

General SSF Information

Country	Indonesia				
SSF Agreement Number	IND-M-MOH	Component	Malaria	Last Round	12
SSF Title	Intensified Malaria Control Program in Kalimantan, Sulawesi, Sumatra and Six Provinces of Eastern Indonesia				
Principal Recipient	Directorate of Vector Borne Disease Control of the Ministry of Health of the Republic of Indonesia				
SSF Status	Active - Extension - TFM				
SSF Start Date	01 Mar 2013	SSF End Date	28 Feb 2015		
Current* Implementation Period Start Date	01 Mar 2013	Current* Implementation Period End Date	28 Feb 2015	Latest Rating	A2
Current* Implementation Period Signed Amount	\$ 46,701,504	Current* Implementation Period Committed Amount	\$ 40,976,275	Current* Implementation Period Disbursed Amount	\$ 40,109,259
Cumulative Signed Amount	\$ 46,701,504	Cumulative Committed Amount	\$ 40,976,275	Cumulative Disbursed Amount	\$ 40,109,259
				% Disbursed	98%
Time Elapsed (at the end of the latest reporting period)	10 months				

* Latest Implementation Period if SSF is closed

New GPR Report - Table of Contents

(For ExternalVersion)

1. Program Description and Contextual Information

- 1.1. Grant Summary - Web
- 1.2. Country Latest Statistics
- 1.3. Comments on Key Discrepancies between Approved Proposal and Grant Agreement
- 1.4. Conditions Precedent

2. Key Grant Performance Information

- 2.1. Program Impact and Outcome Indicators
- 2.2. Programmatic Performance
 - 2.2.1. Reporting Periods
 - 2.2.2. Program Objectives, Service Delivery Areas and Indicators
 - 2.2.3. Cumulative Progress To Date
- 2.3. Financial Performance
 - 2.3.1. Grant Financial Key Performance Indicators (KPIs)
 - 2.3.2. Program Budget
 - 2.3.3. Program Expenditures
 - 2.3.4. Graph - Cumulative Program Budget, Expenditures and Disbursement to Date
- 2.4. Progress Update and Disbursement Information
- 2.5. Contextual Information

1. Program Description and Contextual Information

1.1. Grant Summary - Web

1.2. Country Latest Statistics

Malaria	Estimate	Year	Source
Estimated malaria cases, 2010	5,453,703	2012	World Malaria Report 2012
Estimated malaria deaths, 2010	8,631	2012	World Malaria Report 2012
Malaria: probable and Confirmed (total), 2011	1,322,451	2012	World Malaria Report 2012
Malaria: suspected (total), 2011	2,278,658	2012	World Malaria Report 2012
Nets distributed (ITNs & LLINs)	10,133,077	2014	Mid-2014 Global Fund Results
Background and Health Spending	Estimate	Year	Source
Nurses and midwives (per 1,000 people)	1	2012	The World Bank Group (Data latest 2013 (update: 2012)
Physicians (per 1,000 people)		2012	The World Bank Group (Data latest 2013 (update: 2012)
Population, total	246,864,191	2012	The World Bank Group (Data latest 2013 (update: 2012)
Birth rate, crude (per 1,000 people)	18	2011	The World Bank Group (Data latest 2013 (update: 2011)
Death rate, crude (per 1,000 people)	7	2011	The World Bank Group (Data latest 2013 (update: 2011)
External resources for health (% of total expenditure on health)	1	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure per capita (current US\$)	95	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, private (% of GDP)	2	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of GDP)	1	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of government expenditure)	5	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, public (% of total health expenditure)	34	2011	The World Bank Group (Data latest 2013 (update: 2011)
Health expenditure, total (% of GDP)	3	2011	The World Bank Group (Data latest 2013 (update: 2011)
Life expectancy at birth, total (years)	69	2011	The World Bank Group (Data latest 2013 (update: 2011)
Hospital beds (per 1,000 people)	1	2010	The World Bank Group (Data latest 2013 (update: 2010)

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.5. Conditions Precedent

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>1. Condition(s) Precedent to Transfer or Use of Grant Funds for Procurement of Technical and Management Assistance Consultancy Services</p> <p>The transfer of Grant funds by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance the procurement of technical and management assistance consultancy services, is subject to the delivery by the Principal Recipient to the Global Fund, in form and substance satisfactory to the Global Fund, of terms of reference for each such service and written justification and documentation to support the transparent selection of consultants for such services, including but not limited to the following services:</p> <p>a. Mapping conversion and data updating, b. Synchronizing data with stakeholder, c. Development of Short Messaging Services (SMS) gateway for Routine Reporting (RR) online, d. Development methods and monitoring tools for HR program quality in prison and community, and e. Financial management.</p>	Others			In Progress	<p>The PR had provided the general ToR for the National Consultants (i.e. Vector capacity and insecticide resistance, Surveillance and epidemiology, Malaria Program Management, Drug Efficacy and Resistance, Diagnosis quality, and Procurement and Distribution) for the SSF Grant on 6 February 2013 to TGF prior to grant negotiation and grant signing.</p> <p>However, the general ToR and timeline submitted by the PR did not merit TGF's approval and hence TGF requested the PR to provide detailed ToR's for each service.</p> <p>The PR had sent the revised ToR's based on TGF's advice via email dated 28 October 2013. TGF has responded PR with comments on 24 January 2014.</p> <p>The PR has been advised to finalize the ToR based on GF comments by 31 August 2014.</p>
	Condition Precedent	<p>STC #1</p> <p>No later than 31 May 2013, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund written evidence that it has developed a costed national human resource allocation plan, to be submitted as part of the National Strategic Plan for Malaria, 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		31.May.13	In Progress	<p>The PR already has the National Strategic Plan for year 2010 - 2014. However, it does not contain the required costed national human resources allocation plan as required by TGF. We understand that PR will not change the current NSP for year 2010-2014 considering that this year is the last year of the current NSP.</p> <p>As the PR is only considering to include the required costed national human resources allocation plan in the National Strategic Plan for year 2015 – 2019, we decide to waive-off this STC.</p>
	Condition Precedent	<p>STC #2</p> <p>No later than 30 June 2013, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, written evidence that the Principal Recipient's remuneration scheme is aligned with the Global Fund Budgeting Guidelines.</p>	Finance		30.Jun.13	Not started	<p>The salary survey undertaken by the Hay Group has been completed. However, PR was not able to take any action as the report was not completed based on the agreed ToR. Both CCM and TGF are still discussing with the Hay Group to ensure that the Hay Group re-submits the report based on the agreed ToR. Until then, PR is not able to take any action to address this issue.</p> <p>The STC is, therefore, extended until 30 June 2014.</p>

IND-M-MOH

Last Updated on: 01 September 2014

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>STC #3</p> <p>No later than 30 June 2013, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund, evidence that:</p> <p>a. it has transferred the fixed assets purchased under Round 6 and Round 8 to this Grant; and</p> <p>b. it has established and maintains a fixed assets register with unique tagging for all assets purchased with Global Fund Grant funds;</p> <p>and shall, annually thereafter, conduct physical verifications of fixed assets and deliver to the Global Fund, together with the Progress Update submitted for the second half of each calendar year, relevant information relating to such verifications, in form and substance satisfactory to the Global Fund.</p>	Finance		30.Jun.13	In Progress	<p>a. The PR has prepared a "Transfer Report" (record of fixed assets being transferred to this grant) which contains the information of the fixed assets purchased from Round 6 and 8 Grants. The transfer report was dated on 28 February 2013 and has been signed and approved by the authorized personnel for each grant during the reporting period.</p> <p>b. The review of the Round 6 and Round 8 fixed asset registers (FAR) noted that the PR has maintained the FAR with unique tagging for all assets purchased with GF grant funds. Furthermore, it was also noted that the PR already conducted physical verifications of fixed asset yearly, however, the PR did not have documentation for evidencing this (i.e. stock count or physical count worksheet) of physical verification. Furthermore, based on our physical stock count of sample assets, we noted that all assets have been tagged. As required by TGF, the PR will conduct the physical verification annually and submit it together with the Progress Update in the second half of each calendar year. However, the PR has not sent the physical verification of fixed assets along with the PUDR submission during Semester 2.</p> <p>The PR has been advised to submit the progress update with the next PU.</p>
	Condition Precedent	<p>STC #4</p> <p>No later than 31 July 2013, the Principal Recipient shall provide, in form and substance satisfactory to the Global Fund, a report on the actual distribution cost incurred with respect to its latest distribution of LLINs to end users across all districts covered by the Grant. The Principal Recipient acknowledges and agrees that, based on this information, the Global Fund may, in its sole discretion, adjust the budget relating to LLIN distribution cost and decommit any resulting savings from the Grant amount.</p>	Procurement		31.Jul.13	In Progress	<p>The PR is currently in progress in collecting the supporting documents from the SRs and calculating the distribution cost. We have requested the PR to complete this report by 31 August 2014.</p>

IND-M-MOH

Last Updated on: 01 September 2014

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>STC #5</p> <p>No later than six months after signing this Agreement, the Principal Recipient shall deliver to the Global Fund, in form and substance satisfactory to the Global Fund:</p> <p>a. written evidence that the Principal Recipient has implemented a functional system for recording and reporting on patient- and inventory-related information (Management Information System), as assessed by the LFA, including, without limitation, a system for validating, analyzing, and utilizing the reported information in the management of the Malaria program);</p> <p>b. a revised Standard Operating Procedures Manual reflecting in detail the arrangements for procurement, storage, distribution, recording and reporting, and utilization of information to manage the program with respect to Health Products (including, without limitation, ACTs, LLINs, RDTs), which procedures shall take into account the requirements of the Global Fund's Procurement Policy, Quality Assurance Policy and the reporting requirements with respect to the PQR system as set forth in the Guide to Global Fund Policies on Procurement and Supply Management of Health Products incorporated by reference in Article 19 of this Agreement (the "Guide");</p> <p>c. written evidence of compliance with the Global Fund's quality assurance policy for diagnostics as set forth in the Guide; and</p> <p>d. written evidence that storage facilities at the district level conform to internationally recognized minimum standards (Good Storage Practices) (as assessed by the LFA) as referenced in the Guide, for all Health Products procured using Global Fund resources.</p>	Procurement		31.Aug.13	In Progress	<p>a. The PR finalized the SOP for Management Information System (MIS) report signed by the APR on July 2013. However, the PR has not yet delivered the SOP MIS to TGF. The PR has been advised to submit the SOP to the GF by 30 June 2014.</p> <p>b. The PR has prepared the Logistics SOP that was already reviewed and endorsed by TWG on 12 April 2013 and was submitted initially to TGF on 15 April 2013. However, the PR has not yet revised the Logistics SOP based on TGF recommendations on 24 June 2013. The PR has been advised to submit the revised SOP by 30 June 2014.</p> <p>c. As the SOP for Logistic and QA RDT have not been endorsed by TWG, therefore, the PR could not provide written evidence for compliance with QA policy. The PR has been requested to submit the required written evidence from TWG by 30 June 2014.</p> <p>d. The PR has conducted an assessment of the storage facilities at the district level in May 2013. However, as yet, the PR has not completed the report of the storage facility assessment to be submitted to TGF. The PR has been requested to submit the requisite report by 30 June 2014.</p>
	Condition Precedent	<p>STC #6</p> <p>At least one month prior to the transfer of Grant funds by the Global Fund to the Principal Recipient or use by the Principal Recipient of Grant funds to finance training activities to be conducted during the Implementation Period, the Principal Recipient shall deliver to the Global Fund plans, in form and substance satisfactory to the Global Fund, the Training Plan for such training activities (the "Training Plan"). The 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		30.Apr.13	Met	The Training plan has been approved by TGF on 3 April 2013.

IND-M-MOH

Last Updated on: 01 September 2014

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>STC #7</p> <p>Together with each Progress Update and Disbursement Request, the Principal Recipient shall provide, in form and substance satisfactory to the Global Fund, evidence of best efforts to find alternative domestic sources of funding for the payment of incentives for outreach (cadres, sprayers, etc) and health workers (microscopists). Upon confirmation to the satisfaction of the Global Fund of the availability of alternative domestic sources of funding for such incentives, the Program budget, as reflected in the Summary Budget attached to this Annex A, shall be revised and any resulting savings will be re-allocated towards other high impact interventions at the discretion of the Global Fund.</p>	Finance			In Progress	<p>The PR has not been able to identify the portion between state budget and TGF budget due to: (i) local budget in all provinces is the lump sum amounts (ii) some provinces have not submitted the "Proportion Report " (i.e. Laporan Kontribusi) which provides information on the proportion of the incentive payments that covered from the local budget and TGF fund or other donors. The PR expects that this STC will be fulfilled by the end of Year 2014, as the PR will develop new report template that could accommodate information of the proportion incentives. Moreover, the PR will also conduct socialisation to SRs during the monitoring and evaluation activities regarding the implementation on this new report template.</p> <p>As it seems that the STC cannot be met during this year, the same has been extended until 31 December 2014.</p>

2. Key Grant Performance Information

2.1. Program Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2013	2024	2025	2026	2027

Goal 1 To reduce morbidity and mortality associated with malaria by reducing malaria transmission to the lowest possible level with epidemiologically appropriate interventions. (target provinces are Kalimantan, Sulawesi, Sumatra and six Provinces of Eastern Indonesia).

Impact indicator	Confirmed malaria cases per 1000 persons per year (East Part of Indonesia)													
	Baselines													
	Value							Year						
	24.01							2010						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	23	22													
Result															
Data source of Results															

Impact indicator	Confirmed malaria cases per 1000 persons per year (Sumatera, Kalimantan, Sulawesi, and West Nusa Tenggara)													
	Baselines													
	Value							Year						
	2.25							2010						

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

Impact indicator	Percentage of confirmed malaria deaths per total confirmed malaria cases in health facilities													
	Baselines													
	Value							Year						
	0.09							2011						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	0	0													
Result															
Data source of Results															

Outcome indicator	Percentage of children U5 sleeping under an ITN (Kalimantan and Sulawesi)													
	Baselines													
	Value							Year						
	65%							2011						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	N: D: P: %	N: D: P: 80%	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: %	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: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Outcome indicator	Percentage of children U5 sleeping under an ITN (Sumatra and Eastern Part of Indonesia)										Baselines				
											Value		Year		
											54%		2011		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	N: D: P: 70%	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: %	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: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Outcome indicator	Percentage of pregnant women (and other target groups) sleeping under an ITN (Kalimantan and Sulawesi)										Baselines				
											Value		Year		
											53%		2011		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	N: D: P: %	N: D: P: 80%	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: %	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: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Outcome indicator	Percentage of pregnant women (and other target groups) sleeping under an ITN (Sumatra and Eastern Part of Indonesia)										Baselines				
											Value		Year		
											45%		2011		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	N: D: P: 70%	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: %	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: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Outcome indicator	Percentage of households with at least one ITN (Kalimantan and Sulawesi)										Baselines				
											Value		Year		
											66%		2012		

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	N: D: P: %	N: D: P: 80%	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: %	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: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results															

Outcome indicator	Percentage of households with at least one ITN (Sumatra and Eastern Part of Indonesia)										Baselines				
											Value		Year		
											57%		2011		
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	N: D: P: 80%	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: %	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: %	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.Mar.13 30.Jun.13	01.Jul.13 31.Dec.13	01.Jan.14 30.Jun.14	01.Jul.14 31.Dec.14	01.Jan.15 28.Feb.15	01.Mar.15 31.Dec.15	01.Jan.16 30.Jun.16	01.Jul.16 31.Dec.16

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.

Treatment: Diagnosis

Indicator 1.1 - Number and percentage of fever cases tested by microscopy and/or RDT

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	1,996,373	2010	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 598,912 D: 598,912 P: 100%	N: 1,497,280 D: 1,497,280 P: 100%	N: 808,531 D: 808,531 P: 100%	N: 1,617,062 D: 1,617,062 P: 100%	N: 242,559 D: 242,559 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 619,094 D: 598,912 P: 103%	N: 1,659,171 D: 1,659,171 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 1.2 - Number and percentage of pregnant women screened by microscope and/or RDT

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	587,167	2010	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 195,722 D: 195,722 P: 100%	N: 489,306 D: 489,306 P: 100%	N: 297,958 D: 297,958 P: 100%	N: 595,916 D: 595,916 P: 100%	N: 97,861 D: 97,861 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 169,759 D: 195,722 P: 87%	N: 426,201 D: 426,201 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Treatment: Prompt, effective antimalarial treatment

Indicator 1.4 - Number of positive malaria cases (confirmed with microscopy and/or RDTs) treated with ACT (DHP) 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	483,383	2010	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	128,902	322,255	183,686	367,371	58,167			
Result	117,803	306,476						

Objective 2 - Scale up coverage and use of LLINs among pregnant women and of children under 5.

Prevention: Insecticide-treated nets (ITNs)

Indicator 2.1 - Number of LLINs distributed in the coverage areas

	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	3,925,254	2011	Y	N												
Target	231,785	1,663,816	709,886	1,781,980	115,894											
Result	211,278	485,394														

Indicator 2.2 - Number and percentage of households sprayed by indoor residual 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	30,600 (100%)	2010	Y	N												
Target	N: 11,000 D: 11,000 P: 100%	N: 11,000 D: 11,000 P: 100%	N: 11,000 D: 11,000 P: 100%	N: 11,000 D: 11,000 P: 100%	N: 11,000 D: 11,000 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: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 23,910 D: 11,000 P: 217%	N: 19,294 D: 20,229 P: 95%	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: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 2.4 - Number of LLINs distributed to the general population via mass campaign

	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	N/A	N/A	Y	N												
Target	0	0	0	3,497,468	0											
Result																

Information, education and communication (IEC) and behavior change communication (BCC)

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	65%	2011	N	N												
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: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result																

IND-M-MOH

Last Updated on: 01 September 2014

Objective 3 - Improve routine malaria surveillance and reporting for improved management including epidemic investigation and control so that investigation of reported epidemics is routinely initiated within 24 hours and > 90% of health facilities report on time by 2015.

HSS: Community Systems Strengthening

Indicator 3.1 - Number and 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	214	2010	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 214 D: 285 P: 75%	N: 228 D: 285 P: 80%	N: 242 D: 285 P: 85%	N: 271 D: 285 P: 95%	N: 285 D: 285 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 202 D: 214 P: 94%	N: 182 D: 285 P: 64%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

HSS: Information/monitoring and evaluation - Routine data collection, analysis and use

Indicator 3.2 - Number and percentage of Health Centers that received feedback report from District Health Officer after supervisory visits

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	4003 (100%)	2010	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 1,334 D: 4,003 P: 33%	N: 3,336 D: 4,003 P: 83%	N: 2,002 D: 4,003 P: 50%	N: 4,003 D: 4,003 P: 100%	N: 667 D: 4,003 P: 17%	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 1,286 D: 1,334 P: 96%	N: 3,338 D: 4,003 P: 83%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 3.3 - Number and percentage of health centers with no stock-outs of nationally recommended first line antimalarial drugs continuously for more than 7 days during the last three months

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 3,003 D: 4,003 P: 75%	N: 3,202 D: 4,003 P: 80%	N: 3,603 D: 4,003 P: 90%	N: 4,003 D: 4,003 P: 100%	N: 4,003 D: 4,003 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 2,897 D: 3,003 P: 97%	N: 2,565 D: 4,003 P: 64%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

2.2.3. Cumulative Progress To Date

Latest reporting due period : 2 (01.Jul.13 - 31.Dec.13)

Objective 1	Expand access to early, confirmed diagnosis (microscopy/RDTs) and prompt treatment with ACT in malaria endemic areas.
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SDA	Treatment: Diagnosis
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Indicator 1.1 - Number and percentage of fever cases tested by microscopy and/or RDT

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	2	N: 1,497,280 D: 1,497,280 P: 100 %	2	N: 1,659,171 D: 1,659,171 P: 100 %	100%				

Indicator 1.2 - Number and percentage of pregnant women screened by microscope and/or RDT

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	2	N: 489,306 D: 489,306 P: 100 %	2	N: 426,201 D: 426,201 P: 100 %	100%				

SDA	Treatment: Prompt, effective antimalarial treatment
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Indicator 1.4 - Number of positive malaria cases (confirmed with microscopy and/or RDTs) treated with ACT (DHP) at MoH health facilities and VMPs in MoH target areas

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	2	322,255	2	306,476	95%				

Objective 2	Scale up coverage and use of LLINs among pregnant women and of children under 5.
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SDA	Prevention: Insecticide-treated nets (ITNs)
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Indicator 2.1 - Number of LLINs distributed in the coverage areas

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	2	1,663,816	2	485,394	29%				

Indicator 2.2 - Number and percentage of households sprayed by indoor residual spraying

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	2	N: 11,000 D: 11,000 P: 100 %	2	N: 19,294 D: 20,229 P: 95.4 %	95%				

Indicator 2.4 - Number of LLINs distributed to the general population via mass campaign

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	2	0	N/A	Not Found	0%				

SDA	Information, education and communication (IEC) and behavior change communication (BCC)
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Indicator 2.3 - Percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria

	Target		Result		Progress (%)				
	Period	Value	Period	Value	0%	30%	60%	90%	100%
No Level	N/A	N/A	N/A	Not Found	Cannot Calculate				

Objective 3 Improve routine malaria surveillance and reporting for improved management including epidemic investigation and control so that investigation of reported epidemics is routinely initiated within 24 hours and > 90% of health facilities report on time by 2015.

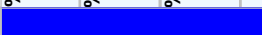
SDA HSS: Community Systems Strengthening

Indicator 3.1 - Number and percentage of districts submitting routine, timely and accurate reporting

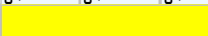
	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	2	N: 228 D: 285 P: 80 %	2	N: 182 D: 285 P: 63.9 %					80%	

SDA HSS: Information/monitoring and evaluation - Routine data collection, analysis and use

Indicator 3.2 - Number and percentage of Health Centers that received feedback report from District Health Officer after supervisory visits

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	2	N: 3,336 D: 4,003 P: 83.3 %	2	N: 3,338 D: 4,003 P: 83.4 %					100%	

Indicator 3.3 - Number and percentage of health centers with no stock-outs of nationally recommended first line antimalarial drugs continuously for more than 7 days during the last three months

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	2	N: 3,202 D: 4,003 P: 80 %	2	N: 2,565 D: 4,003 P: 64.1 %					80%	

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	24 months	Grant Amount	40,976,275 \$
% Time Elapsed (as of end date of the latest PU)	42%	% disbursed by TGF (to date)	98%
Time Remaining (as of end date of the latest PU)	14 months	Disbursed by TGF (to date)	40,109,259 \$
Expenditures Rate (as of end date of the latest PU)	92%	Funds Remaining (to date)	867,016 \$

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.Mar.13	01.Jul.13	01.Oct.13	01.Jan.14	01.Apr.14	01.Jul.14	01.Oct.14	01.Jan.15
Period Covered To:	30.Jun.13	30.Sep.13	31.Dec.13	31.Mar.14	30.Jun.14	30.Sep.14	31.Dec.14	28.Feb.15
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	15,929,730	18,029,417	33,196,435	37,327,163	42,194,251	46,900,796	49,109,845	50,206,064
Summary Period Budget:	15,929,730	2,099,687	15,167,018	4,130,728	4,867,088	4,706,545	2,209,049	1,096,219

Expenditure Categories

Program Activities

Implementing Entities

- Comments and additional information

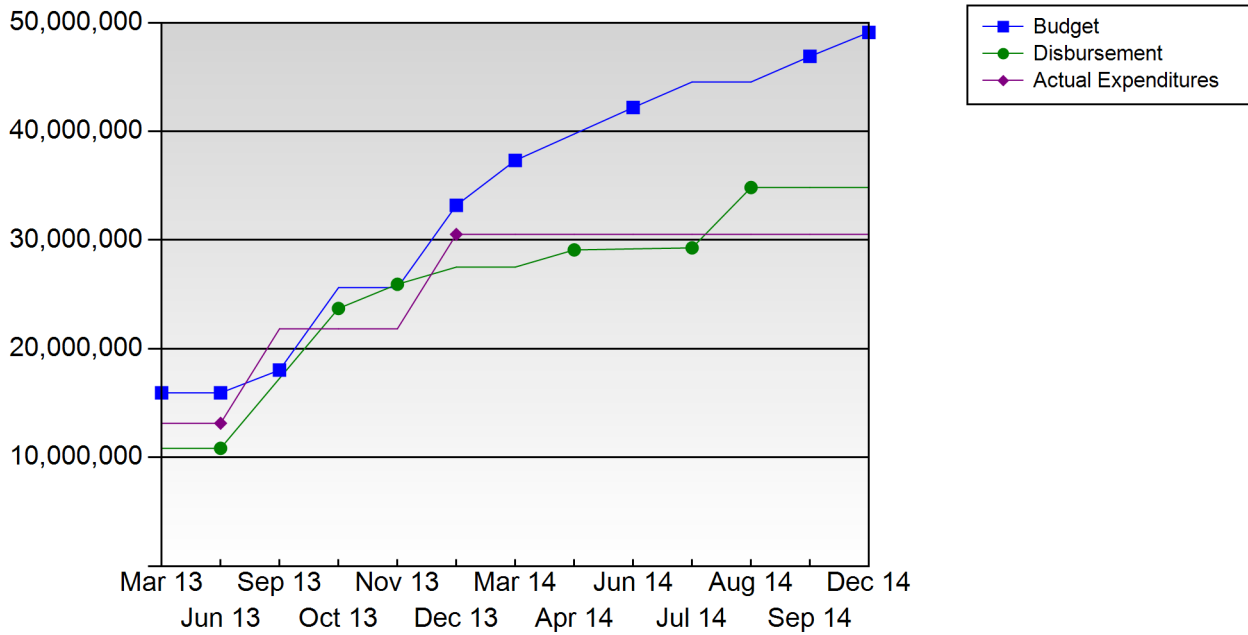
2.3.3. Program Expenditures

Period PU2: 01.Jul.13 - 31.Dec.13	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 17,388,252	\$ 33,196,435	\$ 30,523,911	\$ 2,672,524	
1a. PR's Total expenditure	\$ 14,478,543		\$ 26,399,653		
1b. Disbursements to sub-recipients	\$ 2,546,832		\$ 3,761,381		
1c. Expenditure Adjustments	\$ 362,877		\$ 362,877		Reason for adjustments
2. Pharmaceuticals & Health Product expenditures vs budget	\$ 13,662,258		\$ 25,161,778		Adjustment in cumulative cash outflow as per LFA verified PUDR from semester 2 (July-December 2013). From PU 2, the LFA changed the cash outflow reporting method. As per the new approach, the LFA started reporting the cash outflow as PR expenditure + disbursement to SRs , as opposed to SR expenditures in past.
2a. Medicines & pharmaceutical products					
2b. Health products and health equipment	\$ 13,662,258		\$ 25,161,778		

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date

IND-M-MOH

Last Updated on: 01 September 2014



2.4. Progress Update and Disbursement Information

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

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Mar.13 -		N/A	1.0.1	01.Mar.13 - 31.Mar.14	12,587,158	\$ 10,828,392	17 Jun 2013	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
First disbursement				This is the first disbursement for IND-M-MOH. Disbursement includes VPP orders below; VPP order for 1,937,646 RDTs 2013-2014 VPP order for 1,832,855 LLINs 2013-2014 VPP order for 1,086,624 LLINs 2014 Disbursement for PR follows approved workplan and budget with less 10% absorption adjustment to the budget for buffer period.					

IND-M-MOH

Last Updated on: 01 September 2014

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Mar.13 -		N/A	1.1.1	01.Mar.13 - 31.Mar.14	15,206,422	\$ 12,873,574	07 Oct 2013	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
First disbursement					<p>This is a revision in the annual disbursement decision due to a recent increase in grant amount of USD 15,302,925 for IND-M-MoH under the New Funding model interim applicant mechanism. The original ADMF was processed on 30 May 2013 for a total amount of USD 18,859,968. Out of this, USD 14,311,609 has been disbursed to date with USD 4,548,349 remaining to be disbursed under the originally scheduled cash transfers. The current modification of the annual disbursement decision updates the annual forecast for 1-Mar-13 to 31-Mar-14 to take into account the updated grant budget for the period. As a result of the updated budget and forecast, the annual disbursement decision is increased by USD 13,855,339 of which USD 12,873,574.49 will go to VPP for procurement of LLINs and USD 981,765 will be disbursed to the PR in addition to the originally scheduled cash transfers under the ADMF processed in May 2013.</p> <p>Revised Annual Disbursement Recommendation 32,715,296.99 Less disbursements already made to PR and VPP in June 2013 14,311,609U.S10D Revised amount for annual disbursement USD 18,403,687.89</p>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Mar.13 -		N/A	1.1.2	01.Mar.13 - 31.Mar.14	15,206,422	\$ 2,225,531	06 Nov 2013	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
First disbursement					<p>This is a release of first cash tranche under the annual disbursement decision. The updated cash balance (PR+SR) as of 25-Oct-13 is \$2,385,541. Of this cash balance, \$1,146,907 relate to distribution costs for LLINs (central to district and district to end user), which the PR is expecting to arrive in December 2013. Considering that the cash balance is still relatively high, however also acknowledging that a large portion of it will be needed for the distribution of LLINs starting in December, the Country team recommends release of the scheduled cash transfer -\$2,225,531.40 This cash transfer itself also includes funds for LLIN distribution - \$436,769 per budget, which will be needed upon the delivery of the LLINs in country. Last but not least, this recommendation is also a precaution to avoid possible shortage of cash and programmatic set-back towards end of the year and beginning of 2014, when release of disbursements will not be possible due to end of year financial closure. If absorption by the end of the year remains low, the extra cash will be deducted from the subsequent cash tranche in Q1 of 2014.</p>				

IND-M-MOH

Last Updated on: 01 September 2014

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
0	01.Mar.13 -		N/A	1.1.2	01.Mar.13 - 31.Mar.14	15,206,422	\$ 3,163,862	01 Apr 2014	

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
First disbursement	The release of the last cash transfer under this ADMF covering period Jan-Mar 2013 and originally scheduled for 10-Jan-14 has been delayed due to relatively high cash balance in country. The Country Team has been monitoring the cash balance on a monthly basis. According to latest update, as at 15-Mar-14 the PR+SR cash balance was \$1,670,234. Against this, the PR reports \$1,188,899 obligated budget related mostly to custom clearance and distribution of 1st badge of LLINs and RDTs. In addition, \$519,633 is tied to on-going bidding process for custom clearance, distribution and warehousing of 2nd badge of LLINs and RDTs. As a result, effectively the entire cash in country is linked to payments which will need to be settled fairly soon to avoid delays in the distribution of LLINs and RTD. In the meantime, the PR will have to continue will a few other critical procurements related to the Q1 budget, namely lab supplies, quality assurance and custom clearance of 3rd badge of LLINs and RDTs totalling \$3,125,564. Therefore, considering that the next ADMF will not be processed before end April/ early May in order to avoid programmatic delays and setback, the CT recommends processing cash transfer in the amount of \$3,163,862 = (\$1,188,899+\$519,633 +\$3,125,564 - \$1,670,234)

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
1	01.Mar.13 - 30.Jun.13		A2					N/A	

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
Out of 10 indicators, the PR has achieved the intended target for 7 indicators, 1 indicator is under achieved and 2 indicators are not applicable during the period. The CT thinks that A2 accurately reflects the overall performance of the PR. Out of 5 unmet STCs, 2 STCs are not entirely within the control of the PR (1 and 2) and need to be postponed, so this should not affect their performance rating. Expenditure absorption of 82% in the first period of this new grant is also not concerning. Also, outstanding management actions are not severe enough to downgrade rating of the grant.	

IND-M-MOH

Last Updated on: 01 September 2014

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jul.13 - 31.Dec.13		A2	2	01.Jan.14 - 31.Mar.15	16,004,277	\$ 189,129	08 Jul 2014
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>Following the analysis of the overall performance of the Program, including the implementation of activities, completion of conditions and management actions, as well as program management from 1 July – 31 December 2013, the Global Fund has decided to give the Principal Recipient an A2 rating.</p> <p>This represents an upgrade to the PR's programmatic rating of B1. The programmatic performance during previous semester was A2 and current decrease in the achievement is due to underperformance against a top ten indicator related to LLINs distribution in the coverage areas.</p> <p>The Country Team has decided to upgrade the rating to A2 in view of the fact that the PR began the VPP order process in April 2013, which was within 1 month of grant signing. We note that the PR worked effectively with the Procurement Agent to try to get earliest possible delivery of the LLINs. The fact that delivery was not possible in time to meet the Period 2 distribution target was beyond the PRs control. LLINs have since been delivered and we hope that PR will be able to fully catch up the distribution target during the current semester.</p> <p>The PR is advised to urgently resolve new and previous management issues – a slow progress in resolving these issues could potentially lead to a downgrade in the programmatic rating.</p>				<p>The disbursement of USD 8,403,799 has been approved according to the grant approved budget and workplan. The disbursement has been calculated as per following details:</p> <p>Annual Disbursement Recommendation: Approved budget January - December 2013 USD 15,913,410</p> <p>Buffer period (Jan – March 2015): \$0, since NFM grant is planned to start 1 –Jan-15 USD 0 Commitments USD 394,527 Carry-forward activities at PR level USD 186,257 Less anticipated savings at PR level USD -1,827,799 Carry forward activities at SR level USD 643,324 Less anticipated savings at SR level USD -1,049,948 Less 3 % absorption adjustment on carry-forward activities USD -24,367 Total forecast USD 14,235,404 Less cash balance at PR level USD -2,003,304 Less cash balance at SR level USD -664,439 Less cash in transit USD -3,163,862 Disbursement amount USD 8,403,799</p> <p>The disbursement forecast is explained as below:</p> <ul style="list-style-type: none"> • Savings due to FX gain are as a result of significant appreciation of the Indonesian Rupiah. The budget rate is 1USD=9,000 IDR whereas the forecast has been re-valued to the average rate of the past six months – 1USD=11,162 IDR • Commitments at PR level relate to handling costs for RDTs and LLINs • Carry-forward activities at PR level are for RDT handling costs, QA cost, and media campaign including radio/TV spots • Carry-forward budget at SR level is mostly related to LLIN distribution costs <p>Of the total forecast of \$ 14,235,404, 50% will be spent on health product procurement and distribution costs, 25% - HR and administrative costs and the rest on supervision and other program related costs.</p> <p>In accordance with the Global Fund's policy on Annual Disbursement Decisions, the disbursement will be transferred to the PR in tranches depending on verification of cash balance. The estimated timing of tranche release is as follows:</p> <p>Jan-Jun forecast \$8,683,679 Less PR cash balance -\$2,003,304) Less SR cash -\$ 664,439) Less cash in transit -\$3,163,862) Total disbursement \$2,852,074, Disbursement to VPP for RDTs procurement \$1,056,145 (upon receipt of quotes)</p> <p>1st cash transfer to PR USD 1,795,929 to be made in June 2014</p> <p>July-December forecast: \$5,551,725 equal to 2nd cash tranche to be disbursed in August 2014</p>				

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
2	01.Jul.13 - 31.Dec.13		A2	6	01.Jan.14 - 31.Mar.15	16,004,277	\$ 5,551,725	25 Aug 2014	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>Following the analysis of the overall performance of the Program, including the implementation of activities, completion of conditions and management actions, as well as program management from 1 July – 31 December 2013, the Global Fund has decided to give the Principal Recipient an A2 rating.</p> <p>This represents an upgrade to the PR's programmatic rating of B1. The programmatic performance during previous semester was A2 and current decrease in the achievement is due to underperformance against a top ten indicator related to LLINs distribution in the coverage areas.</p> <p>The Country Team has decided to upgrade the rating to A2 in view of the fact that the PR began the VPP order process in April 2013, which was within 1 month of grant signing. We note that the PR worked effectively with the Procurement Agent to try to get earliest possible delivery of the LLINs. The fact that delivery was not possible in time to meet the Period 2 distribution target was beyond the PRs control. LLINs have since been delivered and we hope that PR will be able to fully catch up the distribution target during the current semester.</p> <p>The PR is advised to urgently resolve new and previous management issues – a slow progress in resolving these issues could potentially lead to a downgrade in the programmatic rating.</p>				<p>Release of second cash tranche under the annual disbursement decision.</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

