

General Grant Information

Country	Indonesia				
Grant Number	IND-506-G05-T	Component	Tuberculosis	Round	5
Grant Title	Equitable Quality DOTS for All				
Principal Recipient	Ministry of Health of Indonesia - Directorate of Diseases Control and Environmental Health				
Grant Status	In Closure - End date				
Grant Start Date	01 Jan 2007	Grant End Date	31 Dec 2011		
Current* Phase Start Date	01 Jan 2009	Current* Phase End Date	31 Dec 2011	Latest Rating	B1
Current* Phase Signed Amount	Not Available	Current* Phase Committed Amount	\$ 31,663,748	Current* Phase Disbursed Amount	\$ 34,928,026
Cumulative Signed Amount	Not Available	Cumulative Committed Amount	\$ 49,978,433	Cumulative Disbursed Amount	\$ 41,706,459
				% Disbursed	83%
Time Elapsed (at the end of the latest reporting period)	60 months	Proposal Lifetime	60 months	% of Grant Duration	100%

* Latest Phase if grant is closed

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1. Program Description and Contextual Information

1.1. Grant Summary - Web

Indonesia has the third highest TB burden in the world after India and China. The program supported by this grant aims to accelerate progress toward achieving the Millennium Development Goals for TB. To reach its goal, the program is pursuing quality DOTS expansion and enhancement; addressing TB/HIV, MDR-TB and other challenges; involving all care providers to ensure adherence to the international standards of TB care; engaging TB patients and affected communities; strengthening policy; and fostering local ownership of TB control.

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

1.3. Comments on Key Discrepancies between Approved Proposal and Grant

1.5. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	The first disbursement of Grant funds is subject to the delivery by the PR to the Global Fund of evidence that it has opened a bank account for Grant funds for each of the provincial project units that implement program activities.		Disbursement	25.Sep.06	Yes	
2	The second disbursement of Grant funds is subject to the delivery of evidence by the Principal Recipient to the Global Fund that the Principal Recipient has appointed, under terms of reference acceptable to the Global Fund, persons with appropriate qualifications and experience to fill the following positions: <ul style="list-style-type: none"> • 1 additional person to coordinate TB/HIV activities; • 1 person to coordinate the involvement of private practitioners in the Program; • 1 person to coordinate TB treatment and care in emergency situations and in remote areas; • 1 person to coordinate activities related to gender in border populations; • 1 person to coordinate TB care and treatment in vulnerable populations; • 1 person to coordinate DOTS-Plus activities; • 1 person as to act as the coordinator of the Program management unit of the Grant funds provided under this Agreement; • 1 additional person who will manage the monitoring and evaluation of the Program activities to be implemented by the Principal Recipient under this Agreement; • 1 additional person to coordinate NGO activities; • 1 additional person who will manage the monitoring and evaluation of the activities implemented by NGOs; • 1 person to coordinate the capacity building of the Principal Recipient; • 1 additional person to coordinate the in-service training unit; • 1 additional person to coordinate pre-service training unit; and • 1 person for secretarial support to the Principal Recipient. 		Disbursement	14.Aug.07	Yes	
3	The third disbursement of Grant Funds is subject to the delivery by the PR to the Global Fund of plan for the audit of sub-Recipients, as provided in Article 13(d) of the Standard Terms and Conditions of this Agreement.		Disbursement	14.Feb.08	Yes	
4	The disbursement by the Global Fund or use by the PR of Grant funds to finance the procurement of Health Products (as defined in Article 19 of the Standard Terms and Conditions of this Agreement), is subject to the following conditions; <p>(a) the delivery by the PR to the Global Fund of a plan for the procurement, use and supply management of the Health Products for the Program as described in subsection (c) of Article 19 of the Standard Terms and Conditions of this Agreement (the "PSM Plan"); and</p> <p>(b) the written approval of the Global Fund of the PSM Plan.</p>		Procurement		Yes	
5					Yes	

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CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
6	2. The Principal Recipient represents to the Global Fund that the annual counterpart financing for TB in Indonesia is at least 10% of the resources dedicated to TB in Indonesia in the first year of the Program with a progressive increase to at least 20% over the duration of the Program.				In Progress	Progress Update 9 comment: The LFA verified this condition as in progress since the PR is still to provide the supporting documents on contribution on the annual counterpart financing. The PR has though provided the LFA the table of the computation of the annual counterpart financing from Government (national, Regional budget) and Donors (TGF, Other)
7	3. The budget for the Phase 2 of the Program shall be revised on 15 January 2010 and 15 January 2011 to account for fluctuations of the exchange rate between the United States dollar and Indonesian Rupee.				Waived	Progress update 9 comment: status of this condition should be read as: NOT APPLICABLE It has been agreed that any currency fluctuation be managed by the PR; Since the local currency appreciated in the current period, no need to revise the Phase II budget and the condition is reading as not applicable.
8	. The Principal Recipient furthermore agrees that the implementation of the Action Plan mentioned in Section C.4 shall be monitored by the Local Fund Agent and that the Principal Recipient shall deliver to the Global Fund semiannual reports on the Action Plan implementation.				Waived	Progress update 9 comment: NOT APPLICABLE
9	1. The disbursement or use of Grant funds for the activities of the CCM of Indonesia is subject to the approval by the Global Fund of the CCM's request for such funding				Yes	

2. Key Grant Performance Information

2.1. Program Goals, Impact and Outcome Indicators

Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
2007	2008	2009	2010	2011	2012	2013	2014	2015	2016

Goal 1 To accelerate progress toward achieving the Millennium Development Goals

Impact indicator	Case detection									
	Baselines									
	Value					Year				
	54%					2004				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 70%	N: D: P: 75%	N: D: P: 80%	N: D: P: 85%	N: D: P: 90%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 159,100 D: 230,578 P: 69%	N: 164,096 D: 230,057 P: 71%	N: D: P: %	N: D: P: 84%	N: D: P: 93%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										

Impact indicator	Treatment success rate									
	Baselines									
	Value					Year				
	86%					2003				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	N: D: P: 86%	N: D: P: 87%	N: D: P: 87%	N: D: P: 88%	N: D: P: 88%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 136,524 D: 160,617 P: 85%	N: 140,246 D: 160,617 P: 87%	N: D: P: %	N: D: P: 91%	N: D: P: 86%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Data source of Results										

Impact indicator	TB prevalence rate									
	Baselines									
	Value					Year				
	119/100,000					2004				

	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
Target	115	113	113	108	106					
Result	100	97		95						
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.07 30.Jun.07	01.Jul.07 31.Dec.07	01.Jan.08 30.Jun.08	01.Jul.08 31.Dec.08	01.Jan.09 30.Jun.09	01.Jul.09 31.Dec.09	01.Jan.10 30.Jun.10	01.Jul.10 31.Dec.10

2.2.2. Program Objectives, Service Delivery Areas and Indicators

Objective 1 - Health system strengthening through improvement of management at provincial and district level (with special focus on hospital linkage)**Supportive Environment: Human resources**

Indicator 1.1 - Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guideline and Hospital Training Module

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 1-People trained	321	2004	Y	Y

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	300	600	900	1,200	600	1,050	600	1,140
Result	0	0	714	1,469	86	682	365	1,092
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	600	600						
Result	726	726						

Other: Community Systems Strengthening

Indicator 1.2 - Number of hospitals with established referral networks with health centers (Number of private and public hospitals (different types) collaborating with the national TB program)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	30	December 2004	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	100	175	300	400	100	200	100	200
Result	0	0	242	289	91	188	103	374
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	100	200						
Result	225	243						

Objective 3 - Expansion of quality DOTS services to all providers with specific focus on vulnerable groups and difficult to reach populations

Improving diagnosis

Indicator 3.1 - Number of new smear positive TB cases detected among the estimated number of new smear positive TB cases per year and register under DOTS. (Number of new smear positive TB patients reported to the national health authority among the new smear positive TB patients estimated to occur countrywide each year.

	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	128,913	Dec 2004	Y	N										
Target	81,018	162,035	247,728	333,420	87,830	175,661	92,607	185,214						
Result	104,437	159,353	225,093	318,453	81,246	166,291	87,410	186,610						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	N: D: P: 90%	N: D: P: 90%	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: 91%	N: D: P: 93%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 3.2 - Number and percentage of new smear positive pulmonary TB cases registered under DOTS that were cured plus the number that completed treatment (Number and per centage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered on treatment

	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	68,782/92,566	2004	Y	N										
Target			N: 69,675 D: 81,018 P: 86%	N: 139,350 D: 162,035 P: 86%	N: 74,552 D: 85,692 P: 87%	N: 149,105 D: 171,385 P: 87%	N: 76,412 D: 86,832 P: 88%	N: 152,824 D: 173,664 P: 88%						
Result	0	0	N: 54,915 D: 88,608 P: 62%	N: 137,108 D: 160,617 P: 85%	N: 72,552 D: 83,326 P: 87%	N: 145,229 D: 164,706 P: 88%	N: 73,780 D: 81,246 P: 91%	N: 149,357 D: 169,605 P: 88%						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	N: D: P: 88%	N: D: P: 88%	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: 87%	N: D: P: 86%	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: %

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Indicator 3.5 - Number and percentage of new smear-positive TB patients referred by a specific type of health care provider (hospital) among the new smear positive TB cases reported to the national health authority (started on treatment in the national TB program)

	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	11,388	June 2005	N	N										
Target	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 4,960 D: 88,570 P: 6%	N: 9,934 D: 177,393 P: 6%	N: 5,258 D: 92,246 P: 6%	N: 10,516 D: 184,491 P: 6%						
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: 8,055 D: 81,246 P: 10%	N: 14,762 D: 164,706 P: 9%	N: 8,244 D: 87,410 P: 9%	N: 16,945 D: 186,610 P: 9%						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	N: D: P: 6%	N: D: P: 6%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %						
Result	N: D: P: 14%	N: D: P: 12%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %						

MDR-TB

Indicator 3.3 - Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB.

	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	N/A	Apr 05	N	N										
Target	60	80	160	240	342	684	355	711						
Result	0	0	0	0	172	283	1,039	1,712						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	368	735												
Result	598	1,198												

Indicator 3.4 - Number and percentage of MDR-TB patients enrolled on treatment.

	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	N/A	Apr 05	Y	N										
Target	50	100	150	200	0	100	200	300						
Result	0	0	0	0	0	23	84	247						
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16						
Target	450	600												
Result	360	479												

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Objective 4 - Improved patients-education and community participation

Prevention: Behavioral Change Communication - Community Outreach

Indicator 4.1 - Number of people trained in BCC-community outreach (NGO, CBO, FBO, District health officer and informal community leader)

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)								
	Value	Year										
Level 1-People trained	N/A	Apr-05	Y	Y								
	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8				
Target	200	400	600	800	220	420	200	400				
Result	0	0	568	810	30	659	201	621				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16				
Target	306	612										
Result	217	360										

Objective 5 - Achieve high political commitment through strengthening of Gerdunas and partnerships

Supportive Environment: Advocacy and increased political commitment to DOTS

Indicator 5.1 - Number of policy makers sensitized on TB and HIV/TB

	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	N/A	Apr-05	Y	Y										
Target	150	300	500	700	200	500	200	500						
Result	0	0	570	836	193	670	326	601						
Target	250	500												
Result	224	383												

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Objective 6 - Improve case finding and management of TB/HIV co-infected patients

TB/HIV

Indicator 6.2 - Number and percentage of registered TB patients who receive HIV counseling among the total registered TB patients (at the target sites-3 in year 1 and 7 in year 2). (Number of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients).

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	N/A	Apr-05	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	20	20	60	80	2,000	4,000	2,000	4,000
Result	0	0	0	2,194	807	2,327	1,147	3,149

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	2,000	4,000						
Result	1,386	3,695						

Indicator 6.3 - Number and percentage of PLWHA receiving HIV testing and counseling or HIV treatment and care services who were screened for TB symptoms. (Number and % of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit among all adults and children enrolled in HIV care in the reporting period).

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	N/A	Apr-05	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	30	50	90	150	N: 100 D: 35,290 P: 0%	N: 200 D: 70,596 P: 0%	N: 100 D: 35,651 P: 0%	N: 200 D: 71,302 P: 0%
Result	0	0	0	170	N: 696 D: 34,928 P: 2%	N: 1,208 D: 19,973 P: 6%	N: 746 D: 1,797 P: 42%	N: 2,214 D: 4,158 P: 53%

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 100 D: 36,007 P: 0%	N: 200 D: 72,015 P: 0%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 702 D: 26,483 P: 3%	N: 2,117 D: 29,879 P: 7%	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 : 10 (01.Jul.11 - 31.Dec.11)

Objective 1	Health system strengthening through improvement of management at provincial and district level (with special focus on hospital linkage)								
SDA	Supportive Environment: Human resources								
Indicator 1.1 - Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guideline and Hospital Training Module									
	Target		Result						
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 1-People trained	10	600	10	726	120%				

SDA	Other: Community Systems Strengthening								
Indicator 1.2 - Number of hospitals with established referral networks with health centers (Number of private and public hospitals (different types) collaborating with the national TB program)									
	Target		Result						
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 2-Service Points supported	10	200	10	243	120%				

Objective 3	Expansion of quality DOTS services to all providers with specific focus on vulnerable groups and difficult to reach populations								
SDA	Improving diagnosis								
Indicator 3.1 - Number of new smear positive TB cases detected among the estimated number of new smear positive TB cases per year and register under DOTS. (Number of new smear positive TB patients reported to the national health authority among the new smear positive TB patients estimated to occur countrywide each year.)									
	Target		Result						
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 3-People reached	10	N: D: P: 90 %	10	N: D: P: 93 %	103%				

Indicator 3.2 - Number and percentage of new smear positive pulmonary TB cases registered under DOTS that were cured plus the number that completed treatment (Number and per centage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered on treatment)									
	Target		Result						
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 3-People reached	10	N: D: P: 88 %	10	N: D: P: 86 %	98%				

Indicator 3.5 - Number and percentage of new smear-positive TB patients referred by a specific type of health care provider (hospital) among the new smear positive TB cases reported to the national health authority (started on treatment in the national TB program)									
	Target		Result						
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 3-People reached	10	N: D: P: 5.7 %	10	N: D: P: 11.9 %	120%				

SDA	MDR-TB								
Indicator 3.3 - Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB.									
	Target		Result						
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 3-People reached	10	735	10	1,198	120%				

Indicator 3.4 - Number and percentage of MDR-TB patients enrolled on treatment.									
	Target		Result						
	Period	Value	Period	Value	0%	30%	60%	90%	100%
Level 3-People reached	10	600	10	479	80%				

Objective 4	Improved patients-education and community participation										
SDA	Prevention: Behavioral Change Communication - Community Outreach										
Indicator 4.1 - Number of people trained in BCC-community outreach (NGO, CBO, FBO, District health officer and informal community leader)											
	Target		Result								
	Period	Value	Period	Value	0%	30%	60%	90%	100%		
Level 1-People trained	10	612	10	360							59%

Objective 5	Achieve high political commitment through strengthening of Gerdunas and partnerships										
SDA	Supportive Environment: Advocacy and increased political commitment to DOTS										
Indicator 5.1 - Number of policy makers sensitized on TB and HIV/TB											
	Target		Result								
	Period	Value	Period	Value	0%	30%	60%	90%	100%		
Level 1-People trained	10	500	10	383							77%

Objective 6	Improve case finding and management of TB/HIV co-infected patients										
SDA	TB/HIV										
Indicator 6.2 - Number and percentage of registered TB patients who receive HIV counseling among the total registered TB patients (at the target sites-3 in year 1 and 7 in year 2). (Number of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients).											
	Target		Result								
	Period	Value	Period	Value	0%	30%	60%	90%	100%		
Level 3-People reached	10	4,000	10	3,695							92%
Indicator 6.3 - Number and percentage of PLWHA receiving HIV testing and counseling or HIV treatment and care services who were screened for TB symptoms. (Number and % of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit among all adults and children enrolled in HIV care in the reporting period).											
	Target		Result								
	Period	Value	Period	Value	0%	30%	60%	90%	100%		
Level 3-People reached	10	N: 200 D: 72,015 P: 0.3 %	10	N: 2,117 D: 29,879 P: 7.1 %							120%

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

Grant Duration (months)	60 months	Grant Amount	49,978,433 \$
% Time Elapsed (as of end date of the latest PU)	100%	% disbursed by TGF (to date)	83%
Time Remaining (as of end date of the latest PU)	0 months	Disbursed by TGF (to date)	41,706,459 \$
Expenditures Rate (as of end date of the latest PU)	70%	Funds Remaining (to date)	8,271,974 \$

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.07	01.Apr.07	01.Jul.07	01.Oct.07	01.Jan.08	01.Apr.08	01.Jul.08	01.Oct.08
Period Covered To:	31.Mar.07	30.Jun.07	30.Sep.07	31.Dec.07	31.Mar.08	30.Jun.08	30.Sep.08	31.Dec.08
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	1,033,295	3,277,620	5,136,408	5,382,399	6,761,742	9,951,613	12,221,916	14,275,057
Summary Period Budget:	1,033,295	2,244,325	1,858,788	245,991	1,379,343	3,189,871	2,270,303	2,053,141

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.09	01.Apr.09	01.Jul.09	01.Oct.09	01.Jan.10	01.Apr.10	01.Jul.10	01.Oct.10
Period Covered To:	31.Mar.09	30.Jun.09	30.Sep.09	31.Dec.09	31.Mar.10	30.Jun.10	30.Sep.10	31.Dec.10
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	19,482,963	22,140,295	27,428,092	30,271,090	35,123,466	37,908,011	41,701,990	47,689,713
Summary Period Budget:	5,207,906	2,657,332	5,287,797	2,842,998	4,852,376	2,784,545	3,793,979	5,987,723

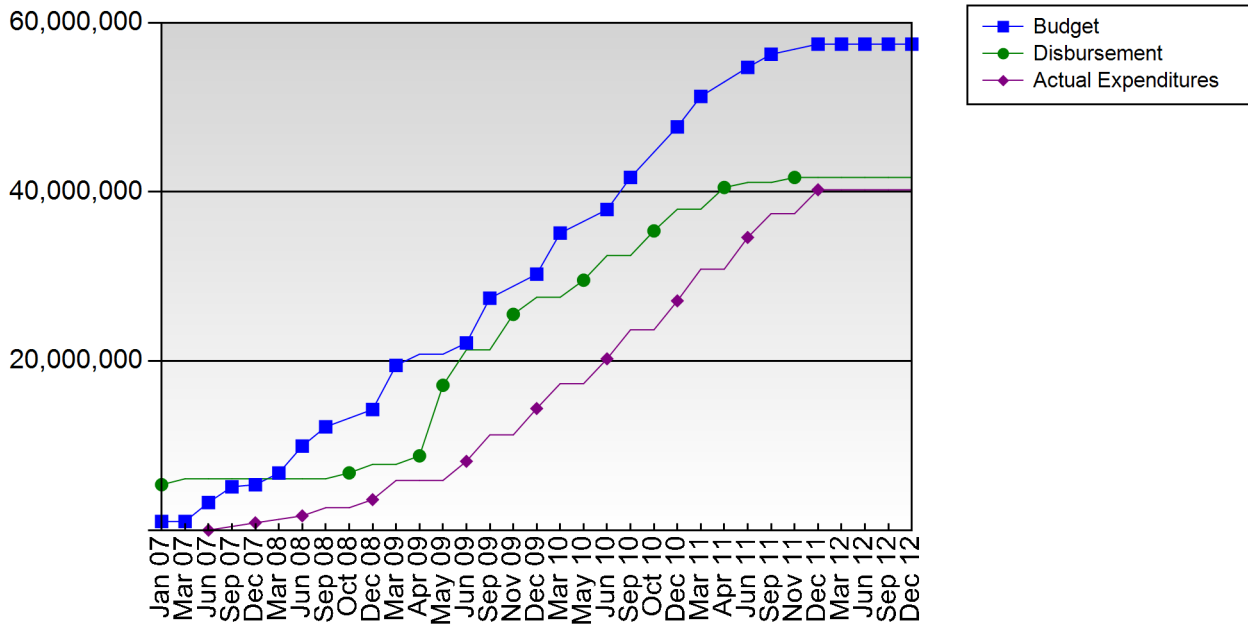
Expenditure Categories**Program Activities****Implementing Entities**

	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.11	01.Apr.11	01.Jul.11	01.Oct.11	01.Jan.12	01.Apr.12	01.Jul.12	01.Oct.12
Period Covered To:	31.Mar.11	30.Jun.11	30.Sep.11	31.Dec.11	31.Mar.12	30.Jun.12	30.Sep.12	31.Dec.12
Currency:	USD	USD	USD	USD	USD	USD	USD	USD
Cumulative Budget Through:	51,288,392	54,719,743	56,267,671	57,475,057	57,475,057	57,475,057	57,475,057	57,475,057
Summary Period Budget:	3,598,679	3,431,351	1,547,928	1,207,386				

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

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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.07 -		N/A	1	01.Jan.07 - 30.Sep.07	5,382,399	\$ 5,382,399	09 Jan 2007	
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement					
This is the first disbursement. The disbursement was delayed due to one outstanding CP which required the Sub-Recipients to open bank accounts at the province level.				N/A					

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
1	01.Jan.07 - 30.Jun.07			B2	2	01.Jul.07 - 28.Feb.08			N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Background: Further to the report of the Office of the Inspector General (OIG), the Global Fund instructed on 15 March 2007, the CCM and the Principal Recipient to cease all disbursements. This action allowed the CCM to propose satisfactory, corrective oversight measures to address the challenges identified in the OIG report. The restriction was lifted on 20 August 2007 and the PRs were declared in compliance with the Global Fund requirements on 22 November 2007. It is important to note however that life-saving treatment were funded under Round 1 B and not under Round 5 during that period and that consequently the Principal Recipient could not achieved any of the intended targets. Once the restriction was lifted, the Principal Recipient dedicated a considerable amount of time and assigned the bulk of its limited staff to fulfill the time bound actions and trainings for the implementation of the developed "Project Implementation Manual (PIM).</p> <p>Performance: The restriction on disbursement brought the program to an almost complete halt and rendered the fulfillment of several CPs logically impossible. The measure froze the program 10 weeks after the signing of the grant and put on hold the recruitment of additional staff, the contracting of SRs and the opening of provincial bank accounts.</p>					<p>As the PR has enough cash balance, no funds requested based on this report.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
2	01.Jul.07 - 31.Dec.07			C	3	01.Jan.08 - 29.Sep.08	5,993,497		N/A
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>Background: Further to the report of the Office of the Inspector General (OIG), the Global Fund instructed on 15 March 2007, the CCM and the Principal Recipient to cease all disbursements. This action allowed the CCM to propose satisfactory, corrective oversight measures to address the challenges identified in the OIG report. The restriction was lifted on 20 August 2007 and the PRs were declared in compliance with the Global Fund requirements on 22 November 2007. It is important to note however that life-saving treatment were funded under Round 1 B and not under Round 5 during that period and that consequently the Principal Recipient could not achieved any of the intended targets. Once the restriction was lifted, the Principal Recipient dedicated a considerable amount of time and assigned the bulk of its limited staff to fulfill the time bound actions and trainings for the implementation of the developed "Project Implementation Manual (PIM).</p> <p>Performance: while there was no result produced by the Principal Recipient in 2007 and very few during the course of first quarter of 2008, the performance is rated as B2 and no further disbursement made based on this request.</p>					<p>Taking into consideration the series of activities that the Principal Recipient and SRs have not yet implemented and will be performing during the first semester of year 2008 and in light the large cash balance available, no further funds disbursed made based on this reporting.</p> <p>In addition three CPs are yet to be fulfilled and are linked to (i) the recruitment of additional staff, (ii) the opening of bank accounts at the provincial level, and (iii) the provision of a plan of audits of the SRs.</p>				

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Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Jan.08 - 30.Jun.08			B2	4	01.Jul.08 - 29.Mar.09	1,466,183	\$ 1,396,034	28 Oct 2008
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The rating of the reporting period remains low (B2). The rating of the previous reporting period was rated C as virtually Year 2007 was lost for implementation. The new B2 rating is different from the B2 rating pertaining to the former scale (B2 rating for this grant (between 30 and 59% for B2) corresponds to an average performance of all indicators of 53 % for the reporting period). From a total of 13 indicators and up to the end of Period 3, the PR has exceeded the cumulative targets for 2 indicators and has met more than 80% of the cumulative targets for 4 indicators. The PR has only absorbed 16% of the total cumulative budget. The low budget absorption in Periods 1 and 2 was due to the restriction on disbursements period imposed by the Global Fund which resulted in an extremely low level of activity from January-December 2007. The only disbursements authorised for the first 2 semi-annual periods of reporting corresponded to the payment of salaries and to the TB Day campaign. The second factor explaining the low absorption rate lies with the fact that the work plan for January to June 2008 was only approved in March 2008 for reasons explained earlier.</p>					<p>No variance.</p>				
Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
3	01.Jan.08 - 30.Jun.08			B2	5	01.Jan.09 - 30.Sep.09	2,015,225	\$ 2,015,225	03 Apr 2009
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The rating of the reporting period remains low (B2). The rating of the previous reporting period was rated C as virtually Year 2007 was lost for implementation. The new B2 rating is different from the B2 rating pertaining to the former scale (B2 rating for this grant (between 30 and 59% for B2) corresponds to an average performance of all indicators of 53 % for the reporting period). From a total of 13 indicators and up to the end of Period 3, the PR has exceeded the cumulative targets for 2 indicators and has met more than 80% of the cumulative targets for 4 indicators. The PR has only absorbed 16% of the total cumulative budget. The low budget absorption in Periods 1 and 2 was due to the restriction on disbursements period imposed by the Global Fund which resulted in an extremely low level of activity from January-December 2007. The only disbursements authorised for the first 2 semi-annual periods of reporting corresponded to the payment of salaries and to the TB Day campaign. The second factor explaining the low absorption rate lies with the fact that the work plan for January to June 2008 was only approved in March 2008 for reasons explained earlier.</p>					<p>This is the first Phase 2 disbursement to be transferred directly to the procurement agent to avoid stocking out of TB drugs. The progress update for period July to December 2008, is being reviewed by the LFA and will delivered in the coming weeks.</p> <p>The Phase 2 PSM plan is reviewed and approved prior to the Phase 2 grant signing and we do not foresee any issues to be arised from the LFA verification of implementation which could negatively influence the decision to directly pay GTZ.</p>				

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Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
4	01.Jul.08 - 31.Dec.08		B1	6	01.Jan.09 - 29.Sep.09	8,557,533	\$ 8,342,372	04 May 2009
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The overall rating attached to the performance of the reporting period (P4: 1 July to 31 December 2008) is B1. The programmatic results have shown impressive improvements with significant up scaling for some crucial activities. Acceleration is taking place and the performance is consolidating. The B1 rating is on the medium range of the spectrum and corresponds to an average performance of all indicators of 82 % for the reporting period. The top ten indicators show a percentage of achievement of 84% for the same period. We notice that two indicators have not achieved any result, notably one top 10 indicator (3.4) related to the number of MDR-TB patients enrolled on treatment, and both are pulling the overall performance down. We are urging the PR to start enrolling MDR patients on treatment and increase the number and percentage of cases of MDR-TB tested for drug susceptibility. Significant monies were indeed budgeted in the phase 2 budget for these activities</p> <p>After the Verification of Implementation (VOI) carried out by the LFA, from a total of 13 indicators, up to the end of Period 4, the PR has exceeded the cumulative targets for 6 indicators and has met more than 80% of the cumulative targets for 2 indicators.</p>				<p>The variance is not significant and is essentially due to the fact that since the second phase of the program was approved and based on the phase 2 panel recommendation, EAP is now using a rate of exchange of 11,000 Rupiahs for 1 USD instead of 9,000 previously to better reflect current market conditions.</p> <p>The PR only absorbed 53% of its budget during July – December 2008 (i.e. USD 1,919,219 / USD 3,603,527). We are expecting the rate of absorption of funding to increase drastically in line with the acceleration envisaged as reflected in the quarterly budgets negotiated for the second phase of the program.</p> <p>The quality of the PR Financial Periodic Progress Report needs to be enhanced due to numerous errors in the PR report. We are of the view that there is a lack of capacity in the Finance Unit in preparing the financial reconciliations as well as a lack of a thorough review over the financial reports by the PMU Coordinator.</p> <p>The PR has discussed with the LFA during the VOI a series of financial issues that were handled improperly. These are related to the handling of petty cash, the salaries and over payments for 10 employees, the selection of sub-sub recipients, the random compliance related to the procedure of disbursing funding from the PR to some SRs, per diems and attendance of meetings. We would like the PR to address all the issues properly by the end of June 2009. The LFA is tasked to verify that the PR follows up on these recommendations.</p> <p>The PR was warned that the management and financial issues raised by TGF and the lack of follow-up on LFA recommendations by the PR may trigger a down grading of the rating of the programmatic performance of next reporting period of not addressed adequately.</p>				

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Progress Updates				Disbursement Information																																																				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date																																																
5	01.Jan.09 - 30.Jun.09		B1	7	01.Jul.09 - 31.Mar.10	6,499,040	\$ 8,335,988	30 Nov 2009																																																
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement																																																				
<p>The performance of the grant continue demonstrating improvement. From a total reported 10 indicators, the Principal Recipient has exceeded the cumulative targets for two indicators and has met more than 80% of cumulative targets for four indicators. Low performance is noted for the remaining four indicators. The Principal Recipient provided the reason for low performance of these four activities and also its action plan to catch up in the coming periods.</p> <p>Ind. 1.1. Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guideline and Hospital Training Module. The Principal Recipient only achieved 14% of the intended target (86 out of 600). The delay was mainly due to the extensive amount of time taken in relation to negotiation over the work plan and budget preparation which resulted in delay of disbursement to provinces. As a result this activity and related budget was postponed to the next period (July to Dec 2009).</p> <p>Ind. 3.3. Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB. The Principal Recipient only achieved 50% (172 out of 342) of the intended target. The Principal Recipient is working with two hospitals in implementing the MDR TB activities. However, the Principal Recipient identified that there is inadequate coordination with one of the hospitals. Therefore, the Principal Recipient is planning to strengthen the coordination and relationship in the implementation technical and operational procedures for MDR TB with the hospitals to meet its goal.</p> <p>Ind. 4.1. Number of people trained in Behavioral Change Communication (BCC) – Community outreach (NGO, CBO, FBO, District health officer and informal community leaders). The Principal Recipient only trained 30 persons out of target of 220. Same reason as Indicator 1.1, there was delay of disbursement to provinces and therefore, this activity and related budget was postponed to the next period.</p> <p>Ind. 6.2. Number of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients. Only 807 TB patients who had an HIV test result recorded in the TB register out of targeted 2,000 registered TB patients. The Principal Recipient explained that this is due to lack of awareness of the health officer over administrative matters. The Principal Recipient acknowledges the need to increase the awareness of the health officers about the importance of recording information about HIV test results in the TB register form. And therefore, the Principal Recipient plans to conduct supervision and also familiarization about the importance of TB register form at the meeting which is planned to be held in November 2009.</p>				<p>Please note that this is a split disbursement to be made to the PR (amounting to USD 8,380,988) and GLC (amounting to USD 50,000).</p> <p>The difference between cash amount requested by the PR and the actual disbursement is presented below:</p> <ul style="list-style-type: none"> o The PR incorrectly presented the opening cash balance, interest (other income received), total program expenditures as well as other expenditures; and o The PR didn't take in to account the exchange rate adjustment for the ending cash balance. o Further, the PR didn't include the USD 50,000 payment for the GLC for the Annual Contribution of MDR-TB activity, which will now be disbursed directly to the GLC. <p>The LFA recommended amount contains:</p> <ul style="list-style-type: none"> o budget for program implementation of 1 July to 31 December 2009 amounting to USD 8,943,974; o carry forward activities from previous periods due to insufficient time in implementing them in period 5 amounting to USD 3,585,001; o further, a quarter buffer period budget of USD 5,337,614 is included. o the GLC payment of USD 50,000 (The GLC payment was not included in the budget, and therefore, it is now added in as part of July to December 2009 budget) <p>In summary, the difference between cash amount requested by the PR and the LFA disbursement recommendation is due to the following adjustments:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">PR's Disbursement Request</td> <td style="text-align: right;">= USD</td> </tr> <tr> <td>6,499,040.01</td> <td></td> </tr> <tr> <td>LFA Adjustments:</td> <td></td> </tr> <tr> <td>Differences in cash balance: at beginning of period</td> <td style="text-align: right;">= USD</td> </tr> <tr> <td>263,933.39</td> <td></td> </tr> <tr> <td>Difference in interest and other income received</td> <td style="text-align: right;">= USD</td> </tr> <tr> <td>(986.81)</td> <td></td> </tr> <tr> <td>Difference in total program expenditures</td> <td style="text-align: right;">= USD</td> </tr> <tr> <td>(1,005.56)</td> <td></td> </tr> <tr> <td>Difference in other expenditure incurred</td> <td style="text-align: right;">= USD</td> </tr> <tr> <td>308,510.26</td> <td></td> </tr> <tr> <td>Differences in ending balance due to translation adjustment</td> <td style="text-align: right;">= USD</td> </tr> <tr> <td>(499,153.46)*</td> <td></td> </tr> <tr> <td>Difference in forecast expenditures for Period 6 (July - Dec 09)</td> <td></td> </tr> <tr> <td>and additional buffer for January - March 2010</td> <td style="text-align: right;">=</td> </tr> <tr> <td>USD 2,509,767.44</td> <td></td> </tr> <tr> <td>Total Adjustments</td> <td style="text-align: right;">= USD</td> </tr> <tr> <td>2,581,065.26</td> <td></td> </tr> <tr> <td>Adjusted PR's Disbursement Request per LFA recommendation</td> <td style="text-align: right;">=</td> </tr> <tr> <td>USD 9,080,105.27</td> <td></td> </tr> <tr> <td>Further adjustment by TGF</td> <td></td> </tr> <tr> <td>Less saving funds which action plan not yet communicated (unmet CP) = USD 649,117</td> <td></td> </tr> <tr> <td>Disbursement amount</td> <td style="text-align: right;">=</td> </tr> <tr> <td>USD 8,430,988</td> <td></td> </tr> </table> <p>*Exchange rate 1/10,000 USD to Indonesia currently used for the ending cash balance of 30 June 2009 while 1/11,000 used for the other income and expenditures.</p> <p>The regional team agrees with the LFA recommended disbursement amount of USD 9,080,105.27 minus USD 649,117 (budget related outstanding CP) (8,380,988 to PR + USD 50,000 to GLC).</p>					PR's Disbursement Request	= USD	6,499,040.01		LFA Adjustments:		Differences in cash balance: at beginning of period	= USD	263,933.39		Difference in interest and other income received	= USD	(986.81)		Difference in total program expenditures	= USD	(1,005.56)		Difference in other expenditure incurred	= USD	308,510.26		Differences in ending balance due to translation adjustment	= USD	(499,153.46)*		Difference in forecast expenditures for Period 6 (July - Dec 09)		and additional buffer for January - March 2010	=	USD 2,509,767.44		Total Adjustments	= USD	2,581,065.26		Adjusted PR's Disbursement Request per LFA recommendation	=	USD 9,080,105.27		Further adjustment by TGF		Less saving funds which action plan not yet communicated (unmet CP) = USD 649,117		Disbursement amount	=	USD 8,430,988	
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Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
5	01.Jan.09 - 30.Jun.09		B1	8	01.Jul.09 - 31.Mar.10	50,000	\$ 50,000	30 Nov 2009	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The performance of the grant continue demonstrating improvement. From a total reported 10 indicators, the Principal Recipient has exceeded the cumulative targets for two indicators and has met more than 80% of cumulative targets for four indicators. Low performance is noted for the remaining four indicators. The Principal Recipient provided the reason for low performance of these four activities and also its action plan to catch up in the coming periods.</p> <p>Ind. 1.1. Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guideline and Hospital Training Module. The Principal Recipient only achieved 14% of the intended target (86 out of 600). The delay was mainly due to the extensive amount of time taken in relation to negotiation over the work plan and budget preparation which resulted in delay of disbursement to provinces. As a result this activity and related budget was postponed to the next period (July to Dec 2009).</p> <p>Ind. 3.3. Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB. The Principal Recipient only achieved 50% (172 out of 342) of the intended target. The Principal Recipient is working with two hospitals in implementing the MDR TB activities. However, the Principal Recipient identified that there is inadequate coordination with one of the hospitals. Therefore, the Principal Recipient is planning to strengthen the coordination and relationship in the implementation technical and operational procedures for MDR TB with the hospitals to meet its goal.</p> <p>Ind. 4.1. Number of people trained in Behavioral Change Communication (BCC) – Community outreach (NGO, CBO, FBO, District health officer and informal community leaders). The Principal Recipient only trained 30 persons out of target of 220. Same reason as Indicator 1.1, there was delay of disbursement to provinces and therefore, this activity and related budget was postponed to the next period.</p> <p>Ind. 6.2. Number of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients. Only 807 TB patients who had an HIV test result recorded in the TB register out of targeted 2,000 registered TB patients. The Principal Recipient explained that this is due to lack of awareness of the health officer over administrative matters. The Principal Recipient acknowledges the need to increase the awareness of the health officers about the importance of recording information about HIV test results in the TB register form. And therefore, the Principal Recipient plans to conduct supervision and also familiarization about the importance of TB register form at the meeting which is planned to be held in November 2009.</p>					<p>This disbursement corresponds to the mandatory yearly payment to the GLC for MDR-TB program using GF funding.</p>				
Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
6	01.Jul.09 - 31.Dec.09		B1	9	01.Jan.10 - 30.Jun.10	5,611,055	\$ 4,037,691	28 May 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 programmatic results are adequate although the program suffered from late implementations due to extensive review and budget negotiation between the PR and SRs. We are confident that with the change of program manager and a strengthened coordination between PR and SRs will translate into an even stronger programmatic performance during the next reporting periods.</p>	<p>The Indonesian Rupiah in respect to the US Dollar appreciated from the time of Round 5 Phase 2 grant signing (from IDR 11,000 per US\$ to IDR 9,200 per US\$) which resulted in an exchange rate loss totaling US\$ 4,984,824 for Periods 7 - 10 (January 2010 – December 2011). The PR will use the under absorption from period 5 and 6 totaling US\$ 2,782,475 and expected savings from Periods 7-10 totaling US\$ 2,202,349 to offset the effect of the exchange rate loss in Periods 7 -10. This issue was intensely discussed in Jakarta with the FPM and during the CCM Oversight Committee.</p>
<p>As communicated earlier, the Global Fund uses an algorithm to calculate the rating of the performance. The B1 rating corresponds to an average performance of all indicators as 87% for the reporting period. The top ten indicators show a percentage of achievement of 83 % for the same period.</p>	<p>The difference between cash amount requested by the PR and the amount to be released by the Global Fund results from the following calculation:</p> <p>PR's Disbursement Request = US\$ 5,611,055.22</p> <p>Adjustments:</p>
<p>Out of 12 indicators, the Principal Recipient achieved or exceeded more than 100% of the intended targets for 5 indicators and more than 80% for 2 indicators.</p>	<p>Differences in cash balance: at beginning of period = US\$ 333,146.22</p> <p>Difference in interest and other income received US\$ 136.13</p>
<p>The remaining 4 indicators with their cumulative programmatic progress up to Period 6 were as follows: The low achievements for these indicators were due to the following:</p>	<p>Difference in total program expenditures US\$ 5,698.38</p> <p>Difference in other expenditure incurred US\$ (334,368.19)</p> <p>Difference in forecast expenditures for Period 7 (Jan - Jun 10) and additional buffer for July - September 2010 US\$ 1,577,976.89</p>
<ul style="list-style-type: none"> Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guidelines and Hospital Training Module (Indicator under Objective 1) 	<p>Total Adjustments (US\$ 1,573,364.35)</p> <p>Final amount to be released</p>
<p>The PR did not achieve 100% of the cumulative intended target due to delays in the disbursement of funds to the SR's, who conduct the training, for the implementation of these activities in Period 5 due to the extensive amount of time taken in relation to negotiations over the work plan and budget preparation. The PR plans to carry forward the training activities to Period 6. We recommend that the PR ensures that the budgeted activities in Period 7 are implemented in a timely manner in order to avoid overburdening the SR's in the next period.</p>	
<ul style="list-style-type: none"> Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB 	
<p>The PR achieved only 41% of the intended target because the actual number reached was lower than the estimation. Currently the PR is in the process of expanding the targeted population to increase the number of MDR-TB patients receiving treatment.</p>	
<ul style="list-style-type: none"> Number and percentage of MDR-TB patients enrolled on treatment 	
<p>The PR only achieved 23% of the intended target. This is due to the fact that there are not many patients who were positive for MDR-TB. In addition, some patients refused treatment for MDR as they are aware of the side effects of the medication and extensive period of the treatment (i.e. 2 years). Currently the PR and KNCV are trying to motivate the MDR-TB patients to willingly undergo medication and treatment. Furthermore, the lab test requires a delay of 2 months after the patient is tested to get a result. Therefore, the figure currently reported only covers patients who were tested before November 2009. The PR will include the results of the November and December 2009 tests in the next Vol since this indicator is cumulative over the program term. The PR is in the process of find another method to reduce the time needed for laboratory testing. This was discussed in Jakarta in early May with the PR.</p>	

- Number of TB patients who had HIV test result recorded in the TB register among the total number of registered TB patients.

The PR only achieved 58% of the intended cumulative target. The low achievement was due to the lack of awareness of the health officers of administrative matters (i.e. filling in the HIV test results in the TB register). This condition was due to insufficient number of training on HIV for TB personnel. Currently, the PR plans to have more coordination with the AIDS division, in order to conduct more training on AIDS for TB staff. This was discussed in Jakarta in early May with the PR.

Progress Updates					Disbursement Information				
PU	PU Period			TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
7	01.Jan.10 - 30.Jun.10			B1	10	01.Jul.10 - 31.Mar.11	8,668,146	\$ 5,829,993	28 Oct 2010

Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
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The rating generated for the reporting period is B1.

Out of a total of 12 indicators, the PR has exceeded the cumulative targets for 8 indicators and has met more than 80% of cumulative targets for 1 indicator. For 3 indicators, achievement ranged from 42-72%. Compared to the achievements of the previous period, the PR has shown an increase (i.e., during period 6 the PR has only exceeded the cumulative targets for 5 indicators and had met more than 80% of cumulative targets for 2 indicators). However, while the performance is strong overall, two top-ten indicators (3.4 and 6.2) have scored at the B2 level which prevents the overall rating to reach an A2 rating.

Indicator performance vis-à-vis targets

Out of a total of 12 indicators, the PR has exceeded the cumulative targets for 8 indicators and has met more than 80% of cumulative targets for 1 indicator:

- 1) Number of private and public hospitals (different types) collaborating with the national TB program: 103%
- 2) Number and % of new smear-positive TB patients referred by a specific type of health care provider (hospital) among the new smear positive TB cases reported to the national health authority (started on treatment in the national TB program): 158%
- 3) Number and % of new smear-positive TB patients reported to the national health authority among the new smear positive TB patients estimated to occur countrywide each year: 94%
- 4) Number and % of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered on treatment: 103%
- 5) Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB: 293%
- 6) Number of people trained in BCC – community outreach (NGO, CBO, FBO, district health officer and informal community leaders): 101%
- 7) Percentage of population with correct knowledge about TB (mode of transmission, symptoms, treatment and curability): mode of transmission: 50.9%; know two symptoms: 61.6%; curability: 93.5% (TB can be cured)
- 8) Number of policy makers & stake holder sensitized on TB and HIV/TB: 163%
- 9) Number and % of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit among all adults and children enrolled in HIV care in the reporting period: 746%

The first disbursement: USD 5,829,993.

The second disbursement (for reprogramming activities): USD 435,891 will only be disbursed after the PR has provided its reprogramming request to the CCM, which needs to approve it prior to the Global Fund.

PR's disbursement request: USD 8,668,146.93

Adjustments:

Differences in cash balance: at beginning of period: USD 4,626.57
 Difference in interest and other income received: USD 305.43
 Difference in total program expenditures: USD 3,593.39
 Difference in other expenditure incurred: USD 189.07
 Difference in forecast expenditures for Period 8 (Jul - Dec 10): USD 2,403,179.68
 Total adjustments: USD 2,402,262.86

Adjusted PR's disbursement request per LFA recommendation (which includes the amount for reprogramming activities): USD 6,265,884.07

The remaining indicators (no. 10, 11, and 12 below) with their cumulative programmatic progress up to Period 7 were as follows:

10) Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guidelines and Hospital Training Module: 61% (i.e., 365 health staff trained from the intended target of 600 health staff).

•Reasons for deviations: The PR has not been able to achieve 100% of the cumulative intended target due to some revisions being made to training modules, which resulted in delays in the implementation. The PR needs to train 775 participants to achieve the next period's intended target (i.e., 1,140 participants). The PR should review the work plan and budget and allocate the unutilized budget due to cancellation of certain activities or savings from any activities to fund the training for the remaining 155 staff. The Global Fund should be notified of any proposed changes to the PR's budget as a matter of urgency.

11) Number and percentage of MDR-TB patients enrolled on treatment: 42% (i.e., 84/200)

•Reasons for deviations: This low achievement is because of the many patients, who avoided treatment as a result of the side-effects and the length of the treatment (2 years). The testing results were only available to the patients 2 months later. Consequently, this figure only covers patients who were tested before May 2010. The PR will include the results of the May and June 2010 testing in the next Vol since this indicator is cumulative over the program term. The PR is requested to make efforts to reduce the time it takes to notify patients of their testing results.

12) Number of TB patients who had HIV test results recorded in the TB register among the total number of registered TB patients: 72% of the intended cumulative target (i.e., 1,447 TB patients who had HIV test results / 2,000 intended targets)

•Reasons for deviations: The low achievement is due to limited awareness among the health officers of administrative matters (i.e., filling in the HIV test results in the TB register) and insufficient capacity of TB staff in detecting the TB-HIV patients due to insufficient number of training on HIV for TB personnel. The PR plans to increase the coordination with the HIV division, in order to conduct more training on HIV for TB staff. The PR is requested to ensure that the action plan is implemented as scheduled during the next period to increase the capacity of field officer to improve performance on the indicator.

Progress Updates				Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
8	01.Jul.10 - 31.Dec.10		A2	11	01.Jan.11 - 30.Sep.11	10,410,416	\$ 5,032,349	15 Apr 2011

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
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The performance of the reporting period is scoring at the A2 level which is the first time since the inception of the program. It is worth remembering that the program was the subject of a restriction on disbursement for half of 2007 few weeks after signature subsequent to an OIG audit. The grant lost almost the whole of 2007 (ratings B2 and C) of implementation and only started to recover steadily in mid-2008 (B1s). During the restriction, case detection dropped significantly as highlighted in the WHO report for that year.

The difference between level of funding requested by the PR and the amount to be released by the Global Fund is due to the following:

Disbursement request of the PR: US\$ 10,410,415.65

Adjustments:

Differences in cash balance at beginning of period: US\$ 1,164.48

Difference in interest and other income received: US\$ (772.06)

Difference in total program expenditures: US\$ (31,408.20)

Difference in other expenditures incurred: US\$ (381.30)

Notably during this reporting period, the MDR-TB component of the program captured by top ten indicator 3.4 finally took off (82% versus 42 % previously). There were impressive gain concerning top ten indicators 1.1 (96% versus 61% earlier), 3.1 (120% versus 96% earlier) and 6.2 (79% versus 57% earlier).

Out of 11 indicators, the PR exceeded the cumulative targets for 8 indicators and has met more than 80% of cumulative targets for 2 indicators and 1 indicator had no target for the Period 8.(percentage of population with correct knowledge about TB (mode of transmission, symptoms, treatment and curability).

Objective 1: Health system strengthening through improvement of management at provincial and district level (with special focus on hospital linkage). Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guideline and Hospital Training Module: 96%

Number of private and public hospitals (different types) collaborating with the national TB program: 187%

Objective 3: Expansion of quality DOTS services to all providers with specific focus on vulnerable groups and difficult to reach populations. Number and percentage of new smear-positive TB patients referred by a specific type of health care provider (hospital) among the new smear positive TB cases reported to the national health authority (started on treatment in the national TB program): 160%

Number and percentage of new smear-positive TB patients reported to the national health authority among the new smear positive TB patients estimated to occur countrywide each year: 101%

Number and percentage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered on treatment: 100%

Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB: 241%

Number and percentage of MDR-TB patients enrolled on treatment: 82%

Objective 4: Improved patient-education and community participation: Number of people trained in BCC – Community Outreach (NGO, CBO, FBO, District health officer and informal community leaders): 155%

Objective 5: Achieve high political commitment through strengthening of Gerdunas and partnerships Number of policy makers & stakeholder sensitized on TB and HIV/TB: 120%

Objective 6: Improved case finding and management of TB/HIV co-infected patients Number and percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit among all adults and children enrolled in HIV care in the reporting period: 1,107%

“Number of TB patients who had HIV test results recorded in the TB register among the total number of registered TB patients: 79%

Cumulatively, the PR only achieved 79% of the intended cumulative target (i.e. 3,149 TB patients who had HIV test results / 4,000 intended targets). Based on our discussion with the M&E Coordinator, the low achievement was due reluctance of the TB patients to be tested for HIV.

Difference in forecasted expenditures for Period 9 (Jan - Jun 11): US\$ (5,346,669.19)

Total adjustment: (US\$ 5,378,066.28)

Green Light Committee fee for 2010 and 2011: US\$ 100,000 (split disbursement)

Disbursement decision: US\$ 5,132,349.37

Progress Updates				Disbursement Information					
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
8	01.Jul.10 - 31.Dec.10		A2	12	01.Jan.11 - 30.Sep.11		\$ 100,000	15 Apr 2011	

Summary of Progress	Reasons for variance between PR Request and Actual Disbursement
<p>The performance of the reporting period is scoring at the A2 level which is the first time since the inception of the program. It is worth remembering that the program was the subject of a restriction on disbursement for half of 2007 few weeks after signature subsequence to an OIG audit. The grant lost almost the whole of 2007 (ratings B2 and C) of implementation and only started to recover steadily in mid-2008 (B1s). During the restriction, case detection dropped significantly as highlighted in the WHO report for that year.</p> <p>Notably during this reporting period, the MDR-TB component of the program captured by top ten indicator 3.4 finally took off (82% versus 42 % previously). There were impressive gain concerning top ten indicators 1.1 (96% versus 61% earlier), 3.1 (120% versus 96% earlier) and 6.2 (79% versus 57% earlier).</p> <p>Out of 11 indicators, the PR exceeded the cumulative targets for 8 indicators and has met more than 80% of cumulative targets for 2 indicators and 1 indicator had no target for the Period 8.(percentage of population with correct knowledge about TB (mode of transmission, symptoms, treatment and curability).</p> <p>Objective 1: Health system strengthening through improvement of management at provincial and district level (with special focus on hospital linkage). Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guideline and Hospital Training Module: 96%</p> <p>Number of private and public hospitals (different types) collaborating with the national TB program: 187%</p> <p>Objective 3: Expansion of quality DOTS services to all providers with specific focus on vulnerable groups and difficult to reach populations. Number and percentage of new smear-positive TB patients referred by a specific type of health care provider (hospital) among the new smear positive TB cases reported to the national health authority (started on treatment in the national TB program): 160%</p> <p>Number and percentage of new smear-positive TB patients reported to the national health authority among the new smear positive TB patients estimated to occur countrywide each year: 101%</p> <p>Number and percentage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered on treatment: 100%</p> <p>Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB: 241%</p> <p>Number and percentage of MDR-TB patients enrolled on treatment: 82%</p> <p>Objective 4: Improved patient-education and community participation: Number of people trained in BCC – Community Outreach (NGO, CBO, FBO, District health officer and informal community leaders): 155%</p> <p>Objective 5: Achieve high political commitment through strengthening of Gerdunas and partnerships Number of policy makers & stakeholder sensitized on TB and HIV/TB: 120%</p> <p>Objective 6: Improved case finding and management of TB/HIV co-infected patients Number and percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit among all adults and children enrolled in HIV care in the reporting period: 1,107%</p> <p>“Number of TB patients who had HIV test results recorded in the TB register among the total number of registered TB patients: 79%</p> <p>Cumulatively, the PR only achieved 79% of the</p>	<p>This is a disbursement to WHO for GLC fees for 2010 and 2011.</p>

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<p>intended cumulative target (i.e. 3,149 TB patients who had HIV test results / 4,000 intended targets). Based on our discussion with the M&E Coordinator, the low achievement was due reluctance of the TB patients to be tested for HIV.</p>	
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Last Updated on: 08 August 2012

Progress Updates					Disbursement Information				
PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date	
9	01.Jan.11 - 30.Jun.11		A2	13	01.Jul.11 - 31.Dec.11	7,625,444	\$ 1,184,408	11 Nov 2011	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>For this reporting period, from a total of 11 indicators, the PR has exceeded the intended targets for 6 indicators, and has met more than 80% of the intended targets for 3 indicators, 2 indicators with 69% and 71% achievement, as follows:</p> <ul style="list-style-type: none"> -Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guideline and Hospital Training Module- 120% -Number of hospitals with established referral networks with health centers (Number of private and public hospitals (different types) collaborating with the national TB program- 120% -Number and percentage of new smear-positive TB patients referred by a specific type of health care provider (hospital) among the new smear positive TB cases reported to the national health authority (started on treatment in the national TB program)- 120 % -Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB- 120% -Number and percentage of PLWHA receiving HIV testing and counseling or HIV treatment and care services who were screened for TB symptoms. (Number and % of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit among all adults and children enrolled in HIV care in the reporting period)- 120% - Number of new smear positive TB cases detected among the estimated number of new smear positive TB cases per year and register under DOTS. (Number of new smear positive TB patients reported to the national health authority among the new smear positive TB patients estimated to occur countrywide each year-101% - Number and percentage of new smear positive pulmonary TB cases registered under DOTS that were cured plus the number that completed treatment (Number and per centage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered on treatment- 99% - Number of policy makers sensitized on TB and HIV/TB- 90% - Number and percentage of MDR-TB patients enrolled on treatment- 80% -Number of people trained in BCC-community outreach (NGO, CBO, FBO, District health officer and informal community leader)- 71% -Number and percentage of registered TB patients who receive HIV counseling among the total registered TB patients (at the target sites-3 in year 1 and 7 in year 2). (Number of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients)- 69% <p>As for the financial/budget update, the total expenditure in Period 9 was USD 7,494,281 (against the budget of USD 8,729,703 that consisted of USD 4,921,024 implementing the activities in Period 9 and an expenditure of USD 2,573,257 of the settlement of the advances from previous periods and implementation of the carry-forward and re-programming activities). The variance occurred mainly due to delay/unutilized budget in procurement.</p>					<p>The difference between level of funding requested by the PR and the amount recommended by the LFA and the Global Fund regional team is as follows:</p> <p>Budget for Period 10 (July to December 2011) USD 2,755,314 Commitment from previous periods: USD 1,320,668 Carry-over activities: USD 1,558,938 Close-out budget: USD 190,903 Less: Cash balance: USD 5,214,053 Disbursement recommendation: USD 1,184,408</p>				
Progress Updates					Disbursement Information				

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Last Updated on: 08 August 2012

PU	PU Period		TGF Rating	DR	DR Period Covered	PR Request	Disbursement Amount	Disbursement Date
10	01.Jul.11 - 31.Dec.11		B1					N/A
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 B1. The 'All Indicator' rating is A1, and the 'Top Ten' indicator rating is A2. The reason the quantitative indicator is B1 is due to one of the top ten indicators having a rating of B2 (indicator 4.1 which is a training indicator). The poor performance on this indicator resulted from an error in budgeting that did not allocate enough funding to SRs to conduct the required activities. An upgrade to A2 could be considered on the basis of the PR's overall good performance on all other indicators. However, given the number of new and outstanding management issues in Period 10, the Country Team recommends the rating of B1.</p> <p>Out of the 11 indicators reported, the PR achieved above 80% of the intended targets for 9 indicators as follows:</p> <ul style="list-style-type: none"> - 1.1 Number of health staff (doctors, paramedics and laboratory technicians) trained using standardized Hospital Guideline and Hospital Training Module (cumulative annually) 121%; - 1.2 Number of hospitals with established referral networks with health centers (Number of private and public hospitals (different types) collaborating with the national TB program (cumulative annually) 122%; - 3.1 Number of new smear positive TB patients reported to the national health authority among the new smear positive TB patients estimated to occur countrywide each year (cumulative annually) 103%; - 3.2 Number and percentage of new smear-positive TB patients successfully treated (cured plus completed treatment) among the new smear positive TB patients registered on treatment (cumulative annually) 98%; - 3.3 Number of new and re-treatment TB patients receiving diagnostic drug susceptibility testing for MDR-TB (cumulative annually) 163%; - 3.4 Number and percentage of MDR-TB patients enrolled on treatment. (cumulative over program) 80%; - 3.5 Number and percentage of new smear-positive TB patients referred by a specific type of health care provider (hospital) among the new smear positive TB cases reported to the national health authority (started on treatment in the national TB program) (cumulative annually) 208%; - 6.2 Number of TB patients who had an HIV test result recorded in the TB register among the total number of registered TB patients (cumulative annually) 92%; and - 6.3 Number and % of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit among all adults and children enrolled in HIV care in the reporting period (cumulative annually) 2551%. <p>The PR did not achieve the intended target for two indicators as follows:</p> <ul style="list-style-type: none"> - 4.1 Number of people trained in BCC-community outreach (NGO, CBO, FBO, District health officer and informal community leader) (cumulative annually) 59%; and - 5.1 Number of policy makers sensitized on TB and HIV/TB (cumulative annually) 77%. <p>The under achievement of indicator 4.1 (Number of people trained in BCC-community outreach (NGO, CBO, FBO, District health officer and informal community leader)) was mainly due to time constraints to implement all of the planned trainings and the targeted participant totaling 612 persons was not for the provinces but also for the training</p>								

activities to be implemented by the NGOs. However, the PR overlooked to include these training activities in the workplan for the NGOs, hence, there was no available budget allocated for these training activities at the NGO level and this resulted in the low achievement for this indicator.

The under achievement of indicator 5.1 (Number of policy makers sensitized on TB and HIV/TB) was mainly due to the PR's inaccuracy in determining the estimate number of policy makers and stakeholders sensitized on TB-HIV issues in the Performance Framework. The PR estimated the number of policy makers and stake holders sensitized on TB and HIV/TB in 33 provinces without considering that there are only 18 provinces that have TB-HIV units.

2.5. Contextual Information

Title	Explanatory Notes
Major changes in the nature of the epidemic	
Major changes in the program supporting environment (e.g. changes in th partner relationships, introduction of new partners, etc.)	
Significant adverse external influences (e.g. force majeure, change in government, natural disaster, etc.)	
External financial issues (e.g. inflation, currency depreciation, etc.)	
Program management issues (e.g. changes in PR/sub-recipients, problems with data collection, quality assurance, etc.)	Further to an audit conducted by the office of Inspector General of the Global Fund in December 2006 and to the subsequent assessment performed by the LFA in February 2007, weaknesses were identified in managing a conflict of interest between the Principal Recipient and one of its SRs. The conflict of interest was resolved, the management change undertook and the agreement with the concerned SR terminated. The OIG report also emphasized the weak CCM oversight over the Principal Recipient and the general weak programmatic financial and management capacities of the Principal Recipient. As required by the OIG, the CCM produced a CCM governance manual with the support of OGAC and the PRs issued a Program Implementation Manual. UNDP has designed a capacity development plan for the TB program and is actively engaged in assisting the Principal Recipient in recruiting the proper qualified staff.
Issues with the CCM (e.g. changes in membership, composition, etc.)	Further to an audit conducted by the office of Inspector General of the Global Fund in December 2006 and to the subsequent assessment performed by the LFA in February 2007, weaknesses were identified in managing a conflict of interest between the Principal Recipient and one of its SRs. The conflict of interest was resolved, the management change undertook and the agreement with the concerned SR terminated. The OIG report also emphasized the weak CCM oversight over the Principal Recipient and the general weak programmatic financial and management capacities of the Principal Recipient. As required by the OIG, the CCM produced a CCM governance manual with the support of OGAC and the PRs issued a Program Implementation Manual. UNDP has designed a capacity development plan for the TB program and is actively engaged in assisting the Principal Recipient in recruiting the proper qualified staff.
Additional Contextual Issues	

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

