

General SSF Information

Country	Indonesia				
SSF Agreement Number	IND-S-MOH	Component	Health Systems Strengthening	Last Round	10
SSF Title	cross-cutting health system strengthening interventions				
Principal Recipient	Ministry of Health of Indonesia - Center for Health and Information				
SSF Status	In Progress - Period 1				
SSF Start Date	01 Jan 2012	SSF End Date	31 Dec 2014		
Current* Implementation Period Start Date	01 Jan 2012	Current* Implementation Period End Date	31 Dec 2014	Latest Rating	B1
Current* Implementation Period Signed Amount	\$ 16,526,360	Current* Implementation Period Committed Amount	\$ 9,120,858	Current* Implementation Period Disbursed Amount	\$ 8,695,844
Cumulative Signed Amount	\$ 16,526,360	Cumulative Committed Amount	\$ 9,120,858	Cumulative Disbursed Amount	\$ 6,994,024
				% Disbursed	77%
Time Elapsed (at the end of the latest reporting period)	24 months				

* Latest Implementation Period if SSF is closed

New GPR Report - Table of Contents

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

Indonesia's 238 million people are spread over 17,000 islands grouped into 34 administrative provinces and then subdivided into 497 districts. Various aspects of the health system in Indonesia warrant strengthening. The disease part of the proposal attempts to address some of these including health workforces. The selection of cross cutting Health System Strengthening (HSS) interventions is guided in part by the priorities outlined in the national health sector strategy 2010-2014 and potential to complement other strategic initiatives aimed at eliminating bottlenecks in the delivery of primary health care (PHC) services, including those targeted at AIDS, tuberculosis (TB) and malaria. The goal of the Program is to contribute to reducing morbidity and mortality from infectious diseases including AIDS, TB and malaria. The Program will target 138 underserved and remote districts that are situated in 24 provinces and cover a total population of 42 million. Three strategies will be implemented; reinforcing the national health information system for better integration, data management and use for decision making; scaling-up the Sample Registration System (SRS) and promoting health system research; and improving pharmaceutical and supply chain management, drug safety and pharmacovigilance. This is a stand-alone single stream of funding (SSF) Round 10 HSS grant.

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	239871	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 0-4 (in 1000s)	21579	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 15-49 (in 1000s)	134977	2010	United Nations. World Population Prospects: .The 2010 Revision
Physicians (number)	65722	2000-2010	WHO. World Health Statistics 2011
Nursing and midwifery personnel (number)	465662	2000-2010	WHO. World Health Statistics 2011
Infant mortality rate (per 1,000 live births)	27	2010	UNICEF. Child mortality database (http://www.childinfo.org/mortality_imrcountrydata.php) accessed on 01 December 2011
Under-5 mortality rate (per 1,000 live births)	35	2010	UNICEF. Child mortality database (http://www.childinfo.org/mortality_ufrcountrydata.php) accessed on 01 December 2011
Income level	Lower middle income	2011	World Bank. World Development Indicators database
GNI per capita, Atlas method (current US\$)	2580	2010	World Bank. World Development Indicators database
Total health expenditure per capita (USD)	51	2008	WHO. World Health Statistics 2011
ODA commitments in health sector (Current US\$ millions)	175	2009	.OECD
ODA commitments in all sectors (Current US\$ millions)	3770	2009	.OECD
Human development index	medium	2011	UNDP. Human development index (http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf) accessed on 01 December 2011

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.5. Conditions Precedent

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>1. Condition(s) Precedent to First Disbursement (Terminal Date as stated in block 7A of the Face Sheet)</p> <p>The first disbursement of Grant funds by the Global Fund to the Principal Recipient is subject to the satisfaction of each of the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of a statement confirming the bank account into which the Grant funds will be disbursed as indicated in block 10 of the face sheet of this Agreement; and</p> <p>b. the delivery by the Principal Recipient to the Global Fund of a letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign disbursement requests under Article 10 of the Standard Terms and Conditions of this Agreement and, in the event a disbursement request may be signed by more than one person, the conditions under which each may sign.</p>	Legal	Disbursement		Met	PR has recruited the Finance Coordinator in May 2012
	Condition Precedent	<p>2. Condition(s) Precedent to Second Disbursement (Terminal Date as stated in block 7B of the Face Sheet)</p> <p>The second disbursement of Grant funds by the Global Fund to the Principal Recipient is subject to the satisfaction of each of the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of the terms of reference for, and written evidence of recruitment of, a suitably qualified Finance coordinator; and</p> <p>b. the delivery by the Principal Recipient to the Global Fund of written evidence, in form and substance satisfactory to the Global Fund, that its accounting system has the capability to provide accurate and timely reports in compliance with Global Fund requirements.</p>	Finance	Disbursement		Met	<p>Although it has been noted that the PR has not submitted written evidence to the Global Fund regarding the capability of its accounting system, however, during the Vol, no exceptions in terms of accuracy and cut-off period of the PR's transaction record were noted.</p> <p>Hence, we consider this condition precedent for this semester as met. However, we encourage the PR to submit the written evidence to the Global Fund regarding the completion of the web-based accounting system.</p>

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Last Updated on: 24 June 2014

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>1. The Parties agree that the Principal Recipient shall take all reasonable measures in order to avoid potentially non-competitive, non-transparent procurement processes and unreasonably higher supplier prices for commodities, which may be due to disclosure of ceiling prices, as required by the Presidential Decree # 54 dated 2010 ("Presidential Decree"). In particular, the Principal Recipient shall apply for a waiver under the Presidential Decree, which permits exemption from the requirement to disclose ceiling prices in the event of discord between the Presidential Decree and the policies of a funder. The Principal Recipient shall regularly provide information to the Global Fund with respect to the progress of obtaining the waiver described above.</p>		Procurement		Met	<p>This is an ongoing SC that applies with each procurement.</p> <p>The PR has internally agreed to not disclose the ceiling price as required by the Global Fund.</p> <p>In addition, the PR has issued a letter No. PL.01.01/1/0086/2012 dated 12 January 2012 signed by the Authorized PR Representative (i.e. Dr. Jane Soepardi) to the Head of Procurement Department of the Secretariat General of the Ministry of Health of the Republic of Indonesia with regards to the instruction from the Global Fund to not disclose the ceiling prices for all procurements that will be conducted by the PR as instructed in the Grant Agreement between the PR and the Global Fund.</p> <p>We noted that during semester 1, there was no procurement requiring tender.</p> <p>PR has procurements in Semester 2 that require tender process on a sample basis, i.e. tender for drug warehouse rehabilitation. It is noted that the PR disclosed the ceiling price as nil or "0". Therefore this STC is met for this period.</p>

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>2. The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance activities of Sub-recipients is subject to the following conditions:</p> <p>a. the delivery by the Principal Recipient to the Global Fund of written evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has completed an assessment of the capacity of each Sub-recipient to implement Program activities, such capacity assessment to include, without limitation, the evaluation of the financial management systems of the Sub-recipient, and, as applicable, measures for capacity strengthening;</p> <p>b. the delivery by the Principal Recipient to the Global Fund of a Sub-recipient Management Plan, in form and substance satisfactory to the Global Fund, which shall include, without limitation, the following elements:</p> <p>i. procedures for the negotiation of Sub-recipient agreements as described in Article 14b of the Standard Terms and Conditions of this Agreement, including, without limitation, a detailed procedure for the programmatic and financial reporting of Sub-recipients, including the proper accounting of use of disbursed funds;</p> <p>ii. identification of gaps and/or weaknesses in Sub-recipients' capacity and the description of relevant measures to be taken to address these gaps and/or weaknesses;</p> <p>iii. a plan for the on-going monitoring and supervision of Sub-recipients' performance and for capacity-building activities for Sub-recipients;</p> <p>iv. procedures for the Principal Recipient's programmatic and financial oversight of Sub-recipients, including, without limitation, procedures governing the frequency of reporting by Sub-recipients and quality controls to ensure integrity of financial and programmatic data;</p> <p>v. procedures for the development and implementation of an efficient and transparent disbursement system for Sub-recipients based on the agreed upon budget and work plan;</p>		Disbursement		Met	<p>LFA and CT review of the SR assessment process noted that the PR fully assessed the capacity of the 3 proposed SRs:</p> <ul style="list-style-type: none"> • National Institute for Health Research and Development/NIHRD • National Agency of Drug and Food Control/NADFC • Directorate General of Pharmacy and Medical Devices/DGPMMD) <p>and that the PR had taken appropriate steps in order to analyse the capacity of the SRs for program implementation. Approval of (a) was communicated to the PR by email on 11 April 2012. The PR submitted interim SOPs for management of SRs pending the completion of a comprehensive SR Management Plan. Following discussion with LFA and CT, it was agreed in July 2012 that these SOPs and all SR management requirements should be integrated into a comprehensive PIM. The PR submitted the draft PIM on July 30, 2012, and minor revisions were requested to ensure that procedures for oversight of Sub-recipient inventory management of assets and Health Products are adequately covered. The PR was also requested to incorporate M&E SOPs into their M&E plan.</p> <p>The PR further submitted the required amendments to their PIM and M&E Plan incorporating SOPs related to SR management on September 3, 2012. These revised documents fully address the SR management requirements laid out in this CP. The CP is therefore considered as met.</p>
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>3. Simultaneously with the submission of each "On-going Progress Update and Disbursement Request", the Principal Recipient shall deliver to the Global Fund written evidence, in form and substance satisfactory to the Global Fund, of the progress made in implementing of the above-described Sub-recipient Management Plan, including, without limitation, through reports from supervisory visits, training records, financial and programmatic reports received by Sub-recipients.</p>		Multiple Disbursements		In Progress	<p>Based on the review of several reports, we still note issues regarding the SRs' financial and managerial controls and note partial resolution of previous issues at SRs.</p> <p>Hence, this special term and condition for this semester is considered as Unmet-In Progress.</p>

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 4. The disbursement of Grant funds by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the renovation of warehouses ("Renovation") is subject to the delivery by the Principal Recipient to the Global Fund of a needs assessment report of each site and the corresponding detailed budget and work plan, in form and substance satisfactory to the Global Fund, for the Renovation.		Disbursement		Met	Based on CT and LFA review of the warehouse renovation budget submitted by the PR, the FPM communicated approval to the PR on 5 June 2012, with the reminder that the approval is only for the budget and the actual implementation should follow the standard procurement procedures (3 quotations / tender) depending on the amount. The approval is for Year 1 budget and workplan; the Y2 and Y3 budget will be still subject to review before implementation.
	Condition Precedent	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 5. The disbursement of Grant funds by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of vehicles is subject to the delivery by the Principal Recipient to the Global Fund, in no event later than 30 June 2012, of a Vehicle Needs Assessment and Management Plan, in form and substance satisfactory to the Global Fund. The Global Fund reserves the right to deduct the amount for the procurement of vehicles from the amount of Grant funds if the Principal Recipient has not sufficiently justified the need for the budgeted vehicle(s).		Disbursement		In Progress	The PR submitted a Vehicle Management Plan to procure vehicles for 8 districts on 29 July 2012, which was reviewed by the Global Fund and following further clarifications regarding the status of any GF-funded vehicle procurement under other grants, 6 of 8 procurements proposed were approved on 20 August 2012, while for the remaining 2 vehicles, the PR needed to identify the remaining 2 locations that might need the vehicles and will propose this in Year 2 Vehicle Needs Assessment report. However, the PR had not submitted the related report to the Global Fund until the completion of Semester 4 VoI due to the PR is still assessing the unit cost and the delivery cost. The updated unit cost will be proposed in the reprogramming budget and The PR plans to submit the Year 2 assessment report after the completion of reprogramming budget review. Hence, this special terms and conditions for this semester is considered as Unmet-In Progress.
	Condition Precedent	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 6. The disbursement of Grant funds by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance training activities is subject to the delivery by the Principal Recipient to the Global Fund on an annual basis a training plan, in form and substance satisfactory to the Global Fund, for training activities to be conducted under the Program (the "Annual Training Plan"). The Annual Training Plan shall include, but will not be limited to, a detailed budget and assumptions for all training programs under the Program, procedures for the Principal Recipient's financial oversight over expenditures to finance training activities and controls to protect Grant funds from the risk of misuse, fraud or diversion.		Disbursement		Met	This STC is on a continuing basis and we noted that the PR already submitted the annual training plan for year 2013-2014 which was approved by the Global Fund via email on 21 August 2013.

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CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 7. The disbursement of Grant funds by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance program management technical assistance is subject to the delivery by the Principal Recipient to the Global Fund of the terms of reference for such technical assistance, in form and substance satisfactory to the Global Fund.				Met	As the PR consistently submitted ToR's for technical assistance for the approval by the Global Fund, hence, this special term and condition is considered as met. However, as this budget has not fully utilised, the PR will be advised to monitor all potential technical assistance to be incurred in the next periods and obtain the approval from the Global Fund prior to the execution - LFA will monitor this.
	Condition Precedent	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 8. No later than 31 December 2012, the Principal Recipient shall deliver to the Global Fund written evidence, in form and substance satisfactory to the Global Fund, that it has established and maintains a fixed assets register with unique tagging for all assets procured with Grant funds at Principal Recipient's and Sub-recipients' levels. Annually thereafter, the Principal Recipient shall deliver to the Global Fund written evidence, in form and substance satisfactory to the Global Fund, that it conducts physical verification of fixed assets annually, and other relevant information requested by the Global Fund.	Finance		31.Dec.12	Met	The PR has submitted written evidence of SIMAK BMN register for PR Asset to the Global Fund on 25 April 2013. Hence, we consider this special term and condition as met.
	Condition Precedent	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 9. No later than 31 December 2013, the Principal Recipient shall deliver to the Global Fund written evidence, in form and substance satisfactory to the Global Fund, that the remuneration scheme under the Program is in accordance with the "Guidelines for Budgeting in Global Fund Grants". The Parties acknowledge and agree that no later than 1 January 2014, all salary supplements under all remuneration schemes funded by Grant funds may be reduced by the Global Fund to a maximum of 30% of salaries paid to government employees.	Finance		31.Dec.13	In Progress	PR submitted the required remuneration scheme to the Global Fund on 27 January 2014. The CCM is currently undertaking a salary survey to develop a remuneration scheme. As the survey is yet to complete, the Country Team extended the deadline for this SC to 31 March 2014. As of April 2014, data inconsistencies in PR submissions have made it impossible to complete the salary survey. Therefore, the SC is again extended until 30 June 2014.

2. Key Grant Performance Information

2.1. Program Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
2012	2013	2014	2012	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026

Goal 1 Contribute to reducing morbidity and mortality from infectious diseases including AIDS, TB and Malaria

Impact indicator	Infant Mortality Rate (per 1,000 live births)													
	Baselines													
	Value							Year						
	30							2009						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	26	24	22	19	19										
Result															
Data source of Results															

Impact indicator	TB mortality rate (per 100,000)													
	Baselines													
	Value							Year						
	27							2009						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	27	27	27	27	27										
Result	27														
Data source of Results															

Outcome indicator	TB case notification rate: all forms													
	Baselines													
	Value							Year						
	126							2010						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	138	145	152												
Result	134														
Data source of Results															

Outcome indicator	Annual Parasite Incidence (API) per 1,000 population per year													
	Baselines													
	Value							Year						
	3.6							2008						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	5	3	2												
Result															
Data source of Results															

Outcome indicator	Number of adults and children with advanced HIV infection (currently) receiving antiretroviral therapy													
	Baselines													
	Value							Year						
	19,572							2010						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	21,760	25,350	29,245												
Result	25,824														
Data source of Results															

2.2. Programmatic Performance

2.2.1. Reporting Periods

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
N/A	01.Jan.12 30.Jun.12	01.Jul.12 31.Dec.12	01.Jan.13 30.Jun.13	01.Jul.13 31.Dec.13	01.Jan.14 30.Jun.14	01.Jul.14 31.Dec.14	01.Jan.15 30.Jun.15	01.Jul.15 31.Dec.15

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - Reinforcing the national health information system for better integration, data management and use for decision-making

HSS: Information system & Operational research

Indicator 1.1 - Number and Percent of districts submitting timely, complete and accurate routine HIS reports within 30 days of end of the month

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	10 (14/138)	2010	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 21 D: 138 P: 15%	N: 28 D: 138 P: 20%	N: 42 D: 138 P: 30%	N: 55 D: 138 P: 40%	N: 69 D: 138 P: 50%	N: 83 D: 138 P: 60%	N: D: P: %	N: D: P: %
Result	N: 24 D: 138 P: 17%	N: 31 D: 138 P: 23%	N: 0 D: 138 P: 0%	N: 51 D: 138 P: 37%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Objective 2 - Scaling-up the Sample Registration System (SRS) and promote health system research

HSS: Information system & Operational research

Indicator 2.1 - Number and percentage of subdistricts submitting mortality report with validated multiple cause of death (using ICD 10)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	1.6 (2/128)	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 2 D: 128 P: 2%	N: 31 D: 128 P: 24%	N: 68 D: 128 P: 53%	N: 80 D: 128 P: 63%	N: 92 D: 128 P: 72%	N: 108 D: 128 P: 84%	N: D: P: %	N: D: P: %
Result	N: 2 D: 128 P: 2%	N: 28 D: 128 P: 22%	N: 53 D: 128 P: 41%	N: 101 D: 128 P: 79%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Objective 3 - Improving Pharmaceutical Supply Chain Management, Drug Safety and Pharmacovigilance

HSS: Medical Products, vaccines and technology

Indicator 3.1 - Number of testing methods that have been validated and verified by central lab

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
No Level	150	2010	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target			180	210	240	270		
Result			180	210				

Indicator 3.2 - Number and percent of districts that have 18 months supply of basic health services drugs

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
No Level	15	2009	Top 10 Equ.	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 21 D: 138 P: 15%	N: 28 D: 138 P: 20%	N: 35 D: 138 P: 25%	N: 41 D: 138 P: 30%	N: 48 D: 138 P: 35%	N: 55 D: 138 P: 40%	N: D: P: %	N: D: P: %
Result	N: 23 D: 138 P: 17%	Pending result	Pending result	Pending result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 3.3 - Number and percentage of district drug warehouses with functional warehouse logistic system

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
No Level	TBD (28/138)	2013	N	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 0 D: 138 P: 0%	N: 36 D: 138 P: 26%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 3.4 - Number and percentage of district drug warehouses that meet national benchmark for infrastructure

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)				
	Value	Year						
No Level	14% (19/138)	2010	Top 10 Equ.	N				
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 39 D: 138 P: 28%	N: 39 D: 138 P: 28%	N: D: P: %	N: 59 D: 138 P: 43%	N: D: P: %	N: 79 D: 138 P: 57%	N: D: P: %	N: D: P: %
Result	N: 0 D: 138 P: 0%	N: 36 D: 138 P: 26%	N: D: P: %	N: 44 D: 138 P: 32%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

2.2.3. Cumulative Progress To Date

Latest reporting due period : 4 (01.Jul.13 - 31.Dec.13)

Objective 1	Reinforcing the national health information system for better integration, data management and use for decision-making					
SDA	HSS: Information system & Operational research					
Indicator 1.1 - Number and Percent of districts submitting timely, complete and accurate routine HIS reports within 30 days of end of the month						
	Target		Result			
	Period	Value	Period	Value	0%	30%
No Level	4	N: 55 D: 138 P: 39.9 %	4	N: 51 D: 138 P: 37 %	60%	90% 100% 93%

Objective 2	Scaling-up the Sample Registration System (SRS) and promote health system research					
SDA	HSS: Information system & Operational research					
Indicator 2.1 - Number and percentage of subdistricts submitting mortality report with validated multiple cause of death (using ICD 10)						
	Target		Result			
	Period	Value	Period	Value	0%	30%
No Level	4	N: 80 D: 128 P: 62.5 %	4	N: 101 D: 128 P: 78.9 %	60%	90% 100% 120%

Objective 3	Improving Pharmaceutical Supply Chain Management, Drug Safety and Pharmacovigilance					
SDA	HSS: Medical Products, vaccines and technology					
Indicator 3.1 - Number of testing methods that have been validated and verified by central lab						
	Target		Result			
	Period	Value	Period	Value	0%	30%
No Level	4	210	4	210	60%	90% 100% 100%

Indicator 3.2 - Number and percent of districts that have 18 months supply of basic health services drugs						
	Target		Result			
	Period	Value	Period	Value	0%	30%
No Level	4	N: 41 D: 138 P: 29.7 %	N/A	Not Found	60%	90% 100% 0%

Indicator 3.3 - Number and percentage of district drug warehouses with functional warehouse logistic system						
	Target		Result			
	Period	Value	Period	Value	0%	30%
No Level	N/A		N/A	Not Found	60%	90% 100% Cannot Calculate

Indicator 3.4 - Number and percentage of district drug warehouses that meet national benchmark for infrastructure						
	Target		Result			
	Period	Value	Period	Value	0%	30%
No Level	4	N: 59 D: 138 P: 42.8 %	4	N: 44 D: 138 P: 31.9 %	60%	90% 100% 75%

2.3. Financial Performance**2.3.1. Grant Financial Key Performance Indicators (KPIs)**

Grant Duration (months)	36 months	Grant Amount	9,120,858 \$
% Time Elapsed (as of end date of the latest PU)	67%	% disbursed by TGF (to date)	77%
Time Remaining (as of end date of the latest PU)	12 months	Disbursed by TGF (to date)	6,994,024 \$
Expenditures Rate (as of end date of the latest PU)	45%	Funds Remaining (to date)	2,126,834 \$

2.3.2. Program Budget

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	01.Jan.12	01.Apr.12	01.Jul.12	01.Oct.12	01.Jan.13	01.Apr.13	01.Jul.13	01.Oct.13
Period Covered To:	31.Mar.12	30.Jun.12	30.Sep.12	31.Dec.12	31.Mar.13	30.Jun.13	30.Sep.13	31.Dec.13
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	251,758	1,430,823	3,426,274	3,950,766	4,686,848	5,912,016	8,833,733	9,906,029
Summary Period Budget:	251,758	1,179,065	1,995,451	524,492	736,082	1,225,168	2,921,717	1,072,296

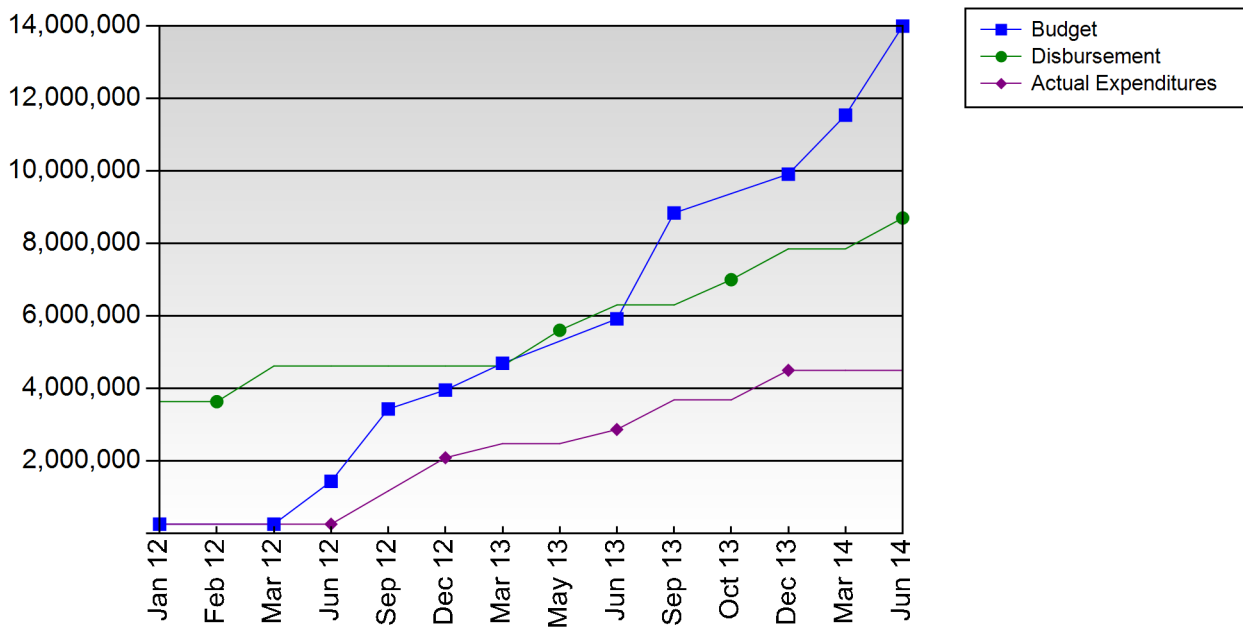
Expenditure Categories**Program Activities****Implementing Entities**

	Budget Period 9	Budget Period 10	Budget Period 11	Budget Period 12	Budget Period 13	Budget Period 14	Budget Period 15	Budget Period 16
Period Covered From:	01.Jan.14	01.Apr.14	01.Jul.14	01.Oct.14	01.Jan.15	01.Apr.15	01.Jul.15	01.Oct.15
Period Covered To:	31.Mar.14	30.Jun.14	30.Sep.14	31.Dec.14	31.Mar.15	30.Jun.15	30.Sep.15	31.Dec.15
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	11,533,589	13,989,950	15,887,462	16,526,366	16,526,366	16,526,366	16,526,366	16,526,366
Summary Period Budget:	1,627,560	2,456,361	1,897,512	638,904				

Expenditure Categories**Program Activities****Implementing Entities****- Comments and additional information****2.3.3. Program Expenditures**

Period PU4: 01.Jul.13 - 31.Dec.13	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 1,632,418	\$ 9,906,029	\$ 4,494,598	\$ 5,411,431	
1a. PR's Total expenditure	\$ 514,915		\$ 1,946,406		
1b. Disbursements to sub-recipients	\$ 1,117,503		\$ 2,548,192		
1c. Expenditure Adjustments					Reason for adjustments
2. Pharmaceuticals & Health Product expenditures vs budget	\$ 219,691		\$ 223,544		
2a. Medicines & pharmaceutical products					
2b. Health products and health equipment	\$ 219,691		\$ 223,544		

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



2.4. Progress Update and Disbursement Information

Rating	Description
A1	Exceeding expectations
A2	Meeting expectations
B1	Adequate
B2	Inadequate but potential demonstrated
C	Unacceptable

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
0	01.Jan.12 -			N/A	1	01.Jan.12 - 30.Sep.12	3,426,271	\$ 3,628,538	08 Feb 2012
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
There is no Progress Update for the program starts from 1 January 2012.					The regional team agrees to the LFA recommendation but recommends disbursement of USD 3,628,538 for the acceleration in training activities in order to give the program sufficient time to prepare, and to avoid delays in recruitment, system establishment, management and initial implementation.				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Jan.12 - 30.Jun.12			A2	2	01.Jul.12 - 31.Mar.13	1,912,184		N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The PR showed good progress for the first Semester, with a quantitative indicator rating of A2. The 'All Indicator' rating was B1 and the 'Top Ten Indicator' rating was A1.</p> <p>Out of the 4 indicators reported, the PR achieved or exceeded targets for 3 indicators as follows:</p> <ul style="list-style-type: none"> • 1.1 Number and percent of districts submitting timely, complete and accurate routine HIS reports within 30 days of the end of the month (not cumulative) 114%; • 2.1 Number and percentage of sub-districts submitting mortality report with validated multiple cause of death (using ICD 10) (not cumulative) 100%; and • 3.2 Number and percent of districts that have 18 month supply of basic health services drugs (not cumulative) 110%. <p>The PR did not achieve the intended target for one indicator –3.3 Number and percentage of district drug warehouses that meet national benchmark for infrastructure (not cumulative) 0%. The PR noted that the under achievement of the above indicator was due to the delay in the assessment process of appointing the SR (i.e. Binfar). The SR assessment process was only submitted by the PR on 2 April 2012 instead of prior to the beginning of the first semester (January 2012), resulting in a late disbursement of funds from the PR to SR. In addition, there was a long preparation process needed prior to executing the warehouse renovation. The PR notes that the renovation is still planned to be completed in December 2012.</p> <p>The Global Fund Country Team will work with the PR to monitor the renovation of the warehouse in order to further mitigate additional risks and delays.</p> <p>LFA proposed downgrading from A2 to B1 due to 5 findings on Monitoring&Evaluation and Financial issues; and low budget absorption of 18%. However, the CT perceived that the financial issues reported are minor with low risk while monitoring&evaluation system could be improved in the next period. This is the first semester of implementation and the PR has made a good performance and is able to meet most of the CPs and STCs.</p>					<p>The amount forecasted for Semester 2 (July – December 2012) and the buffer period contains budgetary provisions relating to outstanding obligations, carry over activities, and reprogramming as approved by the Global Fund Country Team.</p> <p>Amount as budgeted in the Semester 2 budget: USD 2,519,941 Budget for buffer period: USD 1,782,050 Less accelerated activities to Q1 and Q2: USD (658,038)</p> <p>Outstanding Advance: USD 64,555 Carry forward activities: USD 1,436,150 Reprogramming: USD 327,696 Total forecasted amount: USD 5,472,354</p> <p>The Country Team has reviewed the proposed carry forward and reprogramming activities requested by the PR and has approved an amount of USD 1,436,150 and USD 327,696 respectively. The reprogramming approved includes the following:</p> <ul style="list-style-type: none"> • USD 271,589 for the activity "Develop Call Center"; • USD 1,854 for the activity "Coordination Meeting HSS"; • USD 53,625 for the activity "Monitoring and Evaluation meeting HSS"; and • USD 628 for the activity "Procure office equipment". <p>The Global Fund approves the revised forecasted amount and recognizes the PRs plan to catch up on delayed activities in the next semester. However, due to the fact that the forecasted amount includes the remaining TA budget of USD 231,017, the PR is not authorized to funding from this amount until the Global Fund approves the ToRs for the TA. In addition, the Carry Forward amount approved totaling USD 1,436,150 includes TA hiring for Data Quality Assessment amounting to USD 41,688 and Training for Assessment HIS Component amounting to USD 36,544 due to tender failure. The PR is not authorized to use this amount until the Global Fund approves the ToRs for the TA.</p> <p>The PR is encouraged to refer to the Special Terms and Conditions (STC) noting that "...the disbursement of grant funds by the Global Fund to the PR or use by the PR of grant funds to finance program management technical assistance is subject to the delivery by the PR to the Global Fund the terms of reference for such technical assistance, in form and substance satisfactory to the Global Fund".</p> <p>The PR requested USD 1,912,184 for the period from 1 July 2012 – 31 December 2012, including the buffer amount. Based on the above revised forecast of \$5,472,354 and the ending cash balance of 3,335,894, the disbursement requirement is 2,136,460. However, due to the large cash balance, the Country Team has decided to recommend a 'nil' (USD 0) disbursement for this grant. We request the PR to submit their cash balance following the end of each month, and the Country Team will monitor the need to disburse in 2013.</p>				

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Jul.12 - 31.Dec.12		B1	3	01.Jan.13 - 31.Mar.14	11,843,504	\$ 1,970,785	08 May 2013	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>CT discontinued indicator "Percent of districts that have 18 months supply of basic health services drugs" for this reporting period since the initial purpose is not clear and methodology to measure this indicator is not properly defined. CT will discuss with the PR and reformulate and or/replace this indicator for the next reporting period.</p>				<p>The grant continued to make good progress, while the expenditure for Semester 2 is 36%.</p> <p>The Global Fund has authorized an Annual Disbursement Decision of USD 4,388,541 for the period 1 January – 31 March 2014. The calculation of the disbursement is as follows:</p> <p>Approved budget January - June 2013 (Q5+Q6) USD 3,754,466 Less budget in Q5 implemented in Q3 - DQS training USD - 202,267 Less efficiency in salary for Q5 USD - 33,578 Less unutilised budget for SR salary Q5 USD - 38,500 Less unutilised budget for SR admin&commu. cost Q5 USD - 5,667 Less unutilised budget for SR supervisory Q5 USD - 38,313 Less 45% absorption adjustment USD - 1,546,263 Outstanding advance USD 60,662 Carry forward activities USD 1,351,587 Reprogramming USD 157,119 Approved budget July - December (Q7+Q8) USD 2,324,502 Less 40% absorption adjustment USD - 929,801 Approved budget for buffer period - Q9 USD 1,705,092 Less 40% absorption adjustment USD - 682,037 Total forecast amount January 2013 - March 2014 USD 5,877,002 Less cash ending balance USD - 1,488,461 Total Disbursement USD 4,388,541</p> <p>Forecast amount includes adjusted outstanding advance, carry forward activities, reprogramming and possible savings. In light of absorption history, a percentage reduction was made in the disbursement amount. The disbursement recommendation of USD 4,388,541 includes the training related budgets for the period (i.e. January 2013- March 2014) which PR is not authorized to use USD 2,361,874 until a written approval of their reprogramming request and associated training plan is received from the Global Fund. The use of fund for Technical Assistance of USD 180,086 is also conditioned to the written approval of the TOR.</p> <p>The estimated timing of tranche release is as follows:</p> <p>1st transfer in May 2013 USD 1,970,785 Approved budget January - June 2013 (Q5+Q6) USD 3,754,466 Less budget in Q5 implemented in Q3 - DQS training USD - 202,267 Less efficiency in salary for Q5 USD - 33,578 Less unutilised budget for SR salary Q5 USD - 38,500 Less unutilised budget for SR admin&commu. cost Q5 USD - 5,667 Less unutilised budget for SR supervisory Q5 USD - 38,313 Less 45% absorption adjustment USD - 1,546,263 Outstanding advance USD 60,662 Carry forward activities USD 1,351,587 Reprogramming USD 157,119 Less cash ending balance USD - 1,488,461</p> <p>2nd transfer in July 2013 USD 1,394,701 Approved budget July - December (Q7+Q8) USD 2,324,502 Less 40% absorption adjustment USD - 929,801</p> <p>3rd transfer in January 2014 USD 1,023,055 Approved budget for buffer period - Q9 USD 1,705,092 Less 40% absorption adjustment USD - 682,037</p>					

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Jul.12 - 31.Dec.12		B1	4	01.Jan.13 - 31.Mar.14	11,843,504	\$ 1,394,701	28 Oct 2013	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>CT discontinued indicator "Percent of districts that have 18 months supply of basic health services drugs" for this reporting period since the initial purpose is not clear and methodology to measure this indicator is not properly defined. CT will discuss with the PR and reformulate and or/replace this indicator for the next reporting period.</p>				<p>Release of 2nd transfer</p>					

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
3	01.Jan.13 - 30.Jun.13		B2					N/A	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>The PR's programmatic performance has declined somewhat, with a quantitative indicator rating of B2. The 'All Indicator' rating is B2.</p> <p>The Global Fund verified results for IND-S-MOH for Semester 2 ending 31 December 2012 are as follows:</p> <p>1.1 Number and Percent of districts submitting timely, complete and accurate routine HIS reports within 30 days of end of the month (0%)</p> <p>2.1 Number and percentage of subdistricts submitting mortality report with validated multiple cause of death (using ICD 10) (78%)</p> <p>3.1 Number of testing methods that have been validated and verified by central lab (100%)</p> <p>Action Plans and Recommendations to improve indicator performance:</p> <p>Global Fund notes the reasons for under achievement as described by the PR in the PUDR and encourages the PR to immediately implement the following action plans and recommendations:</p> <p>1.1 Number and percent of districts submitting timely, complete and accurate routine HIS report within 30 days of the end of the month (0%):</p> <p>Achievement for this indicator is rated as "0" due to issues related to the criteria used when reporting on this indicator (timely, complete, and accurate)</p> <p>Global Fund Observations and Recommendations:</p> <p>As recommended in the previous ML the PR will need to:</p> <p>1. Fix the KOMDAT system in order to produce valid results and to be able to display the date of report submission.</p> <p>2. Ensure the districts submit original documents to the PR through either e-mail submission or facsimile transmission in order to be able to verify the completeness and accuracy of the reports being submitted.</p> <p>2.1 Number and percentage of sub-districts submitting mortality report with validated multiple cause of death (using ICD 10) (78%):</p> <p>The PR explained that the under achievement is mainly due to the late mortality report submission from the sub-districts to the SR as a result of the unavailability of the sub-districts officer to collect the report from the field. Thus, the validation team did not have sufficient time to validate all the submitted mortality reports.</p> <p>Global Fund Observations and Recommendations:</p> <ul style="list-style-type: none"> • PR ensures that action plan is implemented in the next period. • During the last CT mission in September 2013 this issue was discussed and analyzed. It was agreed that from next reporting periods timelines for cohort targets for this indicator will be amended to better align with timelines for reports submission and their validation to national level. 									

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
4	01.Jul.13 - 31.Dec.13		B1	5	01.Jan.14 - 31.Dec.14	9,213,234	\$ 1,701,820	24 Jun 2014	

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
<p>Except one top ten indicator, the PR achieved/exceeded the targets. Due to under-achievement in the top ten indicator, the PR's quantitative programmatic indicator rating is B1, all indicator rating is A2 and top ten indicator rating is B1.</p> <p>Under achievement for indicator 3.4 "Number and percentage of district drug warehouses that meet national benchmark for infrastructure"</p> <p>The PR could only achieve 75% of the target against this indicator. The PR is being recommended through the management letter to address the under-achievement through the following actions:</p> <p>1) The PR and SR have been advised to perform intense communications with the districts to ensure any problems that may occur be communicated and resolved as soon as possible to prevent any delay; and</p> <p>2) The PR and SR have been recommended to ensure all procurement documents can be submitted completely on time to prevent any delays in completion of the renovations.</p>	<p>The budget for the disbursement period (Jan-Dec 2014) is \$6,620,334 and the disbursement forecast requested by the PR is \$11,375,908. After detailed review, the LFA proposes carry forward and reprogramming of only \$1,419,292 in addition to the budget, and recommends a reduced total forecast of \$8,039,626.</p> <p>The Country team has reviewed this forecast in detail and considering that the cumulative expenditure for the first two years of the grant is only \$4.5m or 45% of budget, the Country team proposes additional reductions in the following areas:</p> <ul style="list-style-type: none"> • The renovation of 20 district drug warehouses as the PR has not yet started the process and is currently still working on the 2013 DDWs (\$1,605,812) • The vehicle procurement for drug distribution (\$868,432) - the priority sites have not yet been identified and the procurement has not yet started, therefore it is likely to remain unfinished by the end of 2014 • Further investments in associated hardware and software related to data integration as well as data processing training (\$761,290) • Carry-forward of HR budget for Management TA and international training (\$207,431) • Some additional adjustments on meetings and operational costs in view of past absorption as detailed in Annex. 1 to the attached ML. <p>Total forecast recommended by CT \$4,287,252 Less cash balance: \$2,160,418 Annual disbursement: \$2,126,834</p> <p>Note: the disbursement is being processed with a delay due to extensive discussion on the forecast with the PR in order to estimate what can realistically be implemented in this last year of the grant. Moreover, as of 31-March the in-country cash was still significant (\$1.8m) therefore, the delay of the disbursement has not impacted adversely the program implementation.</p> <p>The estimated timing and details of tranche releases are as follows: 1st cash tranche Jan-Sep 2014 to be released in June 2014 Forecast: \$3,862,238 Less cash balance: \$2,160,418 Cash tranche \$1,701,820 2nd cash tranche Oct-Dec 14 to be released in October Forecast = cash tranche \$425,014</p>

2.5. Contextual Information	
Title	Explanatory Notes

2.6. Phase 2/ Periodic Review Grant Renewal	
Performance Rating	Recommendation Category
Rationale for Phase 2/ Periodic Review Recommendation Category	
Rationale for Phase 2/ Periodic Review Recommendation Amount	

Time-bound Actions	
Issues	Description

