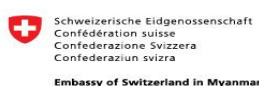




# Standard Operating Procedures (SOP) for Cash Transfer to MDRTB Patients

June 2015

3MDG IS SUPPORTED BY



3MDG IS MANAGED BY



## **3MDG STANDARD OPERATING PROCEDURES (SOP) FOR CASH TRANSFER TO MDRTB PATIENTS**

### **General Purpose:**

Outlines the steps required to deliver cash transfers by 3MDG partners through the banking system to MDRTB patients. Key steps described in this SOP:

1. Geographic targeting
2. Target selection for cash transfer and setting the cash amount
3. Bank selection and mutual understanding and agreement between the bank and 3MDG partners
4. Endorsement and support from the National TB Programme
5. Registration of MDRTB patients in the ATM Card Payment System
6. Cash transfer
7. Monitoring, feedback mechanism and reporting

### **1. GEOGRAPHIC TARGETING**

#### **Purpose**

- To provide patient support to MDRTB patients by 3MDG Implementing Partners. Patients are from the townships in Yangon and Mandalay as selected by the National TB Programme.
- To avoid duplication with other patient support organizations, follow recommendations from the MDRTB coordination meeting and support from Regional and Township Medical Officers.

#### **Selected Geographic Area**

- Yangon = 44 Townships (43 by NTP as Botahtaung and Seikkan townships are combined as one township) **except the following 3 Townships: Thanlyin, Thaketa and Dagon Myo Thit- South** covered by Myanmar Medical Association-Public-Private-Mix (MMA-PPM) supported by the Global Fund (UNOPS-PR)
- Mandalay - 13 Townships **except the following 2 Townships: Myingyan and Kyaukse** covered by Myanmar Medical Association-Public-Private-Mix (MMA-PPM) under the Global Fund (UNOPS-PR) and **1 Township: Meikhtila** covered by Myanmar Health Assistant Association (MHAA) supported by the Global Fund (UNOPS-PR)

Note: Please see the detailed list of townships in Annex 1

### **2. TARGET SELECTION FOR CASH TRANSFER AND SETTING THE CASH AMOUNT**

#### **Purpose**

- To set the targeted numbers in order to provide 30,000 MMK patient support to MDRTB patients based on NTP recommendation, partner capacity and readiness..
- To avoid causing confusion to the National TB Programme and other stakeholders, as well as among MDRTB patients.

- To ensure that selection criteria and procedures are transparent and well understood by the community.

#### **Selection Criteria**

- All MDRTB patients who have been enrolled into the NTP MDRTB Programme from 1 January 2015 onward and in the above selected geographic area. Up to a total of 2,200 MDRTB patients will be enrolled (Refer to Annex 1).

#### **Exclusion Criteria**

- MDRTB patients will be removed from the Programme when they have completed the treatment, when the NTP declares the patient as a defaulter, or when the patient dies at any point during the treatment cycle.
- MDRTB patients who are receiving treatment from MSF-Holland will be excluded as they are receiving the same patient support from MSF-Holland.

#### **Cash Amount per Transaction**

- A Flat Rate of 30,000 MMK per selected MDRTB patient per month through the KBZ Bank ATM system.
- Transaction costs of 200 MMK per transaction will be borne by the Implementing Partners.

### **3. BANK SELECTION AND AGREEMENT BETWEEN BANK AND 3MDG PARTNERS**

#### **Purpose:**

- Ensure provision of cash transfer efficiently and effectively to MDRTB patients through the selected Bank
- Ensure all necessary processes have been applied between the selected bank and 3MDG Implementing Partners

#### **Selected Bank Name**

- KAN-BAW-ZA (KBZ) Bank has been selected by UNOPS to provide the cash transfer service to MDRTB patients through the Automatic Teller Machine (ATM) payment system.

#### **Why it has been selected**

- KBZ has experience with UNFPA for nationwide Census Payment System in Myanmar.
- It has the most number of branches all around Myanmar, especially in Yangon and Mandalay.
- ATM machines are available all around Yangon and Mandalay, especially around MDRTB selected sites. New machines will be installed in main MDRTB sites.
- KBZ waives ATM card insurance fees and annual ATM fees for all patient support transactions.

#### **Agreement with KBZ and Implementing Partners**

- The following sections should be addressed in the terms and conditions of agreements between KBZ and Implementing Partners
  - Process and requirements of ATM application

- Cash transfer process and requirements
- Reconciliation process and report through the bank statement
- Auditable procedure and conditions
- Training and sharing presentation and IEC materials
- Service Charges (e.g. transaction Fees)
- Bank account opening by 3MDG Partners
  - Process and requirements for bank account opening
  - Assigned authorized person from 3MDG partners for account managing
  - Payment order for cash transfer through the ATM system
- ATM card account opening for MDRTB patients
  - Process and requirements for ATM card account opening for patients

#### 4. ENDORSEMENT AND SUPPORT FROM THE NATIONAL TB PROGRAMME

##### Purpose

- To support close coordination and collaboration between the National TB Programme and 3MDG Implementing Partners to avoid missing and duplication of overlapping MDRTB patients receiving patient support

##### Endorsement and Support

- On the 1<sup>st</sup> week of each month, the **Entitled MDRTB Patient List for Patient Support** (which is the list of MDRTB patients who are entitled to receive patient support, MMK 30,000) will be shared to Implementing Partners via an electronic version or signed hard copy for cash transfer by the respective Regional TB Officer. (Please see the detailed form in Annex 2)

Note: MDRTB patients who have received an MDRTB Registration No on the 15<sup>th</sup> day of each month or earlier of the month, are entitled to receive the patient support. MDRTB patients registering after the 15<sup>th</sup> of each month will be entitled to receive patient support starting only in the following month.

#### 5. REGISTRATION OF MDRTB PATIENTS TO ATM CARD PAYMENT SYSTEM

##### Purpose:

- To register selected MDRTB patients into the ATM Card Payment System / Account opening by 3MDG partners in order to perform monthly cash transfer via the banking system.
- To improve MDRTB patient financial and ATM usage knowledge through distribution of pamphlets provided by the bank and education during collection of the ATM Application Form.

##### STEP-1

When 3MDG Implementing Partners receive the **Entitled MDRTB Patient List for Patient Support** endorsed by the respective Regional TB Officer, the following process has to be finished within 14 working days to open the ATM Card Account.

- Assigned staff from the Implementing Partner collects the required information and documents from the respective MDRTB patient for ATM / Account application. Assigned staff from the Implementing Partner organization endorse in the application form as a guarantor. (Please see the necessary information, documents and form in Annex 3)
- Fill all necessary information and attach required documents, then assigned staff from the Implementing Partner organization submit application forms with special power to KBZ Bank for the MDRTB Patient's ATM card application. (Please see the Special Power Form to collect card Annex 4 )

## STEP-2

After submission of the application form to KBZ Bank, KBZ Bank will carry out the following steps.

- KBZ Bank will issue individual patient ATM cards to the Implementing Partner within 7 working days. (Please see the MPU Debit Card Issue/Cancel Detail Annex 5)
- KBZ Bank will provide training and /or pamphlet and/or IEC material to the Implementing Partner in relation to usage of the ATM cash payment system.
- 3MDG Implementing Partners will collect all requested ATM cards from KBZ Bank. (Please see the Acceptance Form of KBZ Debit Cards Annex 6)

## STEP-3

The following processes are required after receiving ATM cards and documents.

- Assigned staff from the Implementing Partner goes and explain the importance of the ATM card and the importance of keeping the ATM card password confidential as well as how to withdrawal cash from the ATM machine to the individual patient.
- The ATM card receipt form is filled and signed by the patient or the patient's family member or care taker and collected by assigned staff from the Implementing Partner. (Please see the ATM card Receipt Form Annex 7)

## 6. CASH TRANSFER

### Purpose:

- To transfer funds from 3MDG Implementing Partners to MDRTB Patients through KBZ Bank
- To initiate transfer of funds to MDRTB Patients' ATM accounts
- To ensure Implementing partners transfer patient support of 30,000 MMK to the correct ATM account number of eligible patients who have been endorsed by the National TB Programme.

## STEP-1

Procedure by 3MDG Implementing Partners and the bank

- After receiving the **Entitled MDRTB Patient List for Patient Support**, each 3MDG Implementing Partner will transfer money to those entitled MDRTB patients through their ATM accounts.

- By transferring money to those entitled MDRTB patients' ATM card, the Implementing Partner has to use the standardized Payment Order Form. (Please see the Payment Order Form in Annex 8-A and Annex 8-B)
- To ensure the correct amount of patient support (30000 MMK) is transferred to the correct ATM card account of eligible MDRTB patients (according to Entitled MDRTB Patient List). The Implementing Partner has the responsibility to ensure that the transfer is to the correct account of eligible patients and that there is no duplication.
- KBZ Bank will transfer cash to requested MDRTB Patients' ATM accounts within 3 working days after receiving the request from respective Implementing Partners.

## STEP-2

Inform to MDRTB patients or family member or care taker

- Assigned staff will inform to MDRTB patients or family member or care taker by phone or through volunteer/community facilitators that patient support money is ready to withdraw from the ATM machine.

## REMARK

If the patient doesn't fit the requirements of ATM Card Registration or has difficulty in using the ATM card system, the Implementing Partner needs to provide direct cash to the patient by using the Patient Support Payment Form. (Please see Patient Support Payment Form Annex 11).

## 7. MONITORING, FEEDBACK MECHANISM AND REPORTING

### Purpose:

- **For each payment;** to confirm that the Bank has sent requested transfers to MDRTB patients
- To ensure all the process is transparent, auditable and functioning correctly.

### Monitoring

- On a quarterly basis (every three months) Implementing Partners have to randomly check and verify with the patient, a minimum 10 % of all payment transactions.
- 3MDG team will check randomly with MDRTB patients during supervision and monitoring visits
- Medical Officer or delegated person from NTP can check randomly with the entitled MDRTB patients whether they are receiving the cash transfer or not during their consultation in NTP.

### Feedback Mechanism

- MDRTB patient, family member or caretaker are being provided the contact phone number of respective Implementing Partners in order to provide feedback when they have problems in receiving cash from the ATM machine or are not receiving the cash transfer into their account.
- Additionally they can complain to Township Health Staff and NTP staff if they haven't received cash transferred as planned into their Bank account..

## Reporting

- KBZ Bank will issue a **Payroll Account Ledger List** and **Bank Statement** to 3MDG partners on a monthly basis. (Please see the **Payroll Account Ledger List** in Annex 9 and **Bank Statement** in Annex 10). The Ledger List and Bank Statement are to be kept by the Implementing Partner as supporting documentation for these expenses during the annual 3MDG audit.

- **ANNEX 1-3MDG coverage Township List in Yangon and Mandalay for 30 USD patient support**

No	Townships	3MDG Implementing Partner	Remark
<b>Yangon</b>			
1	Dagon Myothit (North)	Pyi Gyi Khin	
2	Ma Yan Gone	Pyi Gyi Khin	
3	Hlaing	Pyi Gyi Khin	
4	Shwe Pyi Thar	Pyi Gyi Khin	
5	North Okkalapa	Pyi Gyi Khin	
6	Mingaladon	Pyi Gyi Khin	
7	Ahlone	Pyi Gyi Khin	
8	Botahtaung	Pyi Gyi Khin	According to NTP, Botahtaung and Seikkan townships are assumed as one
9	Seikkan	Pyi Gyi Khin	
10	Dagon	Pyi Gyi Khin	
11	Kyauktada	Pyi Gyi Khin	
12	Latha	Pyi Gyi Khin	
13	Yankin	Pyi Gyi Khin	
14	Dagon Myothit (Seikkan)	Pyi Gyi Khin	
15	Sanchaung	Pyi Gyi Khin	
16	Kyeemyindaing	Pyi Gyi Khin	
17	Thingangyun	Myanmar Medical Association	Thanlyin and Thaketa Townships under MMA, Dagon Myo Thit (South) Township under Burnet Institute are provided 30 USD patient support by
18	South Okkalapa	Myanmar Medical Association	
19	Dawbon	Myanmar Medical Association	
20	Hmawbi	Myanmar Medical Association	
21	Kawhmu	Myanmar Medical Association	
22	Kyauktan	Myanmar Medical Association	
23	Dagon Myothit (East)	Myanmar Medical Association	



24	Taikkyl	Myanmar Medical Association	UNOPS-PRGFATM through MMA-PPM.
25	Kayan	Myanmar Medical Association	
26	Kungyangon	Myanmar Medical Association	
27	Thongwa	Myanmar Medical Association	
28	Insein	Myanmar Health Assistant Association	
29	HlaingTharYa	Myanmar Health Assistant Association	
30	Dala	Myanmar Health Assistant Association	
31	Htantabin	Myanmar Health Assistant Association	
32	Pabedan	Myanmar Health Assistant Association	
33	SGKNT	Myanmar Health Assistant Association	
34	Twantay	Myanmar Health Assistant Association	
35	Pazundaung	Myanmar Health Assistant Association	
36	Bahan	Myanmar Health Assistant Association	
37	Kamaryut	Myanmar Health Assistant Association	
38	Mingalartaungnyunt	Myanmar Health Assistant Association	
39	Tamwe	Myanmar Health Assistant Association	
40	Hlegu	Myanmar Health Assistant Association	
41	Lanmadaw	Myanmar Health Assistant Association	
<b>Mandalay</b>			
1	Amarapura	The Union	Myingyan and Kyaukse Townships under MMA-PPM and Meiktila Township under MHAA-GFATM are provided 30 USD patient supported by
2	Aungmyaythazan	The Union	
3	Chanayethazan	The Union	
4	Chanmyathazi	The Union	
5	Mahaaungmyay	The Union	
6	Patheingyi	The Union	
7	Pyigyitagon	The Union	

8	Singu	The Union	UNOPS-PRGFATM.
9	Nyaung-U	The Union	
10	Pyinoolwin	The Union	





Note\* Highlighted Townships in Yangon are only provided for 30 USD patient support rather than full standard package.



## Annex 3 KBZ ATM Application Form (Sample)

KBZ Debit Card Application Form			
<input checked="" type="checkbox"/> Yes! I would like to apply for the KBZ Debit Card. <b>Important Information</b> 1. Annual fees is 3000 kyats (first year waived) 2. Eligibility (a) You must be 18 years old and above. (b) You must submit a copy of your NRIC/Passport with the Application form. (c) You must hold a KBZ Card account is eligible for this application. 3. All fields must be completed. 4. Please allow 3-5 days for application processing.			
<b>PLEASE TELL US ABOUT YOURSELF</b> Name as appear on NRC / CRC / PASSPORT Daw Kye Kye (New) Name in English to be printed on card K.Y.U. K.Y.U. NRC No. or CRC No. / Passport No. 12/AHLANACN 043583 Date of Birth (dd/mm/yyyy) 1.1.1990 Nationality <input checked="" type="checkbox"/> Myanmar <input type="checkbox"/> Others Race Burma/Buddhist Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Marital Status <input type="checkbox"/> Married <input checked="" type="checkbox"/> Single Particulars of Spouse Name - NRC No. or CRC No. Current Home Address E8, Bud 11, Junction Square Compound, Kamaryut Referred Mailing Address <input checked="" type="checkbox"/> Home Address <input type="checkbox"/> Office Address Telephone Number 0973036956 Fax Email Address		<b>YOUR PLACE OF WORK / BUSINESS</b> <input checked="" type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired / Pensioner Name of Company / Business Co., Ltd Type of Business <input type="checkbox"/> Banking & Finance <input type="checkbox"/> Government Service <input type="checkbox"/> Consulting <input type="checkbox"/> Retail <input type="checkbox"/> Others (Please Specify) Office Address Position <input checked="" type="checkbox"/> Staff <input type="checkbox"/> Executive <input type="checkbox"/> Manager <input type="checkbox"/> Director <input type="checkbox"/> Owner <input type="checkbox"/> Other (Please Specify) Total Income Office Telephone & Ext. <b>BANK ACCOUNT TO BE LINKED</b> Please link my Kanbawza Bank account to my Debit Card that I am applying for herein. Card Account Number: The Maximum daily limit is capped at (Ks - 5,000,000) Kyats Five Million for POS transaction. The Maximum daily limit is capped at (Ks - 1,000,000) Kyats One Million for ATM transaction. Current Account Number:	
<b>DECLARATION OF APPLICANT (IMPORTANT: PLEASE READ BEFORE SIGNING)</b> By signing on this application form: 1. I have received, read and understood Terms and Conditions governing the usage of the Debit Card. 2. I agree to be bound by the said Terms and Conditions and to any changes made therein from time to time by Kanbawza Bank Ltd. at its sole discretion without any notice to me/us. 3. I affirm that I am at least 18 years of age. 4. I accept full responsibility for my/our Debit Card and agree not to make any claims against Kanbawza Bank Ltd. in respect thereto. 5. I affirm that the information provided in the Application Form is true and correct. Signature of Applicant Date <b>OFFICIAL USE</b> Card No. Monthly Limit Br/Staff Code Expiry Date Received Process By Date Date of Issue Special Instructions Officer's Name/Signature Approved by: Name/Signature Branch Stamp Card Department Stamp			

 <b>ကန်ဘော့ဘဏ်လီမိတက်</b> <b>KANBAWZA BANK LIMITED</b>	
စာရင်းအမည်	Daw Kye Kye
A/C. Name	A/C. No.
လိပ်စာ	E8, Bud 11, Junction Square Compound, Kamaryut
Address	
အလုပ်အကိုင်	Staff
Occupation	
လူမျိုး	Burma / Buddha
Nationality	
အမျိုးသား/နိုင်ငံခြားမှတ်ပုံတင်အမှတ်	12/AHLANACN 043583
National Registration / F.R.C No.	
ထောက်ခံသူ	
Introduced by	
တယ်လီဖုန်းနံပါတ်	0973036958
Telephone No.	
A-11	

ထိုးမြဲလက်မှတ်များ Specimen Signature		ACCOUNT NO. 999 307 999 xx xxxx 01
<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">             1  </div> <div style="border: 1px solid black; padding: 5px;">             2  </div>	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">             3  </div> <div style="border: 1px solid black; padding: 5px;">             4  </div>	
စာရင်းအမျိုးအစား: Card A/c Type of Account		
ဇန့်စွဲ ..... Date .....		<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 150px;">             Checked and entered               MANAGER           </div>

**Annex 4 Special Power for ATM Application**

**To/**

**Head of Card Department**

**Kanbawza Bank Co.,Ltd**

**YanGon**

**Date; . . .**

**.**

**SUBJECT: To give Special Power to collect KBZ MPU Debit**

**Concerning with the above subject, we would like request you that  
U/Daw ..... ( NRC No.....)  
are authorized by.....Co;ltd to collect KBZ  
MPU Debit Cards on the behalf of MDRTD Patients according to the attached  
schedule.**

**Yours**

**Sincerely,**

**Name:**

**NRC No:**

**Address:**

**Phone Number:**

**(Please fill from .....Co;ltd & with the Company Ltd Letter Head )**

## Annex 5 MPU Debit Card Issue/Cancel Detail

# MPU Debit Card Issue/Cancel Detail (1.1.2015)

Card Number	Account Number	Customer Name	NRC Number	Branch Name	Pay Date & Sign
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		
950305187*****1	999307999*****1	U KO KO	14/AHGAPA(N)*****		

**Annex 6 KBZ Bank ATM Card Receive Form**

**To/  
Head of Card Department  
Kanbawza Bank Co.,Ltd  
Yangon**

**Date. . .**

**Subject: Acceptance the KBZ MPU Debit Cards**

**As an representative person of the MDRTB Patients, I has accepted the  
KBZ MPU Debit Cards for MDRTB Patients .....cards  
,according to the attach schedule that was applied in the Kanbawza Card  
Department.**

**Yours Sincerely,**

**Name:**

**NRC No:**

**Address:**

**Phone Number:**

**(Please fill from .....Co;ltd & with the Company Ltd Letter Head )**



## Annex 7 ATM Card Receive Form (English Version)

To

Date..../..../.....

Project Manager

Project Title

Organization Title

Subject: Acceptance the KBZ MPU Debit Card

I hereby certify that I have accepted the KBZ MPU Debit Card from .....Organization. I accept I will take full responsibility for this Card including card loss, card damage, password loss/theft, card or credit amount has been stolen.

Received by

Paid By

Name:

Staff Name:

MDRTB Registration No:

Designation:

Address:

Organization Name

Phone Number:

Annex 7 ATM Card Receive Form (Myanmar Version)

သို့

ရက်စွဲ...../...../.....

စီမံချက်မန်နေဂျာ

စီမံချက် အမည်

အဖွဲ့ အမည်

အကြောင်းအရာ။

။ATM Card လက်ခံ ရရှိကြောင်း အကြောင်းကြားခြင်း။

ကျွန်တော်/မ သည် ..... အသင်းမှ ပေးအပ်သော ATM Card ကို လက်ခံရရှိ ပါသည်။ ထိုကန့်သတ် ပတ်သက်သော အကြောင်းကြားချက်များ (ဥပမာ ကပ် ပျောက်ဆုံး /ပျက်ဆီး/လျှို့ဝှက် နံပါတ် ပျောက်ဆုံး/မီးယူခံရခြင်း/ ကပ် (သို့) ကပ် အတွင်း ငွေကြေး မီးယူ ခံရခြင်း) သည် ကျွန်တော်/မ ၏ တာဝန်သာ ဖြစ်ကြောင်း လက်ခံ သဘောတူပါသည်။

လက်ခံရရှိသူ

ပေးအပ်သူ

အမည်

ဝန်ထမ်းအမည်

MDRTB Registration အမှတ်

ရာထူး

အဖွဲ့ အမည်





## Annex 9 Payroll Account Ledger List (Sample)

**CARD CENTER  
JUNCTION SQUARE COMPOUND,  
KYUN TAW RD,SANCHAUNG TSP  
Ph: (01) 515217-515218,  
Fax: (01) 515238**

**Payroll Account Ledger Listing (Without Reversal) 06/05/2015**

**Date : 08-May-  
2015 14:20:40**

**COMPANY NAME : .....Co.,Ltd**

Sr No.	Entry No.	Account No.	Company Name	Debit	Credit
1	107957603	9.99308E+16	.....Co.,Ltd	0	
2	107957604	9.99308E+16	.....Co.,Ltd	0	
3	107957605	9.99308E+16	.....Co.,Ltd	0	
4	107957606	9.99308E+16	.....Co.,Ltd	0	
5	107957607	9.99308E+16	.....Co.,Ltd	0	
6	107957608	9.99308E+16	.....Co.,Ltd	0	
7	107957629	9.99308E+16	.....Co.,Ltd	0	
8	107957630	9.99308E+16	.....Co.,Ltd	0	
9	107957631	9.99308E+16	.....Co.,Ltd	0	
10	107957632	9.99308E+16	.....Co.,Ltd	0	
11	107957633	9.99308E+16	.....Co.,Ltd	0	
12	107957634	9.99308E+16	.....Co.,Ltd	0	
13	107957635	9.99308E+16	.....Co.,Ltd	0	
14	107957636	9.99308E+16	.....Co.,Ltd	0	
15	107957637	9.99308E+16	.....Co.,Ltd	0	
16	107957638	9.99308E+16	.....Co.,Ltd	0	
17	107957639	9.99308E+16	.....Co.,Ltd	0	
18	107957640	9.99308E+16	.....Co.,Ltd	0	
19	107957641	9.99308E+16	.....Co.,Ltd	0	
20	107957642	9.99308E+16	.....Co.,Ltd	0	
21	107957643	9.99308E+16	.....Co.,Ltd	0	
22	107957644	9.99308E+16	.....Co.,Ltd	0	
<b>SUB TOTAL</b>				0	
<b>GRAND TOTAL</b>				0	

Total (52) Records

Listed.

Base on Value Date

# Annex 10 Bank Statement (Sample)

CARD CENTER  
JUNCTION SQUARE  
COMPOUND,  
KYUN TAW  
RD,SANCHAUNG TSP  
Ph: (01) 515217-515218,  
Fax: (01) 515238

ACCOUNT NO. : 057601057\*\*\*\*\*01  
(MMK)

Date :

NAME :

NRC :

ADDRESS :

PHONE :

Statement of Transaction For the Date Between.../.../... and .../.../...

Date_Time	Description	Debit	Credit	Balance
01/01/2015	Opening Balance -			10,000.00
15/1/2015	CASH DEPOSIT		10,000,000.00	10,010,000.00
16/1/2015	A/C Transfer	10,000,000.00		10,000.00
16/1/2015	CLOSING BALANCE			10,000.00
No. of Debit		10,000,000.00		
No. of Credit			10,000,000.00	

Thank You For Banking With CARD CENTER

Please report any discrepancies found on your statement immediately.

N.B – Statement will not be sent unless there is a change of transaction.

Asst: / DY Manager

**Annex 11 Patient Support Payment Form (For Non-ATM System User, English Version)**

**Acknowledgement Receipt**

**Date .../.../...**

**I hereby receive 30,000 MMK from.....organization for the month of  
.....MDRTB Treatment supported by 3MDG Fund for Patient Support to MDRTB  
Patients.**

**Received By**

**Paid By**

**Name  
MDRTB Reg No**

**Name of Staff  
Title  
Organization Name**

**Annex 11 Patient Support Payment Form (For Non-ATM System User, Myanmar Version)**

ငွေလက်ခံ ရရှိကြောင်း ပြော

ရက်စွဲ ...../...../.....

3MDG Fund အဖွဲ့မှ ဆေးယဉ်ပါး တီဘီ လူနာ များကို ထောက်ပံ့ ပေးအပ်သော ထောက်ပံ့ငွေ  
၃၀,၀၀၀ ကျပ် အား .....လ ဆေးကုသ မှု အတွက် .....အဖွဲ့ ထံမှ  
လက်ခံ ရရှိပါသည်။

လက်ခံရရှိသူ

ပေးအပ်သူ

အမည်

ဝန်ထမ်းအမည်

MDRTB Registration အမှတ်

ရာထူး

အဖွဲ့ အမည်



## Summary of Cash Transfer Procedure for MDRTB patients

Sr No	Activity	Responsible Person	Time Frame	Remark
1	Sharing <b>Entitled MDRTB Patient List for Patient Support</b> to 3MDG Implementing Partners.	Regional TB Officer	<b>1<sup>st</sup> week</b> of each month	Using Annex 2 and shared by email and/or Hard Copy.
3	Collect information and documents from MDRTB patients for <b>ATM Application</b> based on the list of MDRTB patients provided by the Regional TB Officer.	Responsible Person from Implementing Partners	<b>Within 10 working days</b> after receiving <b>Entitled MDRTB Patient List for Patient Support</b> from Regional TB Officer	For registering <b>ATM Application</b> .
4	By using Payment Order form, transfer 30 USD (equivalent to MMK by yearly UN exchange rate) to entitled MDRTB patients' ATM card accounts.	Responsible Person from Implementing Partners	<b>Within 3 working days</b> after receiving <b>Entitled MDRTB Patient List for Patient Support</b> from Regional TB Officer	For patients who are <b>already received ATM Cards</b> .
5	Bank will transfer the requested amount to the designated MDRTB patient's ATM card accounts.	KBZ Bank	<b>Within 3 working days</b> after receiving payment order from Implementing partner.	
6	Inform to MDRTB patients that cash is ready to withdraw from the ATM machine	Responsible Person from Implementing Partners	<b>Within 5 working days</b> after KBZ has transferred to ATM accounts.	Either by phone or through community facilitators/volunteers.
8	Check whether MDRTB patients are receiving money or not	Assigned Person from Implementing Partner	Minimum 10 % of MDRTB patients have	IP has responsibility to ensure all entitled

			been checked.	patients receive patient support.
9	Report shared by KBZ to Implementing Partners <ul style="list-style-type: none"> <li>Payroll Account Ledger List</li> <li>Bank Statement</li> </ul>	KBZ Bank	KBZ will share these 2 reports to Implementing partners <b>at the end of each month.</b>	If necessary, 3MDG/Implementing partners can request KBZ for Individual ATM card Account Bank Statement.