



PROJECT LESSONS-LEARNED REPORT 2016-17

Project Title:	Investing for Impact against TB & HIV in Belize
Country:	Belize
Project Description and Key Lessons-Learned	
Brief description of context	<p>Please give a brief description of the country context.</p> <p>For the past ten years, the HIV epidemic in Belize has had a downward trend, from 189 new reported cases in 2004, increasing to 345 cases in 2009, and gradually decreasing to 221 in 2013. In terms of sex, the number of reported cases shows that males have been more affected than females. This was more prominent in 2012 when males represented 60% of the total of reported new cases and 61% in 2013. The average HIV mortality rate over the period 2010-2013 for males is 65% and 35% for females, with an average of 94 deaths per annum. In 2013 there were 89 HIV-related deaths. 72% occurred in the age group 25-49 years. Sixty percent of the deaths were women (NAP 2013)</p> <p>Peaks of reported new HIV infections appear to have moved from a younger age cohort 20 – 29 in 2010 and 2011 (where females had a higher number of new infections) to an older age cohort of males 40 – 44 (where more new HIV infections are being observed). Historical data also show that in 2010 the overall male to female ratio for new HIV infections was 1 to 1.4 (National AIDS Program Annual Reports, 2010- 2013.</p> <p>In 2016, MOH Surveillance report indicate 225 newly diagnosed cases of HIV in Belize, also showing a stabilization of new cases over the past three years, with 221 cases in 2014; 239 cases in 2015; and 225 in 2016. There was also a noted increase in rate of newly diagnosed HIV cases can be seen in the 20+ years age groups in both sexes, with close cases in both the male and female population. The highest number of new cases in males and females were from the age group of 35-39yrs with 38 new cases. This group was followed by 32 new cases in ages 20-24yrs and 31 new cases in ages 25-29yrs.</p> <p>At the end of 2016, there were a total of 35 HIV positive pregnant women, of these 97% (34) of all HIV positive women were receiving ARVs.</p> <p>There is a trend of higher mortality rates related to HIV in males versus females across all age groups. The overall HIV related death rate is 2.7/10,000 population with men dying at twice the rate of women at 3.2/10,000 population for men and 2.1/10,000 population for females and exceeding the total national rate.</p> <p>Of the total 120 TB positive cases being pulmonary and extra-pulmonary patients, who were screened for HIV 36 were positive while 82 were negative and 1 was not done making 98% total tested. There was a total of 24 deaths with 16 (44%) being HIV deaths.</p>
Brief description of project	<ul style="list-style-type: none"> ○ What were the issues the project tried to address? <p>The main goal of the project was to facilitate a sustainable, national multi-sectorial response to HIV and TB in Belize. Essentially, the project tried to address through the continuum of care for HIV and TB: the increase and reversing of new infections; improving health and well-being and creating an enabling environment for populations considered vulnerable and under- or unserved. It also sought to build through the procurement of new health equipment, materials and products, a foundation of health systems strengthening in structural areas and human resources. Objectives to meet that goal included: by 2017, halt and reverse HIV incidence rates especially among</p>

	<p>related deaths, especially among men living with HIV will have decreased; by 2017, systems will be in place to fully understand the essential features of the 2 diseases in Belize; and by 2017, Belize will have significantly reduced discrimination against persons vulnerable to HIV and TB. That is, Belize will have incorporated various and multi-level initiatives to join UNAIDS 90:90:90 targets and sustainable mitigation of HIV and TB.</p> <ul style="list-style-type: none"> ○ What solutions the project tried to offer? <p>In response to the identified issues, the project offered solutions such as: enabling an across-board Human Rights-based approach by focusing on Key Affected Populations (KAPs): young people; men who have sex with men (MSM) and (female) sex workers (FSW) with special emphasis on reducing stigma and discrimination against persons vulnerable to HIV/TB, identified as the following key target populations: PHIV; migrant workers, TB retreatment cases, imprisoned persons. Geographically, the focus on the Belize, Cayo and Stann Creek districts was also added as areas reporting highest burden of HIV/AIDS in the country. The inclusion of a robust focus on TB for the first time in the country in the same three high burden districts was also successful in increasing care and treatment for all forms of TB and TB/HIV co-infection.</p> <ul style="list-style-type: none"> ○ What were its major outputs? <p>The major outputs were behaviour change communication, HIV/TB testing and counselling, nutritional support to OVCs, legislative and policy revision, epidemiological studies and health systems strengthening.</p>
<p>Key project successes</p>	<p>Please describe what has worked well.</p> <ul style="list-style-type: none"> ○ What have been the key successes of this project? <p>The major outputs were classified into Prevention and Treatment, care and support. For Prevention, in 2017, Belize recorded one incidence of MTCT. National efforts to deliver effective IEC and BCC-based sexual behaviour change interventions directly through the NAC increased substantially during the last 2 quarters of the year. Satisfactory advances have been made in programs for voluntary testing and counselling. The activities for the tracking of the incidence of STI are ongoing and well-grounded and are a collaboration between the public and private health system as well as a few civil society primary care providers.</p> <p>Treatment, Care and Support: the 2014 National Commitment and Policy Instrument (NCPI) reports the following accomplishments: By 2016-17, continued provision of ARVs to all eligible PLHIVs; increased availability of combination ARVs and localized access to CD4, viral load tests and GeneXpert testing for TB were all counted as successes in-country. Increased provider-initiated testing and counseling (PITC), increasing coverage for populations in low access areas; introduction of adherence methods to guide MOH-HIV/TB case managers were also accomplished. Treatment services to children have strengthened the partnership between MOH and the NGO Hand in Hand Ministries, which provides full treatment and care services to 45-50 children 0 – 17 years and living with HIV; the work of this NGO is seen as a major accomplishment, as it has been able to mobilize external funds to continue its work with child-PHIV, OVC and their families.</p> <ul style="list-style-type: none"> ○ What factors supported this success? <p>A few factors supported this success. The country was supported by its regional neighbours in Latin America and the Caribbean that provided estimated data and good and best practices that Belize could emulate. The country also benefitted from an increased exposure to regional fora through bilateral and multi-lateral organizations. These fora were instrumental in alliance-creation and professional networks through which information and interventions were shared. The country realized a need for better information-gathering and better analysis and made a move to adjust its practices to meet those gaps. Its National Health Strategy was aligned closely with the WHO/PAHO and UNAIDS recommendations in order to meet its mandates.</p>

<p>Project shortcomings and solutions</p>	<p>Please describe what have been the main challenges of this project?</p> <ul style="list-style-type: none"> ○ What have been the main challenges/ shortcomings/ unforeseen circumstances of this project? <p>There were a few main challenges during the project, that covered a range of socio-political issues. 1. The legal challenges were inclusive of the MSM and the wider LGBT community being at the center of the on-going legal challenge of the constitutionality of the Belize “Sodomy Laws” (Section 53 Penal Code). The case, which has caused strong polarizing statements in the national media and public opinion, received a favourable verdict from the Supreme Court, throwing the country into another phase of polarity. This outcome, while having implications as previously recognized stigma and discrimination, was not as impactful to key populations outside what they had already faced.</p> <p>2. Global economic situation: due to the fact that Belize has a small population and a corresponding small tax base, the financial investment space of the state is strongly dependent on the macro-economic and financial parameters that dictate the margins of that space (e.g. GDP; level of concessionary lending and market-based interest rates). With respect to government’s HIV and to a lesser degree TB investment practice and commitments, demonstrated through its commitment and ability to provide the required level of counterpart financing and its desire to show its willingness to pay more, regional or global economic and/or financial downturns have cast a negative influence on government’s ability to follow through on some of its commitments. Financial downturns also had a negative impact on government’s ability to keep on track with the progressive adoption and implementation of the sustainability objectives, agreed upon with neighbouring countries in the Central American region;</p> <p>3. Implementation parameters: The risks to the level of support needed by SRs to implement activities increased as the complexities of the actions increased, their capacities to meet these changing environments and requirements were stretched thin and the peripheral enabling conditions tightened due to financial constraints.</p> <ul style="list-style-type: none"> ○ How were they overcome (if they were). <p>These are still works in progress. The legal environment remained polarized but with inroads made through relationship-building with key legislative figures and consultations with various community groups, the work was conducted. Financially, the country sought to ensure efficient and effective health spending and investments. Studies on the NHA and NASA yielded significant indications of how better spending and investments can be made, and the MOH was strategically trying to meet those recommendations in conjunction with external grants. Support to SRs remains a concern, since systems of institutional capacity-building often seem less than desired.</p> <p>4. NAC capacity</p> <p>The capacity of human resource and leadership of the NAC was also noted. There were substantial delays in project implementation due to extended periods of no approval and vetting of draft documents, less than collaborative relationships with some key positions and a noted uncertain direction and vision of the work to be completed, despite the Strategic and M&E plans.</p> <ul style="list-style-type: none"> ○ Were the project results attained? If not, what changes need to be made to achieve these results in the future? <p>Despite all those issues, the project results were attained and all but one indicator met or surpassed their targets. The country received an A2 rating from the donor for the period 2016.</p>
<p>Lessons learned</p>	<p>Please think about and describe the key lesson(s) learned from this project.</p> <ul style="list-style-type: none"> ○ What could have been done differently/ better? <p>The shift toward a concentrated HIV epidemic in the MSM community and the acknowledgment that efforts to change MSM’s sexual behavior are missing their target. and a new call for more targeted strategic interventions that do</p>

	<p>appeal to reduce the risk of infection; access treatment, and by creating enablers for key affected populations to realize their rights. HIV prevention services need to more effectively address the basic psychological factors that stimulate or obstruct observable behaviour; to better guarantee that the proactive involvement of the MSM (and by extension the LGBT community) in the roll out of interventions is of key importance while appreciating their limited human resource capacities and need for collaboration with more experienced organizations; HIV treatment has made advances in clinical coverage but more needed regarding pediatric cases and TB MDR cases and medication access. It is recognized that there is a need to make solid investments in effective adherence enablers in order to arrive at a solid basis for treatment that improves the quality of life of PLHIV and TB patients and reduces the level of new HIV/TB infections.</p> <ul style="list-style-type: none"> ○ What would you recommend to improve future programming or for other similar projects elsewhere <p>The country dialogues need to be more strategic and based on current data and identified needs of the country. In order to meet the true needs of the country, the partners need to objectively engage the strategic plans and long-term mandates of their organizations, with the NAC and consultant, bringing all these together and merging them for a more representative product for all sectors and populations in the National Response.</p> <ul style="list-style-type: none"> ○ What mistakes should be avoided if the initiative were to be replicated? <p>The main mistake that needs to be avoided are the compartmentalization of the partners. Each needs to come together and work in sync in order to perform better and meet each other's needs more.</p> <ul style="list-style-type: none"> ○ How easy would it be to replicate the successes in a different context/ country? <p>Very easy to replicate in different contexts/countries. The strategical, operational and M&E plans can easily be examined and adapted to other contexts using the main tenets of the Belizean documents.</p>
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Progress Report with Disbursement Request

Section 9A. PR Authorization

Grant Name:	BI Z-C-INDP			
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-Dec-2017
Disbursement Request Buffer Period	Beginning Date:	1-Jan-2018	End Date:	31-Mar-2018
Currency:	USD			
Disbursement Request Amount:	0			

The undersigned acknowledges that: (i) all the information (programmatic, financial, or otherwise) provided in this Progress Update and Disbursement Request is complete and accurate 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: Karen Bernard 

Title: Deputy Resident Representative

Date and Place: March 20, 2017, Belmopan, Belize, CA.

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.

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#	%				
Outcome	HSV-2: Percentages of men reporting the use of a condom the last time they had anal sex with a male partner	nil	38.20%	2012	TBD	TBD	TBD	TBD	1-Jul-16			83.20%	2016	Specific surveys and research (specify)	This result is based on the 2006 TRAC study on HIV and AIDS prevention. Data represents the average of the MSM and women trans populations. The population sizes estimation and mapping study's procurement has begun and the work is expected to be completed by end August 2017.	

Progress Report with Disbursement Request

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		Please input custom indicator where appropriate	Geographic Area <small>If sub-national, please specify under the "Comments" Column</small>	Targets cumulative	Baseline (if applicable)					Target					Result					Achievement Ratio
Module	Indicator Description				N#	D#	%	Year	Source	N#	D#	%	N#	D#	%	Source				
Prevention programs for other vulnerable populations (please specify)	KP-3ac: Percentage of other vulnerable populations that have received an HIV test during the reporting period and know their results	nil	Subnational	Y-Cumulative annually	5,349	46,238	12%	2014	HMIS	8,500	49,725	17%	7,469	49,725	15%	Reports (specify)	88%			
Prevention programs for MSM and TGs	KP-3ac: Percentage of MSM that have received an HIV test during the reporting period and know their results	Delivery of standardized package of HIV Testing & support services outside facilities to MSM.	Subnational	Y-Cumulative annually	300	2,312	13%	2013	Reports (specify)	450	2,486	18%	452	2,486	18%	Reports (specify)	100%			
Treatment, care and support	PCS-1: Percentage of adults and children currently receiving ART therapy among all adults and children living with HIV	Number of children living with HIV who receive care & support services outside facilities of the reporting period	National	N-Non-cumulative	1,183	2,897	41%	2014	HMIS	1,343	3,191	42%	1,242	3,191	39%	Reports (specify)	92%			
TM/HIV	DOTS-1a: Number of notified cases of all forms of TB-bacteriologically confirmed plus clinically diagnosed, new	DOTS-1a: Percentage of TB cases, all forms, bacteriologically confirmed plus clinically diagnosed, successfully treated (curd)	National	N-Non-cumulative	72			2014	TB patient register	49			78			TB patient register	120%			
TM/HIV		MDR TB-2: Number of bacteriologically confirmed, drug resistant TB cases (RR-TB and/or MDR-TB) notified	National	Select	43	72	60%	2013	TB patient register	59	78	60%	52	78	67%	TB patient register	111%			
TM/HIV			National	Select	0			2014	TB patient register	2			1			TB patient register	50%			

Progress Report with Disbursement Request

Section 2: Financial Information		Period of Financial Reporting		Beginning Date:		End Date:		Comments	
		Cumulative Period of Financial Reporting		Beginning Date:		End Date:			
		1 Jan, 2016		1-Jan-16		31-Dec-16			
		31-Dec-16		1 Jan, 2016		31-Dec-16			
A. Principal Recipient Cash Reconciliation Statement in Grant Currency									
		Principal Recipient				For LFA Use Only			
Item No.	Description	Cumulative for Previous Periods	Current Reporting Period	Comments	Cumulative for Previous Periods as validated by Global Fund	LFA Adjustments on Current Reporting Period	As verified by LFA	Comments	
1.1	Cash Balance: Beginning of the Period		\$32,929	Balance from Round 9 HIV grant		\$0	\$32,929		
2. Grant Income									
Add:									
2.1	Disbursement made to the Principal Recipient	\$0	\$1,887,349		\$0	\$0	\$1,887,349		
2.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	\$0	\$0		\$0	\$0	\$0		
2.3	Interest received on bank accounts	\$0	\$18,665		\$0	\$0	\$18,665		
2.4	Revenue from income-generating activities (if applicable)	\$0	\$0		\$0	\$0	\$0		
2.5	Other income, if applicable (e.g. VAT/Other Tax returns, income from disposal of assets etc.)	\$0	\$0		\$0	\$0	\$0		
2.6	Total Grant Income	\$0	\$1,906,014		\$0	\$0	\$1,906,014		
3. Grant Cash Outflows									
Less:									
3.1	Principal Recipient Expenditure (including payments and other advance payments)	\$0	\$618,894		\$0	\$0	\$618,894		
3.2	Disbursement to third parties by the Global Fund on behalf of the Principal Recipient	\$0	\$0		\$0	\$0	\$0		

3-3	Principal Recipient disbursement to sub-recipients		\$0	\$163,740		\$0	\$163,740	
3-4	Bank charges on disbursements and payments		\$0	\$0		\$0	\$0	
3-5	Total Grant Cash Outflows		\$0	\$782,634		\$0	\$782,634	

4. Reconciling Adjustments

4-1	Other reconciliation adjustments (including for prior periods)		\$0	\$0		\$0	\$0	
4-2	Net exchange gains/losses on translation of balances		\$0	(\$279)		\$0	(\$279)	
4-3	Ineligible transactions from previous periods for which justification was approved by the Global Fund		\$0	\$0		\$0	\$0	
4-4	Reimbursement of ineligible transaction from previous periods		\$0	\$0		\$0	\$0	

5. Total Cash Balances: End of the reporting period

5-1	Principal Recipient Cash Balance		\$1,156,030			\$0	\$1,156,030	
5-2	Sub-Recipient Cash Balance		\$0			\$0	\$0	
5-3	Total Cash Balance		\$1,156,030			\$0	\$1,156,030	

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

		Principal Recipient		For LFA Use Only			
		As At End of Current Period	Comments	LFA Adjustments on Current Reporting Period	As verified by LFA	Comments	
6.1	Principal Recipient Cash Balance as per bank statements (For Information Only):	\$1,156,030		\$0	\$1,156,030		
6.2	Cash in Transit for the reporting period	\$0		\$0	\$0		
6.3	Cash in Transit after the current reporting period	\$0		\$0	\$0		

C. Principal Recipient Financial Commitments and Other Financial Obligations

7.1	Unpaid invoices, accrued expenditure for severance pay, leave and other liabilities		\$14,034	Receipt accruals as of 31 Dec 2016		\$0	\$14,034	
7.2	Open legal obligations (including signed contracts not yet invoiced)		\$79,748	Commitments adjusted for closed POs		\$0	\$79,748	
7.3	Tenders and/or procurement contracts initiated but not yet signed as contracts		\$151,336	Tender for population sizes estimates		\$0	\$151,336	
7.4	Total Commitments & Other Obligations		\$245,118			\$0	\$245,118	

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)

¹ The self-evaluation should be undertaken by taking into account programmatic achievements, financial performance and program issues in various functional areas (M&E, Finance,

The grant performed well programmatic overall with five of the six indicators due for reporting substantially meeting or exceeding the target (88% - 120% achievement). Only one indicator did not achieve the target "MDR TB-2: Number of TB cases with (RR-TB and/or MDR-TB) notified" which achieved only 50% of the target (1 case notified), because only 1 case was identified during the year. Due to the need to develop the Removing legal barriers module during grant implementation, through an iterative process involving the NAC and GF, there were delays in implementing activities under this module, which represents approximately 10% of the total budget. Procurement had some delays as well in terms of delivery time in-country related to contracting of consultants. For instance, there was a limited pool of qualified candidates who applied for certain consulting positions, which required that the advertisements be relaunched, leading to delays. Going forward activities under Module 7 are expected to be implemented as planned, and any delays in contracting consultants will be carefully managed to ensure on time implementation in accordance with the workplan and budget.

B. Planned Changes in the Program, if any

There will no material changes regarding programmatic or financial activities in the programme. With the NAC, UNDP is working to develop more streamlined and efficient processes to limit delays and to ensure that deadlines and targets are met. UNDP also discussed with NAC to put a temporary Technical Working Group (TWG) in place to make processes more effective.

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

N/A

Progress Report with Disbursement Request

Section 8B. Disbursement Request and Recommendation

Disbursement Request - Disbursement Period: 1-Jan-17 End Date: 31-Dec-17
 Disbursement Request Buffer Period: Beginning Date: 1-Jan-18 End Date: 31-Mar-18

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

Principal RECIPIENT

Calendar Period	Execution Period				Total	Buffer Period		Total
	1-Jan-17	1-Apr-17	1-Jul-17	1-Oct-17		1st Jan 2018	31st Mar 2018	
Approved Budget								
Principal Recipient forecast	\$467,229.14	\$266,245.99	\$141,500.82	\$164,422.87	\$335,925.67	\$0.00	\$335,925.67	\$1,375,324.48
Cash Balance: End of period covered by Progress Update (Item 5.1 in PRLFA Cash Reconciliation):	\$939,139.89	\$266,245.99	\$141,500.82	\$164,422.87	\$335,925.67	\$0.00	\$335,925.67	\$1,847,235.24
Cash in Transit for the reporting period (Disbursements to PR & third party disbursements):	\$1,156,029.90							
Cash in Transit after the current reporting period (Disbursements to PR & third party disbursements):	\$0.00							
Disbursement Request	\$0.00	\$49,355.98	\$141,500.82	\$164,422.87	\$335,925.67	\$0.00	\$335,925.67	\$691,205.34

Calendar Period	Execution Period				Total	Buffer Period		Total
	1-Jan-17	1-Apr-17	1-Jul-17	1-Oct-17		1st Jan 2018	31st Mar 2018	
Forecasted Disbursement to Principal Recipient	\$0.00	\$49,355.98	\$141,500.82	\$164,422.87	\$335,925.67	\$0.00	\$335,925.67	
Forecasted Direct Disbursement	\$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	
Disbursement Request	\$0.00	\$49,355.98	\$141,500.82	\$164,422.87	\$335,925.67	\$0.00	\$335,925.67	\$691,205.34

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Calendar Period	Execution Period				Total	Buffer Period		Total
	1-Jan-17	1-Apr-17	1-Jul-17	1-Oct-17		1st Jan 2018	31st Mar 2018	
Approved Budget								
Local Fund Agent forecast	\$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):	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Cash in Transit for the reporting period (Disbursements to PR & third party disbursements):	\$1,156,029.90							
Cash in Transit for the reporting period (Disbursements to PR & third party disbursements):	\$0.00							

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

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.

Cash in Transit after the current reporting period (Disbursements to FK & third party disbursements) :																		
Disbursement Request	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Forecasted Disbursement to Principal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Receipt	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PJM/Wambo.org forecasted disbursement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$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	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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