

General Grant Information

| | | | | | |
|--|---|---------------------------------|---------------|---------------------------------|---------------|
| Country | Indonesia | | | | |
| Grant Number | IND-809-G14-M | Component | Malaria | Round | 08 |
| Grant Title | Intensified Malaria Control Program in Kalimantan and Sulawesi Islands | | | | |
| Principal Recipient | Ministry of Health of Indonesia - Directorate of Vector Borne Disease Control | | | | |
| Grant Status | In Progress - Phase II | | | | |
| Grant Start Date | 01 Jan 2010 | Grant End Date | 31 Dec 2014 | | |
| Current* Phase Start Date | 01 Jan 2012 | Current* Phase End Date | 31 Dec 2014 | Latest Rating | A2 |
| Current* Phase Signed Amount | \$ 26,599,799 | Current* Phase Committed Amount | \$ 18,742,157 | Current* Phase Disbursed Amount | \$ 12,201,289 |
| Cumulative Signed Amount | \$ 80,826,545 | Cumulative Committed Amount | \$ 72,968,903 | Cumulative Disbursed Amount | \$ 65,613,508 |
| | | | | % Disbursed | 90% |
| Time Elapsed (at the end of the latest reporting period) | 30 months | Proposal Lifetime | 60 months | % of Grant Duration | 50% |

* Latest Phase if grant is closed

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(For ExternalVersion)

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

Malaria is distributed unevenly within the two targeted islands of Kalimantan and Sulawesi. Many people living in malaria endemic regions of Indonesia still lack basic preventive measures,. Poor diagnosis, inappropriate treatment, and lack of basic preventative measures. Without rapid improvements in both of these areas, the goal of Indonesia to eliminate malaria from large areas of its territory within the next 12 years will not be realized.

The Program will be implemented by two Principal Recipients and the Ministry of Health. The Ministry of Health, as the policymaking body and regulator for health related issues of national malaria program in Indonesia, will remain the leader in the partnership by providing policy and technical guidance. PERDHAKI is a faith-based organization (FBO) with a network of hospitals, clinics and parishes which are mostly located in remote rural areas and which are dedicated to improve health services at the community level.

Target areas (districts) are divided into three stratifications; high endemic, middle endemic and low endemic areas. Activities are conducted relatively to the level of the endemic.

The aim of this program is to reduce morbidity and mortality associated with malaria transmission in Kalimantan and Sulawesi islands to the lowest possible level with epidemiologically appropriate interventions by scaling up improved malaria diagnosis and treatment in poor and remote endemic areas; improve coverage of LLINs in high risk population as well as system building for sustainable malaria diagnosis, treatment and prevention by forging links with parts of existing health system – ANC and EPI – to reduce not just malaria morbidity and mortality, but also maternal mortality and morbidity; and mortality due to vaccine preventable diseases. The target group is the population of 73 districts in poor and remote areas of Kalimantan and Sulawesi Islands.

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_ufmrcountrydata.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 |
| Malaria | Estimate | Year | Source |
| Reported malaria cases (suspected) | 2733407 | 2009 | .WHO. World malaria report 2010 |
| Reported malaria cases (probable and confirmed) | 544470 | 2009 | .WHO. World malaria report 2010 |
| Reported malaria deaths | 900 | 2009 | .WHO. World malaria report 2010 |
| Estimated malaria deaths | 3480 | 2006 | .WHO. World malaria report 2008 |
| DALYs ('000), Malaria | 113 | 2004 | WHO. (http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls) accessed on 01 December 2011 |
| Nets distributed (ITNs and LLINs) | 8625086 | 2012 | Global Fund-supported programs, mid 2012 results |

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.5. Conditions Precedent

| CP # | Condition Precedent | CP Type | Tied To | Terminal Date | Is currently met? | Comments |
|------|---|---------|--------------|---------------|-------------------|---------------------------------------|
| 1 | <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 is subject to the satisfaction of each of the following conditions:</p> <p>a. the delivery by the Principal Recipient 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 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> | Finance | Disbursement | | Yes | The CP has been fulfilled in Phase 1 |
| 2 | Notwithstanding what is provided for in Article 3(c) of the Standard Terms and Conditions of this Agreement, the Global Fund and the Principal Recipient agree that the Phase 1 Starting Date of the Program shall be 1 January 2010. | Legal | Disbursement | | Yes | The STC has been fulfilled in Phase 1 |
| 3 | <p>No later than 1 January 2010, the Principal Recipient shall deliver to the Global Fund a revised National Monitoring and Evaluation Plan based on the gaps identified during the M&E assessment, strengthening the sections on:</p> <p>(a) Data quality assurance mechanisms and activities;</p> <p>(b) M&E work plan and budget with breakdown of activities that will be implemented during the period covered by the M&E plan (with well defined timeframes, budget, funding source and responsible partners).</p> | M&E | Other | | Yes | The STC has been fulfilled in Phase 1 |
| 4 | No later than 30 June 2010, the Principal Recipient shall complete the recruitment of a financial coordinator and establish Terms of Reference for each of the financial positions. | Finance | Other | | Yes | The STC has been fulfilled in Phase 1 |
| 5 | The Principal Recipient shall not use Grant funds to finance diagnosis and treatment activities by unlicensed health workers prior to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of the relevant authority approval to conduct these activities. | Others | Other | | Yes | The STC has been fulfilled in Phase 1 |

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| CP # | Condition Precedent | CP Type | Tied To | Terminal Date | Is currently met? | Comments |
|------|---|-------------|--------------|---------------|-------------------|--|
| 6 | The disbursement of Grant funds by the Principal Recipient to any particular Sub-recipient is subject to the delivery by the Principal Recipient to the Global Fund of a completed assessment, in form and substance satisfactory to the Global Fund, of that Sub-recipient's capacity to implement Program activities and report thereon in accordance with the Global Fund's requirement. | Others | Disbursement | | Yes | The STC has been fulfilled in Phase 1 |
| 7 | The Principal Recipient shall submit to the Global Fund, in close cooperation with the Department of Disease Control and Environmental Health of the Ministry of Health, regular updates on the steps being undertaken to ensure that the procurement of LLINs is conducted in an increasingly competitive and transparent manner by ensuring all WHOPES (WHO Pesticides Evaluation Scheme) suppliers of LLINs are eligible to bid for tenders advertised by the Principal Recipient. | Procurement | Procurement | | Yes | The STC has been fulfilled in Phase 1 |
| 8 | As provided by article 19(b) of this agreement, the use of Grant funds to finance the Procurement of Health Products is subject to the Global Fund written confirmation that such procurement will be managed by an entity (being this a Procurement Agent or the Principal Recipient) whose capability has been assessed and approved by the Global Fund. | Procurement | Procurement | | Yes | The STC has been fulfilled in Phase 1 |
| 9 | <p>Phase II Condition(s) Precedent to Second Disbursement (Terminal Date as stated in block 7A of the Face Sheet)</p> <p>The second disbursement of Grant funds by the Global Fund to the Principal Recipient is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of updated financial guidelines.</p> | Finance | Disbursement | 30.Sep.12 | Yes | <p>Based on LFA review, it is noted that the Financial Guidelines have included the following policies and procedures:</p> <ul style="list-style-type: none"> • Banking (e.g. Opening and closing a bank account, bank authorization, bank reconciliation, etc) • Accounting Policies (e.g. Cash advances, petty cash, fixed assets, etc) • Reporting (e.g. Quarterly, Mid-Year and Annual Report) • Authorisation Policy • Association with Sub Recipient, Financial Procedures and Cancellation of Association (e.g. Disbursement to Sub Recipient, cancellation of agreement, financial management at the Sub Recipient, etc) <p>In addition, the financial guidelines have been approved by the APR and endorsed by the Country Coordinating Mechanism (CCM) - Malaria Technical Working Group (TWG) on 14 August 2012.</p> <p>Since the Financial Guideline is applicable for both Round 6 and Round 8, the review for the last Vol of Malaria Round 6 noted that the new PIM has not yet incorporated the following policies and procedures:</p> <ul style="list-style-type: none"> • Accounting Policies for fixed assets acquisition and |

| | | | | | | |
|----|--|-------------|--------------|--|-----|--|
| | | | | | | <p>disposal</p> <ul style="list-style-type: none"> • Banking (i.e. closing a bank account) • Auditing Policies (e.g. time frame of external audit review, external audit selection process, etc) <p>Based on LFA's discussion with the finance coordinator it is noted the following:</p> <ol style="list-style-type: none"> 1. Accounting Policies for fixed assets acquisition and disposal will be included procurement SOP that is currently being prepared for STC no.1 2. Banking procedures regarding closing a bank account at the end of a grant life cycle is covered under the MoF decree no. 191/PMK.05/2011 chapter 14. 3. Auditing Policies currently refer to the Global Fund's guidelines. <p>Hence, we recommend the PR to update the financial guidelines to include references of the points mentioned above.</p> <p>However, the PR's current financial guidelines cover most of the significant areas needed and therefore this CP is considered as Met.</p> |
| 10 | <p>Phase II Condition(s) Precedent to Disbursement for Procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions)</p> <p>The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement), is subject to the following conditions:</p> <p>a.the delivery by the Principal Recipient to the Global Fund of a revised plan for the procurement, use and supply management of the Health Products for the Program as described in subsection (b) of Article 19 of the Standard Terms and Conditions of this Agreement, that is aligned with the approved performance framework, work plan and budget (the "Revised PSM Plan");</p> | Procurement | Disbursement | | Yes | <p>a. The PR has submitted PSM plan. The detailed procurement plan for Phase 2 stated in the PSM Plan file agree with the approved workplan and budget from the Global Fund except for "External Auditor" budget line item. The External Auditor budget as stated in the PSM plan was USD 35,982 instead of USD40,096.65 as stated in the approved budget. Therefore, this CP will be considered met after the PR revises the PSM plan in accordance with the approved workplan and budget from the Global Fund.</p> |

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|------|---|-------------|--------------|---------------|-------------------|--|
| 11 | <p>Phase II Condition(s) Precedent to Disbursement for Procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions)</p> <p>The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement), is subject to the following conditions: b. the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of justification that procurement of the proposed brand of spray cans and immersion oil satisfies value-for-money principles.</p> | Procurement | Disbursement | | Yes | <p>b. The PR has performed the procurement of Spray Can and Immersion Oil totaling IDR 2,379,999,990 or USD 258,611 (consisting of 312 units of Spray Can and 1027 units of Immersion Oil). The procurement of Spray can and immersion oil was conducted through the e-procurement website (LPSE) with auction code of DP/11/POKJA-III/6/2012. Based LFA's review of the tender and selection process documentation, it is noted that the procurement was in accordance with the Presidential Decree No. 54 regarding procurement of goods in Indonesia except for the requirement to disclose the ceiling price / owner's estimate which is in accordance with the the Global Fund's procurement guidelines. The winner for tender of the Spraycan is PT Meukek Bumi Lestari, with the brand named "Hansen" and the winner for tender of the Immersion Oil is CV Tri R Famili. The procurement resulted in efficiencies amounting to IDR 224,687,642 or USD 24,415.</p> |
| 12 | <p>Phase II Condition(s) Precedent to Disbursement for Procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions)</p> <p>The disbursement by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement), is subject to the following conditions: c. the written approval of the Global Fund of the Revised PSM Plan.</p> | Others | Disbursement | | In Progress | <p>c,According to sub-CPs (a,b) above, the Global Fund requests the PR to submit the revised PSM plan to reflect the revised amount for External Audit budget.</p> <p>This condition then is postponed to 31 December 2012</p> |
| 13 | <p>Phase II SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 1. No later than six months after grant signing, the Principal Recipient shall deliver to the Global Fund, standard operating procedures (the "SOPs") to ensure that all local procurement activities adhere to Global Fund procurement policies and, subject to the waiver referred to in paragraph 5 below, are in accordance with the country's laws and regulations.</p> | Others | | 19.Sep.12 | In Progress | <p>Unmet - In Progress</p> <p>The PR is in progress in preparing the SOP for procurement process. The PR has difficulties to synchronise the Global Fund procurement policies with the country's laws and regulations (i.e. President Decree No 54 Year 2010), since the country's regulation regarding the procurement has always been continually updated. However, the PR is expecting the SOP for procurement to be finalized by the end of December 2012.</p> |

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| CP # | Condition Precedent | CP Type | Tied To | Terminal Date | Is currently met? | Comments |
|------|---|---------|---------|---------------|-------------------|---|
| 14 | Phase II SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 2. No later than 30 June 2013, the Principal Recipient shall deliver to the Global Fund written evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient's remuneration scheme is aligned with the Global Fund Budgeting Guidelines. | Finance | | 30.Jun.13 | Not started | Not yet due. The PR has not started preparing the remuneration scheme that is aligned with the Global Fund Budgeting Guidelines. The PR expects this STC to be fulfilled before the due date (i.e. 30 June 2013). |
| 15 | Phase II SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 3. No later than six months after signing the Phase 2 Grant Agreement, the Principal Recipient shall deliver to the Global Fund written evidence, in form and substance satisfactory to the Global Fund, of compliance with Articles 19(n) of the Standard Terms and Conditions (including random sampling and WHO prequalification and/or ISO 17025). | Others | | 19.Sep.12 | In Progress | Unmet - In Progress The PR has not established any procedures regarding Quality Control Testing for Finished Pharmaceutical Product (i.e. RDT) In addition, based on LFA's discussion with the PR, a quality assurance check will be performed when the goods arrive in the country. However, the PR does not perform further quality assurance checks along the supply chain until the end user since the PR is in progress developing the procedures for checking the quality assurance for finished pharmaceutical products. Recommendation We recommend the PR to immediate finalise the procedures regarding the Quality Control Testing for Finished Pharmaceutical Products (i.e. RDT) in order to meet the STC as a matter of urgency since the STC is overdue. |
| 16 | Phase II SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT 4. Within 12 months after signing the Phase 2 Grant Agreement, the Principal Recipient shall deliver to the Global Fund written evidence, in form and substance satisfactory to the Global Fund, that: a it has established an appropriate and functioning Logistics Management Information System for Health Products (including without limitation Finished Pharmaceutical Products); and | Others | | 19.Mar.13 | In Progress | Not yet due a. During Semester 5, the PR has not maintained/developed any Logistics management information system for Health Products (including without limitation Finished Pharmaceutical Products). The PR has only maintained the quantities (i.e. received, usage and ending balance) of the health products. Recommendation We recommend the PR to develop a Logistics management information system for health products and ensure its functionality in order to meet this STC. |

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| CP # | Condition Precedent | CP Type | Tied To | Terminal Date | Is currently met? | Comments |
|------|---|---------|---------|---------------|-------------------|---|
| 17 | <p>Phase II SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>4. Within 12 months after signing the Phase 2 Grant Agreement, the Principal Recipient shall deliver to the Global Fund written evidence, in form and substance satisfactory to the Global Fund, that:</p> <p>b. it has developed a costed national human resource allocation plan, to be submitted as part of the National Strategic Plan, with clear timelines and funding sources (including increased commitment from the Government of Indonesia) and which takes into account the current and future needs of the National Malaria Program to demonstrate the sustainability after the end of the Global Fund-supported malaria grants as the country moves towards malaria elimination.</p> | Others | | 19.Mar.13 | In Progress | <p>Not yet due</p> <p>b. During Semester 5, the PR is in progress in developing the human resource allocation plan as a part of the National Strategic Plan including clear timelines and funding sources (including increased commitment from the Government of Indonesia) and also the current and future needs of the National Malaria Program to ensure the sustainability after the end of the Global Fund-supported malaria grants for malaria elimination program. The PR is now in the revision process of the National Strategic Plan and is expected will be finalised in February 2013. In the draft national strategic plan, the PR has drafted projected funding sources for the malaria program up to 2017. However, the PR has not included a costed national human resource allocation plan which will be completed as part of the national strategic plan.</p> |

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| CP # | Condition Precedent | CP Type | Tied To | Terminal Date | Is currently met? | Comments |
|------|---|-------------|------------------------|---------------|-------------------|--|
| 18 | <p>Phase II SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>5. 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 | | | Not started | <p>The PR is of the view that they do not need apply for a waiver, since the Presidential Decree # 54 chapter 1 article 2(4) states "If there is a difference between the presidential decree and the procurement guidelines for an international donor, the related parties may agree upon the procurement guidelines to be used".</p> <p>However, the LFA noted that this explanation is not sufficient because as stated above, the Presidential Decree #54 does not oblige the PR to follow requirement from international donor, instead the presidential decree #54 leaves the room for the PR to choose either following presidential decree #54 or guideline from the international donor when difference occurs. Therefore we are of the view that the PR needs to provide a waiver letter to ensure the compliance with the GF procurement requirement.</p> <p>In Semester 5, all procurement that was conducted by the PR did not disclose the ceiling price information in all tender documents which shows the PR is complying with the GF guidelines. The LFA will review any procurement process during future reporting period to ensure compliance to this STC.</p> |
| 19 | <p>Phase II SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>6. Prior to the disbursement of funds for training activities during 2012 and every 31 December thereafter for the remainder of the implementation period (starting from and including 31 December 2012), the Principal Recipient shall deliver to the Global Fund a plan, in form and substance satisfactory to the Global Fund, for training activities to be conducted in the applicable period 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 activities under the Program, procedures for the Principal Recipient's financial oversight over expenditures to finance training activities and controls to protect Grant funds for training from the risk of misuse or diversion.</p> | Others | Multiple Disbursements | | Yes | <p>The PR has sent to the Global Fund the annual training plan for year 2012. The PR has received the approval from the Global Fund for 2012 training plan on 25 May 2012.</p> |

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

| Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 |
|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |

| | |
|---------------|---|
| Goal 1 | To reduce morbidity and mortality associated with malaria by reducing malaria transmission in Kalimantan and Sulawesi to the lowest possible level with epidemiologically appropriate interventions. |
|---------------|---|

| | | | | | | | | | | |
|------------------|---|--|--|--|--|--|-----------------------|--|------------|--|
| Impact indicator | Annual Parasite Incidence (API)- Number of confirmed cases (using microscopy or RDTs) per 1000 population per year. | | | | | | Baselines | | | |
| | | | | | | | Value | | Year | |
| | | | | | | | 3.61 ‰ / Phase II 2.8 | | 2008 / 201 | |

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 |
|------------------------|-------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Target | 5.54 ‰ | 7.04 ‰ | 5.02 ‰ | 3.00 ‰ | 2.02 ‰ | | | | | |
| Result | N: D: P: 3% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |
| Data source of Results | | | | | | | | | | |

| | | | | | | | | | | |
|------------------|---|--|--|--|--|--|---|--|-----------|--|
| Impact indicator | Facility-based malaria deaths: Percentage of all deaths due to malaria among all reported deaths at health facilities during the reported period. Phase II indicator formulation: Percentage of Confirmed malaria deaths per total confirmed malaria cases in health facilities | | | | | | Baselines | | | |
| | | | | | | | Value | | Year | |
| | | | | | | | 1,46% (193 of 13,236) / Phase II 0.08% (67 of 88.695) | | 2008/2010 | |

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 |
|------------------------|----------------------------------|-----------------------------------|--|---|---|------------------|------------------|------------------|------------------|------------------|
| Target | 5% reduced from Baseline (1,39%) | 15% reduced from Baseline (1,24%) | 25% reduced from Baseline (1,1%) Phase II 0.06% (51 of 84,916) | 35% reduced from Baseline (0,95%) Phase II 0.05% (37 of 74,030) | 50% reduced from Baseline (0,73%) Phase II 0.04% (26 of 65,320) | | | | | |
| Result | N: D: P: 2% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |
| Data source of Results | | | | | | | | | | |

| | | | | | | | | | | |
|-------------------|---|--|--|--|--|--|----------------------------|--|-----------|--|
| Outcome indicator | % of children U5 sleeping under an ITN the previous night | | | | | | Baselines | | | |
| | | | | | | | Value | | Year | |
| | | | | | | | Not available/Phase II 65% | | 2009/2010 | |

| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 |
|------------------------|-------------------------------------|------------------|---------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| Target | 70% (65%-Yellow area, 75%-Red area) | NA | 80% (80% - Yellow area, 80%-Red Area) | | 80% | | | | | |
| Result | N: D: P: 79% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |
| Data source of Results | | | | | | | | | | |

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| Outcome indicator | % of pregnant women (and other target groups) sleeping under an ITN the previous night | | | | | | | | | | Baselines | |
|------------------------|--|------------------|-------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------------------|-----------|
| | | | | | | | | | | | Value | Year |
| | | | | | | | | | | | Not available/Phase II 53% | 2009/2010 |
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | | |
| Target | 65% (60% - Yellow area, 70% - Red Area) | NA | 80% (80%-Yellow Area, 80%-Red area) | | 80% | | | | | | | |
| Result | N: D: P: 53% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | |
| Data source of Results | | | | | | | | | | | | |

| Outcome indicator | Proportion of households owning at least one LLIN Phase II indicator formulation: Percentage of households with at least one ITN for every two people | | | | | | | | | | Baselines | |
|------------------------|---|------------------|---------------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|-------------------|-----------|
| | | | | | | | | | | | Value | Year |
| | | | | | | | | | | | Not available/66% | 2009/2010 |
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 | Year 6 | Year 7 | Year 8 | Year 9 | Year 10 | | |
| Target | 70% (65%-Yellow area, 75% - Red area) | NA | 80% (80% - Yellow area, 80%-Red area) | | 80% | | | | | | | |
| Result | N: D: P: 67% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | |
| 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.10 31.Mar.10 | 01.Apr.10 30.Jun.10 | 01.Jul.10 30.Sep.10 | 01.Oct.10 31.Dec.10 | 01.Jan.11 31.Mar.11 | 01.Apr.11 30.Jun.11 | 01.Jul.11 30.Sep.11 | 01.Oct.11 31.Dec.11 |

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - Expand access to early, confirmed diagnosis (microscopy/RDTs) and prompt treatment with ACT in malaria endemic areas from 10% in 2008 to 80% in 2013

Treatment: Diagnosis

Indicator 1.1 - Number and percentage of fever cases tested by microscopy among total number of estimated fever cases at MOH health facilities Phase II Number and percentage of fever cases tested by Microscopy and/or RDTs among total number of estimated fever cases at MOH health facilities

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|----------|---|-----------|----------------------------|------------------------------|
| | Value | Year | | |
| No Level | 96,368/ (248,656/ 248,657) 100% 96,368 | 2008/2011 | N | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|----------------------------------|------------------------------------|------------------------------------|-------------------------------------|
| Target | N: 33,154 D: 82,886 P: 40% | N: 66,309 D: 165,772 P: 40% | N: 99,463 D: 248,657 P: 40% | N: 132,617 D: 331,543 P: 40% | N: 41,443 D: 82,866 P: 50% | N: 82,886 D: 165,772 P: 50% | N: 124,328 D: 248,657 P: 50% | N: 165,772 D: 331,543 P: 50% |
| Result | Pending result | N: 85,047 D: 165,772 P: 51% | Pending result | N: 204,249 D: 331,543 P: 62% | Pending result | N: 132,514 D: 165,772 P: 80% | Pending result | N: 248,212 D: 165,772 P: 150% |

Indicator 1.2 - Number and percentage of fever cases tested by RDTs among total number of estimated fever cases at MOH health facilities Phase II
Number and percentage of fever cases tested by Microscopy and/or RDTs among total number of estimated fever cases at MOH health facilities

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|----------|-------------------------------|------|----------------------------|------------------------------|
| | Value | Year | | |
| No Level | 248,656/ 248,656 (100%) | 2011 | N | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------------------------------|-----------------------------------|------------------------------------|------------------------------------|----------------------------------|-----------------------------------|------------------------------------|----------|
| Target | N: 49,731 D: 82,226 P: 61% | N: 99,463 D: 165,772 P: 60% | N: 149,194 D: 248,657 P: 60% | N: 198,926 D: 331,543 P: 60% | N: 41,443 D: 82,866 P: 50% | N: 82,886 D: 165,772 P: 50% | N: 124,328 D: 248,657 P: 50% | 165,772 |
| Result | Pending result | N: 4,473 D: 165,772 P: 3% | Pending result | N: 10,554 D: 331,543 P: 3% | Pending result | N: 72,106 D: 165,772 P: 44% | Pending result | 170,374 |

| | Period 9 | Period 10 | Period 11 | Period 12 | Period 13 | Period 14 | Period 15 | Period 16 |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Target | N: 108,867 D: 108,867 P: 100% | N: 217,735 D: 217,734 P: 100% | N: 326,601 D: 326,601 P: 100% | N: 435,468 D: 435,468 P: 100% | N: 119,754 D: 119,754 P: 100% | N: 239,507 D: 239,507 P: 100% | N: 359,261 D: 359,261 P: 100% | N: 479,015 D: 479,015 P: 100% |
| Result | Pending result | N: 240,827 D: 217,734 P: 111% | Pending result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |

| | Period 17 | Period 18 | Period 19 | Period 20 | Period 21 | Period 22 | Period 23 | Period 24 |
|--------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------|------------------|------------------|------------------|
| Target | N: 130,640 D: 130,640 P: 100% | N: 261,261 D: 261,261 P: 100% | N: 391,921 D: 391,921 P: 100% | N: 522,562 D: 522,562 P: 100% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |
| Result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |

Indicator 1.3 - Number and percentage of pregnant women screened with RDTs for malaria infection during ANC visits

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | | | |
|----------|---|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|----------|----------|----------|----------|--|--|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | |
| No Level | 0/ (209,117/ 232,353) 90% 0 0 | 2009/2011 | N | N | | | | | | | | | | |
| Target | Not applicable | Not applicable | N: 69,705 D: 232,533 P: 30% | N: 139,411 D: 232,353 P: 60% | N: 52,279 D: 232,353 P: 23% | N: 104,559 D: 232,353 P: 45% | N: 156,839 D: 232,353 P: 68% | 209,117 | | | | | | |
| Result | Pending result | Pending result | Pending result | N: 1,512 D: 232,353 P: 1% | Pending result | N: 103,437 D: 232,353 P: 45% | Pending result | 218,586 | | | | | | |
| Target | N: 76,995 D: 76,995 P: 100% | N: 153,991 D: 153,991 P: 100% | N: 230,986 D: 230,981 P: 100% | N: 307,981 D: 307,981 P: 100% | N: 57,748 D: 57,748 P: 100% | N: 115,496 D: 115,496 P: 100% | N: 230,986 D: 230,986 P: 100% | N: 230,992 D: 230,992 P: 100% | | | | | | |
| Result | Pending result | N: 100,396 D: 153,991 P: 65% | Pending result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | | | |
| Target | N: 38,501 D: 38,501 P: 100% | N: 77,002 D: 77,002 P: 100% | N: 115,503 D: 115,503 P: 100% | N: 154,004 D: 154,004 P: 100% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | | | |
| Result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | | | |

Indicator 1.8 - Number and percentage of health centers supported with microscopes for malaria diagnosis

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | | | |
|----------|--------------------------------|------|----------------------------|--------------------------------|----------------|----------------|----------------|--------------------------------|----------|----------|----------|----------|--|--|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | |
| No Level | 503 (26.64% of 1,888) | 2008 | N | N | | | | | | | | | | |
| Target | | | | N: 513 D: 1,888 P: 27% | | | | N: 1,385 D: 1,888 P: 73% | 1,385 | | | | | |
| Result | | | | N: 1,247 D: 2,009 P: 62% | Pending result | Pending result | Pending result | 1,001 | | | | | | |

Indicator 1.9 - Number of new Village Malaria Posts established and supported

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | | | |
|----------|---------------|------|----------------------------|------------------------------|----------------|----------|----------|----------|----------|----------|----------|----------|--|--|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | |
| No Level | Not available | 2008 | N | N | | | | | | | | | | |
| Target | | | 50 | 100 | 225 | 225 | 225 | 225 | 225 | | | | | |
| Result | | | Pending result | 88 | Pending result | 225 | 225 | 225 | 225 | | | | | |

Treatment: Prompt, effective antimalarial treatment

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Indicator 1.4 - Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas
 Phase II indicator formulation:
 Percent of positive malaria cases (confirmed with microscopy and/or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | |
|----------|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--|--|--|--|
| | Value | Year | | | | | | | | | | |
| No Level | 45,824/16040 45,824 45,824 45,824 | 2008/2011 | Y | N | | | | | | | | |
| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | | | |
| Target | 29,010 | 58,020 | 87,030 | 116,040 | 29,010 | 58,020 | 87,030 | 116,040 | | | | |
| Result | Pending result | N: 9,407 D: 58,020 P: 16% | Pending result | 28,184 | Pending result | 48,654 | Pending result | 76,190 | | | | |
| | Period 9 | Period 10 | Period 11 | Period 12 | Period 13 | Period 14 | Period 15 | Period 16 | | | | |
| Target | N: 12,737 D: 16,983 P: 75% | N: 25,475 D: 33,967 P: 75% | N: 42,458 D: 49,951 P: 85% | N: 72,179 D: 84,916 P: 85% | N: 14,806 D: 14,806 P: 100% | N: 29,612 D: 29,612 P: 100% | N: 44,418 D: 44,418 P: 100% | N: 59,224 D: 59,224 P: 100% | | | | |
| Result | Pending result | N: 26,695 D: 33,967 P: 79% | Pending result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | |
| | Period 17 | Period 18 | Period 19 | Period 20 | Period 21 | Period 22 | Period 23 | Period 24 | | | | |
| Target | N: 19,596 D: 19,596 P: 100% | N: 32,660 D: 32,660 P: 100% | N: 45,724 D: 45,724 P: 100% | N: 65,320 D: 65,320 P: 100% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | |
| Result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | |

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Indicator 1.5 - Number and percentage of health facilities with no reported stock-outs of nationally recommended first line anti-malarial drugs lasting >1 week, at any time during the past three months

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | |
|----------|--|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|-----------|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
| No Level | Not available/Phase II (1,644/2,055) 80% | 2009/2011 | N | N | | | | | | | | |
| | | | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
| Target | N: 822 D: 2,055 P: 40% | N: 1,233 D: 2,055 P: 60% | N: 1,439 D: 2,055 P: 70% | N: 1,439 D: 2,055 P: 70% | N: 1,644 D: 2,055 P: 80% | N: 1,644 D: 2,055 P: 80% | N: 1,644 D: 2,055 P: 80% | N: 1,644 D: 2,055 P: 80% | N: 1,644 D: 2,055 P: 80% | N: 1,644 D: 2,055 P: 80% | N: 1,644 D: 2,055 P: 80% | |
| Result | Pending result | N: 290 D: 2,055 P: 14% | Pending result | N: 1,255 D: 2,055 P: 61% | Pending result | N: 1,973 D: 2,055 P: 96% | Pending result | N: 2,494 D: 1,644 P: 152% | | | | |
| | | | | | Period 9 | Period 10 | Period 11 | Period 12 | Period 13 | Period 14 | Period 15 | Period 16 |
| Target | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | |
| Result | Pending result | N: 1,916 D: 1,027 P: 187% | Pending result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | |
| | | | | | Period 17 | Period 18 | Period 19 | Period 20 | Period 21 | Period 22 | Period 23 | Period 24 |
| Target | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | N: 1,027 D: 1,027 P: 100% | 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: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | |

Indicator 1.6 - Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | |
|----------|---------------|--------------------------------|----------------------------|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
| No Level | Not available | 2008 | Y | Y | | | | | | | | |
| | | | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
| Target | | 1,260 | 2,648 | 4,036 | 4,164 | | | | | | | |
| Result | | N: 1,003 D: 1,260 P: 80% | Pending result | 3,064 | 3,064 | 4,829 | | | | | | |

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Indicator 1.7 - Number of village midwives trained for integrated ANC-Malaria program.

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|----------|---------------|------|----------------------------|------------------------------|
| | Value | Year | | |
| No Level | Not available | 2008 | Y | Y |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------|----------|----------|----------|----------|----------|----------------|----------------|
| Target | | | | 5,040 | | 9,642 | | |
| Result | | 0 | | 3,952 | | 11,026 | Pending result | Pending result |

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Objective 2 - Scale-up population coverage and increase use of LLINs so that 80% of pregnant women and 80% of children under 5 regularly sleep under LLINs by 2012, followed by a further 5% increase for 2013

Prevention: Insecticide-treated nets (ITNs)

Indicator 2.1 - Number of LLINs distributed during Mass Campaigns in high endemic areas

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|----------|----------|------|----------------------------|------------------------------|
| | Value | Year | | |
| No Level | 0 | 2008 | Y | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------|----------|----------------|-----------|----------------|-----------|----------------|----------------|
| Target | | | 1,600,000 | 1,600,000 | 3,700,000 | | | |
| Result | | | Pending result | 1,186,391 | Pending result | 4,022,587 | Pending result | Pending result |

Indicator 2.2 - Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities
Phase II indicator formulation:
Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities in high and medium endemic villages

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|----------|--------------|---------------|----------------------------|------------------------------|
| | Value | Year | | |
| No Level | 0/72786 4 | 2008/20 11 | Y | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------|----------|----------------|----------|----------------|----------|----------------|----------|
| Target | | | 151,305 | 302,610 | 408,923 | 515,237 | 621,550 | 727,864 |
| Result | | | Pending result | 74,618 | Pending result | 452,786 | Pending result | 632,611 |

| | Period 9 | Period 10 | Period 11 | Period 12 | Period 13 | Period 14 | Period 15 | Period 16 |
|--------|----------|-----------|----------------|-----------|-----------|-----------|-----------|-----------|
| Target | | | 481,658 | 642,210 | 160,553 | 321,105 | 481,658 | 642,210 |
| Result | | | Pending result | | | | | |

| | Period 17 | Period 18 | Period 19 | Period 20 | Period 21 | Period 22 | Period 23 | Period 24 |
|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Target | 123,275 | 246,550 | 369,824 | 493,099 | | | | |
| Result | | | | | | | | |

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Prevention: Behavioral Change Communication - Community Outreach

Indicator 2.3 - Percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | | | |
|----------|-------------------|------------------|----------------------------|------------------------------|------------------|------------------|------------------|------------------|------------------|----------|----------|----------|--|------------------|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | |
| No Level | Not available/55% | Dec-09/2010 | N | N | | | | | | | | | | |
| Target | | | | | | | | | Not Applicable | | | | | |
| Result | | | | | | | | | Pending result | | | | | N: D: P: % |
| | Period 9 | Period 10 | Period 11 | Period 12 | Period 13 | Period 14 | Period 15 | Period 16 | | | | | | |
| Target | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: 12% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | | |
| Result | | | | | | | | | | | | | | |
| | Period 17 | Period 18 | Period 19 | Period 20 | Period 21 | Period 22 | Period 23 | Period 24 | | | | | | |
| Target | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: 80% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | | |
| Result | | | | | | | | | | | | | | |

Prevention: Indoor Residual Spraying/Vector control

Indicator 2.4 - Number and percentage of households sprayed by indoor residual spraying (routine spraying)

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) | | | | | | | | | | |
|----------|-------------------------------|-----------------------------------|----------------------------|-----------------------------------|------------------|-----------------------------------|------------------|-----------------------------------|----------|----------|----------|----------|--------|--|
| | Value | Year | | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | | |
| No Level | 36,471 / (61,200/61,200) 100% | 2008/2011 | N | N | | | | | | | | | | |
| Target | Not applicable | Not applicable | 30,600 | 61,200 | | | | 61,200 | | | | | 61,200 | |
| Result | Pending result | Pending result | Pending result | 17,465 | N: D: P: % | | 62,751 | N: D: P: % | 40,319 | | | | | |
| | Period 9 | Period 10 | Period 11 | Period 12 | Period 13 | Period 14 | Period 15 | Period 16 | | | | | | |
| Target | N: D: P: % | N: 11,000 D: 11,000 P: 100% | N: D: P: % | N: 11,000 D: 11,000 P: 100% | N: D: P: % | N: 11,000 D: 11,000 P: 100% | N: D: P: % | N: 11,000 D: 11,000 P: 100% | | | | | | |
| Result | N: D: P: % | N: 20,989 D: 11,000 P: 191% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | | | |
| | Period 17 | Period 18 | Period 19 | Period 20 | Period 21 | Period 22 | Period 23 | Period 24 | | | | | | |
| Target | N: D: P: % | N: 11,000 D: 11,000 P: 100% | N: D: P: % | N: 11,000 D: 11,000 P: 100% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | | | |
| Result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | | | | | | |

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Objective 3 - To improve routine malaria surveillance and reporting for improved program management, including epidemic investigation and control

HSS: Information system & Operational research

Indicator 3.1 - Number and percentage of reports received at district level from health centers among those expected during the reporting period
Phase II indicator formulation:

Number of percentage of districts submitting routine, timely and accurate reporting

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|----------|--|---------|----------------------------|------------------------------|
| | Value | Year | | |
| No Level | 2,662 Phase II na 47% of 5,664 | 2007/na | N | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|--------------------------------|--------------------------------|--------------------------------|----------------------------------|--------------------------------|----------------------------------|--------------------------------|---------------------------------|
| Target | N: 3,398 D: 5,664 P: 60% | N: 3,398 D: 5,664 P: 60% | N: 3,398 D: 5,664 P: 60% | N: 3,398 D: 5,664 P: 60% | N: 4,531 D: 5,664 P: 80% | N: 4,531 D: 5,664 P: 80% | N: 4,531 D: 5,664 P: 80% | N: 4,531 D: 5,664 P: 80% |
| Result | Pending result | N: 4,202 D: 5,664 P: 74% | Pending result | N: 11,200 D: 12,054 P: 93% | Pending result | N: 12,020 D: 5,664 P: 212% | Pending result | N: 5,921 D: 4,531 P: 131% |

| | Period 9 | Period 10 | Period 11 | Period 12 | Period 13 | Period 14 | Period 15 | Period 16 |
|--------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| Target | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% |
| Result | Pending result | N: 337 D: 384 P: 88% | Pending result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |

| | Period 17 | Period 18 | Period 19 | Period 20 | Period 21 | Period 22 | Period 23 | Period 24 |
|--------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|------------------|------------------|------------------|------------------|
| Target | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% | N: 384 D: 384 P: 100% | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |
| Result | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % | N: D: P: % |

Indicator 3.2 - Number of supervisory visits made to the health centers and supervisory checklist/ feedback report submitted to the district level (DHO)

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|----------|------------------------------|-------------|----------------------------|------------------------------|
| | Value | Year | | |
| No Level | Not available/Phase II 3,776 | Dec-09/2011 | N | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------------|----------|----------------|----------|----------------|----------|----------------|----------|
| Target | Not applicable | 1,888 | 1,888 | 1,888 | 1,888 | 1,888 | 1,888 | 1,888 |
| Result | Pending result | 1,668 | Pending result | 2,579 | Pending result | 3,609 | Pending result | 2,700 |

| | Period 9 | Period 10 | Period 11 | Period 12 | Period 13 | Period 14 | Period 15 | Period 16 |
|--------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Target | | 1,014 | | 1,014 | | 1,014 | | 1,014 |
| Result | | 964 | | | | | | |

| | Period 17 | Period 18 | Period 19 | Period 20 | Period 21 | Period 22 | Period 23 | Period 24 |
|--------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| Target | | 1,014 | | 1,014 | | | | |
| Result | | | | | | | | |

IND-809-G14-M

Last Updated on: 02 January 2013

Objective 4 - Through advocacy, to improve support for malaria control at community, district, provincial and national level so that district and provincial contributions to malaria control will be doubled by the end of the 5 year period

Supportive Environment: Coordination and partnership development (national, community, public-private)

Indicator 4.1 - Number of stakeholders attending advocacy workshops

| | Baseline | | Is Top 10 indicator? (Y/N) | Is Training indicator? (Y/N) |
|----------|--------------------------------|------|----------------------------|------------------------------|
| | Value | Year | | |
| No Level | Not available Not available | 2008 | N | N |

| | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 |
|--------|----------------|----------|----------------|----------|----------------|----------------|----------------|----------------|
| Target | 120 | 240 | 420 | 600 | Not Available | Not Available | Not Available | Not Available |
| Result | Pending result | 423 | Pending result | 741 | Pending result | Pending result | Pending result | Pending result |

2.2.3. Cumulative Progress To Date

Latest reporting due period : 11 (01.Jul.12 - 30.Sep.12)

| | |
|-------------|--|
| Objective 1 | Expand access to early, confirmed diagnosis (microscopy/RDTs) and prompt treatment with ACT in malaria endemic areas from 10% in 2008 to 80% in 2013 |
|-------------|--|

| | |
|-----|----------------------|
| SDA | Treatment: Diagnosis |
|-----|----------------------|

Indicator 1.1 - Number and percentage of fever cases tested by microscopy among total number of estimated fever cases at MOH health facilities

Phase II Number and percentage of fever cases tested by Microscopy and/or RDTs among total number of estimated fever cases at MOH health facilities

| | Target | | Result | | Progress | | | | |
|----------|--------|---|--------|--|----------|-----|-----|-----|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% |
| No Level | 8 | N: 165,772 D: 331,543 P: 50 % | 8 | N: 248,212 D: 165,772 P: 149.7 % | 120% | | | | |

Indicator 1.2 - Number and percentage of fever cases tested by RDTs among total number of estimated fever cases at MOH health facilities

Phase II Number and percentage of fever cases tested by Microscopy and/or RDTs among total number of estimated fever cases at MOH health facilities

| | Target | | Result | | Progress | | | | |
|----------|--------|--|--------|--|----------|-----|-----|-----|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% |
| No Level | 11 | N: 326,601 D: 326,601 P: 100 % | 10 | N: 240,827 D: 217,734 P: 110.6 % | 111% | | | | |

Indicator 1.3 - Number and percentage of pregnant women screened with RDTs for malaria infection during ANC visits

| | Target | | Result | | Progress | | | | |
|----------|--------|--|--------|---|----------|-----|-----|-----|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% |
| No Level | 11 | N: 230,986 D: 230,981 P: 100 % | 10 | N: 100,396 D: 153,991 P: 65.2 % | 65% | | | | |

Indicator 1.8 - Number and percentage of health centers supported with microscopes for malaria diagnosis

| | Target | | Result | | Progress | | | | |
|----------|--------|-------|--------|-------|----------|-----|-----|-----|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% |
| No Level | 8 | 1,385 | 8 | 1,001 | 72% | | | | |

Indicator 1.9 - Number of new Village Malaria Posts established and supported

| | Target | | Result | | Progress | | | | |
|----------|--------|-------|--------|-------|----------|-----|-----|-----|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% |
| No Level | 8 | 225 | 8 | 225 | 100% | | | | |

SDA Treatment: Prompt, effective antimalarial treatment

Indicator 1.4 - Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas

Phase II indicator formulation:

Percent of positive malaria cases (confirmed with microscopy and/or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas

| | Target | | Result | | Progress | | | | | |
|----------|--------|-----------------------------------|--------|-------------------------------------|----------|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 11 | N: 42,458 D: 49,951 P: 85 % | 10 | N: 26,695 D: 33,967 P: 78.6 % | | | | | | 92% |

Indicator 1.5 - Number and percentage of health facilities with no reported stock-outs of nationally recommended first line anti-malarial drugs lasting >1 week, at any time during the past three months

| | Target | | Result | | Progress | | | | | |
|----------|--------|----------------------------------|--------|------------------------------------|----------|-----|-----|-----|------|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 11 | N: 1,027 D: 1,027 P: 100 % | 10 | N: 1,916 D: 1,027 P: 186.6 % | | | | | | 120% |

Indicator 1.6 - Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs

| | Target | | Result | | Progress | | | | | |
|----------|--------|-------|--------|-------|----------|-----|-----|-----|------|------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 5 | 4,164 | 6 | 4,829 | | | | | | 116% |

Indicator 1.7 - Number of village midwives trained for integrated ANC-Malaria program.

| | Target | | Result | | Progress | | | | | |
|----------|--------|-------|--------|--------|----------|-----|-----|-----|------|------------------|
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% | 100% | |
| No Level | 8 | | 6 | 11,026 | | | | | | Cannot Calculate |

Objective 2 Scale-up population coverage and increase use of LLINs so that 80% of pregnant women and 80% of children under 5 regularly sleep under LLINs by 2012, followed by a further 5% increase for 2013

SDA Prevention: Insecticide-treated nets (ITNs)

Indicator 2.1 - Number of LLINs distributed during Mass Campaigns in high endemic areas

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|----------|--------|-------|--------|-----------|----|-----|-----|-----|------|------------------|
| | Period | Value | Period | Value | | | | | | |
| No Level | 8 | | 6 | 4,022,587 | | | | | | Cannot Calculate |

Indicator 2.2 - Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities
Phase II indicator formulation:
 Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities in high and medium endemic villages

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|----------|--------|---------|--------|---------|----|-----|-----|-----|------|------|
| | Period | Value | Period | Value | | | | | | |
| No Level | 11 | 481,658 | 8 | 632,611 | | | | | | 120% |

SDA Prevention: Behavioral Change Communication - Community Outreach

Indicator 2.3 - Percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|----------|--------|----------------|--------|-----------|----|-----|-----|-----|------|----|
| | Period | Value | Period | Value | | | | | | |
| No Level | 4 | Not Applicable | N/A | Not Found | | | | | | 0% |

SDA Prevention: Indoor Residual Spraying/Vector control

Indicator 2.4 - Number and percentage of households sprayed by indoor residual spraying (routine spraying)

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|----------|--------|------------------------------------|--------|--------------------------------------|----|-----|-----|-----|------|------|
| | Period | Value | Period | Value | | | | | | |
| No Level | 10 | N: 11,000 D: 11,000 P: 100 % | 10 | N: 20,989 D: 11,000 P: 190.8 % | | | | | | 120% |

Objective 3 To improve routine malaria surveillance and reporting for improved program management, including epidemic investigation and control

SDA HSS: Information system & Operational research

Indicator 3.1 - Number and percentage of reports received at district level from health centers among those expected during the reporting period
Phase II indicator formulation:
 Number of percentage of districts submitting routine, timely and accurate reporting

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|----------|--------|------------------------------|--------|-------------------------------|----|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | | | | | | |
| No Level | 11 | N: 384 D: 384 P: 100 % | 10 | N: 337 D: 384 P: 87.8 % | | | | | | 88% |

Indicator 3.2 - Number of supervisory visits made to the health centers and supervisory checklist/ feedback report submitted to the district level (DHO)

| | Target | | Result | | 0% | 30% | 60% | 90% | 100% | |
|----------|--------|-------|--------|-------|----|-----|-----|-----|------|-----|
| | Period | Value | Period | Value | | | | | | |
| No Level | 10 | 1,014 | 10 | 964 | | | | | | 95% |

| | | | | | | | | |
|--|---|--------------|---------------|--------------|-----------|------------|------------|---------------------------|
| Objective 4 | Through advocacy, to improve support for malaria control at community, district, provincial and national level so that district and provincial contributions to malaria control will be doubled by the end of the 5 year period | | | | | | | |
| SDA | Supportive Environment: Coordination and partnership development (national, community, public-private) | | | | | | | |
| Indicator 4.1 - Number of stakeholders attending advocacy workshops | | | | | | | | |
| | Target | | Result | | | | | |
| | Period | Value | Period | Value | 0% | 30% | 60% | 90% 100% |
| No Level | 4 | 600 | 4 | 741 | | | | 120% |

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

| | | | |
|---|-----------|------------------------------|---------------|
| Grant Duration (months) | 60 months | Grant Amount | 72,968,903 \$ |
| % Time Elapsed (as of end date of the latest PU) | 50% | % disbursed by TGF (to date) | 90% |
| Time Remaining (as of end date of the latest PU) | 30 months | Disbursed by TGF (to date) | 65,613,508 \$ |
| Expenditures Rate (as of end date of the latest PU) | 87% | Funds Remaining (to date) | 7,355,395 \$ |

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.10 | 01.Apr.10 | 01.Jul.10 | 01.Oct.10 | 01.Jan.11 | 01.Apr.11 | 01.Jul.11 | 01.Oct.11 |
| Period Covered To: | 31.Mar.10 | 30.Jun.10 | 30.Sep.10 | 31.Dec.10 | 31.Mar.11 | 30.Jun.11 | 30.Sep.11 | 31.Dec.11 |
| Currency: | USD | USD | USD | USD | USD | USD | USD | USD |
| Cumulative Budget Through: | 14,445,237 | 18,873,475 | 23,670,737 | 26,757,604 | 46,829,626 | 49,627,548 | 52,270,015 | 54,226,734 |
| Summary Period Budget: | 14,445,237 | 4,428,238 | 4,797,262 | 3,086,868 | 20,072,022 | 2,797,922 | 2,642,467 | 1,956,719 |

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.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: | 57,908,382 | 60,695,247 | 62,244,347 | 63,702,441 | 68,493,930 | 70,464,904 | 71,726,876 | 72,968,903 |
| Summary Period Budget: | 5,278,791 | 2,786,865 | 1,549,100 | 1,458,094 | 4,791,489 | 1,970,974 | 1,261,972 | 1,242,027 |

Expenditure Categories

Program Activities

Implementing Entities

| | Budget Period 17 | Budget Period 18 | Budget Period 19 | Budget Period 20 | Budget Period 21 | Budget Period 22 | Budget Period 23 | Budget Period 24 |
|----------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| 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: | 76,837,771 | 78,410,265 | 79,629,169 | 80,826,544 | 80,826,544 | 80,826,544 | 80,826,544 | 80,826,544 |
| Summary Period Budget: | 3,868,868 | 1,572,494 | 1,218,904 | 1,197,375 | | | | |

Expenditure Categories

Program Activities

Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

| Period PU5: 01.Jan.12 - 30.Jun.12 | Actual Cash Outflow | Cumulative Budget | Cumulative Cash Outflow | Variance | Reason for variance |
|---|---------------------|-------------------|-------------------------|--------------|---|
| 1. Total cash outflow vs. budget | \$ 1,875,449 | \$ 60,695,247 | \$ 52,625,769 | \$ 8,069,478 | During Semester 5, the PR has only absorbed USD 1,875,449 from the Semester 5 budget out of USD 8,065,657 (23%). The positive variance totalling USD 6,190,208 was mainly because many activities has not been implemented as planned due to the delay in grant approval and grant transfer. |
| 1a. PR's Total expenditure | \$ 715,305 | | \$ 35,340,966 | | |
| 1b. Disbursements to sub-recipients | \$ 1,160,144 | | \$ 17,284,803 | | |
| 1c. Expenditure Adjustments | | | | | |
| 2. Pharmaceuticals & Health Product expenditures vs budget | | | \$ 26,251,744 | | The major variance comes from; 1. A positive variance of USD 1,082,068 for activities under "OBJECTIVE 1: Expand access to early, confirmed diagnosis (microscopy/RDTs) and prompt treatment with ACT in malaria endemic areas from 10% in 2008 to 80% in 2013." There was the delay in implementation trainings, the activities in the establishment/operation of Village Malaria Posts, provision of laboratory supply and RDTs. 2. A positive variance of USD 3,362,301 for activities under "OBJECTIVE 2:Scale-up population coverage and increase use of LLINs so that 80% of pregnant women and 80% of children under 5 regularly sleep under LLINs by 2012, followed by a further 5% increase for 2013." The positive variance of USD 3,223,981 is due to the delay in procurement of LLINs and RDT for Integrated Malaria-ANC" by VPP. 3. A positive variance of USD 706,744 for activities under "OBJECTIVE 3: To improve routine malaria surveillance and reporting for improved program management, including epidemic investigation and control." The delay activities are training basic malaria skill, carry out mass screening and treatment coupled with LLIN distribution in highly endemic villages and provision of RDT. 4. A net positive variance of USD 292,162 for activities under "OBJECTIVE 4: Through advocacy, to improve support for malaria control at community, district, provincial and national level so that district and provincial contributions |
| 2a. Medicines & pharmaceutical products | | | \$ 177,247 | | |
| 2b. Health products and health equipment | | | \$ 26,074,497 | | |

to malaria control will be doubled by the end of the 5 year period"

5. A net positive variance of USD 269,112 for activities under "OBJECTIVE 5: Strengthen and improve malaria program management at central, provincial and district levels"

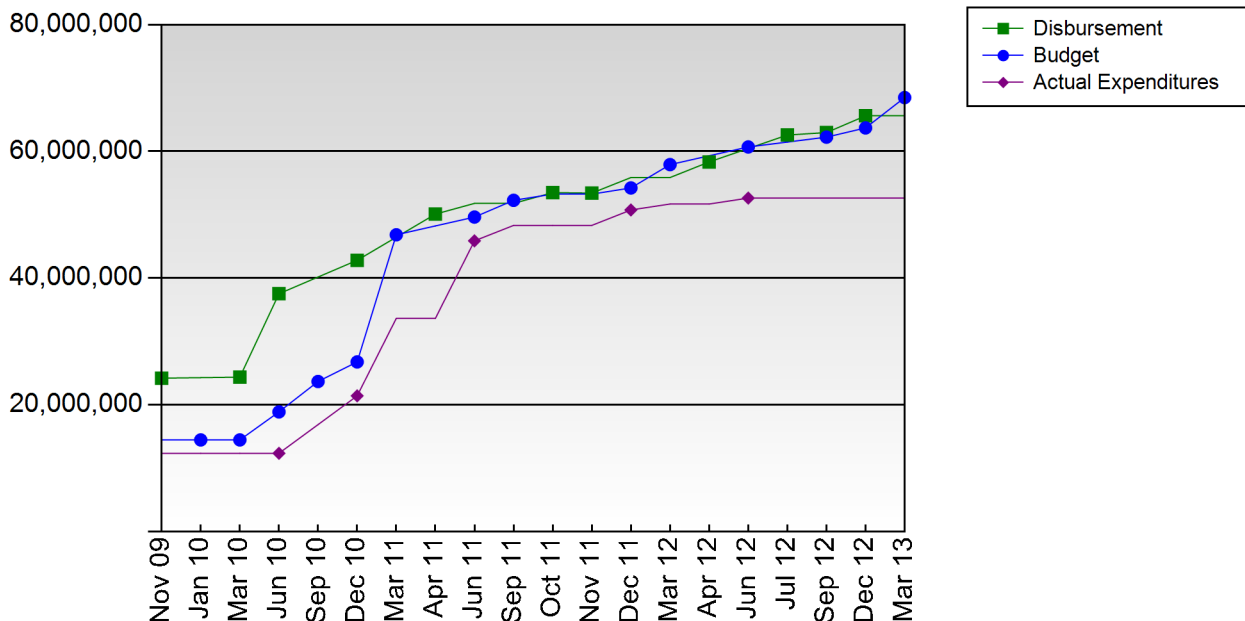
6. A positive variance of USD 42,253 was due to gain on foreign exchange.

Cumulative Expenditure:

Up to Semester 5, the PR has absorbed USD 52,652,249 (85%) out of the total budget of USD 62,292,403 with a cumulative positive variance totaling USD 9,640,154 due to the delay in implementation of activities in Semester described above, noting that cumulatively there is a negative variance of USD 4,316,082 was due to loss on foreign exchange.

Reason for adjustments

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 | | | N/A | 1 | 01.Jan.10 - 30.Sep.10 | 9,889,072 | \$ 14,346,090 | 06 Nov 2009 | | | | | | | | | | | | |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | | | | | | | | | | | | | |
| <p>This first disbursement under the grant is therefore not related to programmatic performances.</p> | | | | <p>The LFA and the FPM reviewed the request for funding corresponding to the first injection of cash into the program outside of VPP orders which showed a difference amounting to USD 4,457,017. The difference is due to the following:</p> <ul style="list-style-type: none"> - Adjustment of the rate of exchange from IDR 11,000 to IDR 10,000 per US\$ which resulted in a difference amounting to US\$ 1,304,190. the revision was operated due to the need for the PR to receive the adequate level of funding in local currency to implement his activities budgeted in Rupiahs. - Adjustment amounting to US\$ 3,118,222 as the PR included only 35% instead of 100% of the Semester 3 budget due misinterpretation by the PR of an email dated 15 October 2009 sent by the FPM which stated "We now need to process the first disbursement under the grant which should be in the order of US\$ 10 million outside of the VPP orders we are currently negotiating with the procurement agent of TGF". The order of the first disbursement outside of VPP orders indicated in the email was purely indicative but the PR believed mistakenly that it was a prescriptive request. The PR has no time to revise its first DR to fit TGF deadline for processing the disbursement but agrees with the FPM and the LFA that the amount of funding originally requested was including the full amount of the P3 budget. <p>The PR therefore wrongly deducted 65% of the Semester 3 budget. The Secretariat later clarified that the PR first request for funding should be in accordance with the original summary budgets for 3 quarters (excluding the budget for procurement through the VPP). Hence, the Secretariat revised the budget for Semester 3 in accordance with the original approved budget and the regional team is in agreement with the LFA review.</p> <p>In addition, there is also a difference amounting to US\$ 34,605 due to the fact that the PR inaccurately calculated the amount of funding needed to procure LLINs, RDTs and ACTs to be by the VPP. After a final reconciliation the recommendation for the portion of funding to be transferred to the PR is amounting to US\$ 14,346,089.86 and is calculated as follows:</p> <table border="0"> <tr> <td>Semester 1 (i.e. Quarter 1 - Quarter 2)</td> <td>USD</td> </tr> <tr> <td>9,069,099.01</td> <td></td> </tr> <tr> <td>Buffer for Quarter 3</td> <td>USD</td> </tr> <tr> <td>5,276,990.85</td> <td></td> </tr> <tr> <td>Total recommendation</td> <td>USD</td> </tr> <tr> <td>14,346,089.86</td> <td></td> </tr> </table> | | | | | Semester 1 (i.e. Quarter 1 - Quarter 2) | USD | 9,069,099.01 | | Buffer for Quarter 3 | USD | 5,276,990.85 | | Total recommendation | USD | 14,346,089.86 | |
| Semester 1 (i.e. Quarter 1 - Quarter 2) | USD | | | | | | | | | | | | | | | | | | | |
| 9,069,099.01 | | | | | | | | | | | | | | | | | | | | |
| Buffer for Quarter 3 | USD | | | | | | | | | | | | | | | | | | | |
| 5,276,990.85 | | | | | | | | | | | | | | | | | | | | |
| Total recommendation | USD | | | | | | | | | | | | | | | | | | | |
| 14,346,089.86 | | | | | | | | | | | | | | | | | | | | |

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| Progress Updates | | | | | Disbursement Information | | | | |
|--|-----------|--|------------|-----|--|------------|---------------------|-------------------|--|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 0 | | | N/A | 1.1 | 01.Jan.10 - 30.Sep.10 | 22,918,646 | \$ 9,847,919 | 06 Nov 2009 | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| This first disbursement under the grant is therefore not related to programmatic performances. | | | | | <p>There is a variance as the GF secretariat will only settle the amount of the PSI invoice covering year 1 of the program or US\$ 9,847,919 and will settle the remaining balance in 2010 based on performance based funding.</p> <p>The PR has requested on 26.10.2009 the GF to directly pay Population Services International the amount of US\$ 22,918,646.20 as per the PSI Pro Forma Invoice signed jointly by the PR and PSI for 4,427,864 bed nets. The LFA was not tasked with making a recommendation on the amount to be paid directly to PSI but only to verify the conformity of the VPP order with the budget, work plan, PSM and Performance Framework of the Grant Agreement. The VPP unit of TGF verified the amount of the order and the bank account details of the procurement agent. The LFA acknowledged the conformity of the PSI order with the quantities of bed nets agreed during grant negotiations and there is no deviation from the work plan. The VPP order is larger than expected as it includes bed nets for year 2 of the program as it was agreed with the procurement unit of TGF to pool the yearly orders in one batch while the invoice will be settled in 2 installments.</p> | | | | |
| Progress Updates | | | | | Disbursement Information | | | | |
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 0 | | | N/A | 1.2 | 01.Jan.10 - 30.Sep.10 | 164,685 | \$ 164,685 | 26 Mar 2010 | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| This first disbursement under the grant is therefore not related to programmatic performances. | | | | | This disbursement corresponds to a direct payment made to the Procurement Agent of the Global Fund for RDTs for the use of the PR. | | | | |
| Progress Updates | | | | | Disbursement Information | | | | |
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 0 | | | N/A | 1.3 | 01.Jan.10 - 30.Sep.10 | 11,766,837 | \$ 11,766,837 | 21 Jun 2010 | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| This first disbursement under the grant is therefore not related to programmatic performances. | | | | | This is a direct payment for VPP to the Procurement agent - PSI | | | | |
| Progress Updates | | | | | Disbursement Information | | | | |
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 0 | | | N/A | 1.4 | 01.Jan.10 - 30.Sep.10 | 1,396,745 | \$ 1,396,745 | 21 Jun 2010 | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| This first disbursement under the grant is therefore not related to programmatic performances. | | | | | This is a direct payment for VPP to the Procurement agent - PSI | | | | |

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| Progress Updates | | | | Disbursement Information | | | | |
|--|-----------------------|--|------------|--|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 1 | 01.Jan.10 - 30.Jun.10 | | B1 | 2 | 01.Jul.10 - 31.Mar.11 | 9,075,166 | \$ 5,232,756 | 14 Dec 2010 |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| <p>Out of the sixteen (16) indicators, the PR performed as follows: The PR achieved or exceeded more than 100% of the cumulative targets for three (3) indicators: Number and percentage of fever cases tested by Microscopy among total number of estimate fever cases at MOH health facilities (120%) Number and percentage of reports received at district level from health centres among those expected during the reporting period (120%) Number of stakeholders attending advocacy workshops (120%)</p> <p>The PR achieved 80% and above of the cumulative target for two (2) indicators: Number of supervisory visits made to the health centres and supervisory checklist/feedback report submitted to the district level (DHO) (98%) Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding the use of antimalarial drugs (80%)</p> <p>The PR only achieved 50% or below of the cumulative targets for four (4) indicators. These indicators are all linked to either RDTs, ACTs and bed nets that were only delivered to the PR on 20 November 2010. This delay has affected program implementation, including 2 of the 3 applicable top ten indicators for the reporting period. Now that these products have been received in country, the PR has immediately started distribution and it is expected that performance will improve.</p> <p>The PR did not have any achievement (i.e. 0%) of the cumulative target for one (1) indicator: Number of village midwives trained for integrated ANC-Malaria program. The reason for the low achievement on this indicator is that the activity was erroneously removed from the budget and workplan without updating the PF. This activity has now been restored and the PR will use the efficiencies from the procurement of health products to implement it.</p> <p>The Regional Team is upgrading the performance rating to B1, in line with the LFA recommendation because the performance of the grant has been negatively affected by the VPP mechanism.</p> <p>In addition, there are 7 indicators that are not applicable for Semester 1</p> | | | | <p>The difference between cash amount requested by the PR and the amount to be directly disbursed to the PR is explained as follows: PR Disbursement Request: US\$ 9,075,165.53 Adjustments: Difference in interest and other income received: US\$ 11,358.91 Difference in other expenditures: US\$ (11,358.91) Difference in program expenditures: US\$ (76.25) Difference in forecast expenditures for July - December 2010: US\$ (1,940,421.61) Difference in forecast expenditures for January - March 2010: US\$ 13,371,227.66 Cash "in transit": US\$ (14,427,446.75) Total Adjustments: US\$ (2,996,716.95)</p> <p>Final amount to be released to the PR: US\$ 6,078,448.58 Adjustment: (US\$845,251) Final amount to be transferred to the PR: US\$ 5,237,756</p> <p>The regional teams recommends a disbursement to the PR amounting to US\$ 6,078,449 with a 3-month buffer which will cover forecast expenditures until 31 March 2011. The disbursement request includes the amount for reprogramming activities amounting to US\$ 685,251. The bulk of the sum to be reallocated will be used for the training of close to 15,000 midwives in Kalimantan and Sulawesi. However, the Global Fund will withhold the amount of US\$ 845,251 which relate to trainings pertaining to year 2011 for which the PR must submit a training plan before the Global Fund can transfer the funding.</p> | | | | |

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| Progress Updates | | | | | Disbursement Information | | | | |
|--|-----------------------|--|------------|-----|---|------------|---------------------|-------------------|--|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 1 | 01.Jan.10 - 30.Jun.10 | | B1 | 2.1 | 01.Jul.10 - 31.Mar.11 | | \$ 49,371 | 14 Dec 2010 | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| <p>Out of the sixteen (16) indicators, the PR performed as follows;</p> <p>The PR achieved or exceeded more than 100% of the cumulative targets for three (3) indicators:</p> <p>Number and percentage of fever cases tested by Microscopy among total number of estimate fever cases at MOH health facilities (120%)</p> <p>Number and percentage of reports received at district level from health centres among those expected during the reporting period (120%)</p> <p>Number of stakeholders attending advocacy workshops (120%)</p> <p>The PR achieved 80% and above of the cumulative target for two (2) indicators:</p> <p>Number of supervisory visits made to the health centres and supervisory checklist/feedback report submitted to the district level (DHO) (98%)</p> <p>Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding the use of antimalarial drugs (80%)</p> <p>The PR only achieved 50% or below of the cumulative targets for four (4) indicators. These indicators are all linked to either RDTs, ACTs and bed nets that were only delivered to the PR on 20 November 2010. This delay has affected program implementation, including 2 of the 3 applicable top ten indicators for the reporting period. Now that these products have been received in country, the PR has immediately started distribution and it is expected that performance will improve.</p> <p>The PR did not have any achievement (i.e. 0%) of the cumulative target for one (1) indicator: Number of village midwives trained for integrated ANC-Malaria program. The reason for the low achievement on this indicator is that the activity was erroneously removed from the budget and workplan without updating the PF. This activity has now been restored and the PR will use the efficiencies from the procurement of health products to implement it.</p> <p>The Regional Team is upgrading the performance rating to B1, in line with the LFA recommendation because the performance of the grant has been negatively affected by the VPP mechanism.</p> <p>In addition, there are 7 indicators that are not applicable for Semester 1</p> | | | | | <p>The sum of US\$ 49,371 is to be directly paid to the Procurement Agent of the Global Fund, PSI to accelerate the delivery of bed nets for year 2 of the program.</p> | | | | |
| Progress Updates | | | | | Disbursement Information | | | | |
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date | |
| 2 | 01.Jul.10 - 31.Dec.10 | | B1 | 3 | 01.Jan.11 - 30.Sep.11 | 6,284,783 | \$ 7,289,329 | 28 Apr 2011 | |
| Summary of Progress | | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| <p>Analysis of the performance of semester 2:</p> <p>The performance of the second semester continued to be severely affected by the late delivery in November 2010 of the key pharmaceuticals and health products such as LLINs (prevention), RDTs (diagnosis) and ACTs (treatment). This state of affair was captured in the previous DDMF as well. The national malaria program in Sulawesi and Kalimantan was derailed during the first year of</p> | | | | | <p>PR disbursement request: US\$ 6,284,783</p> <p>Difference in interest income and other income received: (US\$ 2,324)</p> <p>Difference in other expenditures: US\$ 2,324</p> <p>LFA Proposed Adjustment on Semester I: (US\$ 76)</p> <p>Exclusion of demurrage cost from expenditure to outstanding cash balance: (US\$ 146,184)</p> <p>Difference in forecasted amount for Quarters 5, 6 and 7:</p> | | | | |

implementation because of the late delivery of these key products via VPP which is an issue beyond the control of the PR. The poor performance cannot therefore be attributed to a managerial dysfunction of the PR and the rating of the performance was therefore up graded from B2 to B1.

The programmatic results of semester 2 are as follows:

The PR has exceeded the targets for four indicators and has met more than 80% of the targets for 2 indicators and less than 80% for the remaining 9 indicators. One indicator (i.e. Number percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria) had no intended target since the related targets will be established based on the KAP survey that has been conducted in Year 1.

– Diagnosis: Number and percentage of fever cases tested by microscopy among total number of estimated fever cases at MOH health facilities: 154% (microscopy diagnosis was available but not in remote areas).

– Diagnosis: Number and percentage of fever cases tested by RDTs among total number of estimated fever cases at MOH health facilities: 5%: (late delivery via VPP of RDTs).

– Diagnosis: Number and percentage of pregnant women screened with RDTs for malaria infection during ANC visits: 1% (late delivery via VPP of RDTs).

– Prompt, effective anti-malarial treatment: Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas: 24% (late delivery via VPP of RDTs delaying diagnosis and subsequently treatment with ACTs).

– Prompt, effective anti-malarial treatment: Number and percentage of health facilities with no reported stock-outs of nationally recommended first line anti-malarial drugs lasting >1 week, at any time during the past three months: 87%.

– Prompt, effective anti-malarial treatment: Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs: 76%.

– Prompt, effective anti-malarial treatment: Number of village midwives trained for integrated ANC-Malaria program: 78%, this is a great improvement from the previous reporting period.

– Diagnosis: Number and percentage of health centers supported with microscopes for malaria diagnosis: 228%, the PR used microscopy as an alternate diagnosis tool due to the late delivery via VPP of RDTs.

– Diagnosis. Number of new Village Malaria Posts established and supported: 88%, this is a strong performance but altered by the fact that these VMP were not provided with LLINs, DRTs and ACTS.

– Insecticide-treated nets (ITNs): Number of LLINs distributed during Mass Campaigns in high endemic areas: 74%. This is an excellent achievement considering the LLINs were received only in late November 2010 few weeks before the end of the reporting period to significant delayed by VPP.

– Insecticide-treated nets (ITNs): Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities: 25%: distribution via ANC or EPI is slower than through

- Carry forward activities as approved: US\$ 1,789,751
 - Adjustment of unutilized budget for "Evaluate the ability of village volunteers to diagnose malaria with RDTs and properly treat with ACTs (pilot area)" - Quarters 5 & 6: (US\$ 20,027)
 - Adjustment of unutilized budget for "Provide radio, tv spot" - Quarters 5 & 6: (US\$ 81,818)
 - Adjustment of budget for training - Quarters 5 & 6: (US\$ 339,035)
 - Adjustment of unutilized budget for "Provide radio, tv spot" - Quarter 7: (US\$ 40,909)
 - Adjustment of budget for training - Quarter 7: (US\$ 1,702)
 - Adjustment of original budget for Quarter 7 (cash buffer): (US\$ 155,454)
 Total difference in forecasted amount:
 US\$ 1,150,806

Disbursement decision:
 US\$ 7,289,329

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mass campaign so the targets could not be reached due to the late delivery of the LLINs via VPP.

– BCC - community outreach: Percentage of people who know the cause of, symptoms of, treatment for or preventive measures for Malaria N/A.

– Indoor Residual Spraying: Number and percentage of households sprayed by indoor residual spraying (routine spraying): 29%, the low achievement of this indicator is because the number of outbreak endemic areas for the period spanning from July to December 2010 was actually lower than expected in the approved Performance Based Framework. The PR used therefore grant funding rationally in terms of value for money.

– HSS: Information system: Number and percentage of reports received at district level from health centers among those expected during the reporting period: 155%.

– HSS: Information system: Number of supervisory visits made to the health centers and supervisory checklist/ feedback report submitted to the district level (DHO): 64%.

– Coordination and partnership development (national, community, public-private): Number of stakeholders attending advocacy workshops: 124%

| Progress Updates | | | | Disbursement Information | | | | |
|---------------------|-----------------------|--|------------|---|-------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 3 | 01.Jan.11 - 30.Jun.11 | | A2 | 4 | | | \$ -70,024 | 18 Nov 2011 |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |

The performance of this semester has improved significantly. Out of 13 applicable indicators in Semester 3, the PR has exceeded the targets for 8 and has met more than 80% of the targets for 5. The programmatic results of Semester 3 are as follows:

Number and percentage of fever cases tested by microscopy among total number of estimated fever cases at MOH health facilities: 160%

Number and percentage of fever cases tested by RDTs among total number of estimated fever cases at MOH health facilities: 87%

Number and percentage of pregnant women screened with RDTs for malaria infection during ANC visits (99%)

Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas: 84%

Number and percentage of health facilities with no reported stock-outs of nationally recommended first line anti-malarial drugs lasting >1 week, at any time during the past three months: 120%

Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs: 116%

Number of village midwives trained for integrated ANC-Malaria program: 114%

Number of new Village Malaria Posts established and supported: 100%

Number of LLINs distributed during Mass Campaigns in high endemic areas: 109%

Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities: 88%

Number and percentage of households sprayed by indoor residual spraying (routine spraying): 103%

Number and percentage of reports received at district level from health centers among those expected during the reporting period: 133%

Number of supervisory visits made to the health centers and supervisory checklist/ feedback report

reimbursement

submitted to the district level (DHO): 96%

In addition, based on the PBF, 3 (three) indicators are not applicable for Semester 3, as follows:
 "Number and percentage of health centers supported with microscopes for malaria diagnosis". This indicator is only applicable for Quarter 4 (Oct - Dec 2010) and Quarter 7 (Jul - Sep 2011).

The indicator "Number percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria": is not measured in Semester 3 since this indicator was a survey that had been conducted in Quarter 4 (October – December 2010). The next survey will be conducted in Year 3 (2012) and Year 5 (2014).

"Number of stakeholders attending advocacy workshops": the indicator is only applicable for Semesters 1 and 2 in accordance with the approved Performance Framework.

The main reasons for the significant improvement in performance, particularly in relation to the achievement and overachievement of indicators, include:

Success in advocacy and community education for fever case management;
 Improved skills of health facility staff through trainings in treatment protocol and practices as well as availability of microscopes and ACTs delivered through VPP procurement by end of 2010.
 Timely scale up of village malaria posts and distribution of LLINs through mass campaigns.

Regarding the moderately achieved indicators, the main reasons are related to late arrival of LLIN and RDT procured through VPP procurement. Action plans have been developed by the PR and catch-up activities will be implemented in Semester to ensure the improvement of the performance for these indicators.

The Global Fund identified discrepancies between the figure reported by PR and the supporting documents from the health facilities through OSDV. 12 out of 13 reporting results are modified after verification. The data quality issue will be addressed in the management letter as a high priority for the PR to improve.

| Progress Updates | | | | Disbursement Information | | | | |
|--|-----------------------|--|------------|--|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 3 | 01.Jan.11 - 30.Jun.11 | | A2 | 4.1 | 01.Jul.11 - 31.Dec.11 | 4,125,501 | \$ 3,388,512 | 28 Oct 2011 |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| <p>The performance of this semester has improved significantly. Out of 13 applicable indicators in Semester 3, the PR has exceeded the targets for 8 and has met more than 80% of the targets for 5. The programmatic results of Semester 3 are as follows: Number and percentage of fever cases tested by microscopy among total number of estimated fever cases at MOH health facilities: 160% Number and percentage of fever cases tested by RDTs among total number of estimated fever cases at MOH health facilities: 87% Number and percentage of pregnant women screened with RDTs for malaria infection during ANC visits (99%) Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas: 84% Number and percentage of health facilities with no reported stock-outs of nationally recommended first</p> | | | | <p>The PR forecasted USD 6,832,527 but it is adjusted to USD 6,669,271. The difference is mainly due to 1) revised carry-forward activities based on the most updated data and FX rate. 2) exclusion of the actual expenditure incurred in Semester 4 that was inaccurately included by the PR in the forecast.</p> <p>Based on the adjusted forecasting amount and verified cash balance, the Global Fund recommended a disbursement of USD 3,388,512 as follows: Forecast: USD 6,832,527 Less cash balance: USD 3,280,759 Disbursement: USD 3,388,512</p> | | | | |

line anti-malarial drugs lasting >1 week, at any time during the past three months: 120%

Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs: 116%

Number of village midwives trained for integrated ANC-Malaria program: 114%

Number of new Village Malaria Posts established and supported: 100%

Number of LLINs distributed during Mass Campaigns in high endemic areas: 109%

Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities: 88%

Number and percentage of households sprayed by indoor residual spraying (routine spraying): 103%

Number and percentage of reports received at district level from health centers among those expected during the reporting period: 133%

Number of supervisory visits made to the health centers and supervisory checklist/ feedback report submitted to the district level (DHO): 96%

In addition, based on the PBF, 3 (three) indicators are not applicable for Semester 3, as follows:
 “Number and percentage of health centers supported with microscopes for malaria diagnosis”. This indicator is only applicable for Quarter 4 (Oct - Dec 2010) and Quarter 7 (Jul - Sep 2011).

The indicator “Number percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria”: is not measured in Semester 3 since this indicator was a survey that had been conducted in Quarter 4 (October – December 2010). The next survey will be conducted in Year 3 (2012) and Year 5 (2014).

“Number of stakeholders attending advocacy workshops” : the indicator is only applicable for Semesters 1 and 2 in accordance with the approved Performance Framework.

The main reasons for the significant improvement in performance, particularly in relation to the achievement and overachievement of indicators, include:
 Success in advocacy and community education for fever case management;
 Improved skills of health facility staff through trainings in treatment protocol and practices as well as availability of microscopes and ACTs delivered through VPP procurement by end of 2010.
 Timely scale up of village malaria posts and distribution of LLINs through mass campaigns.

Regarding the moderately achieved indicators, the main reasons are related to late arrival of LLIN and RDT procured through VPP procurement. Action plans have been developed by the PR and catch-up activities will be implemented in Semester to ensure the improvement of the performance for these indicators.

The Global Fund identified discrepancies between the figure reported by PR and the supporting documents from the health facilities through OSDV. 12 out of 13 reporting results are modified after verification. The data quality issue will be addressed in the management letter as a high priority for the PR to improve.

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| Progress Updates | | | | Disbursement Information | | | | |
|--|-----------------------|--|------------|---|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 4 | 01.Jul.11 - 31.Dec.11 | | A2 | 5 | 01.Jan.12 - 30.Sep.12 | 8,853,725 | \$ 4,913,158 | 30 Apr 2012 |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| <p>Financial data: Up to Semester 4, the PR had spent US\$ 50,776,800 or 94% out of the total budget of US\$ 54,226,746. Programmatic achievement: The PR has met or exceeded the targets for seven out of 11 reporting indicators, achieved between 60-89% for four indicators and had a not applicable for five indicators, as follows:</p> <ul style="list-style-type: none"> -1.1 Number and percentage of fever cases tested by microscopy among total number of estimated fever cases at MOH health facilities 150% - 1.2 Number and percentage of fever cases tested by RDTs among total number of estimated fever cases at MOH health facilities 103% - 1.3 Number and percentage of pregnant women screened with RDTs for malaria infection during ANC visits 105% - 1.4 Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas 66% - 1.5 Number and percentage of health facilities with no reported stock-outs of nationally recommended first line anti-malarial drugs lasting >1 week, at any time during the past three months 152% - 1.8 Number and percentage of health centers supported with microscopes for malaria diagnosis 72% - 1.9 Number of new Village Malaria Posts established and supported 100% - 2.2 Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities 87% - 2.4 Number and percentage of households sprayed by indoor residual spraying (routine spraying) 66% - 3.1 Number and percentage of reports received at district level from health centers among those expected during the reporting period 131% -3.2 Number of supervisory visits made to the health centers and supervisory checklist/ feedback report submitted to the district level (DHO) 143% <p>Not applicable:</p> <ul style="list-style-type: none"> -1.6 Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs -1.7 Number of village midwives trained for integrated ANC-Malaria program -2.1 Number of LLINs distributed during Mass Campaigns in high endemic areas -2.3 Percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria -4.2 Number of stakeholders attending advocacy workshops | | | | <p>Variance between the forecasted amounts and the amount as originally budgeted of US\$ 723,790 consists of carry over activities from Semester 4 to Semester 5. Variance between the PR request and the LFA recommended amount also occurred due to different exchange rates used by the PR and the LFA between the US\$ and Indonesian Rupiah. In addition, US\$ 3,697,755 budgeted for VPP procurement of LLINs and RDTs will be processed as a separate disbursement upon receipt of the revised procurement plan. Disbursement 5 has been calculated on the following basis: Adjusted forecast P9, 10 US\$ 8,789,447 Buffer P11: 1,549,100 Less opening cash balance: US\$ -1,727,634 Less VPP procurement US\$ -3,697,755 Total recommended US\$ 4,913,158</p> | | | | |

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| Progress Updates | | | | Disbursement Information | | | | |
|--|-----------------------|--|------------|--|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 4 | 01.Jul.11 - 31.Dec.11 | | A2 | 5.1 | 01.Jan.12 - 30.Sep.12 | 4,257,524 | \$ 4,257,524 | 03 Jul 2012 |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| <p>Financial data: Up to Semester 4, the PR had spent US\$ 50,776,800 or 94% out of the total budget of US\$ 54,226,746. Programmatic achievement: The PR has met or exceeded the targets for seven out of 11 reporting indicators, achieved between 60-89% for four indicators and had a not applicable for five indicators, as follows:</p> <ul style="list-style-type: none"> -1.1 Number and percentage of fever cases tested by microscopy among total number of estimated fever cases at MOH health facilities 150% - 1.2 Number and percentage of fever cases tested by RDTs among total number of estimated fever cases at MOH health facilities 103% - 1.3 Number and percentage of pregnant women screened with RDTs for malaria infection during ANC visits 105% - 1.4 Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas 66% - 1.5 Number and percentage of health facilities with no reported stock-outs of nationally recommended first line anti-malarial drugs lasting >1 week, at any time during the past three months 152% - 1.8 Number and percentage of health centers supported with microscopes for malaria diagnosis 72% - 1.9 Number of new Village Malaria Posts established and supported 100% - 2.2 Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities 87% - 2.4 Number and percentage of households sprayed by indoor residual spraying (routine spraying) 66% - 3.1 Number and percentage of reports received at district level from health centers among those expected during the reporting period 131% -3.2 Number of supervisory visits made to the health centers and supervisory checklist/ feedback report submitted to the district level (DHO) 143% <p>Not applicable:</p> <ul style="list-style-type: none"> -1.6 Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs -1.7 Number of village midwives trained for integrated ANC-Malaria program -2.1 Number of LLINs distributed during Mass Campaigns in high endemic areas -2.3 Percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria -4.2 Number of stakeholders attending advocacy workshops | | | | <p>This is a VPP disbursement for LLIN procurement, tied to the progress update from 1 July to 31 December 2012.</p> | | | | |

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| Progress Updates | | | | Disbursement Information | | | | |
|--|-----------------------|--|------------|---|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 4 | 01.Jul.11 - 31.Dec.11 | | A2 | 5.2 | 01.Jan.12 - 30.Sep.12 | 380,967 | \$ 380,967 | 21 Sep 2012 |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| <p>Financial data: Up to Semester 4, the PR had spent US\$ 50,776,800 or 94% out of the total budget of US\$ 54,226,746. Programmatic achievement: The PR has met or exceeded the targets for seven out of 11 reporting indicators, achieved between 60-89% for four indicators and had a not applicable for five indicators, as follows:</p> <ul style="list-style-type: none"> -1.1 Number and percentage of fever cases tested by microscopy among total number of estimated fever cases at MOH health facilities 150% - 1.2 Number and percentage of fever cases tested by RDTs among total number of estimated fever cases at MOH health facilities 103% - 1.3 Number and percentage of pregnant women screened with RDTs for malaria infection during ANC visits 105% - 1.4 Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at MoH health facilities and VMPs in MoH target areas 66% - 1.5 Number and percentage of health facilities with no reported stock-outs of nationally recommended first line anti-malarial drugs lasting >1 week, at any time during the past three months 152% - 1.8 Number and percentage of health centers supported with microscopes for malaria diagnosis 72% - 1.9 Number of new Village Malaria Posts established and supported 100% - 2.2 Number of LLINs distributed during routine Ante Natal Care and/or Extended Program on Immunization activities 87% - 2.4 Number and percentage of households sprayed by indoor residual spraying (routine spraying) 66% - 3.1 Number and percentage of reports received at district level from health centers among those expected during the reporting period 131% -3.2 Number of supervisory visits made to the health centers and supervisory checklist/ feedback report submitted to the district level (DHO) 143% <p>Not applicable:</p> <ul style="list-style-type: none"> -1.6 Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs -1.7 Number of village midwives trained for integrated ANC-Malaria program -2.1 Number of LLINs distributed during Mass Campaigns in high endemic areas -2.3 Percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria -4.2 Number of stakeholders attending advocacy workshops | | | | <p>This is a VPP disbursement for RDT procurement, tied to the progress update from 1 July to 31 December 2012.</p> | | | | |

| Progress Updates | | | | Disbursement Information | | | | |
|---|-----------------------|--|------------|---|-----------------------|------------|---------------------|-------------------|
| PU | PU Period | | TGF Rating | DR | DR Period Covered | PR Request | Disbursement Amount | Disbursement Date |
| 5 | 01.Jan.12 - 30.Jun.12 | | A1 | 6 | 01.Jul.12 - 31.Mar.13 | 6,114,530 | \$ 2,649,640 | 11 Dec 2012 |
| Summary of Progress | | | | Reasons for variance between PR Request and Actual Disbursement | | | | |
| <p>The PR continues to show good progress, with a quantitative indicator rating of A1. The 'All Indicator' rating is A1 and the 'Top Ten Indicator' rating is A1.</p> <p>Out of the 7 indicators applicable for this period, the PR achieved or exceeded targets for 4 indicators, above 80% for 2 indicators and low achievement for 1 indicator.</p> <p>PR was not able to achieve 65% for indicator "Number and percentage of pregnant women screened (Microscopy or RDT's) for malaria infection during ANC visits" due to the low level of trained midwives in high and medium endemic villages of the low endemic districts which was not covered in phase 1 period. The low level of midwives trained was because the training plan was not submitted by the PR until 21 April, and approved by the Global Fund on 25 May 2012. We note that the training for midwives has started to be conducted in September 2012</p> | | | | <p>The variance between the forecasted and budget amount is due to carry forward activities. The different between PR request and CT decision come from the deduction of USD 3,140.837 for procurement of RDTs and LLINs which will be directly to VPP from the Global Fund. Despite low rate of absorption during the report semester, the Country Team has taken consideration that the under-spending in the current period was largely due to the late order of LLINs; these have now been ordered and are expected during the current period. In addition, at the time of LFA review, the PR had already initiated and/or completed 56% of the carry-forward activities.</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 |
| | |

