A) There is an adequate stock of consumables for CD4 testing at country level. Current stock comes from the distribution conducted by the previous PR in June 2015 and lasts until March 2016 as minimum. UNDP placed orders for CD4 consumables with expected delivery by 30 March 2016. The supplier ships directly to the countries from the regional warehouse in Australia. B) UNDP placed the order for Xpert MTB/RIF cartridges with 2 staggered deliveries. Such approach is to mitigate the expiry as the cartridges have a relatively short shelf life, plus allow flexibility for re-distribution of supplies factoring actual bi-annual consumption. First shipment arrived in January 2016; the second shipment is to arrive by 30 May 2016. C) With GF approval, UNDP works to place an order for HIV-1 cartridges to be used for viral load testing on GeneXpert platforms. Pacific countries haven't had domestic viral load testing before, and outsourced it to laboratories in Fiji, Australia and New Zealand. Respectively, no viral load consumables is currently available in countries. While the order for HIV-1 cartridges is being negotiated with the supplier, PR has arranged with Cepheid for trainings on viral load testing using GeneXpert instruments in Samoa, Kiribati, Vanuatu, Tuvalu and Fiji. Trainings are to be completed by mid-April 2016.</p>
7. Lab supplies (e.g. CD4, Viral Load, Cartridges...)	<p>GF programme provides co-trimoxazole for CTX prophylaxis and also medicines for STIs, i.e. Cefixime and Procaïne Benzyl Penicillin. The latter are procured to complement what is provided through the national programmes. OI and STI medicines procured by UNDP were received in January 2016 to the warehouse in Fiji and will be distributed to the countries by the end of March 2016. Updated consumption reports are being collected from the supported countries to ensure rational distribution of the supplies.</p>	No	No	<p>GF programme provides co-trimoxazole for CTX prophylaxis and also medicines for STIs, i.e. Cefixime and Procaïne Benzyl Penicillin. The latter are procured to complement what is provided through the national programmes. OI and STI medicines procured by UNDP were received in January 2016 to the warehouse in Fiji and will be distributed to the countries by the end of March 2016. Updated consumption reports are being collected from the supported countries to ensure rational distribution of the supplies.</p>
8. Other (Please specify in the "Comment" column)		No	No	
<p><b>3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products.</b></p>				
<p>A. With List of Health Products approved by GF as a baseline, UNDP developed a detailed, time-bound procurement action plan (PAP) for 2015. Some delays with implementation of PAP were experienced, mainly due to the complexity of logistics in the Pacific region that had to be factored by PAP before the end of 2015 with acceptable ETAs in Q1 2016.</p> <p>B. UNDP collaborated with Fiji Pharmaceuticals and Biomedical Services (FPBS) warehouse and engaged it to serve as a hub regional warehouse for GF supplies. FPBS has vast experience of collaboration with international humanitarian agencies and provides quality storage premises and warehousing services. Yet the need for PSM capacity building for FPBS is realized and, therefore, UNDP committed to make FPBS a part of all PSM capacity building activities conducted within the framework of the GF programme.</p> <p>C. PR works with UNDP global risk insurance provider to insure GF commodities stored at FPBS Warehouse (central) and at the national warehouses/pharmacies in countries. In latter case there is a challenge because in many cases GF commodities are not kept at the national warehouse and keep GF commodities at the national warehouse/pharmacy and then dispense to the units against requisitions.</p> <p>D. Comprehensive PSM Capacity Assessment was conducted by UNDP in August – November 2015. PSM Assessment identified a number of areas for improvements. Individual PSM building plans and also Regional PSM building plan were proposed. UNDP is committed to further discuss the plans with the national partners, to finalize them based on agreed points, and to implement PSM capacity building activities at country levels and regionally.</p> <p>E. Shortages/stockouts of 1st line TB medicines are being reported by the countries, i.e. Kiribati, risk of stock out by Tuvalu and FSM. Although procurement and distribution of 1st line TB medicines is not a part of the current GF Western Pacific Muly-country HIV/TB programme, UNDP is alert and prepared to launch a fast-track procurement process through UNDP global procurement partnerships in case such support is requested and approved by GF.</p> <p>F. TC Winston that made landfall over Fiji Islands on the 20th of February 2016 affected in-country logistics because of electricity and fuel shortages, also due to the lacking labor force diverted to community renovation works. Normal operations in Fiji were resumed by mid-March 2016. UNDP is happy that FPBS warehouse used by GF programme proved to be safe in the emergency situation.</p>				

# On-going Progress Update and Disbursement Request

## Section 4: Grant Management

### A. PR and LFA Comments on the Fulfilment of Conditions Precedent and/or Special Conditions Under the Grant Agreement

! Please include in this table the Condition Precedent number as per Grant Agreement and full text of Conditions Precedent and/or other special conditions due for fulfilment during this period or outstanding from previous periods.  
 ! Some Special Conditions may apply to more than one period of grant implementation. Their fulfilment during one period does not automatically imply fulfilment in subsequent periods. The LFA should verify that the status of such conditions is reported by the PR during each period concerned.

Conditions Precedent and/or other special conditions	Status	PR Comments on Progress of Implementation
<p>1. Condition Precedent to the Use of the Grant Funds to Finance Small Grants Schemes and National Level Identified Activities (Terminal Date: 31 October 2015).</p> <p>The use of Grant Funds by the Principal Recipient in the amount of (i) US\$1,400,000 to finance the small grant schemes (the "Small Grant Schemes") and (ii) US\$ 711,054 to finance the national level activities towards social mobilization, building community linkages, collaboration and coordination intervention ("National Level Activities") is subject to satisfaction of each of the following requirements:</p> <p>a. The delivery of the Principal Recipient to the Global Fund of a detailed budget and work plan for each of the Small Grants Schemes and National Level Activities (collectively referred to as "Detailed Budget and Work Plans"); and</p> <p>b. The written approval by the Global Fund of the Detailed Budget and Work Plan.</p>	<p>Unmet - In Progress</p>	<p>This is a critical programme activity and UNDP is in consultation with key partners, to inform the procurement process which will be completed as per UNDP's rules and procedures. A key component of the procurement process will be to determine the grant amounts. The detailed budget and work plan will be submitted after the completion of the procurement process which was launched March 25th 2016 details in the following link <a href="http://procurement-notices.undp.org/">http://procurement-notices.undp.org/</a></p>
<p>Telemedicine Activities and Sub-recipient Human Resources Costs (Terminal Date: 31 October 2015)</p> <p>The use of Grant Funds by the Principal Recipient in the amount of (i) US\$ 310,000 to finance the telemedicine activities (the "Telemedicine Activities") and (ii) US\$ 448,393 to finance the Sub-recipient human resource costs ("SR Human Resources") is subject to satisfaction of each of the following requirements:</p> <p>a. The delivery by the Principal Recipient to the Global Fund of detailed cost assumptions relating to the Telemedicine Activities and SR Human Resources, in form and substance satisfactory to the Global Fund (the "Cost Assumptions"); and</p> <p>b. The written approval by the Global Fund of the Cost Assumptions.</p>	<p>Unmet - In Progress</p>	<p>This is a critical programme activity and the PR has consulted widely with the technical partners in developing the terms of reference (TORs). The TORs were developed in December 2015 and shared with the PIRMCCM Technical Working Group for their review and feedback, which were incorporated in the final version. The PR had consulted with Fiji National University to take the lead in this activity together with other national partners however there were delays in submitting the detailed budget and proposal. The decision was taken to advertise the TORs. A key component of the procurement process will be to determine the detailed budget of the Telemedicine Programme.</p> <p>The SR 2015 human resources detailed cost assumptions was submitted to the Global Fund on October 30th and the CP was assessed by the GF as being fulfilled on 26 November 2015</p>
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## B. PR & LFA Review of Progress on Implementation of Outstanding Management Actions from Previous Disbursements

! Please list all issues raised in the last Performance Letter from the Global Fund or outstanding from previous Performance Letters, and comment on the progress. Please include the date of the Performance Letter and the item number.

Global Fund Management Actions	Status	PR Comments on Progress of Implementation
<p>No.1 17 August, 2015 – TB: The Principal Recipient (PR) will use Technical Assistance (TA) funded through the grant to develop, in collaboration with technical partners, a grant specific multi-country M&amp;E aligned with and covering the period of the Mid-term Regional TB Strategic Plan (RSP) 2015-2019 for the 11 PICTs' (Due Date: 31-03-2016).</p>	<p>Unmet - In Progress</p>	<p>TA has been contracted to develop the grant specific multi-country M&amp;E plan aligned with and covering the period of the Mid-term Regional TB Strategic Plan (RSP) 2015-2019 for the 11 PICTs. The first draft is available and will be submitted for the TWG review</p>
<p>No.2 17 August, 2015 – The PR should, in collaboration with the TB Technical Working Group (TWG) and other technical partners, conduct periodic reviews of the progress of the grant-specific M&amp;E plan and report back to the PIRMCMM on opportunities for re-investing saving and reprogramming options to support M&amp;E systems strengthening and M&amp;E capacity building (Due Date: ongoing)</p>	<p>Met</p>	<p>The PR conducted the first periodic review of the progress as part of the PUDR and reported back to the SRs in form of management letters and will report to the PIRMCMM on opportunities for re-investing saving and reprogramming options to support M&amp;E systems strengthening and M&amp;E capacity building. The periodic review of the progress of the grant-specific M&amp;E plan will commence in 2016 upon approval of the plan by the PIRCCM</p>
<p>No. 3 17 August, 2015 – The PR should work in collaboration with technical partners to develop a grant specific M&amp;E Plan. The M&amp;E plan should among other things include an organogram with clearly outlined roles and responsibilities; and M&amp;E system strengthening plans including clearly outlined roles for the technical partners such as UNAIDS, UNICEF, WHO, UNFPA and other (Due Date: 31-03-2016).</p>	<p>Unmet - In Progress</p>	<p>TA has been contracted to develop the grant specific M&amp;E plan.</p>
<p>No. 4 17 August, 2015 – Program Reporting Tools</p>	<p>Met</p>	<p>Interim tool has been developed and piloted with partners in November 2015. It was also used in the current reporting period. Once the integrated M&amp;E Plan is developed in 2016, it will be accompanied by an enhanced set of standardized reporting tools.</p>
<p>No.5 17 August, 2015 – Quality Assurance Diagnostics</p>	<p>Met</p>	<p>With reference to WHO Public Report PQDx 0179-012-00 October/2015, version 3.0, UNDP confirms that SD BIOLINE HIV/Syphilis Duo (product codes 06FK30 and 06FK35) manufactured by Standard Diagnostics, Inc. was accepted for the WHO list of prequalified in vitro diagnostics and was listed on 28 October 2015. Thus, the product is compliant with quality standards as set forth in the Global Fund Quality Policy for Diagnostic Products, Articles 7 and 8. However, existing test protocols in the supported countries do not provide a regulation and/or a test algorithm to be used for HIV/Syph combo RDTs and, therefore, procurement of the product using grant funds is not justified as per Article 6 "Clinical Standards" GF QA Policy for Diagnostic Products. Given the above constraint UNDP refrained from placing a Purchase Order for WHO PQ-ed HIV/Syph Duo product and opted for procurement of separate, QA compliant, HIV and Syphilis RDTs.</p>
<p>No. 6 17 August, 2015 – M&amp;E and Supervisory Visits</p>	<p>Met</p>	<p>This MA is met in 2016 during the grant startup the PIRCCM and technical partners didn't execute any missions to the programme countries. The joint missions will be considered in 2016. The completed missions to date are: Vanuatu, Kiribati, Tonga, Tuvalu, RMI, Palau, FSM &amp; Samoa. All those missions were multipurpose during which the team completes the SR induction, train SRs on the reporting tools (programmatic &amp; financial); ensure consensus on the required supporting documents and SRs' agreements CPs; and complete the PSM capacity assessment.</p>
<p>No. 7 17 August, 2015 – Procurement and Supply Chain Management: Capacity Building</p>	<p>Met</p>	<p>This MA is met in 2015 the PSM TA was recruited by UNDP and completed assessment of PSM capacity in the region, taking into account disease burden and country size, Vanuatu, Kiribati, Samoa, Tonga, Tuvalu, FSM, RMI and Palau were visited, assessed and capacity development plan provided for each country in addition to the ongoing support. The implementation will continue in 2016</p>

<p>No. 8 17 August, 2015 – Initiation Procurement Year 2 and Year 3 Prior to initiation of procurements for Y2 the PR is well advised, where possible and feasible, to collect the consumption data of products and re-assess the Y2 products' needs. Where possible, and if the necessary data is available, the PR should perform data analysis to ascertain the reasonableness of the quantities of products to be procured for Y2; if revision/changes of Y2 quantities are necessary, submit to the Global Fund a revised quantification of health products (that will consider stock on hand, orders in the pipeline, contributions from other sources); and obtain Global Fund's written approval of the revised quantification (Due Date: 30-10-2016).</p>	<p>Met</p>	<p>UNDP collected and analyzed consumption data of products. Y2 procurement ongoing. Please note UNDP shall share with the Global Fund information on revised quantification; however, in line with the Global Fund budgeting guidelines, approval is only required if revised quantification results in a budget adjustment that exceeds the 15% threshold.</p>
<p>No. 9 17 August, 2015 – Inventory Data The PR should ensure that minimal/basic inventory related data are reported by countries and collected by the PR at least every 6 months. This included opening stock balance, receipt, issuance, consumption, expiry or loss, closing stock balance (Due Date: ongoing – every six months)</p>	<p>Unmet - In Progress</p>	<p>UNDP collected inventory data (stock reports) including opening stock balance, receipt, consumption, expiry and closing stock balance from all supported countries by the end of December 2015. However this data is limited to ARV and OI/STI medicines only. Inventories for other GF commodities, including diagnostic products, were not reported by the countries systematically; only ad hoc stock data submitted to UNDP upon request, i.e. CD4 consumables stock. Largely, this failure to systematically report on commodities other than pharmaceuticals is due to the national practices to maintain separate, by donor, inventories that are managed individually and not reported/consolidated in the central system. To improve the situation UNDP introduced a condition precedent to all SR agreements requesting that «The Sub-recipient agrees that all commodities provided by the Global Fund contributions shall be received, recorded, tracked and managed through the central system at the central medical stores/pharmacy or equivalent».</p> <p>Also, as a part of contractual obligations, from 2016 SRs are requested to report all GF commodities quarterly. The nearest reporting deadline is April 15, 2016 for Q1 2016.</p>
<p>No. 10 17 August, 2015 – Monitoring Visits SR Warehouses PR to conduct monitoring visits (randomly, up to 5 times per year) to SRs' (national level) warehouses to:i) verify storage conditions at the storage facilities; and ii) randomly check physical inventories of various products (Due Date: ongoing)</p>	<p>Met</p>	<p>Monitoring of storage conditions at the national warehouses and pharmacies; also verification of inventories by the means of random physical checks are integral parts of PSM visits. During the period from 17 August until 23 November 2015 UNDP PSM team assessed storage conditions at the national warehouses/pharmacies in 6 supported countries. Namely, they are FSM, Kiribati, Palau, Samoa, Tonga, and Vanuatu. Recommendations for improvements are made where necessary. Reports are available.</p> <p>In 2016 Central Medical Store in Port Vila, Vanuatu received another monitoring visit; follow up on the recommendations was made. Furthermore, national warehouse in Niue will be assessed in April. At least 3 more monitoring visits to national warehouses will be conducted in 2016; Cook Islands, Nauru, and Tuvalu will be prioritized given that these countries have not received visits in 2015</p>

<p>No. 11 17 August, 2015 – Receipt, storage and inventory Management The PR will, upon establishment of their Program Management Unit (PMU) and initiation of operations, provide the necessary detailed information to the Global Fund with regards to receipt, storage and inventory management at the countries' level distribution arrangements under the grant (Due Date: 31-12-2015).</p>	<p>Unmet - In Progress</p>	<p>In 2015 UNDP TA conducted comprehensive PSM assessments in 8 supported countries. Namely, they are Cook Islands, FSM, Kiribati, Palau, Samoa, Tonga, and Vanuatu. 7 out of 8 listed countries were visited by UNDP TA; PSM assessment for Cook Islands was based on interviews and desk review. PSM Assessment Reports, available, contain detailed information with regards to receipt, storage and inventory management, and distribution arrangements at country level. Recommendations for improvements are made where necessary, and further translated into country-specific capacity development plans. Nauru, Niue and Tuvalu that were not assessed in 2015 due to time and travel constraints will be covered in 2016.</p>
<p>No. 12 17 August, 2015 – Insurance for procured goods The PR should obtain insurance for the goods procured under the grant. The insurance shall cover the goods in transit, as well as those stored in warehouses. Evidence showing that goods are insured shall be submitted to the Global Fund initially by 31 December 2015, and afterwards upon the Country Team's request (Due Date: 31-12-2015).</p>	<p>Met</p>	<p>UNDP has long term agreements in place for transit and warehouse insurance coverage.</p>
<p>No. 13 17 August, 2015 – SR Assessment The PR should complete the SR assessments to ensure that all potential risks are identified and mitigating measures established. The focus should be put on the adequacy of the SR staff levels, qualifications and experience as well as the quality of financial management systems. The planned capacity building sessions should be geared towards addressing the identified weaknesses (Due Date: 31-08-2015).</p>	<p>Met</p>	<p>UNDP in line with their rules and procedures completed the SR capacity assessments, prior to entering into SR grant agreements. The SR grant agreements detail actions (where applicable) to be taken by the SR(s) to address the findings. Reports were shared with GF CT in November 2015 UNDP will continue to monitor the capacity of the SRs and will take appropriate action, which can include trainings and increased monitoring</p>
<p>No. 14 17 August, 2015 – Cost Assumptions and Implementation Arrangements As indicated in the conditions in the grant agreement, the PR should ensure that all cost assumptions and related details to support the lump sum budget amounts are provided to the Global Fund prior to the use of funds. These should be accompanied with the changes in implementation arrangements where applicable (Due date: 30-09-2015).</p>	<p>Unmet - In Progress</p>	<p>Please refer to CP 2. Above which details the actions taken by the PR.</p>
<p>No. 15 17 August, 2015 Spot Checks Financial Management SR level The LFA will conduct spot checks at the SR level on a regular basis with a focus on advances, cash balances and fixed assets management among others. From these reviews, the Country Team will assess the PR's capacity in managing the sub-recipients, and also assess the exposure to risk for the grant and what mitigating procedures can be put in place (Due date: ongoing).</p>	<p>Unmet - In Progress</p>	<p>The PR finance team had implementing spot checks in 2015 for Vanuatu &amp; Kiribati. Each spot visit documents the payroll and payment processes, issues description, implications, risk rating and agree with the SR finance team on management plan. The LFA didn't communicate any mission plans in 2015.</p>
<p>No. 16 17 August, 2015 – Program Management Unit The PR should submit to The Global Fund timelines for the full establishment and operationalization of the PMU (Due date: 31-08-2015).</p>	<p>Unmet - In Progress</p>	
<p>No. 17 17 August, 2015 – Transition The PR is expected to ensure a flawless transition between the former PR (SPC) and the new PR (UNDP) (Due Date: 30-09-2015).</p>	<p>Unmet - In Progress</p>	
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**C. Comments on Annual Grant Reporting Requirements**

! Please indicate a date for the report due for submission. If a report is overdue, indicate the original due date and explain the reason for delay.

Required Documentation	Due date (dd-mmm-yy)	Status	Comments
PR Audit Report		Select	
Annual Financial Report (AFR) / Enhanced Financial Report (EFR)	28-Feb-17	Preparation on track	As agreed with the Global Fund the 18 mths from July 2015 to Dec 2016 shall be submitted in Feb 2018

# Ongoing Progress Update and Disbursement Request

## Section 5: PR and LFA Evaluation of Overall Performance

### A. PR's Overall Self-Evaluation of Grant Performance (including a summary of how financial performance is linked to programmatic achievements)

! The self-evaluation should be undertaken by taking into account programmatic achievements, financial performance and program issues in various functional areas (M&E, Finance, Procurement, and Program Management, including management of Sub-Recipients). See Guidelines for more detailed guidance.

Overall the Grant Performance in the assessment period was good. Programmatic performance: During this reporting period not all of the planned indicators have been achieved as detailed in the programmatic progress section. Only 8 countries of the PICs reported FM, KI, MI, PW, SM, TO, TV and VU. Only four of those countries were able to provide disaggregated data; Tonga was able to provide disaggregation for almost all indicators. Marshall Islands, Samoa and Vanuatu were able to provide disaggregation information to extents allowable by current program setup/operations. CK, NR and NE didn't sign the SR agreement before the end of December 2015, nonetheless were fully involved in training to better position for future reports. Financial performance: Due to the lack of strategic planning, national level work planning and integrated programming in the concept note development phase, significant reprogramming is required. 28 % is the current financial delivery against 2015 budget due to the reasons listed before and the delayed start date of the programme and agreement signature with Sub-recipients. Reprogramming will require a new budget to be developed and submitted to the Global Fund through the PIRCCCM. The PR had identified reprogramming requirements which will be shared with the PIRCCCM. MoHs absorptive capacities and programme response is a challenge. Advances issued in 2015 were not 80% spent by end of January 2015 and there have been savings realized from HR due to delayed submission of required supporting documents. No-cost extension will enable the programme benefit from the available resources. The PIRCCCM , TWG performance assessment and support will further improve the programme delivery. An initial SR risk assessment was undertaken to guide the strategy for undertaking the SR capacity assessments. Vanuatu & FSM was deemed to require independent SR capacity assessment that was completed in 2015 by Ernst and Young and the assessment recommendations and action plan was approved by MoH. Progress in the grant management actions are detailed in the relevant section. As part of the SR Assessment, capacity building needs were identified. Progress in the implementation of the CPs and MAs is detailed in the relevant section. The last Quarter (Q4) of 2015 was the settling in period for UNDP, and we acknowledge the support from all partners to demonstrate strong performance of the GF portfolio and contribute to the national responses.

### B. Planned Changes in the Program, if any

### C. External factors beyond the control of the Principal Recipient that have impacted or may impact the Program

# Ongoing Progress Update and Disbursement Request

## Section 8A: The Global Fund Annual Forecast Template

### Summary Breakdown by Cost Grouping

Costing Dimension (Cost Grouping)	Budget for Forecast Period	Unspent from previous periods	Budget for the Buffer Period	Total Budget available (including the buffer)	Adjustment for the Forecast Period (based on implementable activities)	Adjustment for the Buffer Period	Total Principal Forecast (including Buffer)	Comments
1.0 Human Resources (HR)	\$1,595,633	\$689,611	\$440,018	\$2,725,262	\$78,859		\$2,804,121	WHO 2016 salary paid in 2016 -SR salaries increase
2.0 Travel related costs (TRC)	\$2,138,169	\$919,638	\$258,712	\$3,316,519	\$288,678	-\$53,654	\$3,551,543	Population size estimate PO was raised in 2015 payments will be made in 2016
3.0 External Professional services (EPS)	\$452,046	\$93,411	\$54,260	\$599,717	-\$67,000	-\$37,500	\$495,217	
4.0 Health Products - Pharmaceutical Products (HPPP)	\$108,350	\$610	\$115,720	\$224,680	\$610		\$225,290	
5.0 Health Products - Non-Pharmaceuticals (HPNP)	\$380,047	\$140,932	\$93,889	\$614,868	\$145,000		\$759,868	
6.0 Health Products - Equipment (HPE)	\$27,073	\$49,558	\$8,483	\$85,114	\$28,595		\$113,639	
7.0 Procurement and Supply-Chain Management costs (PSM)	\$140,976	\$12,553	\$31,620	\$185,149	\$12,553		\$197,702	
8.0 Infrastructure (INF)		\$5,400		\$5,400	\$5,400		\$10,800	
9.0 Non-health equipment (NHE)	\$7,200	\$41,090	\$1,800	\$50,090	\$40,425		\$90,515	NTP furniture in 7 countries
10.0 Communication Material and Publications (CMP)	\$195,168	\$58,634	\$13,000	\$266,802	-\$52,750		\$214,052	
11.0 Indirect and Overhead Costs	\$562,671	\$197,812	\$120,455	\$880,938	\$8,000	-\$86,300	\$802,638	
12. Living support to client/ target population (LSCTP)	\$912,800	\$33,600	\$181,200	\$1,127,600	\$30,000		\$1,157,600	
13. Results Based Financing		\$0		\$0			\$0	
<b>Grand Total</b>	<b>\$6,520,133</b>	<b>\$2,242,849</b>	<b>\$1,319,157</b>	<b>\$10,082,139</b>	<b>\$518,300</b>	<b>-\$177,454</b>	<b>\$10,422,985</b>	

## Ongoing Progress Review and Disbursement Request

### Section 8B. Disbursement Request and Recommendation

Total forecasted net cash expenditures by the Principal Recipient for the period immediately following the period covered by the Progress Update:

1. Period beginning date: 1-Jan-2016 end date: 31-Dec-2016

2a. Cash buffer period (by default) (cash "buffer") beginning date: 1-Jan-2017 end date: 31-Mar-2017

2b. Additional "buffer" (discretionary, select only if there is a prior agreement with the FPM) (1) Select

Cash "buffer" agreed with FPM (2) Select

(cash "buffer") beginning date: 1-Apr-2017 end date: \_\_\_\_\_

Approved budget amount (PR):	\$6,520,133	Forecasted amount (PR):	\$9,281,282
LFA-verified approved budget amount:	\$6,520,133	LFA-adjusted forecasted amount:	\$9,281,282
Approved budget amount (PR):	\$1,419,157	Forecasted amount (PR):	\$1,141,703
LFA-verified approved budget amount:	\$1,419,157	LFA-adjusted forecasted amount:	\$1,141,703
Approved budget amount:		Forecasted amount:	
LFA-verified approved budget amount:		LFA-adjusted forecasted amount:	
		<b>PR Total Forecast</b>	<b>810,422,985</b>
		<b>LFA Total Forecast</b>	<b>810,422,985</b>

(1) Upon agreement with the FPM, additional Cash buffer can be requested if the PU/DR report contains a completed AFR or EFR report or if there is a request from the Secretariat for the PR to complete the report on SR Cash Reconciliation contained in the "SR Cash Reconciliation 2D", or if there are any additional Global Fund-specific requirements that cannot be delivered within 60 days. However such requests may or may not be satisfied based on the review of the current PU/DR.

(2) When the additional (cash "buffer") period is 1 or 2 months, the approved budget and forecasted amounts should be calculated as prorated values for the period following the regular buffer period.

PR's explanation of any significant variance between forecasted amounts and amounts as originally budgeted. Please explain any significant variance (based on your judgment) between the forecasted amounts and the amounts as per approved budgets. Please specify the main factors and related amounts that are the major cause of the variance.

NS: Consider the following items when providing the analysis.

- Expected timing of payments
- Impact of existing cash balance at SR / forecasted budgetary items,
- Current confirmed commitments to be paid during disbursement request period
- Change in quantities compared to those in the budget
- Exchange rates and inflation
- Linkage between budget absorption and programme performance to-date.

If the forecast should include any existing commitments (eligible under this grant) as of the end of the reporting period and which are likely to be paid during the disbursement period

LFA comments on PR's explanation of any significant variance between forecasted amounts and amounts as originally budgeted.



	PR-reported amounts	PR Comments	LFA-verified amounts	LFA Comments
Less:				
3. Cash Balance: End of period covered by Progress Update (Item 5.1 in PR/LFA Cash Reconciliation):	\$4,086,151		\$4,086,151	
4. Cash in Transit for the reporting period (Disbursements to PR & third party disbursements):	\$0		\$0	
5. Cash in Transit after the current reporting period (Disbursements to PR & third party disbursements):	\$0		\$0	
	PR-requested amount	PR Comments	LFA-verified amounts	LFA Comments
6. Disbursement Request to the Global Fund for the period immediately following the period covered by the Progress Update, plus additional period (cash buffer):	\$6,336,834		\$6,336,834	

7. Does the PR's Disbursement Request include funds for health product procurement?  
 Yes  No

8. Exchange Rate (used to translate local currency into grant currency)

	Rates used by the PR	LFA-verified rates
- used to convert Opening Cash Balance	2.04000	0.00000
- used to convert Closing Cash Balance	2.02000	0.00000
- used to convert Total PR Cash Outflow for the Progress Update Period		0.00000

Name of local currency, date and source of the exchange rate, and other comments (if appropriate)

UN Operational Rates-July
UN Operational Rates-Dec
UN Operational Rates-July-Dec
Aug-15 2.1
Sep-15 2.10
Oct-15 2.12

LFA comments on the exchange rates used by the PR

# Ongoing Progress Review and Disbursement Request

## Section 9A. PR Authorization

The undersigned acknowledges that: (i) all the information (programmatic, financial, or otherwise) provided in this Progress Update and Disbursement Request is complete and accurate; (ii) funds disbursed in accordance with this request shall be deposited in the bank account specified in the Core Data Forms; and (iii) funds disbursed under the Grant Agreement shall be used in accordance with the Grant Agreement.

Signed on behalf of the Principal Recipient:  
(Signature of Authorized Designated Representative)



**Akiko Fujii**

Name:

Country Director and Head of Pacific Programme and Policy  
Support a.i.

Title:

March 31st 2016

Date and Place: