

## General Grant Information

Country	Indonesia				
Grant Number	IND-809-G13-M	Component	Malaria	Round	08
Grant Title	Intensified Malaria Control Program in Kalimantan and Sulawesi Islands				
Principal Recipient	PERDHAKE - Indonesian association for voluntary health services				
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	\$ 5,344,092	Current* Phase Committed Amount	\$ 4,115,307	Current* Phase Disbursed Amount	\$ 4,115,307
Cumulative Signed Amount	\$ 13,773,120	Cumulative Committed Amount	\$ 12,544,335	Cumulative Disbursed Amount	\$ 12,544,335
				% Disbursed	100%
Time Elapsed (at the end of the latest reporting period)	48 months	Proposal Lifetime	Not Available	% of Grant Duration	80%

\* Latest Phase if grant 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
- 2.6. Phase 2 Grant Renewal

## 1. Program Description and Contextual Information

### 1.1. Grant Summary - Web

Eastern Indonesia has eight million people spread across remote islands, with most at risk of malaria infection. The region sees higher than average levels of malaria-caused illness and death in pregnant women and children. The program supported by this grant aims to reduce malaria-related illness and death in Kalimantan and Sulawesi islands to the lowest possible level with epidemiologically appropriate interventions. Grant funds will be used to increase the quality of early diagnosis and prompt treatment; to provide malaria screening for pregnant women; to enhance surveillance activities; and to distribute long-lasting insecticide-treated bed nets in high endemic areas.

### 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 ( <a href="http://www.childinfo.org/mortality_imrcountrydata.php">http://www.childinfo.org/mortality_imrcountrydata.php</a> ) accessed on 01 December 2011
Under-5 mortality rate (per 1,000 live births)	35	2010	UNICEF. Child mortality database ( <a href="http://www.childinfo.org/mortality_ufrcountrydata.php">http://www.childinfo.org/mortality_ufrcountrydata.php</a> ) 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 ( <a href="http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf">http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf</a> ) 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. ( <a href="http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls">http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls</a> ) 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**

There is no major discrepancy but during the grant negotiations efficiencies were found through adjusting unit costs and adjusting the rate of exchange between the Indonesian Rupiahs and the US\$ . .

**1.5. Conditions Precedent**

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	1. Condition(s) Precedent to Second Disbursement (Terminal Date as stated in block 7A of the Face Sheet)  The second disbursement of Grant funds is subject to the satisfaction of each of the following conditions:	Finance	Disbursement	30.Jun.10	Met	Condition was met in Phase I
	Condition Precedent	a. the delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has appointed, under terms of reference acceptable to the Global Fund, a person with appropriate qualifications and experience to serve as a Finance Coordinator;	Finance	Disbursement		Met	Condition was met in Phase I
	Condition Precedent	b. the delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has developed terms of reference acceptable to the Global Fund for the staff that will be engaged in implementation of the Program.	Finance	Disbursement		Met	Condition was met in Phase I
	Condition Precedent	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT  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.				Met	Condition was met in Phase I
	Condition Precedent	The Principal Recipient shall not use Grant funds to finance diagnosis and treatment activities 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.		Other		Met	Condition was met in Phase I
	Condition Precedent	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 requirements.		Other		Met	Condition was met in Phase I
	Condition Precedent	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.		Other		Met	Condition was met in Phase I

IND-809-G13-M

Last Updated on: 23 May 2014

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	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		Met	As per LFA verification Perdhaki has committed to procuring health products (i.e. ACTs, RDTs and LLINs) through a Procurement Agent whose capability has been assessed and approved by the Global Fund, i.e. the VPP. A written confirmation regarding this commitment has been sent to the Global Fund through an email dated 1 September 2009. In addition, the PR's capacity to implement the program including performing the procurement of Health Products had been reviewed by the LFA and this has been approved through the signing the grant agreement on 16 October 2009.
	Condition Precedent	<b>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</b> 1. Within 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 testing according to WHO prequalification and/or ISO 17025).	Others		15.Apr.13	In Progress	The PR has no capability to fulfill this STC and needed to obtain the assistance from the other PR (i.e. Sub-Directorate of Malaria, MoH), a Memorandum of Understanding (MoU) for the implementation of the quality assurance for RDTs has been signed between dr. Felix Honggo Goenawan (i.e. Authorized PR of Perdhaki) and dr. Asik Surya (Head of Sub Directorate of Malaria, MoH) on 12 December 2012. Based on the MoU, the PR and MoH have agreed to the following: 1. The PR agreed with the MoH policy that the microscopy is the gold standard for diagnostics of malaria; 2. The PR agreed with the MoH policy that the RDTs can be used for Malaria diagnosis in the remote area and in the areas that do not have microscopy test; 3. The PR will follow all steps and procedures of Quality Assurance System and Standard Operation Procedure of RDTs Quality Assurance that were set and implemented by the MoH; 4. The MoH allows the PR to use the Quality Assurance System and Standard Operation Procedure of RDTs Quality.  This MoU has been submitted for the Global Fund's approval on 3 January 2013. The MoH has received the revision of the SOP from the Global Fund on 12 June 2013. However, up to the completion date of the report (i.e. 24 March 2014) we noted that the SOP was not yet finalised by the MoH. We also noted that the SOP is still under the review of the Sub-Directorate Malaria Diagnostic Staff (i.e. Ms. Anis) and the estimated date completion of the SOP has not been determined.  Hence, based on the above facts, we are of the view that this Special Term and Condition (STC) is considered as Unmet – In progress. However, we understand that the fulfillment of this STC is dependent on the completion of the SOP that should be prepared by the third party (i.e. MoH Malaria Unit) and it is beyond the control of the PR Perdhaki.

IND-809-G13-M

Last Updated on: 23 May 2014

CP #	CP Type	Condition Precedent	Functional Area	Tied To	Terminal Date	Is currently met?	Comments
	Condition Precedent	<p>SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT</p> <p>2. 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		30.Apr.12	Met	Based on LFA and CT review, the PR's training plan for 1 Jan to 31 Dec 2012 was approved by the FPM on April 9, 2012. In August 2012, the PR submitted a Training Plan for the remaining of the grant life, i.e. 1/1/13 to 31/12/14. This plan was approved by the LFA and subsequently by the FPM. There are no significant risk issues, and the plan is fully in line with the approved grant agreement. The training plan was approved on September 28, 2012.

## 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
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

**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%							2008						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	5.54%	7.04%	5.02%	3.00%	2.02%										
Result	2.97														
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													
	Baselines													
	Value							Year						
	1.46%							2008						

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Target	5% reduced from baseline (1,39%)	15% reduced from baseline (1,24%)	25% reduced from baseline (1,1%)	35% reduced from baseline (0,95%)	50% reduced from baseline (0,73%)										
Result	2.00														
Data source of Results															

Outcome indicator	Proportion of children under five who slept under an LLIN the previous night													
	Baselines													
	Value							Year						
	Not Available							Dec 09						

	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	To be determined in year 1		To be determined in year 3		80%										
Result															
Data source of Results															

Outcome indicator	Proportion of pregnant women who slept under an LLIN the previous night													
	Baselines													
	Value							Year						
	Not Available							Dec 09						

	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	To be determined in year 1		To be determined in year 3		80%										
Result															
Data source of Results															

Outcome indicator		Proportion of households owning at least one LLIN										Baselines				
												Value		Year		
												Not Available		Dec 09		
	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	To be determined in year 1		To be determined in year 3		80%											
Result																
Data source of Results																
Impact indicator		PHASE II: Confirmed malaria cases per 1000 persons per year										Baselines				
												Value		Year		
												2.8		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			5	3	2											
Result																
Data source of Results																
Impact indicator		PHASE II Percentage of Confirmed malaria deaths per total confirmed malaria cases in health facilities										Baselines				
												Value		Year		
												0.08 % (67/88.695)		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	N: D: P: %	N: D: P: %	N: 51 D: 84,916 P: 0%	N: 37 D: 74,030 P: 0%	N: 26 D: 65,320 P: 0%	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		% of children U5 sleeping under an ITN the previous night										Baselines				
												Value		Year		
												PHASE II 65 %		31/12/2010		
	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			70% (65% - Yellow Area, 75% - Red Area)	N/A	80% (80% - Yellow Area, 80% - Red Area)											
Result																
Data source of Results																



Outcome indicator	PHASE II Percentage of pregnant women who slept under an insecticide-treated net the previous night										Baselines				
											Value		Year		
											53 %		31/12/2010		

	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			65% (60% - Yellow Area, 70% - Red Area)	N/A	80% (80% - Yellow Area, 80% - Red Area)										
Result															
Data source of Results															

Outcome indicator	PHASE II Percentage of households with at least one ITN for every two people										Baselines				
											Value		Year		
											66 %		31/12/2010		

	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			70% (65% - Yellow Area, 75% - Red Area)	NA	80% (80% - Yellow Area, 80% - Red Area)										
Result															
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 30.Jun.10	01.Jul.10 31.Dec.10	01.Jan.11 30.Jun.11	01.Jul.11 31.Dec.11	01.Jan.12 30.Jun.12	01.Jul.12 31.Dec.12	01.Jan.13 30.Jun.13	01.Jul.13 31.Dec.13

## 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**

**Diagnosis**

Indicator 1.1 - Number of fever cases tested by microscopy in health facilities run by PERDHAKI

	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					
Level 3-People reached	12,781	2008	Top 10 Equ.	N													
Target	7,000	21,000	15,000	30,000					N: D: P: %								
Result	Pending result	12,016	26,773	51,666	N: D: P: %		N: D: P: %		N: D: P: %		N: D: P: %						

Indicator 1.2 - Number of fever cases tested by RDT at Village Malaria Posts (VMPs) run by PERDHAKI

	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					
Level 2-Service Points supported	0	2008	Top 10 Equ.	N													
Target	2,000	19,333	15,667	27,066									N: D: P: %				N: D: P: %
Result	Pending result	0	11,246	31,980													

Indicator 1.7 - Number and percentage of fever cases tested by microscopy and/or RDT in health facilities run by PERDHAKI out of total number of fever cases

	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	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16														
No Level	26769	2011	Top 10 Equ.	N																														
Target	N: 19,900 D: 19,900 P: 100%	N: 39,801 D: 39,801 P: 100%	N: D: P: %	N: D: P: %	N: 17,332 D: 17,332 P: 100%	N: 54,077 D: 54,077 P: 100%	N: 21,631 D: 21,631 P: 100%	N: 43,262 D: 43,262 P: 100%	N: 27,029 D: 27,029 P: 100%	N: 49,647 D: 49,647 P: 100%	N: 23,898 D: 23,898 P: 100%	N: 45,276 D: 45,276 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: %	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: %	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: %	N: D: P: %			

IND-809-G13-M

Last Updated on: 23 May 2014

Indicator 1.8 - Number and percentage of fever cases tested by RDT in VMPs high endemic area run by PERDHAKI out of total number of fever cases

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
No Level	11246	2011	Top 10 Equ.	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	N: N: D: 4,456 P: %	N: N: D: 8,912 P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: 10,664 D: 88,445 P: 12%	N: 4,505 D: 4,505 P: 100%	N: 9,686 D: 9,686 P: 100%				
Result	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: 13,176 D: 10,664 P: 124%	N: 8,378 D: 8,378 P: 100%	N: 11,902 D: 11,902 P: 100%				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	N: 4,456 D: 4,456 P: 100%	N: 8,912 D: 8,912 P: 100%	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %		
Result	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %		

**Treatment: Prompt, effective antimalarial treatment**

Indicator 1.3 - Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at PERDHAKI health facilities and VMPs

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 3-People reached	0	2008	Y	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	4,000	15,333	11,417	21,767	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %				
Result	Pending result	351	1,993	4,416	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %				

Indicator 1.4 - Number and % of health facilities with no reported stock-out of nationally recommended 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										
Level 2-Service Points supported	Not Available	2008	N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	N: N: D: D: P: 89%	N: N: D: D: P: 100%	N: N: D: D: P: 100%	N: 75 D: 75 P: 100%	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %		
Result	N: N: D: D: P: %	0	N: N: D: D: P: 82%	N: 66 D: 74 P: 89%	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %	N: N: D: D: P: %		

**IND-809-G13-M**

*Last Updated on: 23 May 2014*

Indicator 1.5 - Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs  
Not in Phase II

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	206	327						
Result	Pending result	314						

Indicator 1.6 - Number of non-health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs  
Not in Phase II

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	143	412	142	142				
Result	Pending result	52	222	222				

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 560 D: 560 P: 100%	N: 498 D: 498 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result								

Indicator 1.9 - Percent of confirmed (by microscopy and/or RDT) malaria cases treated with ACT at PERDHAKI health facilities and VMPs

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	1993	2011	Top 10 Equ.	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 1,436 D: 1,652 P: 87%	N: 3,097 D: 3,568 P: 87%	N: 967 D: 967 P: 100%	N: 1,568 D: 1,568 P: 100%
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 1,968 D: 2,171 P: 91%	N: 3,682 D: 3,959 P: 93%	N: 1,468 D: 1,602 P: 92%	N: 2,726 D: 2,967 P: 92%

**IND-809-G13-M**

*Last Updated on: 23 May 2014*

Indicator 1.10 - Number and percentage of health facilities 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	82%	2011	N	N								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 64 D: 64 P: 100%	N: 64 D: 64 P: 100%	N: 62 D: 62 P: 100%	N: 62 D: 62 P: 100%	N: 62 D: 62 P: 100%	N: 62 D: 62 P: 100%		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 128 D: 128 P: 100%	N: 64 D: 64 P: 100%	N: 62 D: 62 P: 100%	N: 62 D: 62 P: 100%	N: 61 D: 62 P: 98%	N: 61 D: 62 P: 98%		
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	N: 62 D: 62 P: 100%	N: 62 D: 62 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: %		

**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 campaign in high endemic area

	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	40,000	208,268	153,138	312,402				
Result	Pending result	0	234,358	338,334				

Indicator 2.2 - Number of LLINs distributed during routine Ante Natal Care and/or Extended Program Immunization activities

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	0/ Phase II 3,101	2008/ 2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	2,000	5,656	2,844	7,919		378	302	603
Result	Pending result	0	3,101	6,938		270	368	763

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	302	603						
Result								

**Prevention: Behavioral Change Communication - Community Outreach**

Indicator 2.3 - Number of BCC outreach seminars performed by VMPS

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	0	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	100	600	1,150	2,350				
Result	Pending result	0	1,271	2,430				

Indicator 2.4 - 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		
No Level	Not Applicable	Dec 09	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target				Baseline established				Not Applicable
Result	N: D: P: %	N: D: P: 55%	N: D: P: %	Pending result	N: D: P: %	N: D: P: %	N: D: P: %	Pending result

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

Indicator 2.5 - Number of BCC outreach seminars performed by VMPs in the high endemicity areas

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	1271	2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target					250	500	250	500
Result					247	488	248	498

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	250	500						
Result								

**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 of supervisory visits made to the village malaria posts (VMP) and feedback reports submitted**

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	150	450	2,400	2,400				
Result	Pending result	0	1,969	2,467				

**Indicator 3.2 - Number and % of reports received at district level from health facilities and VMPs among those expected during the reporting period**

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	0	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: 22%	N: D: P: 42%	N: D: P: 25%	1,650	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: D: P: %	N: D: P: 22%	N: D: P: 24%	1,539	N: 372 D: 378 P: 98%	N: 189 D: 189 P: 100%	N: D: P: %	N: D: P: %



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

##### Indicator 3.3 - Number of supervisory visits made to the village malaria posts (VMP) in the high endemicity areas.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	1969	2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target					750	750	750	750
Result					509	741	748	738

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	750	750						
Result								

##### Indicator 3.4 - Number and percentage of health facilities and VMPs submitting routine, timely and accurate reporting

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
No Level	N/A	2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 189 D: 189 P: 100%	N: 189 D: 189 P: 100%	N: 187 D: 187 P: 100%	N: 187 D: 187 P: 100%
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 372 D: 378 P: 98%	N: 189 D: 189 P: 100%	N: 187 D: 187 P: 100%	N: 187 D: 188 P: 100%

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 187 D: 187 P: 100%	N: 187 D: 187 P: 100%	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: %

#### 2.2.3. Cumulative Progress To Date

Latest reporting due period : 8 (01.Jul.13 - 31.Dec.13)

<b>Objective 1</b>	<b>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</b>									
<b>SDA</b>	<b>Diagnosis</b>									
<b>Indicator 1.1 - Number of fever cases tested by microscopy in health facilities run by PERDHAKI</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	<b>0%</b>	<b>30%</b>	<b>60%</b>	<b>90%</b>	<b>100%</b>	
Level 3-People reached	4	30,000	4	51,666						120%
<b>Indicator 1.2 - Number of fever cases tested by RDT at Village Malaria Posts (VMPs) run by PERDHAKI</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	<b>0%</b>	<b>30%</b>	<b>60%</b>	<b>90%</b>	<b>100%</b>	
Level 2-Service Points supported	4	27,066	4	31,980						118%
<b>Indicator 1.7 - Number and percentage of fever cases tested by microscopy and/or RDT in health facilities run by PERDHAKI out of total number of fever cases</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	<b>0%</b>	<b>30%</b>	<b>60%</b>	<b>90%</b>	<b>100%</b>	
No Level	8	N: 43,262 D: 43,262 P: 100 %	8	N: 45,276 D: 45,276 P: 100 %						100%
<b>Indicator 1.8 - Number and percentage of fever cases tested by RDT in VMPs high endemic area run by PERDHAKI out of total number of fever cases</b>										
	<b>Target</b>		<b>Result</b>							
	<b>Period</b>	<b>Value</b>	<b>Period</b>	<b>Value</b>	<b>0%</b>	<b>30%</b>	<b>60%</b>	<b>90%</b>	<b>100%</b>	
No Level	8	N: 9,686 D: 9,686 P: 100 %	8	N: 11,902 D: 11,902 P: 100 %						100%

IND-809-G13-M

Last Updated on: 23 May 2014

SDA		Treatment: Prompt, effective antimalarial treatment							
<b>Indicator 1.3 - Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at PERDHAKI health facilities and VMPS</b>									
		Target		Result					
		Period	Value	Period	Value	0%	30%	60%	90% 100%
Level 3-People reached		4	21,767	4	4,416				20%
<b>Indicator 1.4 - Number and % of health facilities with no reported stock-out of nationally recommended anti-malarial drugs lasting &gt;1 week, at any time during the past three months</b>									
		Target		Result					
		Period	Value	Period	Value	0%	30%	60%	90% 100%
Level 2-Service Points supported		4	N: 75 D: 75 P: 100 %	4	N: 66 D: 74.2 P: 89 %				89%
<b>Indicator 1.5 - Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs Not in Phase II</b>									
		Target		Result					
		Period	Value	Period	Value	0%	30%	60%	90% 100%
No Level		2	327	2	314				96%
<b>Indicator 1.6 - Number of non-health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs Not in Phase II</b>									
		Target		Result					
		Period	Value	Period	Value	0%	30%	60%	90% 100%
No Level		3	142	3	222				120%
<b>Indicator 1.9 - Percent of confirmed (by microscopy and/or RDT) malaria cases treated with ACT at PERDHAKI health facilities and VMPS</b>									
		Target		Result					
		Period	Value	Period	Value	0%	30%	60%	90% 100%
No Level		8	N: 1,568 D: 1,568 P: 100 %	8	N: 2,726 D: 2,967 P: 91.9 %				92%
<b>Indicator 1.10 - Number and percentage of health facilities with no stock-outs of nationally recommended first line antimalarial drugs continuously for more than 7 days during the last three months</b>									
		Target		Result					
		Period	Value	Period	Value	0%	30%	60%	90% 100%
No Level		8	N: 62 D: 62 P: 100 %	8	N: 61 D: 62 P: 98.4 %				98%

**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 campaign in high endemic area**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	4	312,402	4	338,334					108%	

**Indicator 2.2 - Number of LLINs distributed during routine Ante Natal Care and/or Extended Program Immunization activities**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	8	603	8	763					120%	

**SDA** Prevention: Behavioral Change Communication - Community Outreach

**Indicator 2.3 - Number of BCC outreach seminars performed by VMPs**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	4	2,350	4	2,430					103%	

**Indicator 2.4 - 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	8	Not Applicable	2	N: D: P: 55 %					Cannot Calculate	

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

**Indicator 2.5 - Number of BCC outreach seminars performed by VMPs in the high endemicity areas**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	8	500	8	498					100%	

**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 of supervisory visits made to the village malaria posts (VMP) and feedback reports submitted**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	4	2,400	4	2,467					103%	

**Indicator 3.2 - Number and % of reports received at district level from health facilities and VMPs among those expected during the reporting period**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	4	1,650	4	1,539					93%	

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

**Indicator 3.3 - Number of supervisory visits made to the village malaria posts (VMP) in the high endemicity areas.**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	8	750	8	738					98%	

**Indicator 3.4 - Number and percentage of health facilities and VMPs submitting routine, timely and accurate reporting**

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	8	N: 187 D: 187 P: 100 %	8	N: 187 D: 188 P: 99.5 %					100%	

## 2.3. Financial Performance

## 2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	60 months	Grant Amount	12,544,335 \$
% Time Elapsed (as of end date of the latest PU)	80%	% disbursed by TGF (to date)	100%
Time Remaining (as of end date of the latest PU)	12 months	Disbursed by TGF (to date)	12,544,335 \$
Expenditures Rate (as of end date of the latest PU)	90%	Funds Remaining (to date)	

## 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:	2,092,258	3,104,248	3,869,229	4,588,416	7,029,630	7,681,753	8,503,081	8,429,029
Summary Period Budget:	2,092,258	1,011,990	764,981	719,187	2,441,214	652,123	821,328	756,331

## 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:	8,809,634	9,154,140	9,614,331	10,101,703	10,541,867	10,973,937	11,443,373	11,955,786
Summary Period Budget:	380,605	344,506	460,191	487,372	440,164	432,070	469,436	512,413

## 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:	12,339,444	12,797,940	13,261,075	13,773,120	13,773,120	13,773,120	13,773,120	13,773,120
Summary Period Budget:	383,658	458,496	463,135	512,045				

## Expenditure Categories

## Program Activities

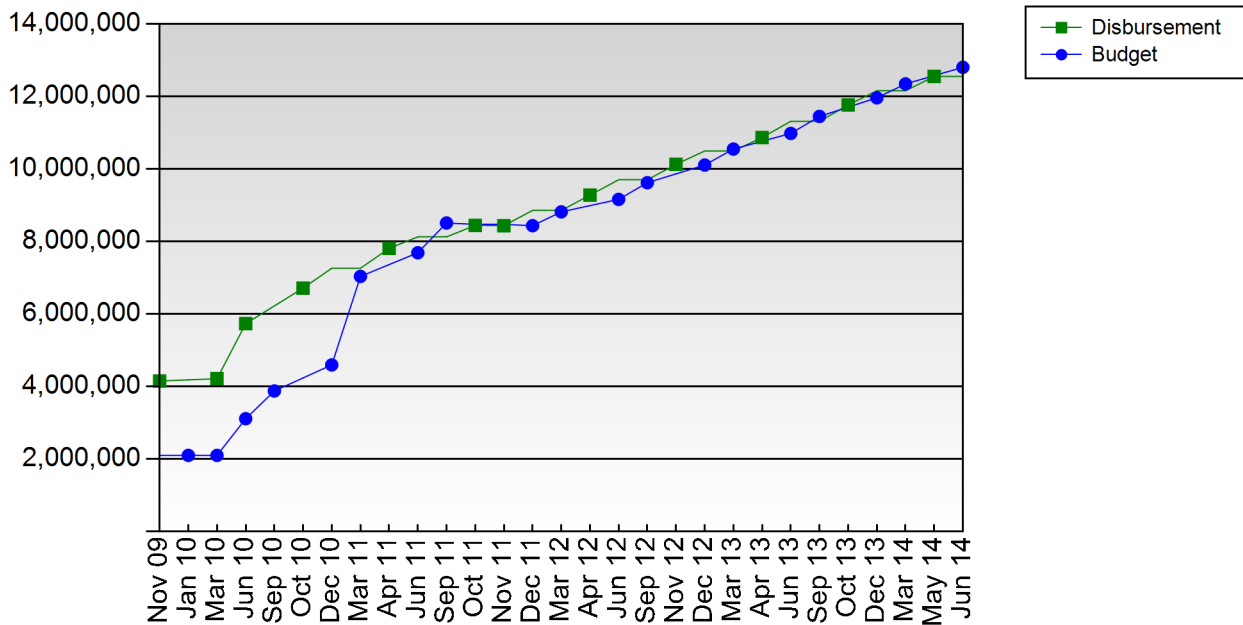
## Implementing Entities

## - Comments and additional information

2.3.3. Program Expenditures

Period PU8: 01.Jul.13 - 31.Dec.13	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
<b>1. Total cash outflow vs. budget</b>	\$ 715,936	\$ 11,955,786	\$ 10,715,867	\$ 1,239,919	
<b>1a. PR's Total expenditure</b>	\$ 165,255		\$ 4,990,684		
<b>1b. Disbursements to sub-recipients</b>	\$ 550,681		\$ 5,725,183		
<b>1c. Expenditure Adjustments</b>					Reason for adjustments
<b>2. Pharmaceuticals &amp; Health Product expenditures vs budget</b>			\$ 2,955,989		
<b>2a. Medicines &amp; pharmaceutical products</b>			\$ 31,870		
<b>2b. Health products and health equipment</b>			\$ 2,924,119		

2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date



2.4. Progress Update and Disbursement Information

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

Progress Updates					Disbursement Information										
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date						
0	01.Jan.10 -			N/A	1	01.Jan.10 - 30.Sep.10	2,760,494	\$ 3,037,012	06 Nov 2009						
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>										
<p>This first disbursement under the grant is not related to programmatic performance. it represents the level of funding necessary to implement activities for 3 quarters minus the budget that was allocated for the procurement of health products which will be procured via Voluntary Pooled procurement (bed nets, RDTs and ACTs).</p> <p>It is also worth noting that the transfer of funding was processed at 10,000 Indonesian Rupiahs for 1 US\$ instead of 11,000 IDR as per the current market conditions. This will enable the PR to receive the adequate level of funding in local currency to implement its activities while international procurement of health products via VPP will be incurred in US\$.</p>					<p>The LFA review of the detailed budget approved at grant signing as well as the review of the PR first disbursement request showed a difference amounting to US\$ 276,518.32 between the cash amount requested by the PR and the detailed budget. The difference was due to the following:</p> <ul style="list-style-type: none"> <li>. Adjustment of foreign exchange rate from IDR 11,000 to IDR 10,000 per US\$ resulting in a difference amounting to USD 276,092.01.</li> <li>. A PR error in calculating the Quarter 1 budget which resulted in a difference amounting to USD 427.40.</li> <li>. A second PR non significant error in calculating the quantity of ACTs to be procured via VPP, i.e. 12,879 instead of 12,880 ACT packages which resulted a difference amounting to (USD 1.09).</li> </ul> <p>The disbursement recommendation amounting to US\$ 3,037,012.11 is therefore calculated as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Semester 1 (i.e. Quarter 1 - Quarter 2):</td> <td style="text-align: right;">US\$ 2,195,533.00</td> </tr> <tr> <td>Buffer for Quarter 3</td> <td style="text-align: right;">US\$ 841,479.11</td> </tr> <tr> <td><b>Total:</b></td> <td style="text-align: right;"><b>US\$ 3,037,012.11</b></td> </tr> </table>					Semester 1 (i.e. Quarter 1 - Quarter 2):	US\$ 2,195,533.00	Buffer for Quarter 3	US\$ 841,479.11	<b>Total:</b>	<b>US\$ 3,037,012.11</b>
Semester 1 (i.e. Quarter 1 - Quarter 2):	US\$ 2,195,533.00														
Buffer for Quarter 3	US\$ 841,479.11														
<b>Total:</b>	<b>US\$ 3,037,012.11</b>														
<b>Progress Updates</b>					<b>Disbursement Information</b>										
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date						
0	01.Jan.10 -			N/A	1.1	01.Jan.10 - 30.Sep.10	2,766,718	\$ 1,107,857	06 Nov 2009						
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>										
<p>This first disbursement under the grant is not related to programmatic performance. it represents the level of funding necessary to implement activities for 3 quarters minus the budget that was allocated for the procurement of health products which will be procured via Voluntary Pooled procurement (bed nets, RDTs and ACTs).</p> <p>It is also worth noting that the transfer of funding was processed at 10,000 Indonesian Rupiahs for 1 US\$ instead of 11,000 IDR as per the current market conditions. This will enable the PR to receive the adequate level of funding in local currency to implement its activities while international procurement of health products via VPP will be incurred in US\$.</p>					<p>The disbursement is related to the procurement of 534,245 bed nets via VPP and is therefore not related to programmatic performances. A first disbursement of over US\$ 3 million was processed before representing the first injection of funding into the program excluding the VPP order for bed nets. While the first injection of cash is done in late October, the program will not start before January 1, 2010. It is however important to start procurement activities sufficiently earlier on to avoid hurting the grant performance as over 1.6 million bed nets are to be distributed in Q1 of year 1 of the program.</p> <p>The purpose of this disbursement is to settle the Proforma Invoice of the procurement agent of the Global Fund, PSI, for the procurement of 534,245. It is important to note that the procurement order with PSI includes a provision for bed nets budgeted for year 1 (213,924) and year 2 (320,321) of the phase 1 of the program. The disbursement will therefore appear as an over expenditure compared to the cumulative budgets (150%) for the period since 320,321 bed nets are being procured now instead of during Q5. This initiative to regroup both Q1 and Q5 procurement orders, discussed and agreed with TGF procurement unit, will not prevent the fact that the bed nets will be manufactured and delivered in Q5 while the payment for the whole quantity is made up front. The quantities and budgets were verified by the LFA and corresponds to the budget, the Performance Framework and Procurement and Supply Management Plan of the Grant Agreement. 50 % of the amount of the invoice worth US\$ 2,766,718 will be settled now or US\$ 1,107,857.</p>										



Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
0	01.Jan.10 -			N/A	1.2	01.Jan.10 - 30.Sep.10	63,225	\$ 63,225	23 Mar 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>This first disbursement under the grant is not related to programmatic performance. it represents the level of funding necessary to implement activities for 3 quarters minus the budget that was allocated for the procurement of health products which will be procured via Voluntary Pooled procurement (bed nets, RDTs and ACTs).</p> <p>It is also worth noting that the transfer of funding was processed at 10,000 Indonesian Rupiahs for 1 US\$ instead of 11,000 IDR as per the current market conditions. This will enable the PR to receive the adequate level of funding in local currency to implement its activities while international procurement of health products via VPP will be incurred in US\$.</p>					<p>This disbursement corresponds to the direct payment via VPP of RDTs for the use of the PR.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
0	01.Jan.10 -			N/A	1.3	01.Jan.10 - 30.Sep.10	1,518,085	\$ 1,518,085	04 Jun 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>This first disbursement under the grant is not related to programmatic performance. it represents the level of funding necessary to implement activities for 3 quarters minus the budget that was allocated for the procurement of health products which will be procured via Voluntary Pooled procurement (bed nets, RDTs and ACTs).</p> <p>It is also worth noting that the transfer of funding was processed at 10,000 Indonesian Rupiahs for 1 US\$ instead of 11,000 IDR as per the current market conditions. This will enable the PR to receive the adequate level of funding in local currency to implement its activities while international procurement of health products via VPP will be incurred in US\$.</p>					<p>This disbursement corresponds to the direct payment via VPP for bed nets for the use of the PR.</p>				
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 - 29.Mar.11	4,746,914	\$ 980,000	13 Oct 2010
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>				
<p>The overall rating attached to the performance of the reporting period spanning from January to June 2010 is C. However in light of the fact that none of the health products ordered by VPP (bed nets, RDTs and ASAC or fixed-dose combination of artesunate (AS) and amodiaquine (AQ)) were delivered by the procurement agents of the Global Fund and that crucial training to be conducted by the Ministry of Health were delayed, the rating was up graded to B1. We concur that the setting of some of the keys targets were not realistic considering the lead-time necessary to order bed nets, ASAC and RDTs through the VPP mechanism.</p> <p>As communicated earlier, the Global Fund uses an</p>					<p>The difference between the cash amount requested by the PR and the final amount to be released by the Global Fund is due to the following:</p> <p>Amount requested by the PR: US\$ 4,746,914</p> <p>Adjustments:</p> <p>Difference due to rounding: US\$ 3  Adjustment to the PR's original budget for period 1 July 2010 - 31 March 2011: (US\$ 392,538)  Adjustment to the PR's forecasted budget for Q5 including direct disbursement to VPP: (US\$ 1,734,449)  Adjustment to the PR proposed carry forward: (US\$ 479,551)</p>				

algorithm to calculate the rating of the performance. The initial C rating corresponds to an average performance of all indicators of 25 % for the reporting period. The top ten indicators show a percentage of achievement of 12% for the same period. The scale ranges from A1, A2, B1, and B2 to C.

The poor performance cannot solely be attributed to the weaknesses of the PR but also to fact that the VPP mechanism did not manage to deliver bed nets, RDTs and ASAQ in a timely manner despite the advance planning done by the Secretariat and the PR in November 2009.

The review of the results of the first semester against the targets of the 12 indicators of the Performance Framework shows that one indicator exceeded the target while four indicators achieved less than 50% of the targets but also that six indicators had no achievements at all.

Number of fever cases tested by microscopy in health facilities run by PERDHAKI: 172%

Number of fever cases tested by RDT at Village Malaria Posts (VMPs) run by PERDHAKI: 0%

Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at PERDHAKI health facilities and VMPs: 9%

Number and % of health facilities with no reported stock-out of nationally recommended anti-malarial drugs lasting >1 week, at any time during the past three months: 0%, this means that all facilities reported stock outs.

Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs: 41%

Number of non-health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs: 36%

Number of LLINs distributed during mass campaign in high endemic area: 0%

Number of LLINs distributed during routine Ante Natal Care and/or Extended Program Immunization activities: 0%

Number of BCC outreach seminars performed by VMPs: 0%

Percentage of people who know the cause of, symptoms of, treatment for or preventive measures for malaria: not to be report at this time.

Number of supervisory visits made to the village malaria posts (VMP) and feedback reports submitted: 0%

Number and % of reports received at district level from health facilities and VMPs among those expected during the reporting period: 40%

The PR explained the low achievement of the targets for the following indicators:

- “Number of fever cases tested by RDT at Village Malaria Posts (VMPs) run by PERDHAKI”  
The PR achieved 0% of the cumulative intended result due to the following:

1. The procurement of RDTs was processed through the VPP mechanism and delayed while the regional team and the PR planned sufficiently in advance.
2. Village Malaria Posts (VMP) were only fully established in July 2010 (Semester 2) due to the lengthy process of assessing of Sub-recipients (SR)

Adjustment to the PR proposed obligation including direct disbursement to VPP: (US\$ 1,090,537)  
Adjustment to the PR proposed re-programming: (US\$ 23,474) which have not yet been approved and properly submitted with TWG and CCM approvals.

The regional team is deducting an additional amount of US\$ 46,368 from carried forward activities notably linked to the sums earmarked for office costs.

Total adjustments: (US\$ 3,766,914).

Amount to be released by the Global Fund: US\$ 980,000.

(as per the conditions Precedent contained in the grant agreement) was only completed at the end of May 2010;

3. Law No 29/2004 was socialized in Indonesia after the signing of the Malaria Round 8 grants, which stipulates that only doctors or dentists be allowed to perform diagnosis and treatment.

The PR has proposed to the MOH and to the Secretariat an alternate strategy to use its network of health clinics to use the RDTs. The initiative is under review by the secretariat.

- "Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at PERDHAKI health facilities and VMPs: 9%.

1. The late establishment of VMPs in July 2010 (Semester 2) and the stock out of RDTs have impacted negatively on the achievement for this indicator.

2. As indicated above, the Law No 29/2004 stipulated that only doctors or dentists are allowed to perform diagnosis and treatment. The MOH was to provide the necessary authorization to allow VMP cadres to use RDTs but that authorization will likely not be forthcoming which obliged the PR to change strategies.

- "Number and % of health facilities who did not report stock-out of nationally recommended anti-malarial drugs lasting > 1 week, at any time during the past three months": 0%.

The PR achieved 0% of the cumulative intended result because the procurement of ACT through the VPP is still in progress.

- "Number of health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs": 41 %.

1. The late Training of Trainers (ToT) held by the other PR (i.e. MoH) in May and June 2010. Only those who have completed the ToT are allowed to be facilitators for this training.

2. Training activities could only be done after the process of the SR assessment was completed (end of May 2010).

The PR plans to achieve the cumulative intended results by prioritizing training both to health facility and non-health facility staff during semester 2.

- "Number of non-health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs": 36%.

1. The late Training of Trainers (ToT) held by the other PR (i.e. MoH) in May and June 2010. Only those who have completed the ToT are allowed to be facilitators for this training.

- "Number of LLINs distributed during mass campaign in high endemic area": 0%.

The PR achieved 0% of the cumulative intended result due to the procurement of LLINs through the VPP is still in progress.

- "Number of LLINs distributed during routine Ante Natal Care and/or Extended Program Immunization activities": 0%.

The PR achieved 0% of the cumulative intended result due to the procurement of LLINs through the VPP is still in progress.

- "Number of BBC outreach seminars performed by VMPs": 0%.

The PR was not able to commence this activity during this period because the VMPs were established only in July 2010.

The PR plans to achieve the cumulative intended results by training the non-health facility staff at the VMPs, since these workers will conduct the BCC outreach seminars. However there is uncertainty about the legal status of these workers which is to be clarified by the MOH.

- "Number of supervisory visits made to the village malaria posts (VMP) and feedback reports submitted": 0%.

The PR was not able to commence this activity during this period because the VMPs were only established in July 2010.

The PR plans to achieve the cumulative intended results by starting the VMP related activities (e.g., reporting, supervisory visit to VMPs, etc.) in Semester 2.

- "Number and % of reports received at district level from health facilities and VMPs among those expected during the reporting period": 49%.

The PR achieved 49% of the cumulative intended result due to the late setting up of VMPs. Hence, reports received in Semester 1 were only from the health facilities.

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	1,508,826	\$ 1,096,342	20 Apr 2011

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
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Of the eleven indicators, the PR exceeded 100% of the target for 3 indicators during Semester 2 as follows:

- Number of fever cases tested by microscopy in health facilities run by PERDHAKI (160%)
- Number of non-health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs (136%)
- Number of BCC outreach seminars performed by VMPs (111%)

The PR achieved between 85 and 96% of the targets for 3 indicators for Semester 2 as follows:

- Number of non-health facility staff trained in the use of recently updated treatment protocol; and best practice regarding use of antimalarial drugs (96%)
- Number of LLINs distributed during mass campaign in high endemic area (89%)
- Number and % of reports received at district level from health facilities and VMPs among those expected during the reporting period 84%

The PR achieved 38 % of the target for the following indicators:

- Number of supervisory visits made to the village malaria posts (VMP) and feedback reports submitted (38%)

The PR had no achievement (less than 10% of the targets) on 4 indicators as follows:

- Number of fever cases tested by RDT at Village Malaria Posts (VMPs) run by PERDHAKI (1%)
- Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at PERDHAKI health facilities and VMPs (7%)

The disbursement decision was calculated as follows:

PR Disbursement Request	US\$ 1,508,825.76	
Adjustments:		
Adjustment due to rounding	(0.01)	
Adjustment to un-reconciled petty cash report for one SR	US\$ 65.68	
Adjustments to the PR forecasted budget for semester 2	(US\$ 412,549.07)	
Total adjustments	(US\$ 412,483.38)	
Disbursement decision:	1,096,342.38	US\$

- Number and % of health facilities with no reported stock-out of nationally recommended anti-malarial drugs lasting >1 week, at any time during the past three months (0%)
- Number of LLINs distributed during routine Ante Natal Care and/or Extended Program Immunization activities (5%)

The Regional Team recommended that the rating attached to the performance of the period spanning from July to December 2010 be upgraded by from B2 to B1. The weak performance of the semester cannot be attributed to the Principal Recipient (PR) but is the direct result of the challenges faced by the procurement agents of the Global Fund to procure via VPP and deliver bed nets, ACTs and RDTs during the reporting period. When excluding all VPP-affected indicators from the algorithm, the performance of the reporting period improves from B2 to A2. The issues linked to VPP have affected negatively the following five indicators including two top ten indicators.

The RDTs procured through VPP were delivered in Jakarta in November 2010, and the distribution (and use for diagnosis) of these RDTs to Village Malaria Posts located in remote areas could not be completed one month before the end of the reporting period. The late delivery of RDTs (diagnosis) and ACTs (treatment) affected the achievement of top-ten indicator 1.3 as the diagnosis and treatment capabilities of the PR were severely hampered since both commodities were only received in Jakarta in November 2010 or four weeks before the end of the reporting period. There was a general stock-out of ACTs due to the non-delivery of ACTs via VPP which affected the achievement of indicator 1.4., an issue which was clearly beyond the control of the PR.

The late arrival of both LLINs and RDTs has slowed down the national malaria control program in Kalimantan and Sulawesi Islands whereby LLINs and RDTs are integrated into routine Anti Natal Clinics and Extended Program Immunization (EPI). There was little economic sense to spend grant funding to conduct supervisory visits to remote sites due to the lack of ACTs, RDTs and LLINs.

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		B1	4	01.Jul.11 - 31.Mar.12	1,418,371	\$ 635,111	28 Oct 2011
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>Perdhaki is one of 2 PRs implementing the Round 8 Malaria proposal, along with the Ministry of Health. Both PRs have experienced challenges with regard to VPP delays in delivering of commodities. This has significantly affected the performance of the PRs during the first 2 Semesters of Phase 1. The PR has come a long way in ensuring that the performance improves and this is the case for all indicators except for the Indicator relating to use of ACTs. Due to the low achievement of this Top 10 indicator, the overall rate is pulled down from A2 to B1.</p> <p>Out of 10 reportable indicator for Semester 3 of implementation during Phase 1, the PR overachieved 5 of them as follow:</p> <ul style="list-style-type: none"> <li>• Number of fever cases tested by microscopy in health facilities run by PERDHAKI (179%)</li> <li>• Number of non-health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of anti-malarial drugs (156%)</li> <li>• Number of LLINs distributed during mass campaign in high endemic area (153%)</li> <li>• Number of LLINs distributed during routine Ante Natal Care and/or Extended Program Immunization activities (109%)</li> <li>• Number of BCC outreach seminars performed by VMPs (111%)</li> </ul> <p>The PR significantly achieved above 70% on 4 indicators as follows:</p> <ul style="list-style-type: none"> <li>• Number of supervisory visits made to the village malaria posts (VMP) and feedback reports submitted (82%)</li> <li>• Number and % of reports received at district level from health facilities and VMPs among those expected during the reporting period (93%)</li> <li>• Number and % of health facilities with no reported stock-out of nationally recommended anti-malarial drugs lasting &gt;1 week, at any time during the past three months (82%)</li> <li>• Number of fever cases tested by RDT at Village Malaria Posts (VMPs) run by PERDHAKI (72%)</li> </ul> <p>The PR underachieved on one top ten indicator as follows:</p> <p>Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at PERDHAKI health facilities and VMPs (18%)</p> <p>The underachievement of this indicator was a result of a number of reasons:"Law No 29/2004 only allows doctors to perform diagnosis and treatment activities which prevent the nurses and midwives to conduct RDT test and ACT treatment, particularly in remote areas due to difficulties in obtaining permission from doctors for delegation and fears of lawsuit for illegal medical practices. The target for Phase 2 was set unrealistically high due to inaccurate approach for estimation. The target issue will be reviewed in the upcoming Phase 2.</p>				<p>The PR forecasted USD 2,453,362 and it is adjusted downwards to USD 1,729,273 to be more realistic. The PR requested a disbursement of USD 1,418,721 and it is adjusted to USD 635,111 due to different FX rate and slight adjustment of end cash balance.</p> <p>Budget for Semester 4 ( July to December 2011): USD 1,577,656            Carry-over and reprogram activities approved: USD 151,616            Less: verified cash balance by 30 June 2011: USD 1,094,162            Disbursement: USD 635,111</p>				

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		B1	4.1	01.Jul.11 - 31.Mar.12		\$ -8,604	18 Nov 2011	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>Perdhaki is one of 2 PRs implementing the Round 8 Malaria proposal, along with the Ministry of Health. Both PRs have experienced challenges with regard to VPP delays in delivering of commodities. This has significantly affected the performance of the PRs during the first 2 Semesters of Phase 1. The PR has come a long way in ensuring that the performance improves and this is the case for all indicators except for the Indicator relating to use of ACTs. Due to the low achievement of this Top 10 indicator, the overall rate is pulled down from A2 to B1.</p> <p>Out of 10 reportable indicator for Semester 3 of implementation during Phase 1, the PR overachieved 5 of them as follow:</p> <ul style="list-style-type: none"> <li>• Number of fever cases tested by microscopy in health facilities run by PERDHAKI (179%)</li> <li>• Number of non-health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of anti-malarial drugs (156%)</li> <li>• Number of LLINs distributed during mass campaign in high endemic area (153%)</li> <li>• Number of LLINs distributed during routine Ante Natal Care and/or Extended Program Immunization activities (109%)</li> <li>• Number of BCC outreach seminars performed by VMPs (111%)</li> </ul> <p>The PR significantly achieved above 70% on 4 indicators as follows:</p> <ul style="list-style-type: none"> <li>• Number of supervisory visits made to the village malaria posts (VMP) and feedback reports submitted (82%)</li> <li>• Number and % of reports received at district level from health facilities and VMPs among those expected during the reporting period (93%)</li> <li>• Number and % of health facilities with no reported stock-out of nationally recommended anti-malarial drugs lasting &gt;1 week, at any time during the past three months (82%)</li> <li>• Number of fever cases tested by RDT at Village Malaria Posts (VMPs) run by PERDHAKI (72%)</li> </ul> <p>The PR underachieved on one top ten indicator as follows:</p> <p>Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at PERDHAKI health facilities and VMPs (18%)</p> <p>The underachievement of this indicator was a result of a number of reasons:"Law No 29/2004 only allows doctors to perform diagnosis and treatment activities which prevent the nurses and midwives to conduct RDT test and ACT treatment, particularly in remote areas due to difficulties in obtaining permission from doctors for delegation and fears of lawsuit for illegal medical practices. The target for Phase 2 was set unrealistically high due to inaccurate approach for estimation. The target issue will be reviewed in the upcoming Phase 2.</p>				reimbursement					

IND-809-G13-M

Last Updated on: 23 May 2014

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	667,417	\$ 842,606	16 Apr 2012	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
<p>During the last semester of the Phase I implementing period for PERDHAKI, one of the two PRs implementing the Round 8 Proposal, along with the MoH, the overall grant rating is marked as A2. Out of 10 indicators for the reporting period, the PR overachieved 6 indicators as follows:</p> <ul style="list-style-type: none"> <li>-Number of fever cases tested by microscopy in health facilities run by PERDHAKI (172%)</li> <li>-Number of fever cases tested by RDT at Village Malaria Posts (VMPs) run by PERDHAKI (118%)</li> <li>-Number of non-health facility staff trained in the use of the recently updated treatment protocol and best practice regarding use of antimalarial drugs (156%)</li> <li>-Number of LLINs distributed during mass campaign in high endemic area (108%)</li> <li>-Number of BCC outreach seminars performed by VMPs (103%)</li> <li>-Number of supervisory visits made to the village malaria posts (VMP) and feedback reports submitted (103%)</li> </ul> <p>1 indicator achieved its result between 90 and 100%</p> <ul style="list-style-type: none"> <li>-Number and % of reports received at district level from health facilities and VMPs among those expected during the reporting period (93%)</li> </ul> <p>Two indicators achieved between 60 and 89%:</p> <ul style="list-style-type: none"> <li>-Number and % of health facilities with no reported stock-out of nationally recommended anti-malarial drugs lasting &gt;1 week, at any time during the past three months (89%)</li> <li>-Number of LLINs distributed during routine Ante Natal Care and/or Extended Program Immunization activities (88%)</li> </ul> <p>One indicator (one of the Top Ten indicators) underachieved below 30%:</p> <ul style="list-style-type: none"> <li>-Number of positive malaria cases (confirmed with microscopy or RDTs) treated with ACT at PERDHAKI health facilities and VMPs (20%)</li> </ul>				<p>The country team and the LFA and recommended disbursement higher than the PR request, due to the cash reconciliation and carry forward budget for external audit fee of USD 28,032.</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	876,806	\$ 848,556	07 Nov 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. Out of the 8 indicators reported, the PR achieved or exceeded targets for 3 indicators, achieved above 90% of the intended targets for 2 indicators, 1 indicator has 68% achievement and 2 indicators are not applicable for semester 5. The 68% achievement of the above indicator is because supervisory visits have started late (March 2012) due to the grant signing process delay, the PR conducted visits more than one time per month to accelerate the achievement which is not accounted for programmatic achievement.</p>				<p>The amount forecasted for Semester 6 (July – December 2012) and the buffer period contains budgetary provisions relating to outstanding obligations and carry over activities as approved by the Global Fund Country Team.</p> <p>Amount as budgeted in the Semester 6 budget: USD 947,563            Budget for buffer period: USD 440,165            Outstanding obligations of the PR: USD 22,143            Outstanding obligations of the SR: USD 5,220            Carry forward activities of the PR: USD 53,017            Carry forward activities of the SR: USD 12,038            Adjustment to Semester 6 budget: USD (8,333)            Total forecasted amount: USD 1,471,813</p> <p>The forecasted amount verified by LFA was USD 1,446,813. This is different than the Country Team forecasted amount because the LFA removed USD 25,000 for a planned activity for which the felt that PR will not complete in time.</p> <p>The Country Team has reviewed the proposed carry forward activities requested by the PR and has approved an amount of USD 53,017 at the PR level and USD 12,038 at the SR level. Please note this amount does not include the following:</p> <ul style="list-style-type: none"> <li>• USD 8,564 for the proposed carried forward at PR level to anticipate the increase of employee's salary for the year 2013. This was not approved because it was noted that the increase of salary will occur in 2013, thus there is no plan to increase salary during the buffer period of Semester 6.</li> <li>• USD 32,271 for the proposed carried forward at SR level to anticipate the increase of employee's salary for the year 2013. This was not approved because it was noted that the increase of salary will occur in 2013, thus there is no plan to increase salary during the buffer period of Semester 6.</li> </ul> <p>The PR requested USD 876,806 for the period from 1 July 2012 – 31 December 2012, including the buffer amount. However, based on the adjusted forecasted amount and on the adjusted cash balance, a disbursement of USD 848,556 has been approved for this grant.</p> <p>In addition, due to the fact that the disbursement recommendation of USD 848,556 includes the budget for Quality Assurance of RDTs and ACTs that was provided in a lump sum amount without a detailed budget or workplan, the PR is not authorized to spend USD 23,977 for these activities. The PR is strongly recommended to take every effort to ensure that the ToR and Memorandum with MoH be completed by the end of October 2012. Usage of these funds may only take place after the PR has obtained written approval from the Global Fund on fulfillment of the Special Term and Condition.</p>					

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
6	01.Jul.12 - 31.Dec.12		A1	12	01.Jan.13 - 31.Mar.14	1,663,576	\$ 740,591	09 Apr 2013	
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. Out of 8 indicators, the PR has achieved or exceeded the intended target for 5 indicators, has achieved more than 90% of the intended target for 2 indicators and 1 indicator (LLIN distribution) had 71% achievement.</p> <p>In order to increase LLIN distribution in the next semester, the PR will encourage the health facilities with ANC/EPI activities to increase the awareness of the local community that these health facilities provide LLINs to pregnant women in their first-trimester and to infants who had completed immunization. In addition, since the low achievement of this indicator in current semester was also a result of the exclusion of LLIN distribution in Semester 5, the PR should be able to achieve the target for the next semester.</p> <p>The LFA recommended a downgrade to A2 as a result of new management issues. However, the Country Team does not view these issues as serious enough to warrant a downgrade. The PR has an action plan in place to address the most serious issue of disposal of expired ACTs.</p> <p>On the one outstanding STC (RDT QA), the PR has taken the necessary steps of agreeing an MOU with MOH, under which their sites will be included in MOH QA plan. However, MOH has not yet finalized their SOPs. Thus, the PR has taken necessary steps to meet this STC, and the poor achievement will be reflected in MOH performance, not Perdhaki's.</p>				<p>The LFA adjusted the PR's disbursement request by \$26,915 in light of revisions recommended to carry-forward and reprogramming requests. They further did not approve a request to reprogram \$58,185 from previous period savings to cover proposed PR staff salary increase, pending a request from PR to the Global Fund. Global Fund agrees with these recommendations.</p> <p>The Country Team agrees with the LFA disbursement recommendation, which is comprised of the following:                      Budget for Semester 7 and 8 (January - December 2013): \$1,854,085                      Buffer Jan - March 2014: \$383,657                      Obligation, carry-forward and reprogramming activities:                      - Obligation and advance at SR level: \$13,664                      - Carry forward and reprogramming at PR level \$39,547                      - Carry forward and reprogramming at SR level \$51,505                      Total Forecast: \$2,342,458                      Less Ending Cash Balance -\$705,796                      Total Disbursement Recommendation \$1,636,662                      Since both the budget and the forecast are less than \$3 million, we are proposing a single cash release for the full amount to cover 2013 + 2014 3 month buffer.</p>					

Progress Updates					Disbursement Information														
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date										
6	01.Jul.12 - 31.Dec.12			A1	12.1	01.Jan.13 - 31.Mar.14	1,663,576	\$ 896,071	07 Oct 2013										
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>														
<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. Out of 8 indicators, the PR has achieved or exceeded the intended target for 5 indicators, has achieved more than 90% of the intended target for 2 indicators and 1 indicator (LLIN distribution) had 71% achievement.</p> <p>In order to increase LLIN distribution in the next semester, the PR will encourage the health facilities with ANC/EPI activities to increase the awareness of the local community that these health facilities provide LLINs to pregnant women in their first-trimester and to infants who had completed immunization. In addition, since the low achievement of this indicator in current semester was also a result of the exclusion of LLIN distribution in Semester 5, the PR should be able to achieve the target for the next semester.</p> <p>The LFA recommended a downgrade to A2 as a result of new management issues. However, the Country Team does not view these issues as serious enough to warrant a downgrade. The PR has an action plan in place to address the most serious issue of disposal of expired ACTs.</p> <p>On the one outstanding STC (RDT QA), the PR has taken the necessary steps of agreeing an MOU with MOH, under which their sites will be included in MOH QA plan. However, MOH has not yet finalized their SOPs. Thus, the PR has taken necessary steps to meet this STC, and the poor achievement will be reflected in MOH performance, not Perdhaki's.</p>					<p>The PR has SR cash balance at 15-Sep-13 is \$224,810. This shows that the PR on track with implementation as they have spent approximately 85% of the forecast (as per following breakdown):</p> <table border="0"> <tr> <td>Cash balance at start of period</td> <td>\$705,796</td> </tr> <tr> <td>1st cash release</td> <td>\$740,591</td> </tr> <tr> <td>Total available cash</td> <td>\$1,446,387</td> </tr> <tr> <td>Ending cash balance</td> <td>\$224,810</td> </tr> <tr> <td>Approx. expenditure for Jan-Sep 13</td> <td>\$1,221,577 (85% of the forecast)</td> </tr> </table> <p>As the updated cash balance from the PR expenditure remains in line with the projected forecast, therefore, the CT decided to release the second tranche of &amp; 896,071/- as scheduled originally.</p>					Cash balance at start of period	\$705,796	1st cash release	\$740,591	Total available cash	\$1,446,387	Ending cash balance	\$224,810	Approx. expenditure for Jan-Sep 13	\$1,221,577 (85% of the forecast)
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<b>Progress Updates</b>					<b>Disbursement Information</b>														
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date										
7	01.Jan.13 - 30.Jun.13			A1					N/A										
<b>Summary of Progress</b>					<b>Reasons for variance between PR Request and Actual Disbursement</b>														
<p>1. Achievement of Programmatic Progress Our review of the PR's programmatic achievement during January - June 2013 noted that out of 8 indicators, the PR has achieved or exceeded the intended target for 3 indicators and has achieved more than 90% of the intended target for 5 indicators.</p> <p>2. High Absorption Rate of the PR During Semester 7 (January – June 2013), the PR has absorbed 89% (USD 210,895) of current semester budget (USD 234,905). Cumulatively, the PR has absorbed 74% (USD 4,825,430) of the total cumulative budget (USD 6,503,932).</p> <p>3. Conditional Precedence (CP) and Special Term and Condition (STC) PR has fulfilled 4 (100%) out of 4 CPs and 6 (86%) out of 7 STCs. The PR has not yet fulfilled the remaining 1 STC (i.e. STC#1 for Phase 2) due to delay in the completion of the SOP for Quality Assurance for RDT by the MoH.</p>																			

IND-809-G13-M

Last Updated on: 23 May 2014

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
8	01.Jul.13 - 31.Dec.13		A2	13	01.Jan.14 - 31.Dec.14	1,127,990	\$ 787,483	22 May 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 during Semester 8 from 1 July – 31 December 2013, the Global Fund decided to give the Principal Recipient an A2 rating.</p> <p>It PR has been advised that we did not downgrade the grant rating despite the number of management issues, since many of them are of a relatively small value. However, the programmatic rating may be downgraded in the next semester if the PR continues to show a slow progress to address the management issues. Hence, the PR has been advised to urgently address the management issues so that the grant rating achieved on good performance is not affected.</p>				<p>The amount forecasted for 2014 (Semester 9 and 10) contains budgetary provisions relating to outstanding obligations and carry over activities as approved by the Global Fund Country Team.</p> <p>Budget for Semester 9 and 10 (January - December 2014): \$1,817,333</p> <p>Obligation and Outstanding Advances at the SR Level: \$48,603</p> <p>Carry forward activities at the PR Level: \$48,597</p> <p>Projected savings in budget for office operational cost and for lab regimens: (\$17,279)</p> <p>Projected savings from foreign exchange rate: (\$352,004)</p> <p>Total forecast: \$1,545,250</p> <p>Less PR cash balance at 31-Dec-13: (\$667,271)</p> <p>Less SR cash balance at 31-Dec-13: (\$90,496)</p> <p>Disbursement recommendation: \$787,483</p> <p>The exchange rate savings are due to significant depreciation of the Indonesian Rupiah observed over the last year. The forecast has been adjusted to the current rate of 1USD = 11,162 IDR, which is the average for the six-month reporting period vs. 1 USD =9,000 IDR rate in the budget. PR can refer to Annex 1 of this ML for detail information on adjusted obligation, outstanding advances, carry forward and projected savings.</p> <p>Since the budget for the period is less than \$3,000,000 and the historical spending of the PR is at 91%, the country team has decided to release the total annual disbursement in the form of one cash tranche.</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

