

## General Grant Information

Country	Indonesia				
Grant Number	IND-809-G11-T	Component	Tuberculosis	Round	8
Grant Title	Consolidating Progress and Ensuring Quality DOTS for All				
Principal Recipient	Ministry of Health of the Republic of Indonesia				
Total Lifetime Budget	\$ 89,026,218	Phase 1 Grant Amount	\$ 12,113,706	Phase 2 Grant Amount	
Grant Start Date	01 Jul 2009	Phase 1 End Date	30 Jun 2011	Phase 2 End Date	
Disbursed Amount	\$ 12,113,706	% of Grant Amount	100%	Latest Rating	A1
Time Elapse (at the end of the latest reporting period)	18 months	% of Grant Duration	75%	Proposal Lifetime	60 months

### **New GPR Report - Table of Contents**

*(For ExternalVersion)*

#### **1. Program Description and Contextual Information**

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

## 1. Program Description and Contextual Information

### 1.1. Program Description Summary

Indonesia has the third highest TB burden in the world after India and China. The program supported by this grant is targeting providers of health services for TB care, TB supervisors at the district and provincial level and TB patients enrolled for first-line and second-line drugs. The program has an overall goal of decreasing TB-related illness and death and interrupting the chain of transmission. Grant funds are being used to strengthen program management at the central, provincial and district levels; conduct supervisory visits as necessary; and train TB supervisors as well as health staff at various health facilities.

### 1.2. Country Latest Statistics

Background and Health Spending	Estimate	Year	Source
Total population (in 1000s)	232,517	2010	United Nations. World Population Prospects: .The 2008 Revision
Pop age 0-4 (in 1000s)	20,560	2010	United Nations. World Population Prospects: .The 2006 Revision
Pop age 15-49 (in 1000s)	129,084	2010	United Nations. World Population Prospects: .The 2006 Revision
Physicians (number)	29,499	2000-2009	WHO. World Health Statistics 2010
Nursing and midwifery personnel (number)	179,959	2000-2009	WHO. World Health Statistics 2010
Infant mortality rate (per 1,000 live births)	31	2008	.WHO.World Health Statistics 2010
Under-5 mortality rate (per 1,000 live births)	41	2008	UNICEF. Child mortality database (http://www.childinfo.org/mortality_ufmrcountrydata.php) accessed on 3 May 2010
Income level	Lower middle income	2010	World Bank. World Development Indicators database
GNI per capita, Atlas method (current US\$)	1,880	2008	World Bank. World Development Indicators database
Total health expenditure per capita (USD)	42	2007	WHO. World Health Statistics 2010
ODA commitments in health sector (US\$ million)	224.30	2008	.OECD
ODA commitments in all sectors (US\$ million)	3,564.42	2008	.OECD
Human Development Index (HDI)	Medium	2007	UNDP. Human Development Indices: A statistical update 2009
Tuberculosis	Estimate	Year	Source
TB prevalence, all forms (number)	480,000	2008	WHO. Global tuberculosis control: a short .update to the 2009 report
TB prevalence, all forms (rate per 100,000 population)	210	2008	WHO. Global tuberculosis control: a short .update to the 2009 report
TB incidence, smear-positive (number)	210,000	2008	WHO. Global tuberculosis control: a short .update to the 2009 report
TB incidence, smear-positive (rate per 100,000 population)	92	2008	WHO. Global tuberculosis control: a short .update to the 2009 report
TB case notifications	296,514	2008	WHO. Global tuberculosis control: a short .update to the 2009 report
TB treatment success rate (%)	91	2007	WHO. Global tuberculosis control: a short .update to the 2009 report
New smear-positive TB cases detected and treated	800,057	end 2010	Global Fund-supported programs, end 2010 results

## 1.3. Comments on Key Discrepancies between Approved Proposal and Grant

## 1.4. Conditions Precedent

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
1	The delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has recruited, based on relevant job descriptions, a Senior Finance Officer suitably qualified to prepare "Progress Updates and Disbursement Requests" and Enhanced Financial Reports;	Finance	Disbursement	31.Dec.09	Yes	
2	The delivery by the Principal Recipient to the Global Fund of evidence, in form and substance satisfactory to the Global Fund, that the Principal Recipient has taken steps, towards effective implementation of the AbiPro Accounting system	Finance	Disbursement	30.Jun.10	Yes	
3	The delivery by the Principal Recipient to the Global Fund of evidence that the Principal Recipient has appointed an external auditor.	Finance	Disbursement		Yes	
4	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 Health Products other than anti-tuberculosis drugs for the Program (the "Selected Procurement Agent"), and that such selection has been conducted in accordance with the conditions of this agreement	Procurement	Disbursement	31.Dec.09	Yes	
5	the written approval by the Global Fund of the appointment of the Selected Procurement Agent made by the Principal Recipient.	Procurement	Disbursement	01.Apr.10	Yes	
6	SPECIAL TERMS AND CONDITIONS FOR THIS AGREEMENT  1. In compliance with the Global Fund Board Decision GF/B16/DP18, the Principal Recipient agrees that:  a) During the implementation of the Program, the Principal Recipient shall deliver to the Global Fund every 1 October, 1 January, 1 April and 1 July, evidence, in form and substance satisfactory to the Global Fund, of the budgeted counterpart-financing for tuberculosis in Indonesia for the corresponding programmatic period and programmatic year				Yes	
7	b) The Principal Recipient shall immediately inform to the Global Fund of additional funding that the government of Indonesia may make available for the procurement of anti-tuberculosis drugs				Yes	
8	c) Upon confirmation of the availability of the government funds indicated in Section C.1.b) above, the program budget, as reflected in the Summary Budget attached to this Annex A, shall be revised and the grant amount reduced to account for the government funds available for the procurement of anti-tuberculosis drugs.				Yes	

IND-809-G11-T

Last Updated on: 18 April 2011

CP #	Condition Precedent	CP Type	Tied To	Terminal Date	Is currently met?	Comments
9	The procurement of anti-tuberculosis drugs shall be conducted by the Global Drug Facility				Yes	
10	The procurement of Health Products with the use of Grant funds shall be conducted by the Principal Recipient 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 Principal Recipient 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				In Progress	

## 2. Key Grant Performance Information

### 2.1. Program Goals, Impact and Outcome Indicators

**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 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		
Target	110	108	106	103	101							
Result	95	95										

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		
Target	39	38	38	37	37							
Result		27										

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		
Target	80%	85%	90%	90%	90%							
Result	N: D: P: %	N: D: P: 75%	N: D: P: %									

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		
Target	87%	88%	88%	89%	8%							
Result	N: D: P: %	N: D: P: 86%	N: D: P: %									

## 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

**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.**

**Procurement and Supply management**

Indicator 1.1 - Number and percentage of districts that reported no stock out in first line drugs on last day of the quarter.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	307/462 (66%)	2007	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 347 D: 462 P: 75%	N: 347 D: 462 P: 75%	N: 370 D: 462 P: 80%	N: 370 D: 462 P: 80%	N: 393 D: 462 P: 85%	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 148 D: 474 P: 31%	N: 379 D: 474 P: 80%	N: 380 D: 502 P: 76%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 393 D: 462 P: 85%	N: D: P: %						
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 1.2 - Number and percentage of districts with TB staff trained on DMIS out of all districts

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

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 30 D: 462 P: 7%	N: 90 D: 462 P: 20%	N: 120 D: 462 P: 26%	N: 180 D: 462 P: 39%	N: 242 D: 462 P: 52%	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 7 D: 474 P: 2%	N: 49 D: 474 P: 10%	N: 180 D: 502 P: 36%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 242 D: 462 P: 52%	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: %

#### M&E

#### Indicator 1.3 - Number and percentage of districts submitting timely reports according to national guidelines

	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	85%	2007	N	N								
Target	N: 416 D: 462 P: 90%	N: 416 D: 462 P: 90%	N: 439 D: 462 P: 95%	N: 439 D: 462 P: 95%	N: 462 D: 462 P: 100%	N: D: P: %						
Result	N: 192 D: 474 P: 41%	N: 250 D: 474 P: 53%	N: 271 D: 502 P: 54%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
Target	N: 462 D: 462 P: 100%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		

#### Indicator 1.4 - Number and percentage of supervisory visits performed by district level with documented feedback reports to health facilities level.

	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	Not available	2009	N	N								
Target	N: 6,361 D: 7,951 P: 80%	N: 6,361 D: 7,951 P: 80%	N: 6,520 D: 7,951 P: 82%	N: 6,758 D: 7,951 P: 85%	N: 6,917 D: 7,951 P: 87%	N: D: P: %						
Result	N: 4,596 D: 9,150 P: 50%	N: 4,446 D: 9,150 P: 49%	N: 4,615 D: 10,491 P: 44%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
Target	N: 6,917 D: 7,951 P: 87%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %		

#### Improving diagnosis

Indicator 1.5 - Number and percentage of new smear-positive pulmonary TB patients reported among TB suspects investigated during a specified time period

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	11% 166,100/ 1,559,185	2008	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 175,661 D: 1,756,606 P: 10%	N: 92,607 D: 926,068 P: 10%	N: 185,214 D: 1,852,136 P: 10%	N: 96,464 D: 964,642 P: 10%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 166,291 D: 1,519,571 P: 11%	N: 87,410 D: 818,800 P: 11%	N: 186,610 D: 1,661,617 P: 11%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 144,696 D: 1,446,963 P: 10%	N: D: P: %						
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

Indicator 1.6 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy, during the reporting period.

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 2-Service Points supported	58%	2008	N	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 448 D: 716 P: 63%	N: 465 D: 716 P: 65%	N: 483 D: 716 P: 68%	N: 501 D: 716 P: 70%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 763 D: 1,067 P: 72%	N: 1,206 D: 1,337 P: 90%	N: 1,174 D: 1,582 P: 74%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	N: 519 D: 716 P: 73%	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: %

IND-809-G11-T

Last Updated on: 18 April 2011

### High Quality DOTS

Indicator 1.7 - 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		
Level 3-People reached	166100	2008	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	175,661	92,607	185,214	96,464	144,696			
Result	166,291	87,410	186,610	N: D: P: %				
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	144,696							
Result	N: D: P: %							

Indicator 1.8 - 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

	Baseline		Is Top 10 indicator? (Y/N)	Is Training indicator? (Y/N)
	Value	Year		
Level 3-People reached	143,378/ 160,617 89%	2007	Y	N

	Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8
Target	N: 149,105 D: 171,385 P: 87%	N: 76,412 D: 86,832 P: 88%	N: 152,824 D: 173,664 P: 88%	N: 81,494 D: 92,607 P: 88%	N: 122,240 D: 138,909 P: 88%	N: D: P: %	N: D: P: %	N: D: P: %
Result	N: 145,229 D: 164,706 P: 88%	N: 73,780 D: 81,246 P: 91%	N: 149,357 D: 169,605 P: 88%	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %
	Period 9	Period 10	Period 11	Period 12	Period 13	Period 14	Period 15	Period 16
Target	88% 122,140							
Result	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %	N: D: P: %

### 2.2.3. Cumulative Progress To Date

Latest reporting due period : 3 (01.Jul.10 - 31.Dec.10)

**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.

**SDA** Procurement and Supply management

**Indicator 1.1 - Number and percentage of districts that reported no stock out in first line drugs on last day of the quarter.**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	3	N: 370 D: 462 P: 80.1 %	3	N: 380 D: 502 P: 75.7 %						95%

**Indicator 1.2 - Number and percentage of districts with TB staff trained on DMIS out of all districts**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 1-People trained	3	N: 120 D: 462 P: 26 %	3	N: 180 D: 502 P: 35.9 %						120%

**SDA** M&E

**Indicator 1.3 - Number and percentage of districts submitting timely reports according to national guidelines**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	3	N: 439 D: 462 P: 95 %	3	N: 271 D: 502 P: 54 %						57%

**Indicator 1.4 - Number and percentage of supervisory visits performed by district level with documented feedback reports to health facilities level.**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	3	N: 6,520 D: 7,951 P: 82 %	3	N: 4,615 D: 10,491 P: 44 %						54%

**SDA** Improving diagnosis

**Indicator 1.5 - Number and percentage of new smear-positive pulmonary TB patients reported among TB suspects investigated during a specified time period**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	3	N: 185,214 D: 1,852,136 P: 10 %	3	N: 186,610 D: 1,661,617 P: 11.2 %						112%

**Indicator 1.6 - Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy, during the reporting period.**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 2-Service Points supported	3	N: 483 D: 716 P: 67.5 %	3	N: 1,174 D: 1,582 P: 74.2 %						110%

IND-809-G11-T

Last Updated on: 18 April 2011

**SDA High Quality DOTS**

**Indicator 1.7 - 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		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	3	185,214	3	186,610						101%

**Indicator 1.8 - 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**

	Target		Result		Progress					
	Period	Value	Period	Value	0%	30%	60%	90%	100%	
Level 3-People reached	3	N: 152,824 D: 173,663.6 P: 88 %	3	N: 149,357 D: 169,605 P: 88.1 %						100%

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

Grant Duration (months)	24 months	Grant Amount	12,113,706 \$
% Time Elapsed (as of end date of the latest PU)	75%	% disbursed by TGF (to date)	100%
Time Remaining (as of end date of the latest PU)	6 months	Disbursed by TGF (to date)	12,113,706 \$
Expenditures Rate (as of end date of the latest PU)	104%	Funds Remaining (to date)	

**2.3.2. Program Budget**

	Budget Period 1	Budget Period 2	Budget Period 3	Budget Period 4	Budget Period 5	Budget Period 6	Budget Period 7	Budget Period 8
Period Covered From:	01.Sep.09	01.Dec.09	01.Mar.10	01.Jun.10	01.Sep.10	01.Dec.10	01.Mar.11	01.Jun.11
Period Covered To:	30.Nov.09	28.Feb.10	31.May.10	31.Aug.10	30.Nov.10	28.Feb.11	31.May.11	31.Aug.11
Currency:	USD							
Cumulative Budget Through:	6,191,177	6,310,201	7,414,380	7,720,095	8,094,605	9,228,824	11,691,008	12,113,707
Summary Period Budget:	6,191,177	119,024	1,104,179	305,715	374,510	1,134,219	2,462,184	422,699

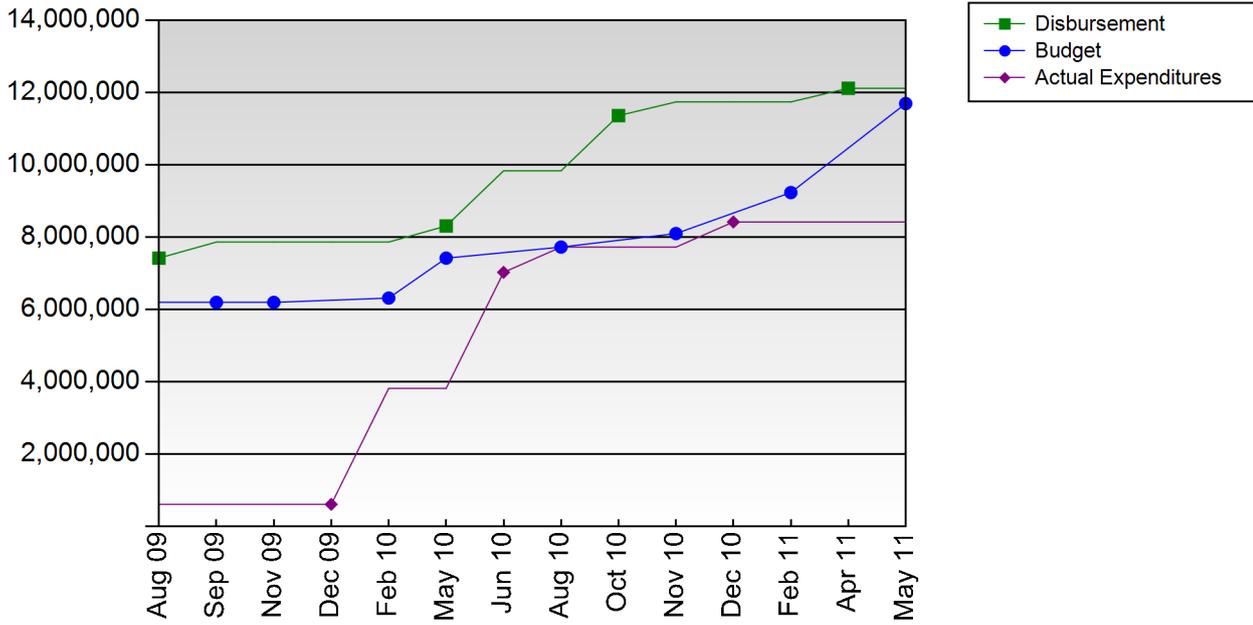
**Expenditure Categories****Program Activities****Implementing Entities****- Comments and additional information****2.3.3. Program Expenditures**

Period PU3: 01.Jul.10 - 31.Dec.10	Actual Expenditures	Cumulative Budget	Cumulative Expenditures	Variance	Reason for variance
<b>1. Total actual expenditures vs. budget</b>	\$ 1,392,596	\$ 8,094,605	\$ 8,414,900	\$ -320,295	
1a. PR's Total expenditure	\$ 336,361		\$ 7,041,709		
1b. Disbursements to sub-recipients	\$ 1,056,235		\$ 1,373,191		
<b>2. Health product expenditures vs. Budget (already included in "Total Actual" above)</b>			\$ 5,855,644		
2a. Pharmaceuticals			\$ 5,855,644		
2b. Health products, commodities and equipment					

**2.3.4. Cumulative Program Budget, Expenditures and Disbursement to Date**

IND-809-G11-T

Last Updated on: 18 April 2011



### 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 -			1	01.Jul.09 - 31.Mar.10	7,414,380	\$ 7,414,380	10 Aug 2009
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
There is no progress report related to this disbursement as this is the first disbursements after grant signature.				There is no variance				

IND-809-G11-T

Last Updated on: 18 April 2011

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	1,224,329	\$ 889,684	28 May 2010	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The performance rating for the period is B1. Out of a total of 8 indicators, the PR exceeded the cumulative targets for 3 indicators and has met more than 80% of cumulative target for 1 indicator. There is though very strong confidence in the PRs ability to improve performance on each one of the indicators, as was confirmed/discussed during the implementation mission to Indonesia during the first week of May 2010.</p>					<p>The difference between cash amount requested by the PR and the amount to be released by the GLocal Fund is due to the following:</p> <p>PR Disbursement Request = USD 1,224,329.02</p> <p>Adjustments:</p> <p>Difference in total program expenditures = USD (40,000) =</p> <p>Difference in other expenditure incurred = USD 40,000 =</p> <p>Difference in forecasted expenditures for Semester 2(Jan - Jun 10) = USD (334,644.65) Total Adjustments = (USD 334,644.65)</p> <p>Adjusted Disbursement Request = USD 889,684.37</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	01.Jul.10 - 31.Mar.11	3,618,851	\$ 3,052,926	28 Oct 2010	
Summary of Progress					Reasons for variance between PR Request and Actual Disbursement				
<p>The performance of the grant has improved from B1 to A2 compared to the last reporting period and notably with regards to top-ten indicators. The indicators that are not performing at a reasonable level are not top-ten indicator and one of those is not even tied to Grant funding.</p> <p>From a total of eight indicators and up to the end of Semester 2 (January to June 2010), the PR exceeded the cumulative targets for four indicators and has met more than 80% of cumulative target for one indicator.</p> <p>Objective 1 : Pursue quality DOTS expansion and enhancement:</p> <p>Number and percentage of districts that reported no stock out in first line drugs on last day of the quarter: 107%. Compared to 2009, there has been a significant improvement in the management of stocks of TB drugs which might be the result of the joint mission that was fielded in January 2010. A follow up mission will take place in late November 2010 (USAID, GF, NTP, WHO). Number and percentage of new smear-positive pulmonary TB patients reported among TB suspects investigated during a specified time period: 110% Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy, during the reporting period: 138% 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: 94% 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: 103%</p> <p>The remaining three indicators present the following results:</p> <p>Number and percentage of districts with TB staff trained on DMIS out of all districts: 53% The PR achieved 53% of the intended target (i.e. 10% achievement vs. the intended target of 19%) in Semester</p>					<p>The difference between the level of funding requested by the PR and the amount to be released by the Global Fund is due to the following:</p> <p>PR disbursement request: USD\$ 3,618,851.60</p> <p>Adjustments:</p> <p>Difference in interest and other income received: US\$ (31.12)</p> <p>Other expenditure incurred: US\$ 31.13</p> <p>Difference in forecasted expenditures for P 8 (Jul - Dec 10): US\$ (519,195.18)</p> <p>Total Adjustments: US\$ (519,195.17)</p> <p>Adjusted disbursement request: US\$ 3,099,656.4</p> <p>This disbursement request includes an amount for reprogramming activities amounting to US\$ 46,730. While the LFA assessed this reprogramming budget as reasonable it has not yet been approved neither by the Technical Working Group (TWG) nor by the CCM. The regional team is therefore excluding that amount from the final disbursement request which will amount to US\$ 3,052,926. The amount of US\$ 46,730 will be transferred only after the CCM and the TWG have endorsed the request for reprogramming.</p>				

2. The low achievement was due to the fact that curriculum were changed which required two persons from each district to be trained on DMIS, where the original budget was only for 1 person for each district. In addition, the denominator (i.e. number of districts) was modified since the total number of districts increased in Indonesia from 462 districts to 474 districts during July - December 2009. Therefore, the PR only could achieve 53% during this Semester.

Up to the end of Semester 3 (i.e. December 2010), the PR needs to achieve an intended target of 120 districts trained. The PR plans to use its unutilized budget in Semester 2 for 3 DMIS training for 107 districts during July - December 2010. Therefore, by the end of Semester 3, the PR will have achieved a maximum 130% (156 districts trained / the target of 120 districts) if all 107 districts participate in the training.

Number and percentage of districts submitting timely reports according to national guidelines: 59%  
The PR only achieved 59% of the intended target (i.e. 53% achievement / 90% intended target) and this low achievement is linked to the lack of awareness of the SR and SSR staff of the need to timely submit reports. The PR will monitor more closely this aspect of the performance and the timely submission of reports by SR and SSRs.

Number and percentage of supervisory visits performed by district level with documented feedback reports to health facilities level: 60%  
The PR only achieved 60% of the intended target (i.e. 48% achievement / 80% intended target). This low achievement was due to the lack of awareness of TB officers in providing the documented feedback after the supervisory visits. In addition, since this indicator was not directly tied to the budget, the PR could not enforce the SRs to submit the complete reports and withhold the corresponding budgets if the feedbacks were not completed. Currently the PR is trying to use an alternative approach to enhance the performance of this indicator by giving further explanation regarding the importance of feedback reports during Money meetings that are conduct on a semi-annual basis and during supervisory visits.

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	01.Jan.11 - 30.Sep.11	754,142	\$ 756,716	15 Apr 2011
Summary of Progress				Reasons for variance between PR Request and Actual Disbursement				
<p>The performance of the grant has consolidated and increased from the A2 to the A1 level notably posting robust results for the three top-ten indicators (100% on average) and an average performance of all indicators of 94%. From eight indicators, the PR met or exceeded the cumulative targets for six indicators.</p> <p>Number and percentage of districts that reported no stock out in first line drugs on last day of the quarter: 95%</p> <p>Number and percentage of districts with TB staff trained on DMIS out of all districts: 138%</p> <p>Number and percentage of new smear-positive pulmonary TB patients reported among TB suspects investigated during a specified period: 110%</p> <p>Number and percentage of laboratories showing adequate performance among those that received external quality assurance for smear microscopy, during the reporting period: 110%</p> <p>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%</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>The remaining two indicators with their cumulative programmatic progress up to Semester 3 were as follows:</p> <p>Number and percentage of districts submitting timely reports according to national guidelines: 57%</p> <p>The PR low achievement is explained by the fact that most health units at the district level are not aware of the need to proactively submit their reports to the health officers. In addition, the M&amp;E staff also noted that 157 remote areas throughout Indonesia are facing difficulties in submitting reports in a timely manner because of geographical and logistical constraints.</p> <p>To mitigate that issue each province plans to conduct during semester 4 quarterly monitoring and evaluation meetings prior to the deadline for submitting reports from district to province (i.e. day 10 after the end of each quarter). The PR expects that all districts will submit their reports timely onwards</p> <p>Number and percentage of supervisory visits performed by district level with documented feedback reports to health facilities level: 54%</p> <p>The low achievement was due to the lack of awareness of TB officers concerning the requirement to provide documented feedback after conducting supervisory visits. To ensure that documented feedback is provided after each supervisory visit, the PR retains 20% of the allowance given to TB officers (i.e. per diem and transport allowance) until reports are submitted.</p>				<p>The first phase of the grant will expire on 30 June 2011 and the phase 2 process has already started with LFA repeat assessments to be completed by 15 April 2011. The second phase of the program is to be consolidated with the first phase of the round 10 grant into an SSF. The TRP clarification process is not completed largely to delays generated by the TRP reviewers. While the regional teams aims at signing the TB SSF grant by 30 June 2011, there is a possibility of a slippage. Considering that the cash balance of the PR as verified by the LFA as of 13 April 2011 is only US\$ 213,372, the regional team recommends transferring the remaining amount of the funding earmarked under Phase 1 to mitigate the effect of a predictable slippage in grant signing. This is captured in the management letter and the extra amount of funding will be taken into consideration when making the first disbursement to the PR under the SSF grant. The LFA is in agreement with the strategy although initially it has recommended a disbursement of only US\$ 417,845 strictly based on the assumption that the SSF grant will be signed by 1 July 2011.</p> <p>The difference between cash amount requested by the PR, the LFA disbursement recommendation and the disbursement decision of the Global Fund is due to the following:</p> <p>PR Disbursement Request: US\$ 754,141.52</p> <p>Adjustments: Difference in beginning balance: US\$ 0.9</p> <p>Difference in interest and other income received: US\$ 1.5</p> <p>Difference in program expenditure: US\$ (2,519.5)</p> <p>Difference in other expenditure incurred: US\$ (1,783)</p> <p>Difference in forecast expenditures for Period 8 (Jul - Dec 10): \$ (331,996.31) US</p> <p>Total Adjustments: US\$ (336,296.41)</p> <p>Adjusted disbursement request : US\$ 417,845.11 (agrees with the LFA recommendation)</p> <p>Funding to cover for activities in case of signing slippage: US\$ 338,870.52</p> <p>Disbursement decision: US\$ 756,715.53</p> <p>This disbursement is in line with performance and also explained by the large exchange loss incurred by the PR since the inception of the program.</p>				

#### 2.5. Contextual Information

Title	Explanatory Notes

#### Time-bound Actions

Issues	Description

