

**Program Details**

Program Title	Strengthening Tuberculosis Control in the Republic of Moldova		
Country	Republic of Moldova	Disease	Tuberculosis
PR 1:	Project Coordination, Implementation and Monitoring	Grant Number:	MOL-607-G02-T
		Round:	6
		Phase 1 Grant Amount:	\$5,675,507

**A. Contextual Information**

**I. Disease Indicators**

1. Please provide latest data on prevalence, incidence and other disease measurements, including baseline data prior to the start of the program. Please identify data sources used.

Estimates			
Tuberculosis	Estimate	Year	Source
New TB Cases (1000s per year)	5,348	2007	Global tuberculosis control: epidemiology, strategy, financing: WHO report 2009. -WHO/HTM/TB2009.411
TB Mortality Rate (per 100,000)	19	2007	Global tuberculosis control: epidemiology, strategy, financing: WHO report 2009. -WHO/HTM/TB2009.411
TB Detection Rate	67	2007	Global tuberculosis control: epidemiology, strategy, financing: WHO report 2009. -WHO/HTM/TB2009.411

2. Please provide any comments on the above (1.1).  
(Comments 1-2 paragraphs)

The level of multidrug-resistant TB (MDR-TB) was under-estimated at the moment of preparing of R6 GF Proposal. The results of the 2006 nation-wide Drug Resistance Survey (DRS), excluding Transnistria region of the country, show that this burden is extremely high in Moldova, with MDR-TB revealed among 19.4% new smear positive cases and among 50.8% previously treated cases. According to the recently published 4th Global Report on Anti-TB Drug Resistance in the World (WHO, IUATLD, February 2008), the MDR prevalence in Moldova is the second highest among the levels determined by the studies conducted in 93 settings from 81 countries between 2002-2007 and presented in this publication. HIV epidemic entered the next phase spreading to the general population. Since 2005, the sexual route of transmission has been prevailing and there are steady trends of up-surging rates of sex route among the newly reported cases. This trend impact the TB/HIV coinfection as TB continue to be the most frequent opportunistic infection among HIV positive people in Moldova (55 - 60%). In 2007 the HIV seroprevalence among all TB patients reached 2.62% (149 HIV positive TB cases from 5,688 from prevalence) and 3.45% in 2008 (210 HIV positive TB cases from 6,079 from prevalence).

3. Is there a health information system that provides consistent information on disease and related health interventions? (If yes, please provide details (1 -2 paragraphs and attach latest report)

National Centre for Public Health of the Ministry of Health of Moldova is the single monitoring and evaluation mechanism at the country level being responsible for collecting, processing, analysing/interpreting and reporting data on evolution of Tuberculosis in Moldova. The Ministry of Health reports to World Health Organisation on an annual basis. As result of a fruitful collaboration between stakeholders a special software programme has been developed (SIME TB: computerized TB Monitoring and Evaluation System) in order to improve the routine statistics for TB, especially regarding case notifications and treatment success indicators. Located at the national level (NCHM M&E Division) the central database operates by using the synchronization procedure - the local (district) levels enter data and transfer them to the central database and vice versa. The laboratories are also part of this system and are involved in the data exchange. SIME TB became operational in the first quarter of 2005 and since fourth quarter of year 2007 data are reported only through this mechanism (database can be accessed at: <http://monitoring.mednet.md:8090/>). Additional module for surveillance of TB/HIV coinfection, DOTS-Plus and second line antituberculous drugs follow up for SYMETA started to be developed. The SYME TB system infrastructure is strengthened and surveillance network extended. Analogical software for HIV/AIDS - SYME AIDS started to be developed in 2006. These softwares are part of an integrated computerised system ("SYMETA"), for monitoring and evaluating the National Programme for prevention of HIV/AIDS/STIs and the National Programme for Control of TB, and have been developed with support from external donors (GFATM, World Bank, USAID/AIHA, UNAIDS).

4. Have there been any changes in the nature of the epidemic from the original proposal? (If yes, please provide details (1 -2 paragraphs)

NTP considers that the incidence has entered into a stabilization phase. There is a stable decreasing trend of case notification rate during last three years (2006 - 2008). TB notification rate was 120.5 cases per 100,000 population in 2008 compared to 129.4 per 100,000 population in 2007, 132.5 per 100,000 population in 2006 and 133.4 in 2005. During 2008 a total of 4,940 TB cases (new and relapses) were diagnosed with evolutive tuberculosis (compared to 5,325 cases in 2007 and 5,468 in 2006). As a result of strengthening laboratory service and continuous provision with consumables and reagents, the WHO standard (70%) for case detection has practically been reached during last years at a level of 63-70%. The number of new smear-positive cases detected under DOTS during 2007 is 1,610 out of 2,387 and in 2008 - 1,533 out of 2,382. As a result the case detection for new smear-positive TB cases was 67.45% in 2007 and 64.4% in 2008. The TB mortality rate in Moldova remains high due to the chronic cases from prevalence most of them with MDR TB (according to NTP - around 40% of cases). In 2007 the rate was 20.2 per 100,000 population (compared to 19.3 per 100,000 in 2006 and 19.1 per 100,000 population in 2005). 830 deaths among TB patients occurred during the year 2007. Though TB mortality rate decreased in 2008 to 17.4 per 100,000 population (714 deaths), probably as a result of scale-up of DOTS-Plus treatment for MDR-TB patients.

Yes No

Yes No

## II. Program Environment

1. Since proposal submission, have there been any major changes in the program supporting environment (e.g. strengthened national political commitment to fight the disease(s); recent initiation of capacity strengthening support for implementation by technical partners, etc.)? (If yes, please provide details (1 -2 paragraphs))

Yes No

✓	
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Since the beginning of the project implementation in October 2007 two projects aimed at supporting National TB Control Programme came to their end: Global Fund Round 1 Grant (April 2008) implemented by PCIMU and USAID project implemented by AIHA (August 2007). In November 2008, Global Fund Board approved Moldova's proposal for a new Grant (Round 8) in view of supporting the National TB Control Programme aimed at reducing the burden of tuberculosis in the Republic of Moldova by scaling up the management of drug-resistant tuberculosis. The value of approved Proposal is 13,322,905 EURO, from them 5,281,042 EURO for phase 1. Two PRs will implement activities under Round 8 grant. Both nominated PRs are under negotiation of Grant Agreement documents.

TB is one of major national priorities and the commitment of the government in its control is substantial. Since 2007, in order to increase notification rate and treatment success rate, the government introduced incentives for family doctors for diagnosed TB case and for cured or treatment completed TB case (about 50 US Dollars and respectively 70 US Dollars paid by National Insurance House). At the same time the government engaged in the renovation of Vorniceni TB Hospital facilities that provide for in-patient treatment for MDR-TB patients (74.8 mln MDL, about 6.3 mln US Dollars).

2. Since proposal submission, have there been any major external financial issues (e.g., inflation, currency depreciation, etc.)? (If yes, please provide details (1 -2 paragraphs))

Yes No

✓	
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National Currency appreciated substantially during project implementation (2007 – 2008) generating serious implementation constraints. Grant activities have been budgeted within grant application proceeding from an exchange rate of 1USD/13.3 MDL while during grant implementation US Dollar depreciated attaining an equivalent of 9.65 MDL (lowest value in 2008). The financial crisis could generate national budget deficits and impact on the government contribution for the National Program TB Control Programme (about 50% of program is actually covered by government). The national budget expenses for 2009 has been reduced recently with 20%.

3. Have there been any significant adverse external influences (e.g., civil unrest, natural disasters, epidemic outbreaks [such as SARS])? (If yes, please provide details (1 -2 paragraphs))

Yes No

	✓
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## B. Partnerships

1. Please describe any changes made to the CCM structure and processes since proposal submission.

Please provide details (1-2 paragraphs)

The Country Coordination Mechanism of National HIV/AIDS Prophylaxis and Control and TB Control and Prophylaxis Programmes (CCM of TB/AIDS) was enlarged. More representatives of civil society (people living with the disease, religious, private and regional NGOs) were invited to organise the selection process for CCM. As a result, CCM counts now 31 persons, out of which 12 are civil society representatives, which represents 40% of the CCM composition. Every civil society entity organised the selection process independently in a transparent and democratic way (Minutes are attached - Annex 1, 1-2, 1-3, 1-4, 1-5, 1-6). The new members were approved within CCM meeting dating from May 22, 2009 (See Annex 3 and 4). An operational manual was developed for CCM, which has to be discussed and approved by all CCM levels (decisional and technical) during the second half of 2009. The operational manual is a detailed description of all mechanisms and relations within the CCM. It is scheduled to get Government approval for both - new list of members, as well as operational manual.

2. Please provide key CCM contact details in table below

Role	Name	Title/Organization	Mailing Address	Telephone	Fax	Email Address
<b>CCM Chairperson</b>	Larisa Catrinici	Minister, Ministry of Health	2, V. Alecsandri str, Chisinau, Moldova	+37322268885	+37322738781	larisa.catrinici@ms.gov.md
<b>CCM Vice Chairperson</b>	Galina Bulat	Deputy Minister, Minister of Education and Youth	1, Piata Marii Adunari Nationale str, Chisinau, Moldova	+37322233515	+37322233515	consilier@edu.md
<b>CCM Focal Point</b>	Oleg Barba	CCM Screening TB/AIDS consultant, CCM Secretariat	3a Cosmescu str, Chisinau, Moldova	+37322280590	+37322727359	obarba@mednet.md
<b>CCM Alternate</b>	Victor Burinschi	Project Coordinator, PCIMU	36/1 Ciuflea str. of. 23-25, Chisinau, Moldova	+37322271113	+37322500840	vburinschi@ucimp.md
<b>Other</b>	Dumitru Sain	TB National Coordinator, National TB Programme	13, Constantin Virnav str, Chisinau, Moldova	+37322735563	+37322735563	ntp@mcc.md

Yes No

3. Have new partnerships been created as a result of the program?  
(If yes please describe in the table below)

Partner	Involvement
NGO "Speranta Terei"	New partnerships have been developed by Sub-recipient PAS Center within implementation of public awareness oriented activities in order to increase community involvement. NGO "Speranta Terei" has been involved in information activities targeted at general population and TB patients. Medical Colleges students have been involved in informational meetings with population through road show team visits.

Add

4. Indicate names and types of key agencies providing technical assistance to the national response.

Name of Agency	Type of Agency Academic/educational sector; government; non-governmental and community-based organizations; people living with HIV/AIDS, tuberculosis and/or malaria; the private sector; religious/faith-based organizations; multi-/bilateral development partners)	Main technical focus (eg., prevention, care and support, treatment, etc.)
1. Ministry of Health	Government	Coordinating the activity of health institutions, elaborating and approving standard treatment guidelines
2. Ministry of Justice	Government	Coordinating the treatment and prevention of tuberculosis in the penitentiary system of Moldova
3. WHO	International, tuberculosis	Support to the Ministry of Health in elaborating and implementing high standard strategies for control of public health problem
4. Carlux	Local, nongovernmental	Support to improving TB control in penitentiary system
5. PAS Centre	Local, nongovernmental	Support to improving TB control through elaboration/revision of guidelines, training curricula
		Add

## C. Linkages with Related Regional / National / International Strategies/Programs

1. Please list any national and/or international disease control initiatives (e.g., the WHO/UNAIDS "3-by-5" initiative to scale up access to antiretroviral therapy, the Global Plan to Stop TB, and the Roll Back Malaria Partnership) or development initiatives (e.g., Poverty Reduction Strategy Papers, Highly-Indebted Poor Countries initiative) and describe the links between the Global Fund-supported program and these initiatives

National Initiative/Programme Name	Description of Relationship/Linkages
National Development Strategy for 2008-2011 (NDS)	The NDS is the main internal medium-term strategic planning paper, which defines the development objectives of the Republic of Moldova by 2011 and identifies the priority measures and actions to achieve these objectives. The key NDS objective is to ensure a better quality of people's lives by strengthening the foundation for a robust, sustainable and all-inclusive economic growth. The NDS presents a long-term vision of transformation, which includes changing the country into "a state that guarantees qualitative education, health care and social services for all citizens". The NDS reiterates the need to progress towards achieving MDGs, including Goal 6 "Combat HIV/AIDS, tuberculosis and other diseases".
Stop TB. Global TB Drug Facility	Support to the National Tuberculosis Programme (NTP) of Moldova. Covering the needs in first line TB drugs of assured quality for 2001-2008
Stop TB Green Light Committee of the WHO / UNITAID Initiative	Support to the National Tuberculosis Programme (NTP) of Moldova. Covering the needs in second line TB drugs of assured quality since 2005
WHO Stop TB Strategy / Global Plan to Stop TB 2006-2015	Support the scaling up DR-TB management interventions in Moldova as a country with high resistance burden in order to ensure universal access to DR-TB diagnosis and treatment for the population and thus reducing social inequalities and barriers to care of the poor and vulnerable population groups, it is seen as fully aligned with the development frameworks relevant to the country context.
National Health Policy in the Republic of Moldova 2007-2021 (Governmental Decree No. 886 from 06 August 2007)	NHP defines a set of priorities for action for the next 15 years, in order to improve health of the population and reduce the inequalities between different social groups and regions in the country. The goal of the NHP is the creation of conditions for realization of health potential of every individual throughout the life and attainment of appropriate quality standards. One of the specific objectives of the NHP is "Combating contagious diseases", which places a special emphasis to TB control. The document calls for strengthening partnerships between the central and local public authorities, health care providers and civil society to ensure high standards for TB diagnosis and care social support to TB patients and their families. Special attention is given to TB control in the penitentiary system. Importantly, the NHP stresses the need to prevent and reduce the burden of drug-resistant forms of TB.

Add

Yes No

2. Is there a sector-wide approach or other pooled-funding mechanism in place in the health sector? (If yes, briefly describe how it operates and whether or not you anticipate using it to administer part/all of the Global Fund grant (1-2 paragraphs))

The reduction of burden of Tuberculosis in Moldova requires a multi-sectoral approach. The CCM is an inter-sectoral body that includes representatives of the Government (ministries of Health, Justice, Finances, Social Protection, Education and Interior), external donors (World Bank, UNDP, UNICEF, UNAIDS, USAID, WHO) and non-governmental sector. The Project Coordination, Implementation and Monitoring Unit that manages Round 6 GFATM grant ensures that inputs are timely and uniform and that activities performed in various sectors (health, penitentiaries and NGO) are synchronised.

## D. Overall National Financial Resources for Diseases

1. Please use the table below to list the financial contributions dedicated to the fight against this disease by all domestic and external sources.

Financial Contribution in USD									
	2001	2002	2003	2004	2005	2006	2007	2008	2009
Domestic	\$1,500,000	\$2,167,870	\$2,002,797	\$3,635,130	\$4,693,106	\$4,837,996	\$6,407,736	\$8,547,238	\$8,119,880
External (without Global Fund)	\$302,400	\$527,376	\$1,290,057	\$813,605	\$1,316,361	\$961,271	\$2,022,183	\$147,136	\$30,000
Global Fund	\$0	\$0	\$1,560,421	\$1,015,400	\$1,018,000	\$1,167,000	\$1,175,000	\$3,256,732	\$3,036,487
<b>Total Resources Available</b>	<b>\$1,802,400</b>	<b>\$2,695,246</b>	<b>\$4,853,275</b>	<b>\$5,464,135</b>	<b>\$7,027,467</b>	<b>\$6,966,267</b>	<b>\$9,604,919</b>	<b>\$11,951,106</b>	<b>\$11,186,367</b>

2. Please describe the CCM's plans to monitor how Global Fund resources will be additional to existing and planned resources. (1 - 2 paragraphs):

There is a mechanism of sharing information and monitor resources between the GOM and other donors in the field of health programs, including tuberculosis and HIV/AIDS. It is called Health System Council for Foreign Assistance lead by the Ministry of Health with participation of the Prime Minister Office. All existing Government, international donors and NGOs active in the field of public health are kindly requested to report to the Council about their activities, projects and resources. Majority of the members of the Council serves as members of CCM as well. Also, CCM ensures liaison with other efforts, donors and partners to harmonize initiatives and better align with national and global priorities. Each potential partner is invited to share its planes with CCM and is introduced to actual- and foreseen needs of the TB programme, on funding available and gaps.

3. Please describe how this program is co-ordinated with other domestic and externally financed programs. (1 - 2 paragraphs):

The GFATM programme coordination was firmly rooted in participation of a broad range of stakeholders in the preparation of the Phase 2 application, including international, governmental and non-governmental organizations. The consultative participation and planning serve two purposes, namely: (i) leverage of resources and (ii) avoid duplication of program activities. CCM had extensive dialog with WHO Stop TB department and GLC Committee to set up realistic ambitious targets and activities plan. The targets and activities were discussed with broad range of local stakeholders as well. Also, CCM efforts are equally presented at the Health System Council for Foreign Assistance described above (see D.2.). Additionally, Moldova is going through the process of implementing the National Health Accounts, piloting it under the National HIV/AIDS program. This system will allow to supervise and monitor all existing financial resources, both domestic and international.

## E. CCM Assessment - Phase 1

1. Please provide an overall rating for the program performance during phase 1: **A. Expected or exceeding expectations**
2. For each of the following questions, please provide individual ratings 1-2 paragraphs in support of the rating:

### Program Management (PR 1)

PR 1:	Project Coordination, Implementation a
Grant Number:	MOL-607-G02-T

a. Please provide a rating for how well the program has achieved the intended results to date? (Please provide details (1 -2 paragraphs))

**A. Expected or exceeding expectations**

At the end of third period of grant implementation the average performance of process reportable indicators was 122% and the average of TOP 10 reportable indicators is 129%. Intended targets have been exceeded for four of six reportable TOP 10 indicators, out of which one refers to enrollment of MDR-TB patients in DOTS-Plus treatment and three are training indicators measuring number of medical staff trained in DOTS activities, TB doctors trained in voluntary counseling and testing (VCT) among TB patients and medical staff trained in DOTS-Plus activities. The expected target of one training indicator (healthcare providers trained in collaborative TB/HIV activities) has been reached in proportion of 97% and the expected target for SS+ TB cases detection indicator has been reached in proportion of 84%. The decrease in detection of new smear is due to the stabilisation of TB epidemic over the last three years. Regarding TOP ten indicators not reportable for third semester it is to mention that treatment success rate among MDR-TB patients enrolled in DOTS Plus continues to be above expected target (65% for second year of implementation) registering a 59.09% rate for period 3 (patients cohort of preceding 27 months) and the percentage of TB patients counselled and tested for HIV also exceeds expected targets (70% for second year of implementation) reaching 78.75% for period 3.

b. Please provide a rating for how well the Principal Recipient(s) disbursed to sub-recipients in a timely and effective manner? (Please provide details (1 -2 paragraphs))

**A. Expected or exceeding expectations**

There were no delays in disbursements of funds from PCIMU to sub-recipients (PAS Centre and Carlux NGO). All disbursements have been performed according to sub-grant agreements schedules on quarterly basis subject to activities implementation plans for coming quarters.

c. Please provide a rating for the overall performance of the Principal Recipient(s) in managing the Global Fund grant? (Please provide details (1 -2 paragraphs))

**A. Expected or exceeding expectations**

The good performance of the Principal Recipient is a result of high managerial capacity of the implementing unit. During the period of implementation all tasks were accomplished effectively, at low operational and acquisition costs. This resulted in important savings, which were re-directed to strengthening TB service institutional capacity (procurement of equipment and capacity building).

d. Please provide a rating for how well the Principal Recipient(s) has kept the Country Coordinating Mechanism informed of its progress during implementation? (Please provide details (1 - 2 paragraphs))

**B1. Adequate**

PCIMU presents updates on the status of grants implementation within CCM meetings each time the necessity arises and annually by default. Information regarding progress of specific components/activities is provided/presented any time Ministry of Health, CCM Technical Working Groups address such requirements in a timely and efficient manner.

At the same time PCIMU presents to CCM on a regular bases:  
 - quarter grants progress reports addressed to Ministry of Health, Ministry of Economy and Ministry of Finance;  
 - annual progress reports addressed to GFATM;  
 - end of project progress reports for closed projects.  
 Mentioned reports are distributed for general information through the CCM mailing list and placed on CCM website ([www.ccm.md](http://www.ccm.md)).  
 CCM secretariat is invited to PCIMU quarterly meeting with Sub-recipients and beneficiaries focused on quarterly activities' progress review, targets level of achievement, delays and implementation issues, etc.

**e. Are all constituencies represented in the CCM?**

	Yes	No
- Academic/Research/Educational Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Government	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- NGOs/Community-Based Organisations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- People living with and/or affected by HIV/AIDS, TB and/or Malaria	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Private Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Religious/Faith-Based Organisations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Multilateral and Bilateral Development Partners in-country	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Attach list of members (including constituency)

If no, what is planned to address this situation?

**f. Are CCM members representing the non-government sectors selected by their own constituencies following a documented transparent process**

	Yes	No
- Academic/Educational Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- NGOs/Community-Based Organisations	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- People living with and/or affected by HIV/AIDS, TB and/or Malaria	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Private Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>
- Religious/Faith-Based Organisations	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no, are there plans to change the selection process?

Yes No

**g. Does the CCM have regular meetings?**

If yes, please tick one:

- once per year  
 Up to twice per year  
 Up to four times per year  
 More than four times per year

If no, what is planned to address this situation?

Up to four times per year

Yes No

**h. Are the Chair and Vice Chair from different constituencies?**

If no, what is planned to address this situation?

A "Policy of conflict of interests" was elaborated by the NCC and approved in 2006. The Conflicts situations are solved by the policy's stipulations (Please see Annex6).

Yes No

**i. Is the PR from the same entity as the Chair or Vice Chair?**

If no, what is planned to address this situation?

A "Policy of conflict of interests" was elaborated by the NCC and approved in 2006. The Conflicts situations are solved by the policy's stipulations (Please see Annex6).

j. Does the CCM have a documented transparent process to: (please attach)

solicit and review submissions for possible integration into the proposal,  
 nominate of the Principle Recipient,  
 oversee program implementation.

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If no, what is planned to address this situation?

All CCM, as well as non-CCM members have both access to the proposals development and oversight process. The proposals development are publicly announced via newspapers - See Annex 2, web pages -www.ccm.md and technical working groups (being represented also by non-CCM members). The meeting of the members of the technical working groups was organised to discuss and approve the final draft on the 23rd of April, 2009 - See Annex 5. The final proposal was approved by CCM members during the CCM meeting on the 22second of May - See Annex 3 and Annex 4. As for the oversight process, it is done especially through CCM meetings, which are open and transparent. Please, refer to the web site: www.ccm.md where all the CCM decisions and minutes are placed. All the PR progress reports are also placed on the above mentioned web site. The proposal development and oversight processes will be described in the new CCM operational manual (available in Romanian). After its approval by the CCM members it will be translated into English and sent to GF.

k. Does the CCM have a documented transparent process to ensure the input of a broad range of stakeholders (please attach)

- in the proposal development, including:

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

CCM members

Non-CCM members

- in the oversight process, including

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

CCM members

Non-CCM members

If no, what is planned to address this situation?

All CCM, as well as non-CCM members have both access to the proposals development and oversight process. The proposals development are publicly announced via newspapers - See Annex 2, web pages -www.ccm.md and technical working groups (being represented also by non-CCM members). The meeting of the members of the technical working groups was organised to discuss and approve the final draft on the 23rd of April, 2009 - See Annex 5. The final proposal was approved by CCM members during the CCM meeting on the 22second of May - See Annex 3 and Annex 4. As for the oversight process, it is done especially through CCM meetings, which are open and transparent. Please, refer to the web site: www.ccm.md where all the CCM decisions and minutes are placed. All the PR progress reports are also placed on the above mentioned web site. The proposal development and oversight processes will be described in the new CCM operational manual (available in Romanian). After its approval by the CCM members it will be translated into English and sent to GF.

General

I. Any other comments. (Comments 1-2 paragraphs)

N/A

3. Do you propose any changes to implementation structure (PRs)? (If yes, please provide details (1 -2 paragraphs))

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If yes (please tick one or more)

Do you propose to add one or more PR(s) to existing PR(s)?

Do you propose to drop one or more PRs (consolidation among existing PRs)?

Do you propose to replace an existing PR with one or more new PR(s)?

Please describe the rationale for the new implementation arrangements.

N/A

#### F. Feedback on the Global Fund Processes

1. Please provide comments on experiences with Global Fund processes, suggestions for improvements etc. (1-2 paragraphs)

The disbursement requests are rapidly processed. LFA supervision is timely and effective. Grants' close out requirements should be known to PR from the very beginning of grant implementation because PR need to develop tools/mechanisms (if missing) in order to properly respond to close out requirements. Frequent change in reporting forms namely change in grant categories, annual survey, requires additional efforts from PR to adjust to and fulfill new ad hoc requirement.

**G. Maximum Amount Available for Phase 2**

1. Amount originally agreed by Board for Phase 2

Original Board Approval	Amount (in USD)
Year 3	\$2,210,235
Year 4	\$2,085,512
Year 5	\$1,932,363
<b>Total</b>	<b>\$6,228,110</b>

2. Estimated under-disbursement in Phase 1

	Amount (in USD)
Phase 1 grant agreement amount	\$5,675,507
Less: actual disbursed to date	\$4,410,235
Less: expected additional disbursement until the end of Phase 1 grant agreement	\$1,265,272
<b>Total</b>	<b>\$0</b>

3. Estimated funds available for Phase 2 {Sum of (1) + (2)}

<b>Total</b>	<b>\$6,228,111</b>
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**H. Phase 2 Budget Request**

1. In the table below, please summarize the use of funds requested from the Global Fund, using your own budget categories.

Categories	Funds requested (in USD)				Description
	Year 3	Year 4	Year 5	Total	
OBJECTIVE 1: Strengthening DOTS realisation to improve TB	\$492,776	\$439,630	\$360,182	\$1,292,587	For more information about distribution by Categories please see Annex: Summary Bud
OBJECTIVE 2: Management of drug resistant tuberculosis by e	\$1,297,251	\$1,111,114	\$1,105,533	\$3,513,898	
OBJECTIVE 3: Strengthening the management and coordinatio	\$330,841	\$292,511	\$264,581	\$887,933	
OBJECTIVE 4: Increase public awareness of tuberculosis, redu	\$51,240	\$76,390	\$49,440	\$177,070	
<b>Total Requirements</b>	<b>\$2,172,108</b>	<b>\$1,919,645</b>	<b>\$1,779,736</b>	<b>\$5,871,488</b>	

2. Please provide comments on any significant changes (total amounts or distribution) in the budget from the original proposal.

Based on Global Fund Board decision phase two budget has been reduced with 5.8% without affecting major grant activities (ex. procurement and supply of first and second line anti-tuberculosis drugs).

3. Please attach the following:
- Detailed budget and workplan for year 3 and indicative budget and workplan for years 4-5
  - List of health products intended to be procured in year 3.
  - Proposed Attachment 3 to Annex A: Intended Results.

4. In the table below, please summarize the proposed budget breakdown by PR.

PRs by Name	Funds requested (in USD)				
	Year 3	Year 4	Year 5	Total	Description
PCIMU (Project Coordination, Implementation and Monitoring Unit)	\$2,172,108	\$1,919,645	\$1,779,736	\$5,871,488	
<b>Total Requirements</b>	<b>\$2,172,108</b>	<b>\$1,919,645</b>	<b>\$1,779,736</b>	<b>\$5,871,488</b>	

