Progress Report with 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.

GENERAL GRANT INFORMATION

Country:	Multi-country Western Pacific
(Disease) Component	HIV/TB
Grant Name/Number:	QMJ-C-UNDP
Principal Recipient:	United Nations Development Programme
LFA Name:	KPMG
Program Start Date:	1-Jul-15
Currency:	USD

REPORTING PERIOD FOR PROGRAMMATIC REPORTING				
Progress Update - Period Covered:	**Beginning Date:**	1-Jan-16	**End Date:**	31-Dec-16

REPORTING PERIOD FOR FINANCIAL REPORTING				
Period of Financial Reporting	**Beginning Date:**	1-Jan-16	**End Date:**	31-Dec-16

DISBURSEMENT REQUEST				
Disbursement Request - Disbursement Period:	**Beginning Date:**	1-Jan-17	**End Date:**	31/12/2017
Disbursement Request Buffer Period	**Beginning Date:**		**End Date:**	

Progress Report with 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) those reporting on which is overdue from the previous periods.

A- Impact/Outcome Indicators

Impact / Outcome	Indicator Description	Please input custom indicator where appropriate	Baseline (if applicable)		Target			Year of Target	Report Due Date	Result			Year of Result	Data Source of Results	Comments on results on Impact/Outcome indicators and data sources, and any other comments
			Value	Year	N#	D#	%			N#	D#	%			
Impact	HIV I-2: HIV incidence among 15-49 age group		TBD	2016				2016	31-Mar-18				2016	Modelled	UNAIDS didn't complete the modeling exercise in 2015 & 2016. The PR sought technical support from SPC surveillance unit and public health department. Which estimated the adult population incidence at 1 per 100000.The estimated number of new HIV diagnoses per year for 2016-2019 was derived by SPC from linear modelling of the trend in the average number of new HIV diagnoses per year in the period 2005 to 2015. Based on previous trends, it is estimated there will be 9.2 new diagnoses of HIV per year across the 11 countries in the period 2016-19. The data source for the period 2000-2012 is SPC's HIV projections 2013-2015.The data source for 2013-2015 is GARP country reports, with the following exceptions: Data source for Niue 2013-15, Palau 2016 and Vanuatu 2014-15 is Global Fund PUDR report. Estimated rates per 100,000 are based on SPC population estimates. A modelling which includes serological information - and is informed by the updated key populations size estimates should be planned for 2018 to support impact assessment. Country specific and combined multicounty baseline and targets will be considered based on the selected methodological approach for the modeling exercise in collaboration with technical partners.
Impact	TB I-1: TB prevalence rate (per 100,000 population)		189	2013			181	2015	31-Oct-16				2015		TB data experts in WHO headquarters conveyed that prevalence data is no longer part of the indicator for monitoring the End TB strategy and the SDGs. This data is generated but not shared routinely however can be requested on country basis. The PR therefore recommends that this indicator be deleted from the performance framework.
Impact	TB I-2: TB incidence rate (per 100,000 population)		131	2013			125	2015	31-Oct-16			133	2015	Reports (specify)	The baseline for this indicator was calculated from the World TB Report 2014. The targets are 2015 targets as per the PF. Results are calculated from the World TB Report 2016. Result from 11 countries is detailed in the following format (estimates) (a;b) where is a is number of cases in thousands and b is the country rates are per 100 000 population Result from 11 countries. CK=(.01; 1.4) FM=(0.014; 14) KI=(0.03; 27) MH=(0.023; 44) NU=(0.01; 3.5) NR=(0.01; 9.2) PW=(0.01; 6.2) SM=(0.01; 0.93) TO=(0.01; 1.2) TV=(0.01; 19) VU=(0.017; 6.4). Number: .154 (000) or 154 SPC 2015 Mid-Year Population (Source: PRISM) = 895,180
Impact	TB I-3: TB mortality rate (per 100,000 population)		11.7	2013			11.3	2015	31-Oct-16	154	895,180	17	2015	Reports (specify)	The baseline for this indicator was calculated from the World TB Report 2014. The targets are 2015 targets as per the PF. Results are calculated from the World TB Report 2016. Result from 11 countries is detailed in the following format (estimates) (a;b) where is a is number of cases in thousands and b is the country rates are per 100 000 population Result from 11 countries. CK=(.01; 1.4) FM=(0.014; 14) KI=(0.03; 27) MH=(0.023; 44) NU=(0.01; 3.5) NR=(0.01; 9.2) PW=(0.01; 6.2) SM=(0.01; 0.93) TO=(0.01; 1.2) TV=(0.01; 19) VU=(0.017; 6.4). Number: .154 (000) or 154 SPC 2015 Mid-Year Population (Source: PRISM) = 895,180
Outcome	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy		TBD	2015	BASELINE TO BE ESTABLISH ED				31-Mar-16	5	9	56%	2016	Patient records	Through the programme support the National Programmes were able to implement improvements to the treatment protocols and guidelines, as well as updates to the routine surveillance systems across the 11 countries. We were able to collect data on the percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy, will be available by the end of Q4 2015. The developed grant specific M & E plan and the refined reporting tools and systems the PR was able to track this indicator.2016 reporting is the baseline for this indictor .This indicator is reporting the progress from 11 PICs. CK,FM,KI,MI,NU,NR,PW,SM,TO,TV, VU 9 patients started treatment in the Jan-Dec 2015 period and was expected to achieve a 12 month outcome in the Jan-Dec 2016 reporting period. 6 cases from FM, 2 from KI and 1 case from MI. Out of these, 4 cases from FM and 1 from KI were still on treatment by the end of 2016. 2 PLHIV had died and the other 2 were lost to follow up. Disaggregation of those on ART: Sex: M=2 F=2 Age: <15=0 15+=4 Treatment Outcome of the 9: Still Alive and on ART = 5 PLHIV Dead = 2 PLHIV Lost To Follow Up = 2 PLHIV
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			107	2016	28-Feb-17	1019	909093	112	2016	TB patient register	PICs identified low TB case detection as one of the most important barriers to improving TB care, and proposed interventions that would increase case detection. Through the programme support a collection of interventions and activities on TB case finding was implemented and resulted in 104% achievement. An aggregated total of = 1019 cases were detected during the period Jan-Dec 2016 equivalent to 112 per 100,000 This indicator is reporting the progress from the 11 MWP. Notification by country for this reporting period are: CK=2/15200 FM = 147/104600 KI = 515/109693 MH=180/55000 NU=0/1600 NR=10/10800 PW=23/17800 SM=13/194000 TO=9/100600 TV=20/10,100 and VU = 100/289,700 SPC 2016 Mid-Year Population (Source: PRISM) = 909,093
Outcome	TB O-1b: Case notification rate per 100,000 population-bacteriologically-confirmed TB, new and relapse		37	2013			42	2016	28-Feb-17	397	909093	44	2016	TB patient register	Through the programme support a collection of interventions and activities on TB case finding was implemented and resulted in 103% achievement. Aggregated total of = 397 cases were bacteriologically confirmed equivalent to 44 per 100,000 This indicator is reporting the progress from the 11 MWP. Notification of bacteriologically confirmed cases by country are: CK=2/15200 FM=36/104600 KI=181/109693 MH=84/55000 NU=0/1600 NR=8/10800 PW=17/17800; SM=10/194000 TO=5/100600 TV=12/10100 VU=42/289700 SPC 2016 Mid-Year Population (Source: PRISM) = 909,093
Outcome	TB O-2b: Treatment success rate - bacteriologically confirmed TB cases		85%	2013			88.00%	2016	28-Feb-17	262	292	90%	2016	TB patient register	This indicator is reporting the progress from the 11 MWP. Total number of BC successfully treated cases in 2015 by country follows: CK=0/0 FM=34/36 KI=123/132 MH=43/52 NU=0/0 NR=3/3 PW=6/7; SM=14/14 TO=5/6 TV=7/9 VU=27/33 SPC 2016 Mid-Year Population (Source: PRISM) = 909,093
Outcome	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated		70%	2013			74.00%	2016	28-Feb-17	3	3	100%	2015		Three (3) MDR Cases identified in 2014 (FM=2 PW= 1). All were succesfully treated as per WHO confirmation.

Progress Report

Section 1: Programmatic Information

A- Impact/Outcome Indicators - Disaggregation

Impact/Outcome	Indicator Description	Disaggregation	Category	Baseline			Result		Comments
			If you select "Other - specify" please enter the category in the Comments column	Value	Year	Source	Value	Source	
Impact	HIV I-2: HIV incidence among 15-49 age group	Sex							Result as per linear modelling by SPC did not have data disaggregated
Impact	HIV I-2: HIV incidence among 15-49 age group	Age							Result as per linear modelling by SPC did not have data disaggregated
	TB I-1: TB prevalence rate (per 100,000 population)								
	TB I-2: TB incidence rate (per 100,000 population)								
	TB I-3: TB mortality rate (per 100,000 population)								
Outcome	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Sex	Male				2	Patient records	
Outcome	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Sex	Female				3	Patient records	
Outcome	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Age	<15				0	Patient records	
Outcome	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Age	15+				5	Patient records	
Outcome	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Duration of treatment	24 months				2	Patient records	Counting all those that started on ART in 2014 and still on treatment at the end of Q4 2016
Outcome	HIV O-1: Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	Duration of treatment	36 months				3	Patient records	Counting all those that started on ART in 2014 and still on treatment at the end of Q4 2016
	TB O-1a: Case notification rate of all forms of TB per 100,000 population - bacteriologically confirmed plus clinically diagnosed, new and relapse cases								
	TB O-1b: Case notification rate per 100,000 population- bacteriologically-confirmed TB, new and relapse								
	TB O-2b: Treatment success - bacteriologically confirmed TB cases								
	TB O-4: Treatment success rate of MDR-TB: Percentage of bacteriologically confirmed drug resistant TB cases (RR-TB and/or MDR-TB) successfully treated								

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Section 1: Programmatic Information

Note: All coverage indicators contained in the current Performance Framework should be listed, regardless of whether the targets have been met in previous periods.

B- Coverage Indicators

Module	Indicator Description	Please input custom indicator where appropriate	Geographic Area	Targets cumulative ?	Baseline (if applicable)					Target			Result				Achievement Ratio	Comments: Reasons for programmatic deviation from intended target and deviations from the related workplan activities
			If sub-national, please specify under the "Comments" Column		N#	D#	%	Year	Source	N#	D#	%	N#	D#	%	Source		
Prevention programs for MSM and TGs	KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services		National	Y- Cumulative annually	0	7,460	0%			772	7,722	10%	54	188	29%		120%	The Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations, examined the behaviour risk factors and social and structural determinants of risk that drive the epidemic among men who have sex with men, transgender people, sex workers and seafarers. The study covered nine Pacific countries, including CK, FM, KI, PW, MI, SM, TO, TV and VU was released November 14th 2016.Results reported from data collected by UNSW. The study was conducted in 9 supported MWP countries. Numerator: Total MSM reached = 54 Denominator: Total MSM surveyed = 188 Total estimated MSM Population (9 PICs) = 27,853.Raw Results: CK=0/67 FM=0/4 KI=0/3 MH=0/3 PW=3/6 SM =23/35 TO=10/24 TV=1/7 VU=17/39
Prevention programs for MSM and TGs	KP-1b: Percentage of TG reached with HIV prevention programs - defined package of services		Subnational	Y- Cumulative annually	TBD	TBD						15%	84	179	47%		120%	Results are as per the Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations study. The study results reflective of 9 supported MWP countries. Numerator: Total TG reached = 84 Denominator: Total TG surveyed = 179 Total estimated TG Population (9 PICs) = 27,853 Raw results: CK=NA; FM = 4/11; KI = 1/19, MI=2/7; PW=3/8 SM =24/69; TO=43/49; TV=1/5, VU=6/11
Prevention programs for MSM and TGs	KP-3a: 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 (specify)	758	7,722	10%	23	121	19%		120%	Results are as per the Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations study. The study was conducted in 9 supported MWP countries. Numerator: Total MSM reached = 23 Denominator: Total MSM responded to the question = 121 Total estimated MSM Population (9 PICs) = 27,853.Raw Results: FM 0/4 KI=1/3 MH=0/3 PW=4/5 SM =2/35 TO=6/24 TV=2/7 VU=8/39
Prevention programs for MSM and TGs	KP-3b: Percentage of TG that have received an HIV test during the reporting period and know their results		Subnational	Y- Cumulative annually	TBD	TBD						10%	62	179	35%		120%	Results are as per the Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations study. The study was conducted in 9 supported MWP countries. Numerator: Total TG reached = 62 Denominator: Total TG surveyed = 179 Total estimated TG Population (9 PICs) = 27,853.Raw Results: FM 1/11 KI=9/19 MH=3/7 PW=5/8 SM=13/69 TO=30/49 TV=0/5 VU=1/11
Prevention programs for sex workers and their clients	KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services		Subnational	Y- Cumulative annually	TBD	TBD						15%	53	265	20%		120%	Results are as per the Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations study. The study results reflective of 9 supported MWP countries. Numerator: Total MSM reached = 53 Denominator: Total MSM surveyed = 265 Total estimated SW Population (9 PICs) = 3,904 Raw results: CK=0/4; FM = 3/42; KI = 9/35, MI=1/16; SM =1/11; TO=19/82; TV=3/4, VU=17/71
Prevention programs for sex workers and their clients	KP-3c: 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 (specify)			10%	56	265	21%		120%	Results are as per the Pacific Multi-Country Mapping and Behavioural Study: HIV and STI Risk Vulnerability among Key Populations study. The study was conducted in 9 supported MWP countries. Numerator: Total SW reached = 56 Denominator: Total MSM surveyed = 265 Total estimated SW Population (9 PICs) = 3,904 Raw Results: CK=3/4; FM = 8/42 KI = 16/35 MH=11/16 SM =0/11 TO=8/82 TV=1/4 VU=9/71

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Note: All coverage indicators contained in the current Performance Framework should be listed, regardless of whether the targets have been met in previous periods.

B- Coverage Indicators

Module	Indicator Description	Please input custom indicator where appropriate	Geographic Area	Targets cumulative ?	Baseline (if applicable)					Target			Result				Achievement Ratio	Comments: Reasons for programmatic deviation from intended target and deviations from the related workplan activities
			If sub-national, please specify under the "Comments" Column		N#	D#	%	Year	Source	N#	D#	%	N#	D#	%	Source		
PMTCT	PMTCT-1: Percentage of pregnant women who know their HIV status		National	N-Non-cumulative	1,211	24,700	5%	2013	Administrative records	17,800	25,428	70%	15,029	20,222	74%		106%	82 percent on Antenatal Care Attendees, knows their HIV status. Actual number of pregnant women obtained from ANC records have been used in consultation with UNAIDS rather than the population estimation of number of pregnant women. Routine testing of ANC patients for HIV is in place as part of standard ANC practice in MWP countries. Data and supporting documents were obtained from 11 countries: CK=265/276 (96%) FM = 1882/1883 (97%) KI=1525/3073 (50%) MI=903/944 NU=23/32 (72%) NR=210/395 (53%) PW=230/292 (79%) SM=4507/4507 (100%) TO = 2401/2511 (96%)= 96% TV=610/610 (100%) and VU=2473/5699 (43%). KI HIV testing services is only carried out in a few clinics in South Tarawa. The rest of the Islands do not offer testing services. nurses at the antenatal clinics still adhering to the existing HTC guidelines where only trained counselors are responsible for providing such services (only few clinics have trained counselors). NU: Despite the ANC policy of routine checks for pregnant ladies for HIV & STIs, ANC attendees were refusing these tests. NR: It has been noted that mothers that were not tested were mostly young ANC mothers that refused voluntary testing
PMTCT	PMTCT-2: 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			65%	1	1	100%		120%	All programme countries reported CK, FM, KI, MI,NU,NR,PW,SM,TO,TV, VU. One known HIV+ve attended ANC in 2016
PMTCT	PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth		National	N-Non-cumulative	1	15	7%	2013	Patient records	6	9	65%	1	1	100%		120%	As per comments in indicator PMTCT-1, 11 PICs reported in 2016 and the only case of an infant born to an HIV mother was reported in KI. The baby was put on Niverapine 6omg BD a week after birth. HIV test result returned negative. A second testing will be conducted to confirm results.
Treatment, care and support	TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV		National	N-Non-cumulative (other)	34	85	40%	2014	Patient records	57	105	54%	37	73	51%		93%	In 2016, 59 percent of adults and children are currently receiving antiretroviral therapy among all adults and children living with HIV compared to 39 percent in 2015. As confirmed by UNAIDS actual values based on country program data are used for indicator calculations, 66 PLHIV reported compared to the projected estimates of 85 PLHIV in the 11 PICs. 11 countries reported on this indicator: CK, NU, NR=no positive case: FM=6/11 KI=7/23 MI=7/7 PW=3/5 SM=9/9 TV=0/9 TO=0/3 VU=5/6. KI The 31 PLHIV identified in 2015 has now decreased to 23 cases, 4 cases died and 4 identified as false positive, 7 are currently on treatment and the whereabouts of 16 cases is unknown. TO The Treatment Core Team are currently preparing the last diagnose case for ART while working with the counselor to counsel the previous 2 PLHIV who opted to withhold treatment.
Prevention programs for general population	GP-4: Percentage of antenatal care attendees tested for syphilis		National	N-Non-cumulative	23,995	27,998	86%	2014	Reports (specify)	50,428	56,699	89%	16,743	20,222	82.8%		93%	11 countries reported on this indicator - CK, FM, KI, MI, NU, NR, PW, SM, TO, TV and VU. Reported values are CK=265/276 (96%) FM=1883/1883 (100%) KI=1970/3073 (64%) MI=944/944 (100%) N=0/32 (0%) NR=244/395 (62%) PW=235/292 (80%); SM=4505/4507 (100%) TO=2402/2511 (96%) TV=604/610 VU=3691/5699(65%). Testing Syphilis amongst ANC attendees is not part of the national guidelines in Niue. In an effort to accelerate PICs access to the new generation of HIV & STI diagnostic products at the ANC clinics, the programme supported the validation of SD Duo, as a screening assay. Upon review of the national guidelines by technical partners and notification of PICS, countries should be able to use the products as
HSS - Health information systems and M&E	M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines		National	N-Non-cumulative	7	11	64%	2013	R&R TB system, yearly management	9	11	82%	10	11	91%		111%	This indicator reflects the timely submission of SR reports submitted to the PR. Total number of reports received by the PR as at 28 Feb 2017 is 10/11.
TB care and prevention	DOTS-1a: Number of notified cases of all forms of TB - bacteriologically confirmed plus clinically diagnosed, new and relapses	National	N-Non-cumulative	899				2014	R&R TB system, quarterly reports	1,004			1,019				101%	In Global Fund's new funding model, PICs identified low TB case detection as one of the most important barriers to improving TB care, and proposed interventions that would increase case detection. Through the programme support a collection of interventions and activities on TB case finding was implemented and resulted in 101% achievement of targets. In 2016 1019 TB cases were detected in ten countries: CK, FM, KI, MI, NR, PW, SM, TO, TV, VU. NU conducted 19 sputum tests, however none was diagnosed with active TB. Notification by countries: CK=2 FM=147 KI=515, MH=180 NR=10 PW=23 SM=13 TO=9 TV=20 VU=100 with aggregated total of 1019. Nine countries were able to provide disaggregated data for Jan-Dec 2016. Vanuatu was able to provide disaggregation for Jul-Dec 2016 data at the time of report submission. Disaggregation for 10 PICTs: Sex: M=480 F=439 Age: <15=243 15+=576

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Note: All coverage indicators contained in the current Performance Framework should be listed, regardless of whether the targets have been met in previous periods.

B- Coverage Indicators

Module	Indicator Description	Please input custom indicator where appropriate	Geographic Area	Targets cumulative ?	Baseline (if applicable)					Target			Result				Achievement Ratio	Comments: Reasons for programmatic deviation from intended target and deviations from the related workplan activities
			If sub-national, please specify under the "Comments" Column		N#	D#	%	Year	Source	N#	D#	%	N#	D#	%	Source		
TB care and prevention	DOTS-1b: Number of notified cases of bacteriologically confirmed TB, new and relapses	National	N-Non-cumulative	336				2014	R&R TB system, quarterly reports	392			397				101%	The results reported from ten countries in 2016: CK, FM, KI, MI, NR, PW, SM, TO, TV, VU. Bacteriological confirmation by countries: CK=2 FM=36 KI=181 MH=84 NR=8 PW=17 SM=10 TO=5 TV=12 VU=42 with aggregated total of 397(101% achievement). Nine countries provided disaggregated data for Jan-Dec2016. Vanuatu provided Jul-Dec 2016 disaggregated data at the time of report submission. Disaggregation for 10 PICTs: Sex: M=173: F=182 Age <15=30 15+=325
TB care and prevention	DOTS-2a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (cured plus treatment completed) among all TB cases registered for treatment during a specified period		National	N-Non-cumulative	764	899	85%	2014	R&R TB system, quarterly reports	432	502	86%	815	969	84%		98%	Treatment success rate during this reporting period is 84% showing a 1% improvement from previous reporting period. Treatment success is an indicator of the performance of national tuberculosis control programme and the performance varies among the 9 countries (FM, KI, MI, NR, PW, SM, TO, TV, VU). NU and CK had zero active TB cases in 2015. Target achieved in: FM=81% KI=88% MI=82% NR=86% PW=86% SM=95% TO=93% TV=90% VU=73% *Tonga's one case got transferred out. Treatment outcomes needs to be improved in: FSM=88/108 (81%) MI=112/137 (82%) NR= 7/9 (78%) and VU=199/136 (73%).WHO is providing technical assistance to the national TB programmes to be able to detect and successfully treat a large proportion of TB cases
TB care and prevention	DOTS-2b: Percentage of bacteriologically confirmed TB cases successfully treated (cured plus completed treatment) among the bacteriologically confirmed TB cases registered during a specified period		National	N-Non-cumulative	286	336	85%	2014	R&R TB system, quarterly reports	169	196	88%	262	292	90%		104%	Treatment success rate in bacteriologically confirmed cases is 90% showing a 5% improvement from previous reporting period. Treatment success is an indicator of the performance of national tuberculosis control programme and the performance varies among the 9 (CK, FM, KI, MI, NR, PW, SM, TO, TV, VU. NU and CK had zero active TB cases in 2015.). Target achieved in: FM=94% KI=93% NR= 100% PW=86% SM 100% TO= 83%. Treatment outcomes needs to be improved in: MI=83%; VU=82% TV=78%. *Palau's one case got transferred out and Tonga had a case that passed away
TB care and prevention	DOTS-3: Percentage of laboratories showing adequate performance in external quality assurance for smear microscopy among the total number of laboratories that undertake smear microscopy during the reporting period		Subnational	N-Non-cumulative	7	9	78%	2013	R&R TB system, yearly management report	9	9	100%	10	9	111%		111%	The performance in this indicator improved 100% from the previous reporting period. UNDP negotiated with PATLAB a long term agreement in October 2015. This had ensured timely reporting and quality services. we now have signed contracts and the process is clear to the countries. In particular, the supported countries were informed about LTAs open for use. SOPs on using LTAs were developed by PR and shared with the countries. A contract with DHL to ship samples from countries to the reference laboratories was established by PR. This resulted in 100% improvement on this indicator. Results reflects the national laboratories only. Numerator: 10 national labs showed adequate performance in external quality assurance for smear microscopy. CK, FM (Pohnpei Lab), KI, MI (Majuro Lab),PW,NR, SM,TO, TV,VU. Total number of EQAs completed is 16. Vanuatu (4 reports) and FSM (2 reports) provided reports from state laboratories were not added to the numerator but available for verification
TB/HIV	TB/HIV-1: Percentage of TB patients who had an HIV test result recorded in the TB register		National	N-Non-cumulative	530	936	57%	2014	R&R TB system, quarterly reports			65%	593	1,019	58%		90%	The programme is supporting scaling up of the Collaborative TB/HIV Activities. Challenges, achievements and opportunities varies among the 11 countries. During this reporting period 591/1019 patients i.e 58% of TB patients had an HIV test result recorded in the TB register compared to 51% in 2015. Results across 10 MWP (NU excluded due to zero TB cases). Target achieved in CK = 100%; MI = 91% NR=90% PW=91% TO=100% TV=85%. Countries with low performance namely FM = 66% KI = 42% NU=0/0 SM =69%; VU=51% will implement acceleration plan and receive WHO TA support to improve performance.
MDR-TB	MDR TB-1: Percentage of previously treated TB patients receiving DST (bacteriologically positive cases only)		National	N-Non-cumulative		58	0%	2014	R&R TB system, yearly management report			100%	23	23	100%		100%	Four countries reported having retreatment cases including MI, TV and VU. NU had zero TB cases whilst the remaining 6 countries reported new cases of TB diagnosis in 2016. Retreatment cases counted included relapse cases, treatment after failure cases and treatment after loss to follow up cases. Results are: FM = 1/1 (100%) KI = 8/8 (100%); MI=9/9 (100%), TV=2/2(100%) and VU=3/3(100%). The revised PICs guidelines states that as the Gene Xpert is in place and WHO have recommended Xpert use in all high risk cases. Countries will send only those who have RR diagnosed to DST.As retreatment cases, PLHV, children, diabetics are high risk, they will be diagnosed on priority with Gene Xpert and so will not send their samples for DST for INH + R unless there is an RR case. This indicator should be discarded after discussions with the Global Fund team
MDR-TB	Custom	MDR-TB Other 1 Proportion of detected rifampicin resistant TB cases (RR-TB) and MDR-TB cases that	National	N-Non-cumulative	1	1	100%	2014	R&R TB system, quarterly reports			100%	1	1	100%		100%	During the reporting period only SM reported TB cases with Rif Resistant SM=1 case (1 RR-TB). The person began treatment within 4 weeks of diagnosis

Progress Report
Section 1: Programmatic Information

B- Coverage Indicators - Disaggregation													
Module	Coverage/Output Indicator	Disaggregation	Category	Baseline					Results				Comments
			If you select "Other - specify" please enter the category in the Comments column	N#	D#	%	Year	Source	N#	D#	%	Source	
	KP-1a: Percentage of MSM reached with HIV prevention programs - defined package of services												
	KP-1b: Percentage of TG reached with HIV prevention programs - defined package of services												
	KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services												
	KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results												
	KP-3b: Percentage of TG that have received an HIV test during the reporting period and know their results												
	KP-3c: Percentage of sex workers that have received an HIV test during the reporting period and know their results												
PMTCT	PMTCT-1: Percentage of pregnant women who know their HIV status	HIV status-pregnant women	Known positive HIV infection at ANC						1	16151	0%	Patient records	

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Section 1: Programmatic Information

B- Coverage Indicators - Disaggregation

Module	Coverage/Output Indicator	Disaggregation	Category	Baseline					Results				Comments
			If you select "Other - specify" please enter the category in the Comments column	N#	D#	%	Year	Source	N#	D#	%	Source	
PMTCT	PMTCT-1: Percentage of pregnant women who know their HIV status	HIV status-pregnant women	Newly identified as HIV positive						0	16151	0%	Administrative records	
PMTCT	PMTCT-1: Percentage of pregnant women who know their HIV status	HIV status-pregnant women	Testing HIV negative						14100	16151	87%	Administrative records	
PMTCT	PMTCT-1: Percentage of pregnant women who know their HIV status								14101	16151	87%	Administrative records	
	PMTCT-2: Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission												
	PMTCT-3: Percentage of infants born to HIV-positive women receiving a virological test for HIV within 2 months of birth												
Treatment, care and support	TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Sex	Male						16	73	22%	Patient records	
Treatment, care and support	TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Sex	Female						21	73	29%	Patient records	
Treatment, care and support	TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Age	<15						3	73	4%	Patient records	
Treatment, care and support	TCS-1: Percentage of adults and children currently receiving antiretroviral therapy among all adults and children living with HIV	Age	15+						34	73	47%	Patient records	
	GP-4: Percentage of antenatal care attendees tested for syphilis												
	M&E-1: Percentage of HMIS or other routine reporting units submitting timely reports according to national guidelines												

Progress Report with Disbursement Request

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Note: Enter only the Workplan Tracking Measures that are due for the reporting period

C- Workplan Tracking Measures

Module	Intervention	Activity	Activity details- milestones/ targets	Criterion for completion	Milestones/Target for the Current Period	Country (relevant for multi-country grants)	Progress Status	Score	Reasons for deviation from workplan activities and milestones
HSS - Health information systems and M&E	Routine reporting	Impact Indicators	Follow-up modelling to support impact assessment	Follow up modelling estimates published			Not Started	0	
Program management	Policy, planning, coordination and management	Supportive Supervision	Supervision visits as per annual plan	Feedback provided to reporting units			Started	1	
HSS - Health information systems and M&E	Analysis, review and transparency	Stigma Index	Prepare a proposal about the Index and submit it to the relevant authority for ethical review with guidance from the research partner or university	Ethical review and clearance obtained			Completed	3	
HSS - Health information systems and M&E	Analysis, review and transparency	Stigma Index	Recruit the team	Team recruited and endorsed by TWG			Completed	3	
HSS - Health information systems and M&E	Analysis, review and transparency	Stigma Index	Finalize report and communicate outcomes to stakeholders	Report widely disseminated and published on external			Not Started	0	
HSS - Health information systems and M&E	Analysis, review and transparency	Stigma Index	Finalize report and communicate outcomes to stakeholders	Report widely disseminated and published on external			Not Started	0	
HSS - Health information systems and M&E	Analysis, review and transparency		2017 Follow-Up Stigma Index	Report widely disseminated and published on external			Not Started	0	

Progress Report with Disbursement Request

Section 2: Financial Information	Period of Financial Reporting	Beginning Date:
	Cumulative Period of Financial Reporting	Beginning Date:

A. Principal Recipient Cash Reconciliation Statement in Grant Currency

Item No.	Description	Principal Recipient		
		Cumulative for Previous Periods	Current Reporting Period	Comments
1.1	**Cash Balance: Beginning of the Period**		**$4,080,534**	
	2. Grant Income			
	Add:			
2.1	Disbursement made to the Principal Recipient	$4,924,662	$4,469,848	
2.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	$25,000	$0	
2.3	Interest received on bank accounts	$13,875	$37,451	
2.4	Revenue from income-generating activities (if applicable)	$0	$0	
2.5	Other income, if applicable (e.g. VAT/Other Tax returns, income from disposal of assets etc.)	$0	$0	
2.6	**Total Grant Income**	**$4,963,537**	**$4,507,299**	

	3. Grant Cash Outflows			
	Less:			
3.1	Principal Recipient Expenditure (including payments and other advance payments)	$818,308	$2,270,527	includes US$10,047 that was not reported in 2015 but liquidated in 2016 adjustment (add 18,381) that was made due to the fact that in 2015 the Direct payments to third vendors conducted by PR on behalf of SRs were wrongly reported in the PUDR for 2015
3.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	$25,000	$0	
3.3	Principal Recipient disbursement to sub-recipients	$39,663	$1,332,713	This amount was decreased by the amount of an adjustment (less 18381) that was made due to the fact that in 2015 the Direct payments to third vendors conducted by PR on behalf of SRs were wrongly reported in the PUDR for 2015.
3.4	Bank charges on disbursements and payments	$93	$0	
3.5	**Total Grant Cash Outflows**	$883,064	**$3,603,240**	

	4. Reconciling Adjustments			
4.1	Other reconciliation adjustments (including for prior periods)	$0	$0	
4.2	Net exchange gains/losses on translation of balances	$61	($343)	
4.3	Ineligible transactions from previous periods for which justification was approved by the Global Fund	$0	$0	
4.4	Reimbursement of ineligible transaction from previous periods	$0	$0	
	5. Total Cash Balances: End of the reporting period			
5.1	**Principal Recipient Cash Balance**		**$4,984,250**	
5.2	**Sub-Recipient Cash Balance**		**$147,687**	
5.3	**Total Cash Balance**		**$5,131,937**	

B. Principal Recipient Bank Statement Balance & Cash In Transit in Grant Currency

		Principal Recipient		
			As At End of Current Period	**Comments**
6.1	**Principal Recipient Cash Balance as per bank statements (For Information Only):**		$4,984,250	For UNDP this represents the PU/DR closing cash balance in the Cash Balance Report (CBR) as at reporting period end date.
6.2	Cash in Transit for the reporting period			
6.3	Cash in Transit after the current reporting period		$1,141,703	Contribution in the amount of $1,141,703 was recorded in Atlas on 3 January 2017.

	C. Principal Recipient Financial Commitments and Other Financial Obligations			
7.1	**Unpaid invoices, accrued expenditure for severance pay, leave and other liabilities**		$28,388	Amount of receipt accrual in accordance with CBR for 2016
7.2	**Open legal obligations (including signed contracts not yet invoiced)**		$302,695	Calculation in accordance with CBR: Commitments including prepayments: 305,895.59 Less: Prepayments: 3,200.77 Total: 302,694.82
7.3	**Tenders and/or procurement contracts initiated but not yet signed as contracts**		$82,220	Digicell LTA
7.4	**Total Commitments & Other Obligations**		**$413,303**	

D. Principal Recipient Ineligible Transactions in Grant Currency

		Principal Recipient		
		Cumulative for Previous Periods	Current Reporting Period	Comments
8.1	Ineligible transactions validated for the reporting period		$0	not applicable
8.2	Ineligible transactions from previous periods for which justification was approved by the Global Fund	$0	$0	not applicable
8.3	Reimbursement of ineligible transactions from previous periods	$0	$0	not applicable
8.4	Cumulative ineligible transactions for the implementation period	$0	$0	not applicable
8.5	**Open ineligible transactions to be justified and/or reimbursed**	$0	$0	not applicable

E. Principal Recipient Reconciliation of Cash Balance from the previous implementation period

		Principal Recipient		
		Cumulative for Previous Periods	Current Reporting Period	Comments
9.1	Closing Cash Balance from the previous implementation period			
9.2	Commitments from the previous implementation period			
9.3	Payments made against the prior implementation period commitments			

9.4	Remaining Commitments from the prior implementation period			
9.5	**Savings on prior implementation period commitments**		$0	

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Section 2: Financial Information

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) Refunds received from the Sub-Recipient	(8) Sub-Recipient Closing Balance at Principal Recipient Level	(9) Actual Sub-Recipient Cash Balance (if applicable)	(10) Variances on Sub-Recipient Balances	Comments
MOHCI - Ministry of Health Cook Islands	$0	$0	$31,843	-$396	$32,873	$0	-$1,426	$0	$1,426	Reimbursement of the costs completed in 2017
MOHKI - Ministry of Health Kiribati		$7,052	$98,682	$1,338	$70,231	$0	$36,841	$24,001	-$12,840	Kiribati MoH is to submit the supporting documents for the acquittals due to delays in programme implementation acquittals are expected by end of
MOHNA - Ministry of Health Nauru	$0	$0	$0	$0	$0	$0	$0	$0	$0	Work in Nauru is on reimbursement basis , the PR is expecting reimbursement requests for 2016 by March 2017
MOHNI - Ministry of Health Niue	$0	$0	$3,403	-$80	$3,508	$0	-$185	-$185	$0	Reimbursement of the costs completed in 2017
MOHPA - Ministry of Health Palau	$0	$0	$21,740	$0	$19,770	$0	$1,970	$1,970	$0	
MOHRMI - Ministry of Health Republic of Marshall	$0	$0	$235,785	$0	$158,037	$0	$77,748	$45,364	-$32,384	(156446 + 79338.59 reimb.to SR). RMI MoH is to submit the supporting documents for the acquittals due to delays in programme implementation
MOHSA - Ministry of Health Samoa	$0	$7,590	$44,759	-$217	$47,620	$0	$4,512	$4,727	$215	
MOHTO - Ministry of Health Tonga		$0	$93,783	-$1,675	$44,938	$0	$47,170	$26,998	-$20,172	Tonga MoH is to submit the supporting documents for the acquittals due to delays in programme implementation acquittals are expected by end of
MOHTU - Ministry of Health Tuvalu	$6,531	$0	$39,626	-$397	$27,540	$0	$11,689	$3,883	-$7,806	Tuvalu MoH is to submit the supporting documents for the acquittals due to delays in programme implementation acquittals are expected by end of
MOHVA - Ministry of Health Vanuatu	$0	$0	$80,069	-$833	$72,867	$0	$6,369	$1,934	-$4,435	Disbursment in 2016 =52474 + 27595.38 reimb.to SR MoH is submitted the supporting documents for the
MHRDC - Micronesia Human Resource Development Centre		$0		$0		$0	$0	$0	$0	
FSM DOHSA		$0	$62,930	$0		$0	$62,930	$38,995	-$23,935	DHSA submitted the supporting documents for the acquittals in Feb 2017
SR (FIJI NETWORK FOR PEOPLE WITH HIV/AID	$0	$0	$32,794	-$600	$28,796	$0	$3,398	$0	-$3,398	
WHOPRO- World Health Organisation Pacific Regio	$0	$0	$605,679	$0	$605,679	$0	$0	$0	$0	
	$0	$0	$0	$0	$0	$0	$0	$0	$0	
	$0	$0	$0	$0	$0	$0	$0	$0	$0	
	$0	$0	$0	$0	$0	$0	$0	$0	$0	
	$0	$0	$0	$0	$0	$0	$0	$0	$0	

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) Refunds received from the Sub-Recipient	(8) Sub-Recipient Closing Balance at Principal Recipient Level	(9) Actual Sub-Recipient Cash Balance (if applicable)	(10) Variances on Sub-Recipient Balances	Comments
Total for the Reporting Period	$6,531	$14,642	$1,351,093	-$2,860	$1,111,859	$0	$251,016	$147,687	-$103,329	

* Includes interest income, income generating activites etc.

Progress Report with Disbursement Request

Section 2: Financial Information

Total Principal Recipient Budget Variance and Funding Absorption Analysis

	Principal Recipient									
	Budget for Reporting Period	**Actual Grant Cash Out-Flow - Cash Basis for Reporting Period**	**Budget Vs Actual Variances**	**Absorption Capacity**	**Reasons for Variance**	**Cumulative Budget through period of Progress Update**	**Cumulative Actual Grant Cash-Outflow - Cash Basis through period of Progress Update**	**Cumulative Budget Vs Actuals Variances**	**Absorption Capacity**	**Reasons for Variance**
1. Total Principal Recipient cash outflow vs. budget	$6,520,133	$3,603,240	$2,916,893	[illegible]		[illegible]	$4,486,304	$5,145,185	46.6%	
1a. Principal Recipient's total expenditures (including any direct-disbursements to third-parties)	$4,434,582	$2,270,527	$2,164,055	51.2%	Commitments:- $ 39,542 PSM and M&E consultants' payments • $ 55,178 Lubricants purchase order paid in 2017 • $ 26,925 Meeting PO paid in 2017 • $ 16,637 Samoa communication materials costs purchase order paid in 2017 **Delayed activities:**- $ 421,829 regional supportive supervision and national DOTS and subnational M&E visits accelerated implementation plan developed-($60,000) WHO travel costs were budgeted under UNDP but recorded in SR expenditures ;-$103,425 consultancy fees HIV/STI/TB/PMTCT communication strategy, this budget line is to contribute to the EQA LTA ;- $46,246 MDR is managed through the regional stock pile to date 5 cases are put on treatment, UNDP awaiting the invoice from Philippines NTP programme as per the SLM SOP;- $ $199,928 PR overhead Costs, GMS savings is due to the delayed activities implementation • $62,866 PR audit fee budgeted in earlier period and scheduled in May 2017;- $ 173,633 HIV - Regional and National M&E Plan Development costs, awaiting TWG feedback:- $ 92,364 SRs salaries budgeted under UNDP disbursed to SRs as 2016 advance ;-$ 26,561 EQA shipment costs, will be paid in 2017 - Quality Assurance and quality control tests and samples transport costs ;- $ 416,723 Training related activities: Strengthening STI Case Management; Capacity Building Hub;Awaiting the TWG approval; TOT for the Rollout of Revised Regional/National HIV/STI/TB/PMTCT Guidelines awaiting the completion of the guidelines review ;- $ 151,640 IEC and ACSM material and publication budget, initially this budget was allocated for printing services at national level. Considering the wide coverage of mobile phones and the preferred digital awareness campaign LTA agreement was signed with Digicel Pacific for implementation of mass awareness programme (USD 82,000) **Savings** :- $ 141,880 PMU salaries savings GF approved reallocation for PMU PSM technical assistance costs;- $59,161 SR audit fee savings ;-$94,173 Savings from male and female condoms procurement, reprogramming request was submitted and approved by GF and PIRCCM ;- $44,940 PSM costs associated with the HP procurements savings detailed above (reprogrammed to the procurement of X-ray Machine) -$ 12,638 HIV meetings costs due to unit cost savings:- $6,997 saving from ARVs procurement due to efficiencies gained when procuring through UNDP LTAs;- $4,803 Savings from OIs and STIs procurement due to savings in unit costs/efficiencies gained when procuring through UNDP LTAs ;-$3,206 RDTS and Lab reagents procurement savings ;-$ 8,151 maintenance and service costs health equipment; -$ 7,155 maintenance and service costs non-health equipment;- $ 64,800 Fiscal support ensure treatment adherence; this activity wasn't implemented due to cost sharing of budgeted activities with other funding sources. **SR disbursements**:376,059.02 Activities budgeted under UNDP, disbursed to SRs and reported accordingly **Negative variance** - explained by implementation of activities from previous reporting periods occurring in this period • $ 353,890 Key Population mapping survey and FJN+ payments budgeted in 2015 • $ 52,500 Gene Xpert POs budgeted in 2015 and paid in 2016 - $ 4,919 National TB programme furniture budgeted in 2015 and paid in 2016 ;- $ 8,302 PMU IT equipment's and software procurements budgeted in 2015 and paid in 2016 ;-$13,876 Office related costs budgeted in 2015 and paid in 2016;- $ 3,309 Samoa & Vanuatu PMU office setup budgeted in 2015 and paid in 2016 ;- $41,600 PSM capacity assessment costs paid in 2016; -$11,634 Condoms assessments implemented by UNFPA, charged to the STIs communication strategy line;- 3,200 ARVs QA tests costs not budgeted under the grant	$7,190,981	$3,113,928	$4,077,053	43.3%	**Positive variance explained by** **Commitments** :- $ 39,542 PSM and M&E consultants' payments ;- $ 55,178 Lubricants purchase order paid in 2017 ;- $ 26,925 Meeting PO paid in 2017 ;- $ 16,637 Samoa communication materials costs purchase order paid in 2017 **Delayed activities**:- $605,976 training related activities at national and regional level to be implemented in partnership with WHO (Clinicians training; PICTA; rollout of Revised Regional/National HIV/STI/TB/PMTCT Guidelines; TB diagnosis and recording and reporting);- $191,162 M&E TA costs awaiting the TWG feedback;- $561,706 Regional and subnational M&E and supportive supervision ;- $368,574 Consultancies fees for Regional Integrated HIV/STI/RH/TB/PMTCT guidelines review and Health Communications Strategy;- $62,866 PR audit costs will be implemented in May 2017 ;- $46,246 MDR is managed through the regional stock pile to date 5 cases are put on treatment. UNDP awaiting the invoice from Philippines NTP programme as per the SLM SOP;- $199,382 Printed materials delayed activities will fund digital awareness campaign • $355,417 Delayed activities' GMS ;- $ 48,330 EQA shipment costs **Savings** :- $296,897 PMU salaries savings GF approved reallocation for PMU PSM technical assistance costs;- $265,268 SR salaries direct payment recorded under SR and savings;- $ 12,638 meetings cost due to unit cost savings;- $107,135 SR audit savings;- 6000 GLC fees ;- $6,997 saving from ARVs procurement due to efficiencies gained when procuring through UNDP LTAs;- $5,413 Savings from OIs and STIs procurement due to savings in unit costs/efficiencies gained when procuring through UNDP LTAs:- $60,347 PSM and QA costs reprogrammed ;- $193,335 Savings from male and female condoms procurement, reprogramming request was submitted and approved by GF and PIRCCM;- $44,974 RDTS and Lab reagents procurement savings reprogrammed ;- 6,538 QA costs • $74,400 food and care packages funded from other sources ;- $18,167 office related costs ;- $11,686 other health equipment's costs ;- $42,091 maintenance and service costs health equipment • $10,756 maintenance and service costs non-health equipment ;- $15,098 computers and furniture costs ;- $22,914 Gene Xpert procurement savings ;SR disbursements;- 264,782 Activities budgeted under UNDP, disbursed to SRs and reported accordingly ;
1b. Disbursements to sub-recipients	$2,085,551	[illegible]	[illegible]	[illegible]	Positive variance – explained by**Delayed activities**:- $782,302 CSO activities implementation started in 2017;- $190,000 Operational research and telemedicine budget;- $73,037 SR training related activities • $339,803 Meetings advocacy budget lines ;- $10,365 SRs Office related costs ;- $9,309 Television and radio spots ;- $16,720 SR indirect cost recovery **Savings**:- $48,000 Food and care package covered from other funding sources ;- $24,426 SR performance based incentives ;**Negative variance** - explained by implementation of activities from previous reporting periods occurring in this period • $ 252,973 WHO disbursement (TA package, travel costs, MDR help desk and salary advance from future periods • $114,471 SRs direct salary payment budgeted under UNDP and reported under SR • $376,059 SRs activities budgeted under UNDP	$2,440,508	[illegible]	$1,068,132	56.2%	Delayed activities:- $782,303 CSO grants implementation started in 2017 ;- $338,803 Meeting and advocacy costs ;- $33,465 Office related costs ;- $19,803 Television and Radio spots ;- $190,000 Operational research and telemedicine budget;- $80,000 Capacity building hub ;- $58,344 SR training related activities ;- 24,826 SR cost recovery ; Savings :- $72,000 Food and care packages:- $114,795 SR salaries and PB incentives payment;Negative variance:- $261,763 WHO disbursement -salary advance & GMS from future periods :- 359,834 Activities budgeted under UNDP, disbursed to SRs and reported accordingly ;

Procurement data for analytical purposes	Budget for Reporting Period	Actual Grant Cash Out-Flow - Cash Basis for Reporting Period	Budget Vs Actual Variances	Absorption Capacity	Reasons for Variance	Cumulative Budget through period of Progress Update	Cumulative Actual Grant Cash-Outflow - Cash Basis through period of Progress Update	Cumulative Budget Vs Actuals Variances	Absorption Capacity	Reasons for Variance
2. Total pharmaceutical & non-pharmaceutical incl. equipment expenditures vs. budget	[illegible]	[illegible]	$167,677	67.5%		[illegible]	$247,792	[illegible]	[illegible]	
2a. Health Products- Pharmaceutical Products	$108,350	$50,304	$58,046	46.4%	Positive variance – explained by: • $46,246 Second line TB medicines reimbursement to the regional stock pile • $4,803 OIs savings due to unit costs efficiencies gained from procurement through UNDP existing agreements • $6996 ARVs procurement savings	$108,960	$50,304	[illegible]	[illegible]	Positive variance – explained by: • $46,246 Second line TB medicines reimbursement to the regional stock pile • $5,413 OIs savings due to unit costs efficiencies gained from procurement through UNDP existing agreements • $6996 ARVs procurement savings
2b. Health Products - Non-Pharmaceuticals & Equipment	$407,120	$297,490	$109,630	73.1%	Positive variance – explained by: • $149,351 Condoms procurement savings (savings due to?) reprogrammed to lubricants savings and other health products procurement • $22,618 syringes, lab reagents, other health equipment and consumables savings Negative variance • $52,500 Liquidation of 2015 commitments for the Gene Xpert machine • $ 11,260 RDTs budgeted in 2015 and procured in 2016	[illegible]	$297,490	[illegible]	[illegible]	Positive variance – explained by: • $248,514 Condoms procurement savings reprogrammed to lubricants savings and other health products procurement • $15,818 syringes, lab reagents, and consumables savings due to unit cost • $53,717 other health equipment • $22,914 the Gene Xpert machine procurement savings due to unit costs savings to be reprogrammed for procuring a machine to Kiribati-Christmas Island • $29,156 RDTs savings

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Section 3A: PR - Procurement and Supply Management

		Comments
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. ! For further guidance on PQR data entry, please refer to the guidelines.	**Select**	

2. Based on the most up-to-date stock situation, are there any risks of stock-outs or expiries for the key pharmaceuticals & health products, listed below, at the central level in the next period of implementation? If yes, please comment.

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	No	There is an adeqaute stock of RDTs on hand at Regional Warehouse in Suva procured by UNDP. The months of stock required doesn't exceed the shelf life of current stock on hand.UNDP currently has 7 months stock on hand. Procurement process for HIV RDTs and Syphilis RDTs are planned be launched March and April respectively with expected deliveries to be 15-30 May for both the items. UNDP strickly monitors inventory and its consumption through Quarterly reports which are submitted by Lab and stores. Data quality is the prime focus of these reports
4. Condoms	No	No	UNDP procured pleasure-enhancing condoms (ribbed, dotted and thick) in April 2016 to promote uptake of condoms in supported countries that will complement standard type condoms provided through other sources (UNFPA, DFAT and CDC programmes). The stocks and consumption are monitored through quarterly stock reports which depict the uptake of these condoms and replenishment needs. Countries currently have a good stock in hand and UNDP has buffer available at Regional Warehouse.
5. Anti-retrovirals	No	Yes	There is an adequate stock of ARVs at the Regional Warehouse. Supported countries are replenished on a Biannual basis with buffer based on patient on ART Summary list submitted to UNDP. The stocks and its consumption as verified through the quarterly stock reports submitted to UNDP. The next Distribution to the countries will be conducted by first week of March. Identified risk of expiry is related to the cases of patients defaulting from ART, change in ART regimen and patients refusing or continuosly delaying start of ART suggested by the physician. For example, in 2016 RMI reported one new case on ART who died after 3 months; FSM reported 1 case of delayed ART, Kiribati has 2 defaulting cases, Samoa had 1 patient whose ART regimen was changed after ARVs for this only regimen was procured. 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, change in ART regimen and non utilisation of PMTCT & PEP (Emergency Kits kept in country as per WHO recommendations to prevent transmission of HIV).

6. Anti-TB medicines	No	No	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. "A joint operational policy for the second line TB medicines stockpile for the Pacific Region" was developed in October 2016 with Global Fund, WHO, Global Fund Principal Recipients in PICTs, Global Fund Principal Recipient in Philippines, NTP Philippines, and Stop TB Partnership - Global Drug Facility (GDF) and its Procurement Agent (IDA Foundation) allowing supported countries to access and obtain SLMs for RR/MDR-TB cases from the Regional SLM Stockpile. 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 annually. Regional stockpile keeps the full range of SLDs and is responsible to rotate and timely dispose the stock for no expiries. Furthermore, UNDP procured a limited volume of Isoniazid for IPT, which is linked to the national TB screening programmes. The stocks and consumption are monitored through quarterly stock reports and the months of stock required doesn't exceed the shelf life of current stock on hand.
7. Lab supplies (e.g. CD4, Viral Load, Cartridges...)	No	Yes	(A) There is an adequate stock of consumables for CD4 testing at country level which were supplied in May 2016. UNDP Regional Warehouse has buffer Stock on Hand to cater for increased need. Procurement process is planned to be launched by 15th March with expected delivery to be 15-30 May. Identified risk of expiry is related to stigma of not turning up for testing and remoteness of location of patients. The incountry team finds it difficult to test these patients due to these challenges. The stocks and consumption are monitored through quarterly stock reports which determine the replenishment need based on usage. (B) There is an adeqaute stock of MTB-RIF Cartridges on hand at Regional Warehouse in Suva and in countries which were supplied from June 2016. The months of stock required doesn't exceed the shelf life of current stock on hand. The stocks and consumption are monitored through quarterly stock reports which determine the replenishment need based on usage. Procurement process for MTB-RIF will be launched 15-20 March with expected delivery to be 15-30 June.
8. Other (Please specify in the "Comment" column)	No	Yes	(A) GF programme provides co-trimoxazole for CTX prophylaxis and also medicines for STIs, i.e. Cefixime and Procaine Benzyl Penicillin. There is an adequate stock of for CTX prophylaxis and Procaine Benzyl Penicillin at country level which are supplied quarterly basis on comsupiton need reported in quarterly stock reports. UNDP holds a good buffer of CTX prophylaxis Medicines and Procaine Benzyl Penicillin, with good shelf life, at its Regional Warehouse to cater for increased need. Identified risk of expiry of Cefixime is related to the non update of the country treatment guidelines to new recommendations by TWG as most countries recommend treatment using Ceftriaxone. This has seen very low uptake of Cefixime. Cefixime will now not be supported until the countries update the treatment guideline with Cefixime. (B) GF programme procured additional quantity of Water based lubricants in August 2016+ on 1:1 ratio to the number of condoms, procured initially, to be available for all clients to meet the demands and to increase the condoms uptake. The Lubs were received in December 2016 and will be distributed in March 2017.

3. Comment on additional issues related to the procurement and supply management of pharmaceuticals and health products.

A. With List of Health Products approved by GF as a baseline, UNDP developed a detailed, time-bound procurement action plan (PAP) for 2016 and 2017.Some changes on the implementation of PAP were experienced, mainly due to low order quantity and the complexity of logistics in the Pacific region that had to be factored by the suppliers before confirming the orders. Nonetheless UNDP managed to place all orders as per PAP before the end of 2016.A reprogramming was approved in 2016 and implementation of this procurement plan had started
B. UNDP collaborated with Fiji Pharmaceuticals and Biomedical Services (FPBS) warehouse and engaged it to serve as a hub regional warehouse for GF supplies.
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
D. 2015 PSM Assessment identified several areas for improvements. Individual PSM capacity building plans and Regional PSM building plan were proposed.
TB Drug Management Workshop in collaboration with WHO and GDF was held from 18-20 November 2016.
UNDP is committed to implement PSM capacity building activities at country levels and regionally.

Progress Report with Disbursement Request

Section 4: Grant Management

A. PR and LFA Comments on the Fulfilment of Grant Requirements

! Please include in this table the Grant Requirement number as per Grant Confirmation and full text of the requirement due for fulfilment during this period or outstanding from previous periods.
! Some 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 Grant Requirements is reported by the PR during each period concerned.

Grant Requirements	Status	PR Comments on Progress of Implementation
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). 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: 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 b. The written approval by the Global Fund of the Detailed Budget and Work Plan.	Met	
2. Condition Precedent to the Use of Grant Funds to Finance Telemedicine Activities and Sub-recipient Human Resources Costs (Terminal Date: 31 October 2015) 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: 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	Met	

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 nur

Global Fund Management Actions	Status	PR Comments on Progress of Implementation
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&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).	In Progress	With regards to the M&E plan for TB and HIV, the Global Fund has decided to exclude points: ii, iii and v. The plan discribes : i) the data collections processes; ii) the current gaps; and iii) measurements in place to strengthen the M&E systems. The M&E plan was resubmitted to the TWG for review.
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&E plan and report back to the PIRMCCM on opportunities for re-investing saving and reprogramming options to support M&E systems strengthening and M&E capacity building (Due Date: ongoing)	Select	**Excluded from further reporting as this is already addressed in the guidance for simplified grant management approach**
No. 3 17 August, 2015 – The PR should work in collaboration with technical partners to develop a grant specific M&E Plan. The M&E plan should among other things include an organogram with clearly outlined roles and responsibilities; and M&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).	In Progress	**Excluded from further reporting as already covered in management action 1.**
No. 4 17 August, 2015 – Program Reporting Tools In collaboration with the Technical Working Group and technical partners, the PR should urgently develop standardized tools that will facilitate reporting of program progress by all 11 PICTs. The HMIS is presently disjointed and does not allow for standardized reporting (Due Date: 15-12- 2015).	Met	The standard reporting tool developed
No.5 17 August, 2015 – Quality Assurance Diagnostics Prior to awarding a contract/PO to a supplier for supply of HIV/Syphilis RDTs, the PR shall verify and ascertain compliance of the products under consideration with the requirements outlined in the Global Fund's QA policy for diagnostics (Due Date: ongoing)	Select	**Excluded from further reporting as it is part of the Global Fund's QA policy for diagnostics**
No. 6 17 August, 2015 – M&E and Supervisory Visits For cost-efficiency purposes, monitoring and supervisory visits by the PR to countries should be (i) Coordinated and conducted jointly with technical partners and the PIRMCCM; and(ii) with multipurpose site visits and budgets for other areas (e.g. PHPM) in order both to ensure economies of scale and increased effectiveness of the visits (Due date: ongoing).	Select	**Excluded from further reporting.**
No. 7 17 August, 2015 – Procurement and Supply Chain Management: Capacity Building The PR is requested to work with individual countries to build local PSM capacities (Due date: ongoing)	Select	**Excluded from further reporting. this is part of the routine work of the PR.**

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).	Met	The Global Fund approved the revised quantification of health products for year 2 and 3 on July 4 2016
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	Select	**The PR is requesting inventory data every three months. This Management Action is excluded from further reporting as its part of the routine work of the PR.**
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	Select	**Excluded from further reporting given this is part of the PRs routine work.**
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).	Met	**Nauru Capacity assessment pending**
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).	Met	
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).	Met	
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).	Met	
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).	Met	

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).	Select	**Excluded from further reporting as it's the responsibility of the PR to have a PMU in place**
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).	Select	**Excluded from further reporting**
No. 18 30 December,2016-Monitoring of PR and SR expenditures by Cost Grouping The PR to maintain a budget vs actual analysis of PR and SR expenditures by cost grouping for the period 1 July to 31 December 2016	Met	
No. 19 30 December,2016-Financial management PR expenditure for the period 1 July to 31 December 2015 reported by the PR is understated by US$10,047. This is due to the PR including prepayments relating to the grant under the malaria grant.	Met	

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		Preparation on track	PR audit is planned in May 2017
Annual Financial Report (AFR) / Enhanced Financial Report (EFR)		Submitted to GF	

Progress Report with 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,

Overall the Grant Performance in the assessment period was very good.
Programmatic performance: During this reporting period, most targets have been achieved. Details are in the Programmatic Progress section.
Financial performance: The disbursement by the GF during this period is more than 90%. 2016 burn rate is at 55%. The cumulative disbursement is at 46% and expenditure is 44% of the allocated. The Actual cash expenditure is lower due to outstanding NEX advances, purchase orders and prepayments as of December 31st 2016.
Efficiencies were realized in the pharmaceuticals and health products procurement and reprogramming have been approved by the GF and the CCM.
Kiribati, Samoa, Tonga, Tuvalu and Vanuatu were provided with GeneXpert diagnostic devices each along with master class training, at each location. Direct laboratory support to Pacific countries continues for Blinded smear re-checking, Panel sending, interpretation and reporting of testing results. Joint operational policy for Regional Second Line Medicines stockpile access is in place and ensures cost effectiveness by using a pay per use approach. The eighth TB control meeting for the PICTs in November 2016 saw 80 participants attending to identify joint priorities and develop specific regional and national actions to operationalize the 2016-2020 Regional Framework. Civil Society Organizations are scaling up the response with 11 CSOs newly engaged with a focus on reaching Key Affected Populations including Transgender persons, Men who have sex with men (MSM), seafarers and sex workers.
All conditions precedents are met, only two management actions are pending.
Sustainability of the programmes is priority and is always considered in reprogramming requests or any programmatic change.

B. Planned Changes in the Program, if any

Following the recent analysis of the programme absorption rate and the programmatic performance there is a need to increased investments on the following:
- TB/HIV Data management
- strategically support the limited human resources capacities;
- finding innovative solutions to overcome the difficulties in reaching the outer islands by services and awareness.
- establishment of the drop-in centers and youth friendly centers in Cooks Island, Samoa and Vanuatu.
- The Scaling up the TB/HIV and Diabetes/TB interventions

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

The vast geographical spread of islands in the PICs increases the costs to reach communities and manage the programmes.

The current competing health priorities like NCDs and diseases out breaks cause delays in the programme implementation due to the limited number of available human resources.

Compounding the issues above are the programmatic and logistical barriers to HIV, TB and STI control in PICT, is the limited health care capacities and expensive supply of STI testing equipment. The challenge is to maintain and update a complex strategy for a limited number of cases, with sufficient skilled human resources

Progress Report with Disbursement Request

Section 8A: The Global Fund Forecast Template	Disbursement Request - Disbursement Period:	Beginning Date:	1-Jan-17
	Disbursement Request Buffer Period	Beginning Date:	

Summary Breakdown by Cost Grouping

Costing Dimension (Cost Grouping)	Budget for Forecast Period	Principal Recipient Forecast for the period (not including the Buffer)	Budget for the Buffer Period	Principal Recipient Forecast for the Buffer Period	Total Principal Recipient Forecast (including Buffer)	Comments
1.0 Human Resources (HR)	$1,510,097	$1,606,587	$0	$0	$1,606,587	27000 SFA +12000 Tuvalu +181422 UNDP +33277 Van+107071 RMI (-WHO 2017 Salaries +current Pos)
2.0 Travel related costs (TRC)	$1,189,250	$1,990,206	$0	$0	$1,990,206	########
3.0 External Professional services (EPS)	$245,755	$422,447	$0	$0	$422,447	########
4.0 Health Products - Pharmaceutical Products (HPPP)	$115,720	$174,456	$0	$0	$174,456	Reprogramming of previous savings to cover the buffer period pharmaceuticals
5.0 Health Products - Non-Pharmaceuticals (HPNP)	$93,889	$257,410	$0	$0	$257,410	$130,403 commitments -lubricants, MiniXary Machine $33,118 savings reprogramming approved by GF
6.0 Health Products - Equipment (HPE)	$41,156	$41,156	$0	$0	$41,156	
7.0 Procurement and Supply-Chain Management costs (PSM)	$166,892	$337,717	$0	$0	$337,717	########
8.0 Infrastructure (INF)	$0	$0	$0	$0	$0	
9.0 Non-health equipment (NHE)	$7,200	$7,200	$0	$0	$7,200	
10.0 Communication Material and Publications (CMP)	$51,668	$245,883	$0	$0	$245,883	96,638 Commitment -Samoa Awareness payment and Digicel LTA $97577 delayed activities
11.0 Indirect and Overhead Costs	$436,435	$746,770	$0	$0	$746,770	
12. Living support to client/ target population (LSCTP)	$724,800	$1,654,203	$0	$0	$1,654,203	
13. Results Based Financing	$0		$0	$0	$0	
Grand Total	$4,582,862	$7,484,035	$0	$0	$7,484,035	

Summary Breakdown by Interventions

Modular Approach - Modules	Modular Approach - Interventions	Budget for Forecast Period	Principal Recipient Forecast for the period (not including the Buffer)	Budget for the Buffer Period	Principal Recipient Forecast for the Buffer Period	Total Principal Recipient Forecast (including Buffer)	Comments
Prevention programs for general population		$4,912	$142,741	$0	$0	$142,741	
Prevention programs for MSM and TGs		$124,171	$227,371	$0	$0	$227,371	
Prevention programs for sex workers and their clients		$191,537	$534,977	$0	$0	$534,977	
Prevention programs for other vulnerable populations (please specify)		$235,506	$433,015	$0	$0	$433,015	
PMTCT		$29,361	$29,361	$0	$0	$29,361	
Treatment, care and support		$440,224	$1,099,271	$0	$0	$1,099,271	
TB care and prevention		$762,433	$1,201,205	$0	$0	$1,201,205	
TB/HIV		$22,145	$2,945	$0	$0	$2,945	
MDR-TB		$107,385	$111,357	$0	$0	$111,357	
Removing legal barriers to access		$260,844	$423,471	$0	$0	$423,471	
Community systems strengthening		$0	$537,646	$0	$0	$537,646	
HSS - Health information systems and M&E		$554,478	$346,911	$0	$0	$346,911	
Program management		$1,849,866	$2,393,765	$0	$0	$2,393,765	
						$0	
						$0	
Grand Total		$4,582,862	$7,484,035	$0	$0	$7,484,035	

Summary Breakdown by Implementing Entity

Implementing Entity	Budget for Forecast Period	Principal Recipient Forecast for the period (not including the Buffer)	Budget for the Buffer Period	Principal Recipient Forecast for the Buffer Period	Total Principal Recipient Forecast (including Buffer)	Comments
MHRDC	$98,530	$273,437	$0	$0	$273,437	
MOHCI - Ministry of Health Cook Islands	$1,568	$70,633			$70,633	
MOHKI - Ministry of Health Kiribati	$11,000	$169,210			$169,210	
MOHNA - Ministry of Health Nauru	$8,633	$4,500			$4,500	
MOHNI - Ministry of Health Niue	$0	$38,548			$38,548	
MOHPA - Ministry of Health Palau	$3,700	$155,873			$155,873	
MOHRMI - Ministry of Health Republic of Marshall Islands	$14,750	$194,821			$194,821	
MOHSA - Ministry of Health Samoa	$11,360	$149,977			$149,977	
MOHTO - Ministry of Health Tonga	$12,100	$157,535			$157,535	
MOHTU - Ministry of Health Tuvalu	$10,980	$60,247			$60,247	
MOHVA - Ministry of Health Vanuatu	$17,880	$441,744			$441,744	
SRS	$1,332,853	$1,491,160			$1,491,160	
UNDP	$2,796,261	$4,218,263			$4,218,263	
WHOPRO- World Health Organisation Pacific Regional Office	$263,247	$58,087			$58,087	
Grand Total	$4,582,862	$7,484,035	$0	$0	$7,484,035	
Validation of Grand Total	OK	OK	OK	OK	OK	

Summary Breakdown by Quarter	Calendar Period Quarter Start Date					Total	
	Calendar Period Quarter End Date						
Principal Recipient	Approved Budget	$1,319,157.14	$1,027,958.68	$1,170,598.87	$1,065,147.32	$4,582,862.01	
	Forecasted Direct Disbursement					$0.00	
	Forecasted Disbursement to Principal Recipient	$1,319,157.14	$2,421,185.08	2,678,545.00	$1,065,147.32	$7,484,034.55	
	PPM/Wambo.org forecasted disbursement					$0.00	
	Total	$1,319,157.14	$2,421,185.08	$2,678,545.00	$1,065,147.32	$7,484,034.54	$0.00
Local Fund Agent	Approved Budget					$0.00	
	Forecasted Direct Disbursement					$0.00	
	Forecasted Disbursement to Principal Recipient					$0.00	
	PPM/Wambo.org forecasted disbursement					$0.00	
	Total	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Validation of Principal Recipient Grand Total OK

Progress Report with Disbursement Request

Section 7A.The Annual Financial Reporting Completed by the Principal Recipient

Period of Financial Reporting	Beginning Date:	1-Jan-16	End Date:	31-Dec-16
Cumulative Period of Financial Reporting	Beginning Date:	1-Jul-15	End Date:	31-Dec-16

A- SUMMARY AFR BREAKDOWN BY COST GROUPING

Costing Dimension (Cost Grouping)	Current Reporting Period: Budget for Reporting Period	Actual Expenditure	Budget Vs Actual Variances	Absorption Capacity	Explanation of Variances (mandatory for all percentages below 95% & above 105%)	Cumulative for the Implementation Period: Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget Vs Actuals Variances	Absorption Capacity
1.0 Human Resources (HR)	$1,595,633	$1,422,434	$173,199	89.1%	Positive variance explained as follows Savings:• $28,362 MHRDC - Project Coordinator salary ;• $ 8,846 FSM project staff for M&E, Management and Coordination • $9,720 FSM outreach workers' incentives ;• $9,912 RMI outreach worker ;• $ 181,422 PMU HR savings approved for reprogramming for programme admin assistant and PSM TA support .**Commitments :**• $27,000 programme coordinator required for the SFHA activities, UNV recruitment on progress ;• $12,000 Tuvalu recruitment completed in 2017 • $ 35,087 Vanuatu Salaries paid as part of the advance acquitted in 2017 ;• $ 107,071 outreach worker's salaries advanced and acquitted in 2017 **Negative variance:**• $ 238,860 WHO advance from future periods;• $ 6,766 Tonga 2015 commitments paid in 2016 ;	$2,523,453	$1,819,110	$704,343	72.1%
2.0 Travel related costs (TRC)	$2,138,169	$1,122,702	$1,015,467	52 5%	Positive variance explained as follows: Delayed activities: $71,631 Regional - Refresher training for Clinicians on Childhood TB delayed to 2017 • $339,803 National level identified activities • $150,653 Regional TOT for the Rollout of Revised Regional/National HIV/STI/TB/PMTCT Guidelines• $ $134,078 Regional - Strengthening STI Case Management-TA contract have been signed with SPC as a TA provider and implemented in 2017 • $80,000 Capacity building hub budget • $ 80,193 Training or retraining laboratory staff on TB microscopy Commitments: • $31,675 community volunteers training and outreach activities part of the SR advance acquitted in 2017 • $18,438 subnational M&E visits part of the SR advance acquitted in 2017 • $ 26,925 Meeting PO paid in 2017• $ 15,035 EQA shipment and test costs part of PATLAB LTA to be paid in 2017 Savings: • $173,633 Regional and National M&E Plan Development due to delayed implementation • $287,654 supportive supervision and M&E costs due to delayed implementation • $43,960 TB programme review due to delayed implementation• $ 30,686 participation in the PICTA meeting • •$3,884 WHO travel costs Negative variance: of USD 505,019 due to activities budgeted in 2015 and implemented or paid in 2016: Stigma index survey; regional meetings; population size estimate; and SRs trainings and outreach activities	$3,176,681	$1,337,166	$1,839,515	42.1%
3.0 External Professional services (EPS)	$452,046	$51,855	$400,191	11.5%	Positive Variance: explained by the following Delayed activities :• $150,000 regional telemedicine costs, proposal approved by the GF and pending technical working group approval. Submitted in February 2017 and response not received to date • $103,275 development of integrated HIV/STI/RH/TB/PMTCT Health Communications Strategy• $ 40,000 Tonga and Vanuatu operational research • $62,866 PR audit scheduled in May 2017 Savings :• $59,521 SR audits and PSM professional fees Negative variance:• $11,635 Review of guidelines implemented during this reporting period • $3,837 MDR help desk costs advanced from future periods	$858,465	$131,875	$726,590	15.4%

4.0 Health Products - Pharmaceutical Products (HPPP)	$108,350	$50,304	$58,046	46.4%	Positive Variance: explained by the following :Delayed activities :• $46,936 second line TB medicine reimbursement to regional stock pile. Savings :• $6,996 ARVs procurement savings • $ 4,804 OIs procurement savings . Negative variance: • $690 Kiribati 1st line TB medicine procurement approved by GF to avoid stock out	$108,960	$50,304	$58,656	46.2%
5.0 Health Products - Non-Pharmaceuticals (HPNP)	$380,047	$227,490	$152,557	59.9%	Positive Variance: explained by the following :Savings :• $82,137 Male condoms procurement savings • $67,214 Female condoms procurement savings reprogrammed to lubricant procurement order received and paid in 2017 total PO amount is $ 55,178• $ 4,203 RDTs procurement savings • $14,467 lab reagents, syringes and other consumables savings Negative variance: • $15,464 RDTs procurement from previous periods paid during the current reporting period	$520,978	$227,490	$293,488	43.7%
6.0 Health Products - Equipment (HPE)	$27,073	$70,000	-$42,927	258.6%	Positive Variance: explained by Savings :• $8,151 Maintenance and service costs for health equipment Negative variance:• $ 51,078 due to 2015 commitments paid in 2016	$146,631	$70,000	$76,631	47.7%
7.0 Procurement and Supply-Chain Management costs (PSM)	$140,976	$86,558	$54,418	61.4%	Positive Variance: explained by the following:Commitments:• $10,647 Warehouse and Storage Costs for 2016 will be paid in 2017 ;• $ 13,171 procurement agent and handling fees Savings:• $ 48,932 In-country distribution costs will be reprogrammed to cover the buffer period budget as requested by the GF (Jan-June 2018) ;• $6,478 Quality assurance and quality control costs Negative variance:• $24,812 due to 2015 commitments paid in 2016	$166,211	$99,325	$66,886	59.8%
8.0 Infrastructure (INF)	$0	$3,310	-$3,310	Not Budgeted	PMU furniture procured in 2015 and paid during this reporting period	$5,400	$3,310	$2,090	61.3%
9.0 Non-health equipment (NHE)	$7,200	$13,265	-$6,065	184.2%	Positive Variance: explained by $7,156 savings from PR PMU - Office equipment maintenance costs Negative variance:$13,221 NTPs furniture and PMU IT equipment's budgeted in 2015 and paid in 2016	$89,590	$15,456	$74,134	17.3%
10.0 Communication Material and Publications (CMP)	$195,168	$17,590	$177,578	9.0%	Positive Variance explained by delayed activities:• $18,351 Production of ACSM materials• $10,859 TV and radio spots • $148,367 IEC materials -Contract have been signed with Digicel for a digital awareness campaign implementation started in 2017	$253,803	$17,590	$236,212	6.9%
11.0 Indirect and Overhead Costs	$562,671	$389,125	$173,546	69.2%	Positive variance explained by the following:Delayed activities :• $10,396 strengthen operational management support for SR office administration cost • $15,656 PMU Communication costs (Internet & telephones)• $199,929 delayed activities GMS Negative variance:• $29,532 PR PMU - Office rent, utilities, cleaning & security budgeted in 2015 and paid in 2016 • $ 22,903 WHO GMS costs	$834,917	$442,654	$392,263	53.0%
12. Living support to client/ target population (LSCTP)	$912,800	$12,677	$900,123	1.4%	Positive variance due to delayed activities:• $112,800 Fiscal support and incentive provided to HIV patient with TB and adherence support funds wasn't requested by countries possibilities of reprogramming will be discussed with TWG • $787,323 CSOs budget 7 CSOs started implementation in 2017 with a total commitment of	$946,400	$12,677	$933,723	1.3%
13. Results Based Financing	$0	$0	$0	N/A		$0	$0	$0	N/A
Grand Total	$6,520,133	$3,467,310	$3,052,823	53.2%		$9,631,489	$4,226,956	$5,404,532	43.9%

B. SUMMARY AFR BREAKDOWN BY INTERVENTIONS

Modular Approach - Modules	Modular Approach - Interventions	Budget for Reporting Period	Actual Expenditures	Budget Vs Actual Variances	Absorption Capacity	Explanation of Variances (mandatory for all percentages below 95% & above 105%	Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget Vs Actuals Variances	Absorption Capacity
Prevention programs for general population	Diagnosis and treatment of STIs as part of programs for general population	$138,991	$0	$138,991	0.0%	Positive Variance: explained by the following Delayed activities :• $134,079 Technical assistance to strengthen STI Case Management, LoA have been signed with SPC-Savings: • $4,912 equipment maintenance costs	$145,991	$0	$145,991	0.0%
Prevention programs for MSM and TGs	Condoms as part of programs for MSM and TGs	$20,941	$3,335	$17,606	15.9%	Condoms procurement was combined for all modules efficiencies gained had been reprogrammed for lubricants procurement	$32,040	$3,335	$28,705	10.4%
	HIV testing and counseling as part of programs for MSM and TGs	$4,252	$0	$4,252	0.0%	Kiribati advance acquitted in 2017 activity covers Mobile team after hour services to improve coverage on HIV testing and counselling among MSM.RDTs procurement combined for all three modules and paid through a single PO this is a saving in this budget line but no overall savings in the RDTs procurements	$5,000	$0	$5,000	0.0%
	Diagnosis and treatment of STIs as part of programs for MSM and TGs	$11,402	$0	$11,402	0.0%	STI and OI medicines procurement was combined for all modules efficiencies gained had been reprogrammed	$11,402	$0	$11,402	0.0%
	Other interventions for MSM and TGs - Please specify	$0	$180,742	-$180,742	Not Budgeted	KAP mapping and vulnerability study implemented by UNSW budgeted in 2015 and paid in 2016	$149,341	$180,742	-$31,401	121.0%
	Behavioral change as part of programs for MSM and TGs	$100,885	$0	$100,885	0.0%	regional small grants implementation started in 2017	$100,886	$0	$100,886	0.0%
Prevention programs for sex workers and their clients	Condoms as part of programs for sex workers and their clients	$203,264	$39,191	$164,073	19.3%	Condoms procurement was combined for all modules efficiencies gained had been reprogrammed for lubricants and health products procurement	$292,482	$39,191	$253,291	13.4%
	HIV testing and counseling as part of programs for sex workers and their clients	$6,352	$0	$6,352	0.0%	Kiribati advance acquitted in 2017 activity covers Mobile team after hour services to improve coverage on HIV testing and counselling among MSM and $3,152 from RDTs procurement-RDTs procurement was combined for all three modules and paid through a single PO this is a saving in this budget line but no overall savings in the RDTs procurements	$7,589	$0	$7,589	0.0%
	Diagnosis and treatment of STIs (sex workers and their clients)	$24,912	$8,468	$16,444	34.0%	STI and OI medicines procurement was combined for all modules efficiencies gained had been reprogrammed	$24,912	$8,468	$16,444	34.0%
	Other interventions for sex workers and their clients - Please specify	$0	$125,190	-$125,190	Not Budgeted	KAP mapping and vulnerabiiity study implemented by UNSW budgeted in 2015 and paid in 2016	$141,880	$125,190	$16,690	88.2%
	Behavioral change as part of programs for sex workers and their clients	$104,220	$0	$104,220	0.0%	Delayed activities:• $100,000 regional small grants implementation started in 2017;• $ 4,221Vanuatu and FSM peer educators costs to maintain and expand the outreach programme	$104,220	$0	$104,220	0.0%
Prevention programs for other vulnerable populations (please specify)	Condoms as part of programs for other vulnerable populations	$35,600	$31,767	$3,833	89.2%	Condoms procurement was combined for all modules efficiencies gained had been reprogrammed	$51,309	$31,767	$19,542	61.9%
	HIV testing and counseling as part of programs for other vulnerable populations	$3,531	$11,975	-$8,445	339.2%	11,645 RDTs procurement combined for all three modules and paid through a single PO	$3,787	$11,975	-$8,188	316.2%

	Diagnosis and treatment of STIs (other vulnerable populations)	$11,342	$25,951	-$14,609	228 8%	STI and OI medicines procurement was combined for all modules the overall efficiencies gained had been reprogrammed (25,235)	$25,719	$25,951	-$232	100.9%
	Other interventions for other vulnerable populations - Please specify	$100,000	$0	$100,000	0.0%	regional small grants for NGOs focusing on raising awareness, preventing gender based violence (GBV) implementation started in 2017	$100,000	$0	$100,000	0.0%
	Behavioral change as part of programs for other vulnerable populations	$109,912	$0	$109,912	0.0%	$100,000 regional small grants for NGOs focusing on integrated approach for outreach to young women of childbearing age on HIV/STI/SRH implementation started in 2017;• $ 9,912 RMI - Youth to Youth in Health Outreach coordinator not recruited	$119,824	$0	$119,824	0.0%
PMTCT	Prong 3: Preventing vertical HIV transmission	$96,387	$83,320	$13,067	86.4%	Positive variance due to Savings:• $2,551 ARVs procurement savings ;• $461 consumables procurement savings ;• 13,873 PSM costs savings Negative variance:• $3,819 RDTs procurements combined for modules and paid through a single PO.• $ 10,627 Vanuatu educators' costs to maintain and expand the outreach programme	$137,280	$83,320	$53,960	60.7%
Treatment, care and support	Antiretroviral Therapy (ART)	$42,237	$22,434	$19,803	53.1%	ARVs interventions savings reprograming request was approved by the GF	$51,551	$22,434	$29,117	43.5%
	Treatment monitoring	$158,376	$5,707	$152,670	3.6%	Delayed activities :• $150,000 regional Telemedicine facility budget implementation pending TWG approval ; • $2,670 Laboratory reagents procurment savings	$158,375	$5,707	$152,669	3.6%
	Treatment adherence	$45,600	$0	$45,600	0.0%	Treatment adherence activities covered from other funding sources	$45,600	$0	$45,600	0.0%
	Prevention, diagnosis and treatment of opportunistic infections	$153,852	$27,669	$126,183	18.0%	• $148,368 due to delayed STIs IEC materials production pending the review of the national guidelines implementation started in Q4 2016.• $2,192 OI treatment procurement savings -Negative variance:• $24,378 2015 commitments paid in 2016	$182,262	$27,669	$154,593	15.2%
	Counseling and psycho-social support	$100,000	$0	$100,000	0.0%	savings from the regional umbrella HIV organization grant, currently there is no regional organization	$100,000	$0	$100,000	0.0%
	Other interventions for treatment - Please specify	$230,653	$32,134	$198,519	13.9%	Delayed activities • $80,000 regional program and operational capacity building Hub pending the TWG approval ;• $130,153 Regional TOT for the Rollout of Revised Regional/National HIV/STI/TB/PMTCT Guidelines pending the technical partners completion of the assignment.Negative variance:• $11,635 review of the national condoms guidelines budgeted in 2015 and implemented in 2016 by UNFPA	$508,558	$32,134	$476,424	6.3%
TB care and prevention	Treatment	$707,353	$909,499	-$202,146	128 6%	Delayed activities:• $ 18,439 Subnational M&E visits advanced in late 2016 and acquitted in 2017;• $ 37,907 SRs Salaries advanced to be acquitted Savings:• $2,984 Gene Xpert training savings.Negative variance:• $238,860 WHO salaries advance from future period (2017 budget) ;• $ 22,903 WHO GMS	$1,077,189	$925,178	$152,011	85.9%
	Key affected populations	$75,703	$0	$75,703	0.0%	• $71,631 regional - Refresher training for Clinicians on Childhood TB to be implemented by WHO delayed implementation. • $4,071 consumables procurement savings	$75,702	$0	$75,702	0.0%
	Case detection and diagnosis	$395,371	$261,723	$133,648	66.2%	Delayed activities: • $15,035 EQA payments -commitment as part of the LTA ;• $54,457 SRs human resource payments part of the SR advances ;• $ 80,193 National level training and retraining of laboratory staff will be implemented following the completion of the TB laboratory assessment Savings: • $30,686 participation in the PICTA meeting covered from other funding sources;• $5,601 consumables procurement budget ;• $29,048 PSM costs savings;• $2,625 Maintenance and service costs for health equipment• Negative variance:• $17,937 National Health workers training funds acquitted in 2016;• $66,060 Gene Xpert payment -liquidation of commitments	$626,749	$299,357	$327,392	47.8%

TB/HIV	Key affected populations	$19,200	$0	$19,200	0.0%	Savings :- $19,200 cancelled activity-fiscal support and incentive provided to HIV patients	$28,800	$0	$28,800	0.0%
	TB/HIV collaborative interventions	$2,446	$8,482	-$6,036	346.8%	$8,482 overspending on approved activities-training TB and HIV staff on TB/HIV collaborative activities and • $2,446 consumables procurement savings	$19,540	$8,482	$11,058	43.4%
MDR-TB	Treatment: MDR-TB	$103,385	$3,412	$99,973	3.3%	Delayed activities:- $51,972 second line TB medicine reimbursement to regional stock pile-Savings • $48,000 cancelled activity fiscal support to MDR patient	$127,385	$3,412	$123,973	2.7%
	Case detection and diagnosis: MDR-TB	$4,000	$7,837	-$3,837	195.9%	$3,837 overspending on MDR helpdesk costs	$31,000	$32,837	-$1,837	105.9%
Removing legal barriers to access	Policy advocacy on legal rights	$200,000	$5,430	$194,570	2.7%	Delayed activities:- $ 194,570 Small Grants for Legal Advocacy Initiatives for Key populations implementation started in 2017	$200,000	$5,430	$194,570	2.7%
Community systems strengthening	Social mobilization, building community linkages, collaboration and coordination	$651,943	$87,308	$564,635	13.4%	Delayed activities:- $28,802 ACSM and community outreach activities part of the SR advances acquitted in 2017 ;- $103,275 regional integrated health communication strategy • $92,754 engaging CSO to address stigma and discrimination implementation started in 2017 ;- $339,804 national level activities	$718,145	$87,308	$630,837	12.2%
	Institutional capacity building, planning and leadership development	$51,983	$20,308	$31,675	39.1%	training of community volunteers part of the SR advances acquitted in 2017	$51,983	$20,308	$31,675	39.1%
HSS - Health information systems and M&E	Analysis, review and transparency	$343,293	$259,753	$83,540	75.7%	Savings.- $43,960 TB programme review ;- $12,639 HIV meeting savings ;- $3,885 WHO M&E budget Commitment:$ 26,925 HIV Meeting PO paid in 2017.Delayed activities:- 40,000 Tonga and Vanuatu operation research.Negative variance:- $ 43,867 FJN+ Stigma index payment budgeted in 2015 and implemented in 2016	$405,012	$264,007	$141,005	65.2%
	Routine reporting	$239,437	$65,803	$173,634	27.5%	Delayed activities: $173,633 support to routine reporting delayed implementation due to delayed approval by TWG	$287,669	$65,803	$221,866	22.9%
Program management	Grant management	$743,131	$340,785	$402,346	45.9%	Delayed activities:- $35,541 Regional program monitoring and supervision;- $199,928 Delayed activities GMS ;- $140,876 Delayed M&E activities pending the TWG approval of the M&E plan- Savings:- $26,000 SR audits not planned during the programme cycle	$1,327,402	$659,977	$667,425	49.7%
	Supporting procurement and supply	$0	$86,920	-$86,920	Not Budgeted	Liquidation of 2015 commitments	$154,425	$150,214	$4,211	97.3%
	Policy, planning, coordination and management	$1,280,180	$812,166	$468,014	63.4%	Delayed activities:- $62,866 PR audit scheduled in May 2017;- $111,238 regional supportive supervision pending the TWG approval of the M&E plan ;- $64,945 SR salaries part of the advance acquitted in 2017 Savings: • $10,395 SR management costs ;- $33,161 SR audit ;- $161,963 PMU management costs reprogrammed to cover the costs of admin support and PSM TA costs ;- $28,362 MHRDC - Project Coordinator salary -Negative variance:- $4,919 NTP furniture liquidation of previous period commitments	$2,000,480	$1,106,759	$893,721	55.3%
				$0	N/A		$0	$0	$0	N/A
Grand Total		$6,520,133	$3,467,310	$3,052,823	53.2%		$9,631,489	$4,226,956	$5,404,533	43.9%

C. SUMMARY APR BREAKDOWN BY IMPLEMENTING ENTITY

Implementing Entity	Type of Implementing Entity	Budget for Reporting Period	Actual Expenditures	Budget Vs Actual Variances	Absorption Capacity	Explanation of Variances (mandatory for all percentages below 95% & above 105%	Cumulative Budget	Cumulative Actual Expenditure	Cumulative Budget Vs Actuals Variances	Absorption Capacity
MHRDC	Civil Society - Other	$106,724	$5,927	$100,797	5.6%	Delayed activities: • $28,124 FSM activities to be implemented by DoHSA 2016 advance acquitted in 2017 Savings:- $48,000 cancelled activity patients' fiscal support ;- $28,362 cancelled activity MHRDC coordinator salary Negative variance:- $ 3,689 liquidation of 2015 SR advances for Training of Health Workers on contact tracing	$169,199	$14,879	$154,320	8.8%
MOHCI - Ministry of Health Cook Islands	Government - Ministry of Health	$11,748	$4,656	$7,092	39.6%	2016 advance acquitted in 2017	$12,532	$4,656	$7,876	37.2%
MOHKI - Ministry of Health Kiribati	Government - Ministry of Health	$10,000	$14,034	-$4,034	140.3%	$ 4,193 overspending on community outreach activities	$16,220	$14,034	$2,186	86.5%
MOHNA - Ministry of Health Nauru	Government - Ministry of Health	$7,633	$0	$7,633	0.0%	Contract is on reimbursement basis due to the existing financial system challenges, support has been in term of provision of commodities; TB technical assistance; laboratory QA activities and inclusion in the regional trainings	$12,366	$0	$12,366	0.0%

MOHNI - Ministry of Health Niue	Government - Ministry of Health	$1,050	$0	$1,050	0.0%	2016 advance acquitted in 2017	$1,050	$0	$1,050	0.0%
MOHPA - Ministry of Health Palau	Government - Ministry of Health	$8,400	$8,430	-$30	100.4%		$12,100	$8,430	$3,670	69.7%
MOHRMI - Ministry of Health Republic of Marshall Islands	Government - Ministry of Health	$18,480	$14,248	$4,232	77.1%	• $18,480 RMI 2016 SR advance acquitted in 2017-Negative variance:• $14,248 implementation of 2015 SR activities in Q1 2016	$35,234	$14,248	$20,986	40.4%
MOHSA - Ministry of Health Samoa	Government - Ministry of Health	$20,186	$30,114	-$9,928	149.2%	$8,532 Samoa 2016 SR advance acquitted in 2017-Negative variance:• $ 18,460 implementation of 2015 SR activities in Q1 2016 - of which $15,480 is increase due to scale up of the activities implementation	$27,166	$30,114	-$2,948	110.9%
MOHTO - Ministry of Health Tonga	Government - Ministry of Health	$37,950	$11,194	$26,756	29.5%	Delayed activities:• $20,000 Operational Research planning started in 2017 ; • $11,950 part of the 2016 SR advance to be acquitted in 2017-Negative variance:• $ 5,194 SR office administration cost over expenditure due to shipment of EQA samples and insurance costs	$51,203	$11,194	$40,009	21.9%
MOHTU - Ministry of Health Tuvalu	Government - Ministry of Health	$16,696	$2,008	$14,688	12.0%	$14,000 part of the 2016 SR advance to be acquitted in 2017	$36,821	$2,008	$34,813	5.5%
MOHVA - Ministry of Health Vanuatu	Government - Ministry of Health	$43,708	$49,497	-$5,789	113.2%	Delayed activities:• $20,000 Operational Research planning started in 2017 -Negative variance:• $25,788 implementation of 2015 SR activities in Q1 2016	$54,375	$49,497	$4,878	91.0%
SRS	Civil Society - Local Non-Governmental Organization	$1,547,398	$90,080	$1,457,318	5.8%	**Delayed activities:**• $787,323 Small grants programme implementation started in 2017 ;• $ 11,296 FSM activities part of the 2016 SR advance to be acquitted in 2017 • $ 9,549 Kiribati activities part of the 2016 SR advance to be acquitted in 2017;• $ 2,000 Niue part of the 2016 SR advance to be acquitted in 2017;• $339,804 National Level **Activities:**• $27,000 SFA programme coordinator recruitment on progress ;• $12,000 Tuvalu part of the 2016 SR advance to be acquitted in 2017;• $35,934 Vanuatu part of the 2016 SR advance to be acquitted in 2017;• $230,000 Capacity building hub and Telemedicine delayed awaiting TWG approval ;**Savings:**• $9,912 RMI youth coordinator salary **Negative variance:**• $5499 Tonga over expenditure in HR approved by GF	$1,632,596	$101,453	$1,531,143	6.2%
UNDP	Multilateral – UNDP	$4,434,582	$2,719,781	$1,714,801	61.3%	**Positive variance:**• 15,035 commitment for EQA support part of the PATLAB LTA ;• 58,046 pharmaceuticals savings-reprogramming approved and MDR reimbursement to regional stock pile will be processed in 2017 ;• $54,417 PSM costs savings reprogrammed ;• $241,190 SR activities as detailed in the previous sections • $201,604 health products savings, reprogramming approved by GF ;• $15,656 PMU communication costs will be paid in 2017 ;• $361,931 regional level activities as detailed in the sections above ;• $71,631 regional clinicians training ;• $255,956 regional M&E activities ;• $199,928 GMS ;• $26,000 SR audit ;• $62,866 PR audit ;• $148,368 IEC materials ;• $43,960 TB programme review ;• 12,638 HIV meetings costs due to unit cost savings **Negative variance:**• 63,434 liquidation of 2015 commitments	$7,190,981	$3,459,102	$3,731,879	48.1%
WHOPRO- World Health Organisation Pacific Regional Office	Multilateral - Other UN Agency	$255,579	$517,342	-$261,763	202.4%	$(238,859.94) advance Salary from 2017 approved by the GF $22,902 GMS costs	$379,647	$517,342	-$137,695	136.3%
Grand Total		**$6,520,133**	**$3,467,310**	**$3,052,823**	**53.2%**		**$9,631,489**	**$4,226,956**	**$5,404,533**	**43.9%**
Validation of Grand Total		OK	OK				OK	OK		

Progress Report with Disbursement Request

Section 8B. Disbursement Request and Recommendation	Disbursement Request - Disbursement Period:	Beginning Date:	1-Jan-17	End Date:	31/12/2017
	Disbursement Request Buffer Period	Beginning Date:		End Date:	

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

Principal RECIPIENT

	Execution Period				Total	Buffer Period		Total	
Calendar Period									
Approved Budget	$1,319,157.14	$1,027,958.68	$1,170,598.87	$1,065,147.32	$4,582,862.01	$0.00	$0.00	$0.00	$4,582,862.01
Principal Recipient Forecast	$1,319,157.14	$2,421,185.08	$2,678,545.00	$1,065,147.32	$7,484,034.54	$0.00	$0.00	$0.00	$7,484,034.54
Cash Balance: End of period covered by Progress Update (Item 5.1 in PRLFA Cash Reconciliation):	$4,984,250.24								
Cash in Transit for the reporting period (Disbursements to PR & third party disbursements):	$0.00								
Cash in Transit after the current reporting period (Disbursements to PR & third party disbursements) :	$1,141,703.00								
Disbursement Request	$0.00	$0.00	$292,933.98	$1,065,147.32	$1,358,081.31	$0.00	$0.00	$0.00	$1,358,081.31

Forecasted Disbursement to Principal Recipient	$0.00	$0.00	$292,933.98	$1,065,147.32	$1,358,081.31	$0.00	$0.00	$0.00	
Forecasted Direct Disbursement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
PPM/Wambo.org forecasted disbursement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Disbursement Request	$0.00	$0.00	$292,933.98	$1,065,147.32	$1,358,081.31	$0.00	$0.00	$0.00	$1,358,081.31

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 drivers of the variance.

For LFA Use Only

	Execution Period				Total	Buffer Period		Total	
Calendar Period									
Approved Budget	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Local Fund Agent Forecast	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Cash Balance: End of period covered by Progress Update (Item 5.1 in PRLFA Cash Reconciliation):	$4,984,250.24								
Cash in Transit for the reporting period (Disbursements to PR & third party disbursements):	$0.00								
Cash in Transit after the current reporting period (Disbursements to PR & third party disbursements) :	$1,141,703.00								
Disbursement Request	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

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

Forecasted Disbursement to Principal Recipient	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Forecasted Direct Disbursement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
PPM/Wambo.org forecasted disbursement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
Disbursement Request	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

Exchange Rate

	Rates used by the PR	LFA-verified rates
'- used to convert Opening Cash Balance	2.12000	0.0000
- used to convert Closing Cash Balance	2.07000	0.0000
- used to convert Total PR Cash Outflow for the Progress Update Period	2.06000	0.0000

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

FJD to USD
FJD to USD
Local currencies to FJD to USD

LFA comments on the exchange rates used by the PR

Progress Report with Disbursement Request

Section 9A. PR Authorization

Grant Name:	QMJ-C-UNDP			
Progress Update - Period Covered:	Beginning Date:	1-Jan-2016	End Date:	31-Dec-2016
Disbursement Request - Disbursement Period:	Beginning Date:	1-Jan-2017	End Date:	31/12/2017
Disbursement Request Buffer Period	Beginning Date:		End Date:	
Currency:	USD			
Disbursement Request Amount:	1,358,081			

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)

Name: Osnat Lubrani

Title: UNDP Resident Representative

Date and Place: Apr-17

Progress Report with Disbursement Request

For LFA Use Only

Section 9B. LFA Authorization

Grant Name:	QMJ-C-UNDP			
Progress Update - Period Covered:	**Beginning Date:**	1-Jan-2016	**End Date:**	31-Dec-2016
Disbursement Request - Disbursement Period:	**Beginning Date:**	1-Jan-2017	**End Date:**	31/12/2017
Disbursement Request Buffer Period	**Beginning Date:**		**End Date:**	
Currency:	USD			
Disbursement Recommendation Amount:	0			

Summary of the LFA's approach used for verification of financial, programmatic and procurement data and Quality Assurance undertaken by the LFA

In this section the LFA should indicate, as applicable, what percentage of expenditures was verified at PR level, if any expenditures were verified at SR level, how many site visits were made, what tender documentation was verified, and any other material parts of verification procedures in line with the verification approach agreed upfront between the LFA and the Global Fund's Secretariat based on country/grant risks. As a good practice, the verification approach needs to be reviewed jointly by the LFA and the Secretariat annually.

The LFA should sign a printed version of the verified PU/DR and send it to the Secretariat as a pdf file by email, or include an electronic signature in the Excel file to be submitted to the Global Fund.

Signed on behalf of the LFA: ______________________

Name: ______________________

Title: ______________________

Date and Place: ______________________

Progress Report with Disbursement Request

Financial Triggers for Principal Recipient Reporting

		Principal Recipient		For LFA Use Only	
Item No.	**Financial Triggers**	**Answer**	**Comments**	**As verified by LFA**	**Comments**
1	Cash balance not reconciled to the cash reconciliation and bank account with significant (+/-5%) and unexplained differences				
2	Audit Report overdue	NO			
3	Qualified, adverse or disclaimer of opinion received for the latest audit	NO			
4	Enhanced Financial Report/Annual Financial Report has not been fully completed or does not include all the grant's expenditures for the period				
5	Inadequate explanation of significant variance (+/-10%) between budget and actual expenditures by intervention/Service Delivery Area and/or cost grouping/cost category linked to programmatic results				
6	Critical recommendations by auditors, OIG or the Global Fund on internal controls are not implemented or being addressed by the PR	NO			
7	Presence of major issues identified with respect to the Financial Management and Systems Area				
8	Expenditure vs. Budget (in EFR/AFR) rate below 50% for the prior annual period.	YES	Reasons for variance have been detailed in the report. The PR is providing implementation support services to enable Sub-recipients implement the planned activities		
9	If answer to point 8 is "yes", the Annual Cash Forecast has been adjusted to take into consideration the past absorption	YES			
10	Finance related Conditions are not met or are partly met	NO			