

General Grant Information

Country	Indonesia				
Grant Number	IND-809-G12-T	Component	Tuberculosis	Round	08
Grant Title	Consolidating Progress and Ensuring Quality DOTS for All				
Principal Recipient	Faculty of Public Health, University of Indonesia				
Grant Status	In Progress - Phase II				
Grant Start Date	01 Jul 2009	Grant End Date	30 Jun 2014		
Current* Phase Start Date	01 Jul 2011	Current* Phase End Date	30 Jun 2014	Latest Rating	
Current* Phase Signed Amount	\$ 8,796,445	Current* Phase Committed Amount	\$ 6,983,511	Current* Phase Disbursed Amount	\$ 6,673,024
Cumulative Signed Amount	\$ 14,997,214	Cumulative Committed Amount	\$ 13,184,280	Cumulative Disbursed Amount	\$ 12,873,793
				% Disbursed	98%
Time Elapsed (at the end of the latest reporting period)	42 months	Proposal Lifetime	60 months	% of Grant Duration	70%

* 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

Indonesia is ranked third in the global list of high TB-burden countries. While the National TB Control Program reached in 2006 the international targets for case detection (70 percent of estimated incident cases) and treatment success (85 percent of smear-positive cases), challenges remain to achievement of the Millennium Development Goal of halving TB prevalence and mortality by 2015. The program supported by this Round 8 grant aims to decrease TB-related morbidity and mortality to the point where the disease no longer constitutes a public health problem. Strategies include strengthening the capacity of national, regional and provincial laboratories to conduct culture and drug susceptibility testing; establishing and implementing a national standard for TB/HIV co-infection control and "Practical Approach to Lung Health" (PAL). The National TB Control Program involves care providers from across all sectors to expand the reach of TB services to all TB patients and affected communities.

1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	239871	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 0-4 (in 1000s)	21579	2010	United Nations. World Population Prospects: .The 2010 Revision
Pop age 15-49 (in 1000s)	134977	2010	United Nations. World Population Prospects: .The 2010 Revision
Physicians (number)	65722	2000-2010	WHO. World Health Statistics 2011
Nursing and midwifery personnel (number)	465662	2000-2010	WHO. World Health Statistics 2011
Infant mortality rate (per 1,000 live births)	27	2010	UNICEF. Child mortality database (http://www.childinfo.org/mortality_imrcountrydata.php) accessed on 01 December 2011
Under-5 mortality rate (per 1,000 live births)	35	2010	UNICEF. Child mortality database (http://www.childinfo.org/mortality_ufrcountrydata.php) accessed on 01 December 2011
Income level	Lower middle income	2011	World Bank. World Development Indicators database
GNI per capita, Atlas method (current US\$)	2580	2010	World Bank. World Development Indicators database
Total health expenditure per capita (USD)	51	2008	WHO. World Health Statistics 2011
ODA commitments in health sector (Current US\$ millions)	175	2009	.OECD
ODA commitments in all sectors (Current US\$ millions)	3770	2009	.OECD
Human development index	medium	2011	UNDP. Human development index (http://hdr.undp.org/en/media/HDR_2011_EN_Table1.pdf) accessed on 01 December 2011
Tuberculosis	Estimate	Year	Source
TB prevalence, all forms (number)	690000	2010	.WHO. Global Tuberculosis Control report 2011
TB prevalence, all forms (rate per 100,000 population)	289	2010	.WHO. Global Tuberculosis Control report 2011
TB incidence, all forms (number)	450000	2010	.WHO. Global Tuberculosis Control report 2011
TB incidence, all forms (per 100,000)	189	2010	.WHO. Global Tuberculosis Control report 2011
TB mortality, all forms excl HIV (number)	64000	2010	.WHO. Global Tuberculosis Control report 2011
TB mortality, all forms excl HIV (per 100,000)	27	2010	.WHO. Global Tuberculosis Control report 2011
TB treatment success rate (%)	91	2009	.WHO. Global Tuberculosis Control report 2011
DALYs ('000), Tuberculosis	2562	2004	WHO. (http://www.who.int/healthinfo/global_burden_disease/gbddeathdalycountryestimates2004.xls) accessed on 01 December 2011
New smear-positive TB cases detected and treated	1096716	2012	Global Fund-supported programs, mid 2012 results

IND-809-G12-T

Last Updated on: 22 November 2013

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

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1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	The first disbursement of Grant funds is subject to the delivery by the Principal Recipient to the Global Fund of a letter signed by the Authorized Representative of the Principal Recipient setting forth the name, title and authenticated specimen signature of each person authorized to sign disbursement requests under Article 10 of the Standard Terms and Conditions of this Agreement and, in the event a disbursement request may be signed by more than one person, the conditions under which each may sign.		Disbursement	01.Sep.09	Yes	Fulfilled in Phase 1
2	The second disbursement of Grant funds is subject to the delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has recruited a Procurement and Supply Management (PSM) coordinator with the appropriate skills and experience to manage and coordinate the PSM activities within the Principal Recipient's Program Management Unit.		Disbursement	14.Feb.10	Yes	Fulfilled in Phase 1
3	The disbursement by the Global Fund or use by the Principal Recipient of Grant funds to finance the procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement) and to finance the renovation of laboratories and hospital wards, is subject to the following conditions: a. the delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has selected a suitably qualified entity for the procurement of (i) Health Products for the Program and (ii) products and services connected to the renovation of laboratories and hospital wards (the "Selected Procurement Agent"), and that such selection has been conducted in accordance with the conditions of this agreement; and b. the written approval by the Global Fund of the appointment of the Selected Procurement Agent made by the Principal Recipient.		Procurement	01.Apr.10	Yes	Fulfilled in Phase 1
4	Notwithstanding what is provided for in Article 3(c) of the Standard Terms and Conditions of this Agreement, the GF and the PR agree that the Phase 1 Starting Date of the Program shall be 1 July 2009.				Yes	Fulfilled in Phase 1
5	The disbursement of funds for procurement of the products listed under annex "Tentative Procurement Plan" of the PSM Plan submitted by the PR to the GF is subject to the following conditions: i) the delivery by the PR to the GF of a revised plan for the procurement, use and supply management of the Health Products for the Program as described in subsection (b) of Article 19 of the Standard Terms and Conditions of this Agreement (the "Revised PSM Plan"); and ii) the written approval by the GF of the Revised PSM Plan.		Procurement		Yes	Fulfilled in Phase 1

IND-809-G12-T

Last Updated on: 22 November 2013

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
6	The procurement of Health Products with the use of Grant funds shall be conducted by the PR in compliance with Articles 18 and 19 of the Standard Terms and Conditions of the Grant Agreement, and in particular the scope of enforcement of any national procurement procedures shall be in accordance with the Global Fund Policies on Procurement and Supply Management. The PR understands that Procurement activities, when using national rules and regulations, must be conducted in light of article 7 (1) b of the Presidential Decree 2003/80 which stipulates that "the scope of enforcement of this presidential decree is procurement of goods and services financed partly or wholly by overseas loan or grant in accordance or not contravening guidance and provisions on procurement goods/services from grantors of the said loans".				Yes	Fulfilled in Phase 1
7	The disbursement of funds allocated for the renovation of laboratories and hospital wards is subject to the delivery by the PR to the GF of evidence, in form and substance acceptable to the GF, that the PR has approved detailed specifications for such renovations and that the selection of contractors and suppliers for such renovations is made by the Selected Procurement Agent.		Disbursement		Yes	Fulfilled in Phase 1
8	Until July 1 2010, the PR shall not award or enter into any contract for the purchase of goods or services for the Program unless the Local Fund Agent has previously reviewed the documentation for the selection of the suppliers for each purchase. This management action can be reviewed for a further period or discontinued depending on the performance and conduct of the procurement activities financed using grant funds by the PR.				Yes	Fulfilled in Phase 1
9	The procurement of Health Products with the use of Grant Funds shall be conducted by the PR in compliance with Article 18 and 19 of the Standard Terms and Conditions of the Grant Agreement, and in particular the scope of enforcement of any national procurement procedures shall be in accordance with the Global Fund Policies on Procurement and Supply Management. the PR understands that Procurement activities when using national rules and regulations, must be conducted in light of article 7 (1) b of the Presidential Decree 2003/80 which stipulates that "the scope of enforcement of this presidential decree is procurement of goods and services financed partly or wholly by overseas loan or grant in accordance or not contravening guidance and provisions on procurement goods/services form grantors of the said loans."		Procurement		Yes	Fulfilled in Phase 1

IND-809-G12-T

Last Updated on: 22 November 2013

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
10	<p>Special Terms and Conditions For This Agreement - Phase 2</p> <p>No later than six months after the effective date of this Amended and Restated Program Grant Agreement (31 December 2011), the Principal Recipient shall provide to the Global Fund evidence, in form and substance acceptable to Global Fund evidence, that appropriate systems are in place for the implementation of the Quality Assurance activities (including that of random sampling) in order to comply with the Global Fund's Quality Assurance Policy.</p>		Other	31.Dec.11	Yes	<p>MET, AS REPORTED IN PUDDR 5 and 6</p> <p>The PR already submitted the "Quality Assurance Policy for Pharmaceuticals and Diagnostic Products" to the Global Fund on 15 February 2012.</p> <p>During semester 7, it is noted that the PR conducted procurement activities for masker and respirator and already started to do the quality assurance review by re-checking the masker and respirators to the agreed specification and quality before the distribution.</p>
11	<p>Special Terms and Conditions For This Agreement - Phase 2</p> <p>Prior to the disbursement of funds for training during 2011 and every 31 December thereafter for the remainder of the Program Term, the Principal recipient shall deliver on an annual basis to the Global Fund plans, in form and substance satisfactory to the Global Fund, for the training activities to be conducted under the Program (the "Annual Training Plan"). The Annual Training Plan shall include, but eill not be limited to, a detailed budget and assumptions for all training programs under the Program, procedures for the Principal Recipient's financial oversight over expenditures to finance training activities and controls to protect Grant funds for training from the risk of misuse or diversion.</p>		Other		Yes	<p>The PR's training plan for July 2011 – June 2012 was approved by the Global Fund on 19 September 2011.</p> <p>The PR's revised training plan for 2012 was approved by the Global Fund on 11 October 2012.</p> <p>PR submitted the training plan for January 2013 – June 2014 to the Global Fund on 15 February 2013. The training plan is approved on 5 April 2013. Note that all items in the main training plan with the exception of #22 (Capacity building) and #23 (team building) are approved. Regarding Request for Exception, the approval of PSM training, Training Audit Internal System Management and Project monitoring and evaluation is based on PR's justification on the venue and number of days. Further information on the PLUS item is needed. The second team-building and interpersonal and communication skill is not approved.</p>

IND-809-G12-T

Last Updated on: 22 November 2013

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
12	<p>Special Terms and Conditions For This Agreement - Phase 2</p> <p>By no later than 31 December 2012, the Principal Recipient shall provide to the Global Fund evidence, in form and substance acceptable to the Global Fund, that the Principal Recipient's remuneration scheme is aligned with the Global Fund Budgeting Guidelines.</p>		Other	31.Dec.12	In Progress	<p>Based on discussion with the PR's staff (i.e. HR Coordinator), the level of salaries and allowances for the Global Fund funded program management and staff should be aligned with the salaries and allowances of the University of Indonesia management and staff, in accordance with the remuneration scheme that was issued by the Human Resource Department of the University of Indonesia (UI).</p> <p>The PR already submitted the remuneration scheme on 21 February 2013 to the Global Fund. It is now under review of the LFA.</p>
13	<p>Special Terms and Conditions For This Agreement - Phase 2</p> <p>No later than six months after the effective date of this Amended and Restated Program Grant Agreement (31 December 2011), the Principal Recipient shall provide evidence, in form and substance acceptable to the Global Fund, that the Principal Recipient has implemented a functional system for recording and reporting on patient- and inventory-related information system (MIS), including a system for validating, analysing and utilizing the reported information in the management of the Program.</p>		Other	31.Dec.11	Yes	<p>PR has developed a website for recording and reporting on patient- and inventory-related information system (MIS) in "Recording-Reporting System and Management Information System Plan" submitted to the Global Fund on 15 February 2012. The PR has already implemented the MIS in their daily operations, however it is intended for use only at the PR level. During semester 6, the LFA noted that the PR is compiling the submitted hard copy documents from districts. This system (hard copy submission to PR, then compilation into MIS) was considered preferable due to internet access challenges at district level, and to avoid the need for SRs to implement an additional reporting system separate to SITT. The LFA confirms the reliability and appropriateness of this system and the country team therefore considered this CP as met.</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
2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024

Goal 1 To decrease morbidity/mortality caused by Tuberculosis and to interrupt the chain of transmission of tuberculosis so that it is no longer a public health problem in the entire population of Indonesia

Impact indicator	TB prevalence rate (Smear positive TB cases): Estimated number of smear positive TB cases per 100,000 population										Baselines			
											Value		Year	
											119		2004	

	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	110	108	106	103	101										
Result															
Data source of Results															

Impact indicator	TB mortality rate: Estimated number of deaths due to TB (all forms) per year per 100,000 population										Baselines			
											Value		Year	
											39		2007	

	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	39	38	38	37	37										
Result															
Data source of Results															

Outcome indicator	Case detection rate (new smear positive TB cases): Percentage of new smear positive TB patients reported to national health authority among the new smear positive TB patients estimated to occur countrywide each year										Baselines			
											Value		Year	
											67%		2007	

	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	80%	85%	90%	90%	90%										
Result															
Data source of Results															

Outcome indicator	Treatment success rate (new smear positive cases): Percentage of new smear positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered during a specified period										Baselines			
											Value		Year	
											89%		2006	

	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	87	88	88	89	89										
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.Jul.09 31.Dec.09	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

2.2.2. Program Objectives, Service Delivery Areas and Indicators

IND-809-G12-T

Last Updated on: 22 November 2013

Objective 1 - To pursue quality DOTS expansion and enhancement through improved case detection, provision of patient support, uninterrupted drug supply and strengthened supervision and monitoring evaluation

Improving diagnosis

Indicator 1.1 - Number of laboratories upgraded/renovated for culture test

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	Not applicable	2009	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N/A		N/A					
Result	0	0	Pending result	Pending result				

Indicator 1.2 - Number and percentage of laboratories showing adequate performance in EQA for culture among the laboratories that undertake these activities during the reporting period

Phase II indicator formulation

Number and percentage of laboratories showing adequate performance among those that received external quality assurance for culture and DST

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	0/5	2009/2011	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N/A	N/A	N: 2 D: 17 P: 12%	2	N: 7 D: 12 P: 58%	N: 7 D: 12 P: 58%	N: 7 D: 12 P: 58%	N: 7 D: 12 P: 58%
Result	0		N: 2 D: 17 P: 12%	5			5	

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 9 D: 12 P: 75%	N: 9 D: 12 P: %	N: 9 D: 12 P: %	N: 9 D: 12 P: %	N: 9 D: 12 P: %	N: 9 D: 12 P: %	N: 9 D: 12 P: %	N: 9 D: 12 P: %
Result								

Indicator 1.3 - Number of private doctors trained in PPM (Public Private Mixed)/ISTC (International Standard Tuberculosis)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	60 trainers	2006-2008	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	25	75	100	125	25	25	25	25
Result	22	83	109	143	24	25	25	26

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	25	25						
Result								

Grant Performance Report

External Print Version

IND-809-G12-T

Last Updated on: 22 November 2013

Objective 2 - To contribute to health systems strengthening through the implementation of PAL strategy with the aim to improve efficiency of health care delivery services for respiratory illness

PAL (Practical Approach to Lung Health)

Indicator 2.1 - Number of health facilities with staff trained in PAL

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	Not Applicable/140	2009/ Jun 2011	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	63	126	189	252	315	378	441
Result	0	70	140	203	266	355	421	484

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	441	441						
Result								

Indicator 2.2 - Number of health staff (doctors and nurses) trained in PAL

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	Not Applicable/1,276	2009/Dec-2010	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	414	828	1,242	1,656	327	327	327	327
Result	300	859	1,276	1,739	347	327	335	341

Indicator 2.3 - Number and Percentage of patients with respiratory symptoms in Health Facilities which implementing PAL among total visits (all symptoms)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	Not Applicable/100,000 (30%)	2009/July-December 2010	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: D: P: %	N: D: P: 30%	N: D: P: 30%	N: D: P: 30%	N: D: P: 30%	N: D: P: 30%	N: D: P: 30%	N: D: P: 30%
Result	0	N: D: P: %	N: D: P: 34%	N: D: P: 30%	N: D: P: 31%	N: 1,062,379 D: 3,225,745 P: 33%	N: D: P: 31%	N: D: P: 32%

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: D: P: 30%	N: D: P: 30%	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: %

Grant Performance Report

External Print Version

IND-809-G12-T

Last Updated on: 22 November 2013

Indicator 2.4 - Percentage of TB Suspect among patients with respiratory symptoms as of Phase II in health facilities implementing PAL)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	1,381,070 /3% (TB suspects prior to PAL implementation)	2007/July-December 2010	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	
Target	0	N: D: P: 3%	N: D: P: 3%	N: D: P: 3%	N: D: P: 3%	N: D: P: 3%	N: D: P: 4%	N: D: P: 4%	
Result	0	N: D: P: %	N: D: P: 4%	N: D: P: 4%	N: D: P: 4%	N: D: P: 4%	N: 42,939 D: 1,062,379 P: 4%	N: D: P: 4%	N: D: P: 3%
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16	
Target	N: D: P: 4%	N: D: P: 4%	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: %	

Indicator 2.5 - Number and percentage of supervision visits by district Health Office to health centers/hospital in the pilot and expansion phase during the last quarter

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	Not Applicable/140	2009/June-2011	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	0	N: 63 D: 63 P: 100%	N: 126 D: 126 P: 100%	N: 189 D: 189 P: 100%	189	252	315	378
Result	0	N: 53 D: 63 P: 84%	N: 140 D: 140 P: 100%	N: 257 D: 189 P: 136%	204	267	349	421
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	441							
Result								

Grant Performance Report

External Print Version

IND-809-G12-T

Last Updated on: 22 November 2013

Indicator 2.6 - Number and percentage of TB smear positive cases among TB suspects investigated during the reporting period

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)																
	Value	Year																		
No Level	1337/9 %	Jan-Jun 2010	Y	N																
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8												
Target	0	N: D: P: 10%	N: D: P: 10%	N: D: P: 10%	N: D: P: 10%	N: D: P: 10%	N: D: P: 10%	N: D: P: 10%	N: D: P: 10%											
Result	N: D: P: %	N: D: P: %	N: D: P: 9%	N: D: P: 12%	N: D: P: 14%	N: 4,904 D: 42,939 P: 11%	N: 5,203 D: 36,499 P: 14%	N: D: P: 13%												
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16												
Target	N: D: P: 10%	N: D: P: 10%	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: %											

Grant Performance Report

External Print Version

IND-809-G12-T

Last Updated on: 22 November 2013

Objective 4 - To address TB/HIV, MDR-TB and other challenges through ensuring TB infection control in health care and congregate settings

TB/HIV

Indicator 4.2 - Number of health personnel (ARV hospital staff) trained in Infection Control

	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 1-People trained	Not Applicable/186	2009/June-2011	Y	Y													
Target	0	90	150	210					120								120
Result	0	119	186	256					124								120
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16									
Target		120															
Result																	

Indicator 4.3 - Number and percentage of ARV hospitals implementing infection control measures as per national guideline

	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	0/5	2008/June-2011	Y	N													
Target	0	3	5	7					N: 11 D: 157 P: 7%					N: 15 D: 157 P: 10%			
Result	0	3	5	7					11					N: 15 D: 157 P: 10%			
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16									
Target		N: 19 D: 157 P: 12%	N: 5 D: 157 P: 12%	N: 7 D: 157 P: 12%	N: 7 D: 157 P: 12%	N: 11 D: 157 P: 7%	N: 15 D: 157 P: 10%	N: 15 D: 157 P: 10%									
Result		N: 3 D: 157 P: 12%	N: 5 D: 157 P: 12%	N: 7 D: 157 P: 12%	N: 7 D: 157 P: 12%	N: 11 D: 157 P: 7%	N: 15 D: 157 P: 10%	N: 15 D: 157 P: 10%									

Indicator 4.4 - Number of hospital staffs, other facilities staffs, National/Local level stakeholders sensitized

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)													
	Value	Year			Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8					
No Level	Not Applicable/300	June-2011	N	N													
Target	0	120	180	300	60	60	60	60									
Result	0	120	182	307	61	60	60	62									
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16									
Target	60																
Result																	

2.2.3. Cumulative Progress To Date

Latest reporting due period : 8 (01.Jan.13 - 30.Jun.13)

Objective 1	To pursue quality DOTS expansion and enhancement through improved case detection, provision of patient support, uninterrupted drug supply and strengthened supervision and monitoring evaluation
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SDA	Improving diagnosis
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Indicator 1.1 - Number of laboratories upgraded/renovated for culture test

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	N/A	2	0							Cannot Calculate

Indicator 1.2 - Number and percentage of laboratories showing adequate performance in EQA for culture among the laboratories that undertake these activities during the reporting period

Phase II indicator formulation
 Number and percentage of laboratories showing adequate performance among those that received external quality assurance for culture and DST

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	7	N: 7 D: 12 P: 58.3 %	7	5						71%

Indicator 1.3 - Number of private doctors trained in PPM (Public Private Mixed)/ISTC (International Standard Tuberculosis)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	25	8	26						104%

Objective 2 To contribute to health systems strengthening through the implementation of PAL strategy with the aim to improve efficiency of health care delivery services for respiratory illness

SDA PAL (Practical Approach to Lung Health)

Indicator 2.1 - Number of health facilities with staff trained in PAL

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	441	8	484					110%	

Indicator 2.2 - Number of health staff (doctors and nurses) trained in PAL

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	327	8	341					104%	

Indicator 2.3 - Number and Percentage of patients with respiratory symptoms in Health Facilities which implementing PAL among total visits (all symptoms)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	8	N: D: P: 30 %	8	N: D: P: 32.3 %					108%	

Indicator 2.4 - Percentage of TB Suspect among patients with respiratory symptoms as of Phase II in health facilities implementing PAL)

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 3-People reached	8	N: D: P: 4 %	8	N: D: P: 3.2 %					80%	

Indicator 2.5 - Number and percentage of supervision visits by district Health Office to health centers/hospital in the pilot and expansion phase during the last quarter

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	8	378	8	421					111%	

Indicator 2.6 - Number and percentage of TB smear positive cases among TB suspects investigated during the reporting period

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	8	N: D: P: 10 %	8	N: D: P: 13.4 %					120%	

Objective 4 To address TB/HIV, MDR-TB and other challenges through ensuring TB infection control in health care and congregate settings

SDA TB/HIV

Indicator 4.2 - Number of health personnel (ARV hospital staff) trained in Infection Control

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 1-People trained	8	120	8	120					100%	

Indicator 4.3 - Number and percentage of ARV hospitals implementing infection control measures as per national guideline

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
Level 2-Service Points supported	8	N: 15 D: 157 P: 9.6 %	8	N: 15 D: 157 P: 9.6 %					100%	

Indicator 4.4 - Number of hospital staffs, other facilities staffs, National/Local level stakeholders sensitized

	Target		Result		0%	30%	60%	90%	100%	
	Period	Value	Period	Value						
No Level	8	60	8	62					103%	

2.3. Financial Performance

2.3.1. Grant Financial Key Performance Indicators (KPIs)

Grant Duration (months)	60 months	Grant Amount	13,184,280 \$
% Time Elapsed (as of end date of the latest PU)	70%	% disbursed by TGF (to date)	98%
Time Remaining (as of end date of the latest PU)	18 months	Disbursed by TGF (to date)	12,873,793 \$
Expenditures Rate (as of end date of the latest PU)	81%	Funds Remaining (to date)	310,487 \$

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.Jul.09	01.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10	01.Jan.11	01.Apr.11
Period Covered To:	30.Sep.09	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10	31.Mar.11	30.Jun.11
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	322,012	1,021,100	2,952,337	3,102,489	4,982,971	5,118,814	6,074,454	6,200,769
Summary Period Budget:	322,012	699,088	1,931,237	150,152	1,880,482	135,843	955,640	126,315

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.Jul.11	01.Oct.11	01.Jan.12	01.Apr.12	01.Jul.12	01.Oct.12	01.Jan.13	01.Apr.13
Period Covered To:	30.Sep.11	31.Dec.11	31.Mar.12	30.Jun.12	30.Sep.12	31.Dec.12	31.Mar.13	30.Jun.13
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	6,873,656	7,591,856	8,322,988	9,133,768	9,788,749	10,438,227	11,290,082	12,211,425
Summary Period Budget:	672,887	718,200	731,132	810,780	654,981	649,478	851,855	921,343

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.Jul.13	01.Oct.13	01.Jan.14	01.Apr.14	01.Jul.14	01.Oct.14	01.Jan.15	01.Apr.15
Period Covered To:	30.Sep.13	31.Dec.13	31.Mar.14	30.Jun.14	30.Sep.14	31.Dec.14	31.Mar.15	30.Jun.15
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	12,922,072	13,707,629	14,478,508	14,997,217	14,997,217	14,997,217	14,997,217	14,997,217
Summary Period Budget:	710,647	785,557	770,879	518,709				

Expenditure Categories

Program Activities

Implementing Entities

- Comments and additional information

2.3.3. Program Expenditures

Period PU7: 01.Jul.12 - 31.Dec.12	Actual Cash Outflow	Cumulative Budget	Cumulative Cash Outflow	Variance	Reason for variance
1. Total cash outflow vs. budget	\$ 1,043,103	\$ 10,438,227	\$ 8,445,029	\$ 1,993,198	<p>The PR has absorbed 80% or USD 1,043,103 of the semester 7 budget of USD 1,304,460. However, the expenditure also consisted of the implementation of carry forward activities from Semester 6 with total budget USD 475,073 in the current semester. Since the PR can not separate the current semester expenditure with expenditure related to previous semester carry over budget, our variance analysis represents combination of both Semester 7 activities and carry forward activities.</p> <p>The positive variance amounting to USD 261,357 between budget for semester 7 and the actual expenditures was due to the following:</p> <p>A. Positive variance totaling USD 386,512 mainly due to:</p> <ul style="list-style-type: none"> • Efficiency in lower unit cost of health products of USD 35,689 • Unabsorbed budget of USD 37,775 for inhaled drugs procurement since no international vendors agree to procure the inhaled drugs for the PR in low quantity. • Efficiency in PAL activities for USD 42,176 • Unabsorbed budget for PAL Consultative Meeting USD 21,303 • Efficiency in "Overhead Costs (Fulltime Project Staff)" amounting USD 36,074 due to lower basic salary negotiated and paid and lower number of staff hired than originally budgeted. • Efficiency in "Training for Practical Approach to Lung Health" and "Advocacy and sensitization meeting" amounting to USD 44,900. • Unabsorbed budget for "Training for Infection Control" and "Policy/Plan Development - Consultations and/or Workshops" "Overhead cost (office running cost)" "Technical Assistant for Development of Infection Control Guidelines" amounting to USD 78,446 • Efficiency in "Supplies for cultures (solid media) for Improving Diagnosis" amounting USD 10,435 due to other sources of funding. • Gain in exchange rate for
1a. PR's Total expenditure	\$ 1,043,103		\$ 8,027,151		
1b. Disbursements to sub-recipients			\$ 452,100		
1c. Expenditure Adjustments			\$ -34,222		
2. Pharmaceuticals & Health Product expenditures vs budget	\$ 145,334		\$ 755,069		
2a. Medicines & pharmaceutical products			\$ 41,224		
2b. Health products and health equipment	\$ 145,334		\$ 713,845		

USD 65,205.

B. Negative variance totaling to USD 125,155 mainly from carrying forward activities from Semester 5 under “Conducting Situation Analysis” and Semester 6 under “Meeting, Preparation and Implementation Workshop”

Up to Semester 7, the PR has absorbed approximately 81% (USD 8,455,029) of the cumulative budget up to Semester 7 (USD 10,438,227). The positive variance of USD 1,993,198 was due to:

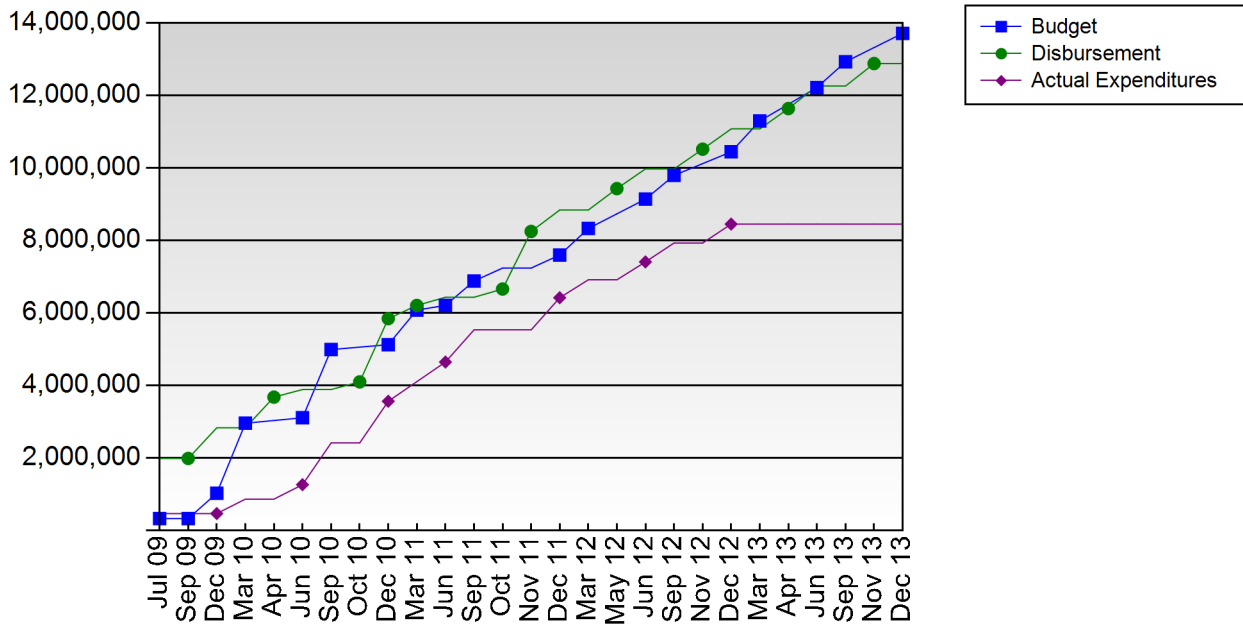
A. Positive variance amounting to USD 3,799,751 mainly due to:

- Unutilized budget for laboratory activities of USD 838,958 since the expenditure was covered by KNCV;
- Efficiency totaling USD 949,660 for training activities and material production;
- Efficiency in staff salary and technical assistance amounting to USD 421,516 mainly due to lower basic salary paid and lower number of staff hired than originally budgeted;
- Efficiency and unspent budget amounting USD 1,339,381 for procurements across all activities.

B. Negative variance amounting to USD 1,318,636 mainly due to the cost of procurement by UNOPS is much higher than budgeted (USD 1,236,093)

C. Negative variance amounting to USD 487,917 mainly due to loss on foreign exchange.

Reason for adjustments



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.Jul.09 -		N/A	1	01.Jul.09 - 31.Mar.10	2,952,336	\$ 1,980,823	03 Sep 2009	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
Rational and Performance Base for disbursement: This is the first disbursement and therefore, not linked with performance.				The cash amount requested by the Principal Recipient (US \$2,952,336) includes a semester budget plus buffer of a quarter. The Principal Recipient has not yet complied with special conditions related to the procurement of Health Products. Therefore, the budget for (i) the procurement of Health Equipment (US \$462,870.75); (ii) procurement of non-health products (US \$454,545.46) and (iii) Service fee for procurement process (US \$54,096.60) was reduced from the PR 1st disbursement request amount.					

IND-809-G12-T

Last Updated on: 22 November 2013

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Jul.09 - 31.Dec.09		B1	2	01.Jan.10 - 30.Sep.10	2,948,845	\$ 1,691,243	15 Apr 2010
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The overall rating attached to the performance of the reporting period spanning from 1 July to 31 December 2009 is B1. The B1 rating corresponds to an average performance of all indicators of 80 % for the reporting period. The top ten indicators show a percentage of achievement of 88% for the same period.</p> <p>Please note that the performance rating is for the following three indicators:</p> <p>Objective/SDA** Indicator Description % progress compared to intended target for Semester 1 1/3 Number of private doctors trained in PPM (Public Private Mixed)/ISTC (International Standard Tuberculosis) 88% 4/1 Develop National Guidelines for TB Infection Control 100% 2/2 Number of health staff (Doctors & nurses) trained in PAL 72%</p> <p>Please note that for the next disbursement the performance would be rated based on all the 12 indicators contained in the Performance Framework instead of the three currently reported on for this first semester.</p> <p>The PR gave the following explanation for the result of the Number of health staff (Doctors and Nurses) trained in PAL:</p> <p>The Pilot Project Trainings were conducted for Puskesmas (Health Centers) and Hospitals in 3 selected provinces, i.e. DKI Jakarta, Lampung, and West Java as advised by the TB Technical Working Group. Based the review of the existing documentation, it was noted that from the intended 414 health personnel (276 nurses and 138 doctors), only 300 health personnel (200 nurses and 100 doctors) were trained as of December 2009.</p> <p>The PR could not achieve the intended target since one of the selected provinces, i.e. DKI Jakarta which is represented by Central Jakarta District has only 8 Health Centers and 1 Hospital instead of 20 Health Centers and 2 Hospital as planned.</p> <p>To remediate to that situation, the PR plans to add additional districts (i.e. West Jakarta District) during the next PAL training in May 2010 based on further consultation with the TB Technical Working Group. We concur with the PR that better results will be achieved in the next reporting period.</p>				<p>The difference between the amount requested by the PR and the amount to be released by the Global Fund results from the following calculation:</p> <p>PR Disbursement Request: US\$ 2,948,845.10</p> <p>Disbursements:</p> <p>A. First Disbursement amount US\$ 1,691,243 B. Second Disbursement amount pending the receipt of an approved PSM plan US\$ 1,303,362</p> <p>Total disbursement: US\$ 2,994,605</p> <p>Amount to be disbursed: US\$ 1,691,243</p>				

IND-809-G12-T

Last Updated on: 22 November 2013

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jan.10 - 30.Jun.10			A2	3	01.Jul.10 - 31.Mar.11	2,612,351	\$ 420,057	26 Oct 2010
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The overall rating attached to the performance of the reporting period from 1 Jan to 30 June 2010 is A2.</p> <p>The PR has exceeded the intended targets (more than 100%) for 6 (six) indicators. The PR has met the target (above 80%) for 1 (one) indicator. The PR further achieved on 2 (two) indicators for which intended targets are still awaiting Global Fund approval.</p> <p>Due to the delay in the procurement process, the PR did not report any progress on 1 (one) indicator (Number of laboratories upgrated/renovated for culture test).</p>					<p>The difference between the amount requested by the PR and the amount to be released by the Global Fund resulted from the following calculation:</p> <p>PR Disbursement Request: US\$ 2,612,351 LFA recommended amount: US\$ 2,165,743</p> <p>Partial Disbursement: First Disbursement to PR amounting US\$ 420,057 Second Disbursement to PR subject to an approved PSM plan: US\$ 1,745,686</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jan.10 - 30.Jun.10			A2	3.1	01.Jul.10 - 31.Mar.11	2,612,351	\$ 1,745,686	09 Dec 2010
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The overall rating attached to the performance of the reporting period from 1 Jan to 30 June 2010 is A2.</p> <p>The PR has exceeded the intended targets (more than 100%) for 6 (six) indicators. The PR has met the target (above 80%) for 1 (one) indicator. The PR further achieved on 2 (two) indicators for which intended targets are still awaiting Global Fund approval.</p> <p>Due to the delay in the procurement process, the PR did not report any progress on 1 (one) indicator (Number of laboratories upgrated/renovated for culture test).</p>					<p>The difference between the amount requested by the PR and the amount to be released by the Global Fund resulted from the following calculation:</p> <p>PR Disbursement Request: US\$ 2,612,351 LFA recommended amount: US\$ 2,165,743</p> <p>Partial Disbursement: First Disbursement to PR amounting US\$ 420,057 (disbursed on 26/10/2010) Current Disbursement to PR after an approval of PSM plan: US\$ 1,745,686</p>				

IND-809-G12-T

Last Updated on: 22 November 2013

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Jul.10 - 31.Dec.10			A1	4.1	01.Jul.11 - 30.Sep.11	2,122,218	\$ 452,970	10 Oct 2011
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The overall rating attached to the excellent performance of the reporting period spanning from 1 July to 31 December 2010 is A1.</p> <p>The A1 rating corresponds to an average performance of all indicators of 107% for the reporting period. The top ten indicators show an average achievement of 102% for the same period.</p> <p>Out of eleven applicable indicators, the PR has achieved or exceeded more than 100% of the intended targets for ten indicators as follows:</p> <ul style="list-style-type: none"> – Number and percentage of laboratories showing adequate performance among those that received external quality assurance for culture and DST (100%) – Number of private doctors trained in PPM (Public Private Mix)/ISTC (International Standard Tuberculosis) (109%) – Number of health facilities with staff trained in PAL (111%) – Number of health staff (Doctors and Nurses) trained in PAL (103%) – Number and percentage of patients with respiratory symptoms in health facilities which are implementing PAL (114%) – Percentage of TB suspects among patients with respiratory symptoms (136%) – Number and percentage of supervision visits by district health office to health centers/hospital in the pilot and expansion phase during the last quarter (111%) – Number of health personnel (ARV hospital staff) trained in infection control (124%) – Number and percentage of ARV hospitals implementing infection control measures as per national guideline (100%) – Number of hospital staff, other facilities staff, national/local level stakeholders sensitized (101%) 					<p>This is a disbursement of Q9, the first quarter of Phase 2 to mitigate possible cash flow problems. The total commitment for this grant (including first commitment under Phase 2) is US\$ 12,211,423.</p> <p>The PR requested the full amount for nine months from July 2011 to March 2012 totaled USD 2,122,217.83 (Semester 4 and three months' buffer) using the first disbursement request template. The LFA also recommended a disbursement for nine months but taking account the cash balance, adjustment and commitment to get the amount of USD 1,873,374. However, the regional team decided to only disburse for Q9 (July to September 2011).</p> <p>Due to late signing of Phase 2, the PR will soon face a severe shortage of cash. The PR has a cash balance of USD 1,267,042 by end of Phase 1 (30 June), which will be consumed by its commitment to UNOPS totaling USD 1,047,125 to be paid soon. UNOPS submitted a progress report on the upgrading of laboratories and hospital wards which we found satisfactory and the payment to UNOPS is important to continue the good work. After the payment to UNOPS, the PR will remain with only US\$ 219,917 which is not sufficient for the expenditures and proper program implementation.</p> <p>The PR has submitted the PU/DR for the period from January to June 2011 on 15 August and the LFA will only be able to submit the fully reviewed PU/DR in late October 2011 as the LFA is overstretched with Round 10 assessment, two Phase 2 reports, 11 PU/DRs and OSDVs during this period.</p> <p>Based on the cash situation and advice from Finance team, we decided to use the previous Progress Update period from July to December 2010 to disburse Quarter 9 budget to enable the PR to carry on the program implementation. Upon verification of results and expenditures for the period from January to June 2011, the regional team will reassess the need to disburse additional funding.</p> <p>The computation of the disbursement decision is as follows: PR cash balance: US\$ 1,267,042 Less outstanding commitment to UNOPS: US\$ 1,047,125 Add: Q9 budget: US\$ 672,887 Total recommendation: US\$ 452,970</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jan.11 - 30.Jun.11			A1	5	01.Jul.11 - 31.Mar.12	2,068,889	\$ 1,588,781	30 Nov 2011
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Out of 13 indicators, 1 indicator ("No of laboratories upgraded/renovated for culture test") has 0 achievement reported for this period due to delays in procurement plan and its results are to be reported in the next period; 1 indicator ("Develop National Guideline for TB infection control" has achievement N/A. 10 indicators (no. 1.2, 1.3, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 4.2 and 4.4 has the achievement rate over 100%. 1 Indicator (no 4.3) has the achievement rate of 100%</p>					<p>The differences between the PR request and the LFA recommendation are due to exchange rate (PR used USD1 = IDR 10,000 for preparing the cash reconciliation while the LFA used USD1 = IDR8,597 (which represent the spot rate as of 30 June 2011 for converting the ending cash balance as of 30 June 2011) and USD1 = IDR8,747 (which represent the average rate for converting transactions during January- June 2011)</p>				

IND-809-G12-T

Last Updated on: 22 November 2013

Progress Updates					Disbursement Information																			
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date															
5	01.Jul.11 - 31.Dec.11			A2	7	01.Jan.12 - 30.Sep.12	1,444,252	\$ 1,181,183	10 May 2012															
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement																			
<p>The PR achieved or exceeded targets for all but one indicator. For this indicator (Number of hospital staffs, other facilities staffs, National/Local level stakeholders sensitized), the PR achieved only 51% of the target. The PR explained that the under achievements for this indicator was due to the following:</p> <p>The target set in the Performance Framework was inaccurate because the PR was not aware at the time of grant negotiation that the target was set as not-cumulative. The PR mentioned that the target should be cumulative annually as agreed to the approved budget. The budget that was set in the approved budget only accommodate 60 staff to be sensitized for each semester instead of 120 staff in Semesters 5, 7, and 9 respectively as set out in the Performance Framework.</p>					<p>Forecasted amount for Semester 6 is USD 2,007,142 Originally budgeted: USD 1,541,920 Advance not settled During Semesters 5 USD 116,799 Carry forward budget USD 348,433</p> <p>Cash balance USD 1,480,940</p> <p>Country team and the LFA recommendation: USD 1,181,183 (excluding carry forward budget of USD 263,069)</p>																			
Progress Updates					Disbursement Information																			
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date															
6	01.Jan.12 - 30.Jun.12			A1	8	01.Jul.12 - 31.Mar.13	2,875,225	\$ 1,087,463	08 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 11 indicators reported, the PR achieved or exceeded targets for 9 indicators and 2 indicators are not applicable for semester 6. The LFA has downgraded the PR from A1 to A2 because they noted 4 new management issues; 7 out of 10 management actions addressed from last PUDR has not been resolved; and 3 STCs has not been met. The Country Team is of the view that these issues are minor and will not affect the PR's performance and deliveries. In addition, 1 STC is considered met by the Country Team and 1 is not due this period.</p>					<p>The amount forecasted for Semester 7 and the buffer period (July 2012 – March 2013) contains budgetary provisions relating to outstanding obligation.</p> <table border="0"> <tr> <td>Amount as budgeted in the Semester 9 budget:</td> <td>USD</td> <td>1,304,460</td> </tr> <tr> <td>Budget for buffer period</td> <td>USD</td> <td>851,854</td> </tr> <tr> <td>Outstanding obligations of the PR</td> <td>USD</td> <td>109,365</td> </tr> <tr> <td>Carry forward activities of the PR</td> <td>USD</td> <td>475,073</td> </tr> <tr> <td>Total forecasted amount verified by CT:</td> <td>USD</td> <td>2,740,753</td> </tr> </table> <p>The case amount requested by the PR from the Global Fund for the next disbursement period amounted to USD 1,222,700. However, the Global Fund is disbursing USD 1,087,462 due to that the PR's proposed carry forward budget of USD 135,238 represents efficiencies noted in Semester 6 that the PR wants to carry over for a buffer. This amount is not approved by the Global Fund.</p> <p>In addition, since the approved disbursement of USD 1,087,463 includes the training related budgets during the buffer period (i.e. January - March 2013), the PR is not authorized to spend USD 221,416 for trainings activities until the PR has obtained written approval from the Global Fund on the training plan. The training plan for the year 2013 is due by 31 December 2012.</p>					Amount as budgeted in the Semester 9 budget:	USD	1,304,460	Budget for buffer period	USD	851,854	Outstanding obligations of the PR	USD	109,365	Carry forward activities of the PR	USD	475,073	Total forecasted amount verified by CT:	USD	2,740,753
Amount as budgeted in the Semester 9 budget:	USD	1,304,460																						
Budget for buffer period	USD	851,854																						
Outstanding obligations of the PR	USD	109,365																						
Carry forward activities of the PR	USD	475,073																						
Total forecasted amount verified by CT:	USD	2,740,753																						

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
7	01.Jul.12 - 31.Dec.12		A2	9	01.Jan.13 - 31.Mar.14	2,770,352	\$ 1,120,677	23 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 A2. The 'All Indicator' rating is A1 and the 'Top Ten Indicator' rating is A2. Out of the 11 indicators reported, the PR achieved or exceeded targets for 8 indicators, 1 indicator did not meet the target, and 2 indicators are not applicable for Semester 7. Underachievement come from indicator "Number and percentage of laboratories showing adequate performance among those that received external quality assurance for culture and DST" due to unavailability of the EQA expert. All STCs are met expect remuneration scheme which is now under review of the LFA.</p>				<p>The PR's forecasted amount for Semester 7 is USD 4,357,717 with disbursement request of USD 2,770,352. However, based on verification of the PR's outstanding advance, carry forward activities and efficiencies, we are approving a disbursement of USD 2,673,114. The following table outlines the disbursement calculation:</p> <p>Amount as Budgeted Q7+Q8+Q9 USD 2,483,843 Less Efficiency in Staff Salary USD (107,989) Less Unutilized budget for TRT staff in Q7, Q9 USD (8,000) Less Activities supported by KNCV USD (16,256) Outstanding Advance USD 79,700 Carry Forward Activities USD 373,982 Less Cash Ending Balance USD (1,684,603) First Disbursement (now) USD 1,120,677 Amount as Budgeted Budget Q10+Q11 USD 1,556,437 Less Unutilized budget for TRT staff in Q11 USD (4,000) Second Disbursement (Q4) USD 1,552,437 Total Forecast Amount USD 4,357,717 Total Commitment 2013 USD 2,673,114</p>					

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
7	01.Jul.12 - 31.Dec.12		A2	9.1	01.Jan.13 - 31.Mar.14	2,770,352	\$ 1,241,950	21 Nov 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 A2. The 'All Indicator' rating is A1 and the 'Top Ten Indicator' rating is A2. Out of the 11 indicators reported, the PR achieved or exceeded targets for 8 indicators, 1 indicator did not meet the target, and 2 indicators are not applicable for Semester 7. Underachievement come from indicator "Number and percentage of laboratories showing adequate performance among those that received external quality assurance for culture and DST" due to unavailability of the EQA expert. All STCs are met expect remuneration scheme which is now under review of the LFA.</p>				<p>The updated cash balance as of 15-Oct-13 is \$1,471,729. Against this, the PR reports activities in progress and commitments totalling \$1,323,727. Considering that the cash balance is still relatively high, however also acknowledging the commitments and activities in progress, the Country team recommends release of 80% of the scheduled cash transfer - \$1,241,950 (i.e. 80% of \$1,552,437). This also corresponds to the recent depreciation of the Indonesian rupiah (from 9,000 in budget to 11,475 current rate), which explains the relatively high cash balance, but is also expected to impact the projection for the next two quarters.</p> <p>This recommendation is at the same time 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 annual disbursement in Q1 of 2014.</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

